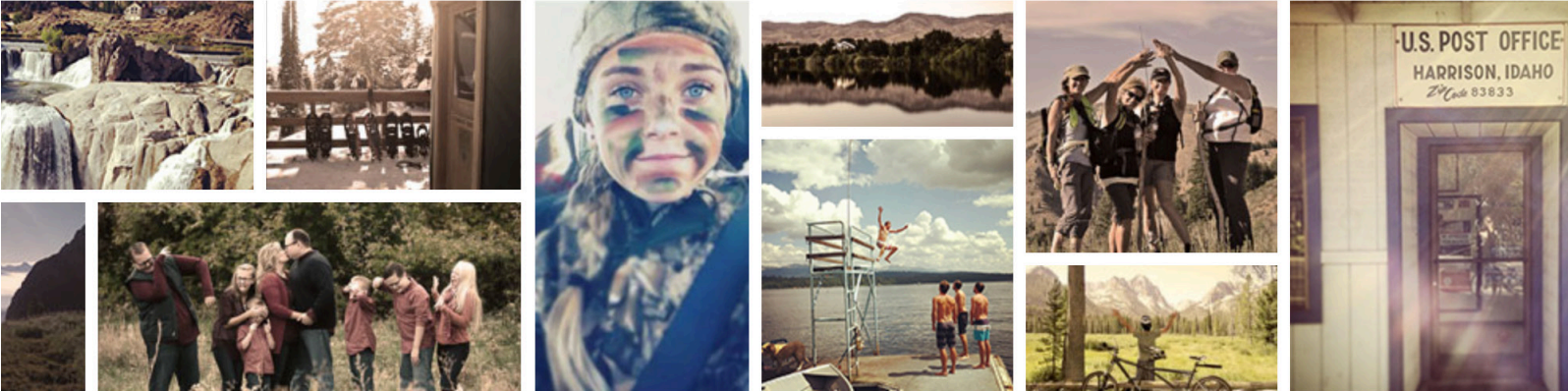




# 2026

## Large Group Preferred Drug List



## How to use the Preferred Drug List

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

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

- Tier 1: Preferred Generics
- Tier 2: Non-Preferred Generics/Preferred Brands
- Tier 3: Non-Preferred Brands
- Tier 4: Specialty (Most specialty drugs require PA and must be filled at the Plan's designated Specialty Pharmacy)

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

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

### HOW PRESCRIPTION DRUGS ARE CHOSEN FOR THE PDL

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

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

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

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

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

### PRESCRIPTION DRUGS WITH ENHANCED BENEFITS

#### \*PREVENTIVE DRUG (PREV)

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

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

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

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

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

## **PRESCRIPTION DRUG LIMITS & REQUIREMENTS**

### **AGE**

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

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

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

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

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

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

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

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

## **ADDITIONAL POLICIES AND PROCESSES**

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

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

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

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

### **MANDATORY GENERIC**

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

### **MAIL ORDER**

Mail order is when a 90-day supply of a generic or brand name prescription drug (Tier 1, 2, and 3) is mailed directly to you through a designated Mail Order Pharmacy. Not all prescription drugs are available through Mail Order. Contact Pharmacy Customer Service at the number listed on the back of your ID card for more information or to get started on the Mail Order program.

### **SPECIALTY PHARMACY**

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

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

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

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

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

**PAPER CLAIMS FILING LIMITS**

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

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

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

## LEGEND

| TIER     | DESCRIPTION                             |
|----------|---|
| <b>1</b> | Preferred Generics                      |
| <b>2</b> | PREFERRED BRANDS/Non-PREFERRED GENERICS |
| <b>3</b> | Non-Preferred Brands                    |
| <b>4</b> | Specialty                               |

| TYPE        | DESCRIPTION   |
|-------------|---|
| <b>QL</b>   | Quantity Limit<br>There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.  |
| <b>PA</b>   | Prior Authorization<br>You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.   |
| <b>ST</b>   | Step Therapy<br>In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.   |
| <b>GL</b>   | Gender Limit<br>This prescription drug may only be covered for a single gender.   |
| <b>AL1</b>  | Age Limit<br>This prescription drug may only be covered if you meet the minimum or maximum age limit.   |
| <b>MFL</b>  | Max Fill Limit<br>There is a limit on the number of times this drug can be refilled.  |
| <b>MDS1</b> | Max Days Supply<br>There is a limit on the amount of this drug that is covered.   |
| <b>S</b>    | Specialty Drug<br>Specialty drugs are high-cost drugs used to treat complex or rare conditions, such as multiple sclerosis, rheumatoid arthritis, hepatitis C, and hemophilia.  |
| <b>PREV</b> | Preventative<br>Certain medications are considered preventive under the Affordable Care Act (ACA). ACA preventive drugs are covered at 100 percent (no patient responsibility), although limits may apply. For more information about your preventive drug benefits, please contact Pharmacy Customer Service at the number listed on the back of your ID Card. |

VAL

Value Preventative List

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

OPT

Optional Benefit (Check SPD to see if applicable)



Please check your Summary Plan Description (SPD) to see if this benefit applies.

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


| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS                     |
|--|------|---|
| <i>amphetamine-dextroamphetamine tab 15 mg</i>                 | 1    | QL 90 / 30 DAYS                           |
| <i>amphetamine-dextroamphetamine tab 20 mg</i>                 | 1    | QL 90 / 30 DAYS                           |
| <i>amphetamine-dextroamphetamine tab 30 mg</i>                 | 1    | QL 90 / 30 DAYS                           |
| <i>amphetamine-dextroamphetamine tab 5 mg</i>                  | 1    | QL 90 / 30 DAYS                           |
| <i>amphetamine-dextroamphetamine tab 7.5 mg</i>                | 1    | QL 90 / 30 DAYS                           |
| <b>AMPHETAMINES</b>  |      |   |
| <i>amphetamine tab extended release disintegrating 12.5 mg</i> | 3    | QL 1 / 1 day(s)<br>AL1 At least 6 yrs old |
| <i>amphetamine tab extended release disintegrating 15.7 mg</i> | 3    | QL 1 / 1 day(s)<br>AL1 At least 6 yrs old |
| <i>amphetamine tab extended release disintegrating 18.8 mg</i> | 3    | QL 1 / 1 day(s)<br>AL1 At least 6 yrs old |
| <i>amphetamine tab extended release disintegrating 3.1 mg</i>  | 3    | QL 1 / 1 day(s)<br>AL1 At least 6 yrs old |
| <i>amphetamine tab extended release disintegrating 6.3 mg</i>  | 3    | QL 1 / 1 day(s)<br>AL1 At least 6 yrs old |
| <i>amphetamine tab extended release disintegrating 9.4 mg</i>  | 3    | QL 1 / 1 day(s)<br>AL1 At least 6 yrs old |
| <i>amphetamine sulfate tab 10 mg</i>                           | 2    | QL 30 / 30 DAYS                           |
| <i>amphetamine sulfate tab 5 mg</i>                            | 2    | QL 30 / 30 DAYS                           |
| <i>dextroamphetamine sulfate tab 10 mg</i>                     | 1    | QL 6 / 1 day(s)                           |
| <i>dextroamphetamine sulfate tab 5 mg</i>                      | 1    | QL 3 / 1 day(s)                           |
| <i>dextroamphetamine sulfate cap er 24hr 10 mg</i>             | 1    | QL 6 / 1 day(s)                           |















| PRODUCT DESCRIPTION                                | TIER | LIMITS & RESTRICTIONS  |
|--|------|------------------------|
| <i>dextroamphetamine sulfate cap er 24hr 15 mg</i> | 1    | QL 4 / 1 day(s)        |
| <i>dextroamphetamine sulfate cap er 24hr 5 mg</i>  | 1    | QL 60 / 30 DAYS        |
| DYANAVEL XR 10 MG TAB ER                           | 3    | QL 1 / 1 day(s)<br>■   |
| DYANAVEL XR 15 MG TAB ER                           | 3    | QL 1 / 1 day(s)<br>■   |
| DYANAVEL XR 2.5 MG/ML SUSP                         | 3    | QL 1080 / 30 DAYS<br>■ |
| DYANAVEL XR 20 MG TAB ER                           | 3    | QL 1 / 1 day(s)<br>■   |
| DYANAVEL XR 5 MG TAB ER                            | 3    | QL 1 / 1 day(s)<br>■   |
| <i>lisdexamfetamine dimesylate cap 10 mg</i>       | 1    | QL 1 / 1 day(s)        |
| <i>lisdexamfetamine dimesylate chew tab 10 mg</i>  | 1    | QL 1 / 1 day(s)        |
| <i>lisdexamfetamine dimesylate cap 20 mg</i>       | 1    | QL 1 / 1 day(s)        |
| <i>lisdexamfetamine dimesylate chew tab 20 mg</i>  | 1    | QL 1 / 1 day(s)        |
| <i>lisdexamfetamine dimesylate cap 30 mg</i>       | 1    | QL 1 / 1 day(s)        |
| <i>lisdexamfetamine dimesylate chew tab 30 mg</i>  | 1    | QL 1 / 1 day(s)        |
| <i>lisdexamfetamine dimesylate cap 40 mg</i>       | 1    | QL 1 / 1 day(s)        |
| <i>lisdexamfetamine dimesylate chew tab 40 mg</i>  | 1    | QL 1 / 1 day(s)        |
| <i>lisdexamfetamine dimesylate cap 50 mg</i>       | 1    | QL 1 / 1 day(s)        |
| <i>lisdexamfetamine dimesylate chew tab 50 mg</i>  | 1    | QL 1 / 1 day(s)        |
| <i>lisdexamfetamine dimesylate cap 60 mg</i>       | 1    | QL 1 / 1 day(s)        |
| <i>lisdexamfetamine dimesylate chew tab 60 mg</i>  | 1    | QL 1 / 1 day(s)        |
| <i>lisdexamfetamine dimesylate cap 70 mg</i>       | 1    | QL 1 / 1 day(s)        |















| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS                                 |
|---|------|---|
| <b>ANALEPTICS</b>   |      |   |
| <i>caffeine citrate inj 60 mg/3ml (10 mg/ml base equiv)</i>       | 1    |   |
| <i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i> | 1    |   |
| <b>ANOREXIANTS NON-AMPHETAMINE</b>                                |      |   |
| <i>phentermine hcl cap 15 mg</i>                                  | 1    | OPT Optional Benefit (Check SPD to see if applicable) |
| <i>phentermine hcl cap 30 mg</i>                                  | 1    | OPT Optional Benefit (Check SPD to see if applicable) |
| <i>phentermine hcl cap 37.5 mg</i>                                | 1    | OPT Optional Benefit (Check SPD to see if applicable) |
| <i>phentermine hcl tab 37.5 mg</i>                                | 1    | OPT Optional Benefit (Check SPD to see if applicable) |
| <b>ANTI-OBESITY - GIP &amp; GLP-1 RECEPTOR AGONISTS</b>           |      |   |
| ZEPBOUND 10 MG/0.5ML SOLN A-INJ                                   | 2    | OPT Optional Benefit (Check SPD to see if applicable) |
| ZEPBOUND 12.5 MG/0.5ML SOLN A-INJ                                 | 2    | OPT Optional Benefit (Check SPD to see if applicable) |
| ZEPBOUND 15 MG/0.5ML SOLN A-INJ                                   | 2    | OPT Optional Benefit (Check SPD to see if applicable) |
| ZEPBOUND 2.5 MG/0.5ML SOLN A-INJ                                  | 2    | OPT Optional Benefit (Check SPD to see if applicable) |
| ZEPBOUND 5 MG/0.5ML SOLN A-INJ                                    | 2    | OPT Optional Benefit (Check SPD to see if applicable) |
| ZEPBOUND 7.5 MG/0.5ML SOLN A-INJ                                  | 2    | OPT Optional Benefit (Check SPD to see if applicable) |



| PRODUCT DESCRIPTION                                     | TIER | LIMITS & RESTRICTIONS   |
|---|------|---|
| DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS) |      |   |
| SUNOSI 150 MG TAB                                       | 3    |  |
| SUNOSI 75 MG TAB  | 3    |  |
| STIMULANTS - MISC.                                      |      |   |
| <i>armodafinil tab 150 mg</i>                           | 1    | QL 30 / 30 DAYS   |
| <i>armodafinil tab 200 mg</i>                           | 2    | QL 30 / 30 DAYS   |
| <i>armodafinil tab 250 mg</i>                           | 1    | QL 30 / 30 DAYS   |
| <i>armodafinil tab 50 mg</i>                            | 1    | QL 30 / 30 DAYS   |
| <i>dexmethylphenidate hcl tab 10 mg</i>                 | 1    | QL 90 / 30 DAYS   |
| <i>dexmethylphenidate hcl tab 2.5 mg</i>                | 1    | QL 90 / 30 DAYS   |
| <i>dexmethylphenidate hcl tab 5 mg</i>                  | 1    | QL 90 / 30 DAYS   |
| <i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>        | 1    | QL 60 / 30 DAYS   |
| <i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>        | 1    | QL 60 / 30 DAYS   |
| <i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>        | 1    | QL 60 / 30 DAYS   |
| <i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>        | 1    | QL 60 / 30 DAYS   |
| <i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>        | 1    | QL 60 / 30 DAYS   |
| <i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>        | 1    | QL 60 / 30 DAYS   |
| <i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>        | 1    | QL 60 / 30 DAYS   |
| <i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>         | 1    | QL 60 / 30 DAYS   |
| <i>methylphenidate td patch 10 mg/9hr</i>               | 2    | QL 1 / 1 day(s)   |
| <i>methylphenidate td patch 15 mg/9hr</i>               | 2    | QL 1 / 1 day(s)   |
| <i>methylphenidate td patch 20 mg/9hr</i>               | 2    | QL 1 / 1 day(s)   |
| <i>methylphenidate td patch 30 mg/9hr</i>               | 2    | QL 1 / 1 day(s)   |
| <i>methylphenidate hcl chew tab 10 mg</i>               | 1    | QL 90 / 30 DAYS   |
| <i>methylphenidate hcl tab 10 mg</i>                    | 1    | QL 90 / 30 DAYS   |
| <i>methylphenidate hcl soln 10 mg/5ml</i>               | 1    | QL 1350 / 30 DAYS   |



| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>methylphenidate hcl chew tab 2.5 mg</i>                    | 1    | QL 90 / 30 DAYS       |
| <i>methylphenidate hcl tab 20 mg</i>                          | 1    | QL 90 / 30 DAYS       |
| <i>methylphenidate hcl chew tab 5 mg</i>                      | 1    | QL 90 / 30 DAYS       |
| <i>methylphenidate hcl tab 5 mg</i>                           | 1    | QL 90 / 30 DAYS       |
| <i>methylphenidate hcl soln 5 mg/5ml</i>                      | 1    | QL 2700 / 30 DAYS     |
| <i>methylphenidate hcl cap er 10 mg (cd)</i>                  | 2    | QL 60 / 30 DAYS       |
| <i>methylphenidate hcl cap er 20 mg (cd)</i>                  | 2    | QL 60 / 30 DAYS       |
| <i>methylphenidate hcl cap er 30 mg (cd)</i>                  | 2    | QL 60 / 30 DAYS       |
| <i>methylphenidate hcl cap er 40 mg (cd)</i>                  | 2    | QL 30 / 30 DAYS       |
| <i>methylphenidate hcl cap er 50 mg (cd)</i>                  | 2    | QL 30 / 30 DAYS       |
| <i>methylphenidate hcl cap er 60 mg (cd)</i>                  | 2    | QL 30 / 30 DAYS       |
| <i>methylphenidate hcl cap er 24hr 10 mg (la)</i>             | 2    | QL 60 / 30 DAYS       |
| <i>methylphenidate hcl cap er 24hr 20 mg (la)</i>             | 2    | QL 60 / 30 DAYS       |
| <i>methylphenidate hcl cap er 24hr 30 mg (la)</i>             | 2    | QL 60 / 30 DAYS       |
| <i>methylphenidate hcl cap er 24hr 40 mg (la)</i>             | 2    | QL 30 / 30 DAYS       |
| <i>methylphenidate hcl cap er 24hr 60 mg (la)</i>             | 2    | QL 30 / 30 DAYS       |
| <i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i> | 2    | QL 30 / 30 DAYS       |
| <i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i> | 2    | QL 1 / 1 day(s)       |
| <i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i> | 2    | QL 2 / 1 day(s)       |
| <i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i> | 2    | QL 1 / 1 day(s)       |
| <i>methylphenidate hcl tab er osmotic release (osm) 72 mg</i> | 2    | QL 1 / 1 day(s)       |
| <i>methylphenidate hcl tab er 10 mg</i>                       | 2    | QL 60 / 30 DAYS       |
| <i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i> | 2    | QL 30 / 30 DAYS       |
| METHYLPHENIDATE HCL ER 18 MG TAB ER 24H                       | 2    | QL 30 / 30 DAYS       |
| <i>methylphenidate hcl tab er 20 mg</i>                       | 2    | QL 60 / 30 DAYS       |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS   |
|---|------|---|
| <i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i> | 2    | QL 1 / 1 day(s)   |
| METHYLPHENIDATE HCL ER 27 MG TAB ER 24H                       | 2    | QL 1 / 1 day(s)   |
| <i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i> | 2    | QL 2 / 1 day(s)   |
| METHYLPHENIDATE HCL ER 36 MG TAB ER 24H                       | 2    | QL 2 / 1 day(s)   |
| <i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i> | 2    | QL 1 / 1 day(s)   |
| METHYLPHENIDATE HCL ER 54 MG TAB ER 24H                       | 2    | QL 1 / 1 day(s)   |
| <i>methylphenidate hcl tab er diffusion 27 mg</i>             | 2    | QL 1 / 1 day(s)   |
| METHYLPHENIDATE HCL ER(DIFFUS) 27 MG TAB ER                   | 2    | QL 1 / 1 day(s)   |
| <i>methylphenidate hcl tab er diffusion 36 mg</i>             | 2    | QL 2 / 1 day(s)   |
| METHYLPHENIDATE HCL ER(DIFFUS) 36 MG TAB ER                   | 2    | QL 2 / 1 day(s)   |
| <i>methylphenidate hcl tab er diffusion 54 mg</i>             | 2    | QL 1 / 1 day(s)   |
| METHYLPHENIDATE HCL ER(DIFFUS) 54 MG TAB ER                   | 2    | QL 1 / 1 day(s)   |
| <i>modafinil tab 100 mg</i>                                   | 1    | QL 30 / 30 DAYS   |
| <i>modafinil tab 200 mg</i>                                   | 1    | QL 2 / 1 day(s)   |
| QUILLICHEW ER 20 MG CHER                                      | 3    | QL 1 / 1 day(s)<br>AL1 At least 6 yrs old   |
| QUILLICHEW ER 30 MG CHER                                      | 3    | QL 1 / 1 day(s)<br>AL1 At least 6 yrs old   |
| QUILLICHEW ER 40 MG CHER                                      | 3    | QL 1 / 1 day(s)<br>AL1 At least 6 yrs old   |
| QUILLIVANT XR 25 MG/5ML SRER                                  | 3    | QL 360 / 30 day(s)<br>AL1 6 to 99 yrs old   |
| <b>AMINOGLYCOSIDES</b>  |      |   |
| <i>gentamicin sulfite inj 40 mg/ml</i>                        | 3    |   |
| <i>neomycin sulfite tab 500 mg</i>                            | 1    |   |
| TOBI PODHALER 28 MG CAP                                       | 4    | <br>S Specialty Drug |








| PRODUCT DESCRIPTION                         | TIER | LIMITS & RESTRICTIONS  |
|---|------|--|
| <i>tobramycin nebu soln 300 mg/5ml</i>      | 4    |  Specialty Drug   |
| ANALGESICS - ANTI-INFLAMMATORY              |      |  |
| ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES      |      |  |
| HADLIMA 40 MG/0.4ML SOLN PRSYR              | 4    |  Specialty Drug   |
| HADLIMA 40 MG/0.8ML SOLN PRSYR              | 4    |  Specialty Drug   |
| HADLIMA PUSHTOUCH 40 MG/0.4ML SOLN A-INJ    | 4    |  Specialty Drug   |
| HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN A-INJ    | 4    |  Specialty Drug   |
| SIMLANDI (1 PEN) 40 MG/0.4ML AUT-IJ KIT     | 4    |  Specialty Drug   |
| SIMLANDI (1 PEN) 80 MG/0.8ML AUT-IJ KIT     | 4    |  Specialty Drug  |
| SIMLANDI (1 SYRINGE) 80 MG/0.8ML PREF SY KT | 4    |  Specialty Drug |
| SIMLANDI (2 PEN) 40 MG/0.4ML AUT-IJ KIT     | 4    |  Specialty Drug |
| SIMLANDI (2 SYRINGE) 20 MG/0.2ML PREF SY KT | 4    |  Specialty Drug |
| SIMLANDI (2 SYRINGE) 40 MG/0.4ML PREF SY KT | 4    |  Specialty Drug |
| SIMPONI 100 MG/ML SOLN A-INJ                | 4    |  Specialty Drug |
| SIMPONI 100 MG/ML SOLN PRSYR                | 4    |  Specialty Drug |
| SIMPONI 50 MG/0.5ML SOLN A-INJ              | 4    |  Specialty Drug |












| PRODUCT DESCRIPTION                           | TIER | LIMITS & RESTRICTIONS   |
|---|------|---|
| SIMPONI 50 MG/0.5ML SOLN PRSYR                | 4    | <br>S Specialty Drug   |
| ANTIRHEUMATIC - JANUS KINASE (JAK) INHIBITORS |      |   |
| OLUMIANT 1 MG TAB                             | 4    | <br>S Specialty Drug   |
| OLUMIANT 2 MG TAB                             | 4    | <br>S Specialty Drug   |
| OLUMIANT 4 MG TAB                             | 4    | <br>S Specialty Drug<br> Optional Benefit<br>(Check SPD to see if applicable) |
| RINVOQ 15 MG TAB ER 24H                       | 4    | <br>S Specialty Drug   |
| RINVOQ 30 MG TAB ER 24H                       | 4    | <br>S Specialty Drug   |
| RINVOQ 45 MG TAB ER 24H                       | 4    | <br>S Specialty Drug   |
| RINVOQ LQ 1 MG/ML SOLUTION                    | 4    | <br>S Specialty Drug   |
| XELJANZ 1 MG/ML SOLUTION                      | 4    | <br>S Specialty Drug   |
| XELJANZ 10 MG TAB                             | 4    | <br>S Specialty Drug   |
| XELJANZ 5 MG TAB                              | 4    | <br>S Specialty Drug   |
| XELJANZ XR 11 MG TAB ER 24H                   | 4    | <br>S Specialty Drug   |
| XELJANZ XR 22 MG TAB ER 24H                   | 4    | <br>S Specialty Drug   |

| PRODUCT DESCRIPTION                               | TIER | LIMITS & RESTRICTIONS  |
|---|------|--|
| <b>ANTIRHEUMATIC ANTIMETABOLITES</b>              |      |  |
| OTREXUP 10 MG/0.4ML SOLN A-INJ                    | 3    |  |
| OTREXUP 12.5 MG/0.4ML SOLN A-INJ                  | 3    |  |
| OTREXUP 15 MG/0.4ML SOLN A-INJ                    | 3    |  |
| OTREXUP 17.5 MG/0.4ML SOLN A-INJ                  | 3    |  |
| OTREXUP 20 MG/0.4ML SOLN A-INJ                    | 3    |  |
| OTREXUP 22.5 MG/0.4ML SOLN A-INJ                  | 3    |  |
| OTREXUP 25 MG/0.4ML SOLN A-INJ                    | 3    |  |
| RASUVO 10 MG/0.2ML SOLN A-INJ                     | 2    |  |
| RASUVO 12.5 MG/0.25ML SOLN A-INJ                  | 2    |  |
| RASUVO 15 MG/0.3ML SOLN A-INJ                     | 2    |  |
| RASUVO 17.5 MG/0.35ML SOLN A-INJ                  | 2    |  |
| RASUVO 20 MG/0.4ML SOLN A-INJ                     | 2    |  |
| RASUVO 22.5 MG/0.45ML SOLN A-INJ                  | 2    |  |
| RASUVO 25 MG/0.5ML SOLN A-INJ                     | 2    |  |
| RASUVO 30 MG/0.6ML SOLN A-INJ                     | 2    |  |
| RASUVO 7.5 MG/0.15ML SOLN A-INJ                   | 2    |  |
| <b>CYCLOOXYGENASE 2 (COX-2) INHIBITORS</b>        |      |  |
| <i>celecoxib cap 100 mg</i>                       | 1    |  |
| <i>celecoxib cap 200 mg</i>                       | 1    | QL 60 / 30 DAYS  |
| <i>celecoxib cap 400 mg</i>                       | 1    | QL 60 / 30 DAYS  |
| <i>celecoxib cap 50 mg</i>                        | 1    |  |
| <b>INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)</b> |      |  |
| KINERET 100 MG/0.67ML SOLN PRSYR                  | 4    |  Specialty Drug |
| <b>INTERLEUKIN-1BETA BLOCKERS</b>                 |      |  |
| ILARIS 150 MG/ML SOLUTION                         | 4    |  Specialty Drug |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS  |
|--|------|--|
| <b>INTERLEUKIN-6 RECEPTOR INHIBITORS</b>                       |      |  |
| ACTEMRA 162 MG/0.9ML SOLN PRSYR                                | 4    |  Specialty Drug |
| ACTEMRA ACTPEN 162 MG/0.9ML SOLN A-INJ                         | 4    |  Specialty Drug |
| <b>NONSTEROIDAL ANTI-INFLAMMATORY AGENT COMBINATIONS</b>       |      |  |
| <i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i> | 1    |  |
| <i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i> | 1    |  |
| <b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>          |      |  |
| <i>diclofenac potassium tab 50 mg</i>                          | 1    |  |
| <i>diclofenac potassium tab 50 mg</i>                          | 1    |  |
| <i>diclofenac sodium tab delayed release 25 mg</i>             | 1    |  |
| <i>diclofenac sodium tab delayed release 50 mg</i>             | 1    |  |
| <i>diclofenac sodium tab delayed release 75 mg</i>             | 1    |  |
| <i>diclofenac sodium tab er 24hr 100 mg</i>                    | 1    |  |
| <i>naproxen tab ec 375 mg</i>                                  | 1    |  |
| <i>etodolac cap 200 mg</i>                                     | 1    |  |
| <i>etodolac cap 300 mg</i>                                     | 1    |  |
| <i>etodolac tab 400 mg</i>                                     | 1    |  |
| <i>etodolac tab 500 mg</i>                                     | 1    |  |
| <i>etodolac tab er 24hr 400 mg</i>                             | 1    |  |
| <i>etodolac tab er 24hr 500 mg</i>                             | 1    |  |
| <i>etodolac tab er 24hr 600 mg</i>                             | 1    |  |
| FENOPROFEN CALCIUM 200 MG CAP                                  | 1    |  |
| FENOPROFEN CALCIUM 400 MG CAP                                  | 1    |  |
| <i>fenoprofen calcium cap 400 mg</i>                           | 1    |  |
| FENOPROFEN CALCIUM 600 MG TAB                                  | 1    |  |
| FLURBIPROFEN 100 MG TAB  | 1    |  |
| <i>flurbiprofen tab 100 mg</i>                                 | 1    |  |
| FLURBIPROFEN 50 MG TAB   | 1    |  |

| PRODUCT DESCRIPTION                                       | TIER | LIMITS & RESTRICTIONS                                    |
|---|------|--|
| <i>ibuprofen tab 400 mg</i>                               | 1    |  |
| <i>ibuprofen tab 600 mg</i>                               | 1    |  |
| <i>ibuprofen tab 800 mg</i>                               | 1    |  |
| <i>ibuprofen susp 100 mg/5ml</i>                          | 1    |  |
| <i>ibuprofen susp 100 mg/5ml</i>                          | 1    |  |
| <i>ibuprofen tab 400 mg</i>                               | 1    |  |
| <i>ibuprofen tab 600 mg</i>                               | 1    |  |
| <i>ibuprofen tab 800 mg</i>                               | 1    |  |
| <i>indomethacin cap 25 mg</i>                             | 1    | QL 120 / 30 DAYS   |
| <i>indomethacin cap 50 mg</i>                             | 1    |  |
| <i>indomethacin cap er 75 mg</i>                          | 1    |  |
| KETOPROFEN 50 MG CAP                                      | 1    |  |
| KETOPROFEN 75 MG CAP                                      | 1    |  |
| KETOPROFEN ER 200 MG CAP ER 24H                           | 2    |  |
| <i>ketorolac tromethamine tab 10 mg</i>                   | 1    | QL 20 / 0 DAYS<br>MFL 1 / 30 day(s)<br>MDS1 5 / 1 day(s) |
| <i>ketorolac tromethamine im inj 60 mg/2ml (30 mg/ml)</i> | 1    | QL 4 / 28 DAYS   |
| MECLOFENAMATE SODIUM 100 MG CAP                           | 1    |  |
| MECLOFENAMATE SODIUM 50 MG CAP                            | 1    |  |
| <i>mefenamic acid cap 250 mg</i>                          | 2    |  |
| <i>meloxicam tab 15 mg</i>                                | 1    | QL 30 / 30 DAYS  |
| <i>meloxicam tab 7.5 mg</i>                               | 1    | QL 30 / 30 DAYS  |
| MELOXICAM 7.5 MG/5ML SUSPENSION                           | 1    |  |
| <i>nabumetone tab 500 mg</i>                              | 1    |  |
| <i>nabumetone tab 750 mg</i>                              | 1    |  |
| <i>naproxen susp 125 mg/5ml</i>                           | 1    |  |
| <i>naproxen tab 250 mg</i>                                | 1    |  |
| <i>naproxen tab 375 mg</i>                                | 1    |  |
| <i>naproxen tab ec 375 mg</i>                             | 1    |  |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS   |
|--|------|---|
| <i>naproxen tab 500 mg</i>                                 | 1    |   |
| <i>naproxen sodium tab 275 mg</i>                          | 1    |   |
| <i>naproxen sodium tab 550 mg</i>                          | 1    |   |
| <i>oxaprozin tab 600 mg</i>                                | 1    |   |
| <i>piroxicam cap 10 mg</i>                                 | 1    |   |
| <i>piroxicam cap 20 mg</i>                                 | 1    |   |
| <i>nabumetone tab 500 mg</i>                               | 1    |   |
| <i>nabumetone tab 750 mg</i>                               | 1    |   |
| <i>sulindac tab 150 mg</i>                                 | 1    |   |
| <i>sulindac tab 200 mg</i>                                 | 1    |   |
| TOLMETIN SODIUM 400 MG CAP                                 | 1    |   |
| PHOSPHODIESTERASE 4 (PDE4) INHIBITORS                      |      |   |
| OTEZLA 10 & 20 & 30 MG TAB THPK                            | 4    | <br>S Specialty Drug   |
| OTEZLA 20 MG TAB   | 4    | <br>S Specialty Drug   |
| OTEZLA 30 MG TAB   | 4    | <br>S Specialty Drug |
| OTEZLA 4 X 10 & 51 X20 MG TAB THPK                         | 4    | <br>S Specialty Drug |
| OTEZLA XR 75 MG TAB ER 24H                                 | 4    | <br>S Specialty Drug |
| OTEZLA/OTEZLA XR INITIATION PK 10&20&30&(ER)75 MG TAB THPK | 4    | <br>S Specialty Drug |
| PYRIMIDINE SYNTHESIS INHIBITORS                            |      |   |
| <i>leflunomide tab 10 mg</i>                               | 1    | QL 30 / 30 DAYS   |
| <i>leflunomide tab 20 mg</i>                               | 1    | QL 30 / 30 DAYS   |
| SELECTIVE COSTIMULATION MODULATORS                         |      |   |
| ORENCIA 125 MG/ML SOLN PRSYR                               | 4    | <br>S Specialty Drug |





| PRODUCT DESCRIPTION                                       | TIER | LIMITS & RESTRICTIONS  |
|---|------|--|
| ORENCIA 50 MG/0.4ML SOLN PRSYR                            | 4    |  Specialty Drug   |
| ORENCIA 87.5 MG/0.7ML SOLN PRSYR                          | 4    |  Specialty Drug   |
| ORENCIA CLICKJECT 125 MG/ML SOLN A-INJ                    | 4    |  Specialty Drug   |
| SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS             |      |  |
| ENBREL 25 MG RECON SOLN                                   | 4    |  Specialty Drug   |
| ENBREL 25 MG/0.5ML SOLN PRSYR                             | 4    |  Specialty Drug   |
| ENBREL 25 MG/0.5ML SOLUTION                               | 4    |  Specialty Drug   |
| ENBREL 50 MG/ML SOLN PRSYR                                | 4    |  Specialty Drug   |
| ENBREL MINI 50 MG/ML SOLN CART                            | 4    |  Specialty Drug |
| ENBREL SURECLICK 50 MG/ML SOLN A-INJ                      | 4    |  Specialty Drug |
| ANALGESICS - NONNARCOTIC                                  |      |  |
| ANALGESICS-SEDATIVES                                      |      |  |
| <i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i> | 1    |  |
| <i>butalbital-acetaminophen tab 50-325 mg</i>             | 1    |  |
| <i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i> | 1    |  |
| <i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>       | 1    |  |
| TENCON 50-325 MG TAB                                      | 1    |  |
| SALICYLATES   |      |  |
| <i>aspirin tab delayed release 81 mg</i>                  | 1    |  Preventative   |
| <i>aspirin chew tab 81 mg</i>                             | 1    |  Preventative   |









| PRODUCT DESCRIPTION                      | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>aspirin tab delayed release 81 mg</i> | 1    | PREV Preventative     |
| <i>aspirin chew tab 81 mg</i>            | 1    | PREV Preventative     |
| <i>aspirin tab delayed release 81 mg</i> | 1    | PREV Preventative     |
| <i>aspirin tab delayed release 81 mg</i> | 1    | PREV Preventative     |
| <i>aspirin tab delayed release 81 mg</i> | 1    | PREV Preventative     |
| <i>aspirin chew tab 81 mg</i>            | 1    | PREV Preventative     |
| <i>aspirin tab delayed release 81 mg</i> | 1    | PREV Preventative     |
| <i>aspirin tab delayed release 81 mg</i> | 1    | PREV Preventative     |
| <i>aspirin tab delayed release 81 mg</i> | 1    | PREV Preventative     |
| <i>aspirin chew tab 81 mg</i>            | 1    | PREV Preventative     |
| <i>aspirin tab delayed release 81 mg</i> | 1    | PREV Preventative     |
| <i>aspirin tab delayed release 81 mg</i> | 1    | PREV Preventative     |
| <i>aspirin tab delayed release 81 mg</i> | 1    | PREV Preventative     |
| <i>aspirin chew tab 81 mg</i>            | 1    | PREV Preventative     |
| <i>aspirin tab delayed release 81 mg</i> | 1    | PREV Preventative     |
| <i>aspirin chew tab 81 mg</i>            | 1    | PREV Preventative     |
| <i>aspirin chew tab 81 mg</i>            | 1    | PREV Preventative     |
| <i>aspirin tab delayed release 81 mg</i> | 1    | PREV Preventative     |
| <i>aspirin tab delayed release 81 mg</i> | 1    | PREV Preventative     |
| <i>aspirin tab delayed release 81 mg</i> | 1    | PREV Preventative     |
| <i>aspirin tab delayed release 81 mg</i> | 1    | PREV Preventative     |
| <i>diflunisal tab 500 mg</i>             | 1    |                       |
| <i>aspirin tab delayed release 81 mg</i> | 1    | PREV Preventative     |
| <i>aspirin tab delayed release 81 mg</i> | 1    | PREV Preventative     |
| <i>aspirin chew tab 81 mg</i>            | 1    | PREV Preventative     |
| <i>aspirin tab delayed release 81 mg</i> | 1    | PREV Preventative     |









| PRODUCT DESCRIPTION                      | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>aspirin chew tab 81 mg</i>            | 1    | PREV Preventative     |
| <i>aspirin tab delayed release 81 mg</i> | 1    | PREV Preventative     |
| <i>aspirin chew tab 81 mg</i>            | 1    | PREV Preventative     |
| <i>aspirin tab delayed release 81 mg</i> | 1    | PREV Preventative     |
| <i>aspirin chew tab 81 mg</i>            | 1    | PREV Preventative     |
| <i>aspirin tab delayed release 81 mg</i> | 1    | PREV Preventative     |
| <i>aspirin tab delayed release 81 mg</i> | 1    | PREV Preventative     |
| <i>aspirin chew tab 81 mg</i>            | 1    | PREV Preventative     |
| <i>aspirin tab delayed release 81 mg</i> | 1    | PREV Preventative     |
| <i>aspirin tab delayed release 81 mg</i> | 1    | PREV Preventative     |
| <i>aspirin chew tab 81 mg</i>            | 1    | PREV Preventative     |
| <i>aspirin tab delayed release 81 mg</i> | 1    | PREV Preventative     |
| <i>aspirin tab delayed release 81 mg</i> | 1    | PREV Preventative     |
| <i>aspirin tab delayed release 81 mg</i> | 1    | PREV Preventative     |
| <i>aspirin tab delayed release 81 mg</i> | 1    | PREV Preventative     |
| <i>aspirin chew tab 81 mg</i>            | 1    | PREV Preventative     |
| <i>aspirin tab delayed release 81 mg</i> | 1    | PREV Preventative     |
| <i>aspirin chew tab 81 mg</i>            | 1    | PREV Preventative     |
| <i>aspirin tab delayed release 81 mg</i> | 1    | PREV Preventative     |
| <i>aspirin chew tab 81 mg</i>            | 1    | PREV Preventative     |
| <i>aspirin chew tab 81 mg</i>            | 1    | PREV Preventative     |
| <i>aspirin chew tab 81 mg</i>            | 1    | PREV Preventative     |
| <i>aspirin chew tab 81 mg</i>            | 1    | PREV Preventative     |
| <i>aspirin tab delayed release 81 mg</i> | 1    | PREV Preventative     |
| <i>aspirin tab delayed release 81 mg</i> | 1    | PREV Preventative     |

| PRODUCT DESCRIPTION                                | TIER | LIMITS & RESTRICTIONS   |
|--|------|---|
| SALSALATE 500 MG TAB                               | 1    |   |
| <i>salsalate tab 500 mg</i>                        | 1    |   |
| SALSALATE 750 MG TAB                               | 1    |   |
| <i>salsalate tab 750 mg</i>                        | 1    |   |
| <i>aspirin chew tab 81 mg</i>                      | 1    | PREV Preventative   |
| <i>aspirin tab delayed release 81 mg</i>           | 1    | PREV Preventative   |
| <i>aspirin chew tab 81 mg</i>                      | 1    | PREV Preventative   |
| <i>aspirin tab delayed release 81 mg</i>           | 1    | PREV Preventative   |
| <i>aspirin tab delayed release 81 mg</i>           | 1    | PREV Preventative   |
| <i>aspirin chew tab 81 mg</i>                      | 1    | PREV Preventative   |
| <i>aspirin tab delayed release 81 mg</i>           | 1    | PREV Preventative   |
| <i>aspirin chew tab 81 mg</i>                      | 1    | PREV Preventative   |
| <i>aspirin tab delayed release 81 mg</i>           | 1    | PREV Preventative   |
| <i>aspirin chew tab 81 mg</i>                      | 1    | PREV Preventative   |
| <i>aspirin tab delayed release 81 mg</i>           | 1    | PREV Preventative   |
| <i>aspirin chew tab 81 mg</i>                      | 1    | PREV Preventative   |
| <i>aspirin tab delayed release 81 mg</i>           | 1    | PREV Preventative   |
| <b>ANALGESICS - OPIOID</b>                         |      |   |
| <b>CODEINE COMBINATIONS</b>                        |      |   |
| <i>acetaminophen w/ codeine soln 120-12 mg/5ml</i> | 1    | QL 90 ml / 1 day(s)<br>MFL 1 / 60 day(s)<br>MDS1 7 / 1 day(s) |
| ACETAMINOPHEN-CODEINE 120-12 MG/5ML SOLUTION       | 1    | QL 90 ml / 1 day(s)<br>MFL 1 / 60 day(s)<br>MDS1 7 / 1 day(s) |
| <i>acetaminophen w/ codeine tab 300-15 mg</i>      | 1    | QL 240 / 30 DAYS<br>MFL 1 / 60 day(s)<br>MDS1 7 / 1 day(s)    |
| <i>acetaminophen w/ codeine tab 300-30 mg</i>      | 1    | QL 240 / 30 DAYS  |
| <i>acetaminophen w/ codeine soln 120-12 mg/5ml</i> | 1    | QL 90 ml / 1 day(s)<br>MFL 1 / 60 day(s)<br>MDS1 7 / 1 day(s) |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS   |
|---|------|---|
| ACETAMINOPHEN-CODEINE 300-30 MG/12.5ML SOLUTION                 | 1    | <ul style="list-style-type: none"> <li>QL 90 ml / 1 day(s)</li> <li>MFL 1 / 60 day(s)</li> <li>MDS1 7 / 1 day(s)</li> </ul> |
| <i>acetaminophen w/ codeine tab 300-60 mg</i>                   | 1    | <ul style="list-style-type: none"> <li>QL 180 / 30 DAYS</li> </ul>  |
| <i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>   | 2    | <ul style="list-style-type: none"> <li>QL 180 / 30 DAYS</li> </ul>  |
| <i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i> | 1    | <ul style="list-style-type: none"> <li>QL 180 / 30 DAYS</li> </ul>  |
| <i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>   | 2    | <ul style="list-style-type: none"> <li>QL 180 / 30 DAYS</li> </ul>  |
| <b>DIHYDROCODEINE COMBINATIONS</b>                              |      |   |
| APAP-CAFF-DIHYDROCODEINE 320.5-30-16 MG CAP                     | 1    | <ul style="list-style-type: none"> <li>QL 120 / 30 DAYS</li> </ul>  |
| <b>HYDROCODONE COMBINATIONS</b>                                 |      |   |
| HYDROCODONE-ACETAMINOPHEN 10-300 MG/15ML SOLUTION               | 3    | <ul style="list-style-type: none"> <li>QL 60 ml / 1 day(s)</li> <li>AL1 Up to 8 yrs old</li> </ul>                          |
| <i>hydrocodone-acetaminophen tab 10-325 mg</i>                  | 1    | <ul style="list-style-type: none"> <li>QL 120 / 30 day(s)</li> <li>MFL 1 / 60 day(s)</li> <li>MDS1 7 / 1 day(s)</li> </ul>  |
| <i>hydrocodone-acetaminophen tab 5-325 mg</i>                   | 1    | <ul style="list-style-type: none"> <li>QL 240 / 30 day(s)</li> <li>MFL 1 / 60 day(s)</li> <li>MDS1 7 / 1 day(s)</li> </ul>  |
| <i>hydrocodone-acetaminophen tab 7.5-300 mg</i>                 | 1    | <ul style="list-style-type: none"> <li>QL 180 / 30 day(s)</li> <li>MFL 1 / 60 day(s)</li> <li>MDS1 7 / 1 day(s)</li> </ul>  |
| <i>hydrocodone-acetaminophen tab 7.5-325 mg</i>                 | 1    | <ul style="list-style-type: none"> <li>QL 180 / 30 day(s)</li> <li>MFL 1 / 60 day(s)</li> <li>MDS1 7 / 1 day(s)</li> </ul>  |
| <i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>           | 1    | <ul style="list-style-type: none"> <li>QL 90 ml / 1 day(s)</li> <li>MFL 1 / 60 day(s)</li> <li>MDS1 7 / 1 day(s)</li> </ul> |
| HYDROCODONE-IBUPROFEN 10-200 MG TAB                             | 1    | <ul style="list-style-type: none"> <li>QL 120 / 30 day(s)</li> <li>MFL 1 / 60 day(s)</li> <li>MDS1 7 / 1 day(s)</li> </ul>  |

| PRODUCT DESCRIPTION                         | TIER | LIMITS & RESTRICTIONS  |
|---|------|--|
| <i>hydrocodone-ibuprofen tab 10-200 mg</i>  | 1    | <ul style="list-style-type: none"> <li>QL 120 / 30 DAYS</li> <li>MFL 1 / 60 day(s)</li> <li>MDS1 7 / 1 day(s)</li> </ul>   |
| HYDROCODONE-IBUPROFEN 5-200 MG TAB          | 1    | <ul style="list-style-type: none"> <li>QL 120 / 30 day(s)</li> <li>MFL 1 / 60 day(s)</li> <li>MDS1 7 / 1 day(s)</li> </ul>                                       |
| <i>hydrocodone-ibuprofen tab 7.5-200 mg</i> | 1    | <ul style="list-style-type: none"> <li>QL 120 / 30 DAYS</li> <li>MFL 1 / 60 day(s)</li> <li>MDS1 7 / 1 day(s)</li> </ul>   |
| LORTAB 10-300 MG/15ML ELIXIR                | 3    | <ul style="list-style-type: none"> <li>QL 60 ml / 1 day(s)</li> <li>AL1 Up to 8 yrs old</li> <li>MFL 1 / 60 DAYS</li> <li>MDS1 7 / 1 DAY</li> </ul>              |
| <b>OPIOID AGONISTS</b>                      |      |  |
| CODEINE SULFATE 15 MG TAB                   | 1    | <ul style="list-style-type: none"> <li>QL 180 / 30 DAYS</li> <li>MFL 1 / 60 day(s)</li> <li>MDS1 7 / 1 day(s)</li> </ul>   |
| <i>codeine sulfate tab 30 mg</i>            | 1    | <ul style="list-style-type: none"> <li>QL 180 / 30 DAYS</li> <li>MFL 1 / 60 day(s)</li> <li>MDS1 7 / 1 day(s)</li> </ul>   |
| CODEINE SULFATE 60 MG TAB                   | 1    | <ul style="list-style-type: none"> <li>QL 180 / 30 DAYS</li> <li>MFL 1 / 60 day(s)</li> <li>MDS1 7 / 1 day(s)</li> </ul>   |
| <i>fentanyl td patch 72hr 100 mcg/hr</i>    | 1    | <ul style="list-style-type: none"> <li>QL 15 / 30 DAYS</li> <li></li> </ul> |
| <i>fentanyl td patch 72hr 12 mcg/hr</i>     | 1    | <ul style="list-style-type: none"> <li>QL 15 / 30 DAYS</li> <li></li> </ul> |
| <i>fentanyl td patch 72hr 25 mcg/hr</i>     | 1    | <ul style="list-style-type: none"> <li>QL 15 / 30 DAYS</li> <li></li> </ul> |
| <i>fentanyl td patch 72hr 50 mcg/hr</i>     | 1    | <ul style="list-style-type: none"> <li>QL 15 / 30 DAYS</li> <li></li> </ul> |

| PRODUCT DESCRIPTION                                  | TIER | LIMITS & RESTRICTIONS  |
|--|------|--|
| <i>fentanyl td patch 72hr 75 mcg/hr</i>              | 1    | <ul style="list-style-type: none"> <li>QL 15 / 30 DAYS</li> <li></li> </ul>   |
| FENTANYL CITRATE 100 MCG TAB                         | 2    | <ul style="list-style-type: none"> <li>QL 112 / 28 day(s)</li> <li></li> <li>MFL 1 / 60 day(s)</li> <li>MDS1 7 / 1 day(s)</li> </ul>  |
| FENTANYL CITRATE 1200 MCG LOZ HANDLE                 | 2    | <ul style="list-style-type: none"> <li>QL 30 / 30 day(s)</li> <li></li> <li>MFL 1 / 60 day(s)</li> <li>MDS1 7 / 1 day(s)</li> </ul>   |
| <i>fentanyl citrate lozenge on a handle 1200 mcg</i> | 2    | <ul style="list-style-type: none"> <li>QL 120 / 30 DAYS</li> <li></li> <li>MFL 1 / 60 day(s)</li> <li>MDS1 7 / 1 day(s)</li> </ul>    |
| FENTANYL CITRATE 1600 MCG LOZ HANDLE                 | 2    | <ul style="list-style-type: none"> <li>QL 30 / 30 day(s)</li> <li></li> <li>MFL 1 / 60 day(s)</li> <li>MDS1 7 / 1 day(s)</li> </ul>  |
| <i>fentanyl citrate lozenge on a handle 1600 mcg</i> | 2    | <ul style="list-style-type: none"> <li>QL 30 / 30 DAYS</li> <li></li> <li>MFL 1 / 60 day(s)</li> <li>MDS1 7 / 1 day(s)</li> </ul>   |
| FENTANYL CITRATE 200 MCG LOZ HANDLE                  | 2    | <ul style="list-style-type: none"> <li>QL 30 / 30 day(s)</li> <li></li> <li>MFL 1 / 60 day(s)</li> <li>MDS1 7 / 1 day(s)</li> </ul> |
| <i>fentanyl citrate lozenge on a handle 200 mcg</i>  | 2    | <ul style="list-style-type: none"> <li>QL 120 / 30 DAYS</li> <li></li> <li>MFL 1 / 60 day(s)</li> <li>MDS1 7 / 1 day(s)</li> </ul>  |

| PRODUCT DESCRIPTION                                 | TIER | LIMITS & RESTRICTIONS   |
|---|------|---|
| FENTANYL CITRATE 400 MCG LOZ HANDLE                 | 2    | <ul style="list-style-type: none"> <li>QL 30 / 30 day(s)</li> <li></li> <li>MFL 1 / 60 day(s)</li> <li>MDS1 7 / 1 day(s)</li> </ul>    |
| <i>fentanyl citrate lozenge on a handle 400 mcg</i> | 2    | <ul style="list-style-type: none"> <li>QL 120 / 30 DAYS</li> <li></li> <li>MFL 1 / 60 day(s)</li> <li>MDS1 7 / 1 day(s)</li> </ul>     |
| FENTANYL CITRATE 400 MCG TAB                        | 2    | <ul style="list-style-type: none"> <li>QL 112 / 28 day(s)</li> <li></li> <li>MFL 1 / 60 day(s)</li> <li>MDS1 7 / 1 day(s)</li> </ul>   |
| FENTANYL CITRATE 600 MCG LOZ HANDLE                 | 2    | <ul style="list-style-type: none"> <li>QL 30 / 30 day(s)</li> <li></li> <li>MFL 1 / 60 day(s)</li> <li>MDS1 7 / 1 day(s)</li> </ul>    |
| <i>fentanyl citrate lozenge on a handle 600 mcg</i> | 2    | <ul style="list-style-type: none"> <li>QL 120 / 30 DAYS</li> <li></li> <li>MFL 1 / 60 day(s)</li> <li>MDS1 7 / 1 day(s)</li> </ul>   |
| FENTANYL CITRATE 600 MCG TAB                        | 2    | <ul style="list-style-type: none"> <li>QL 112 / 28 day(s)</li> <li></li> <li>MFL 1 / 60 day(s)</li> <li>MDS1 7 / 1 day(s)</li> </ul> |
| FENTANYL CITRATE 800 MCG LOZ HANDLE                 | 2    | <ul style="list-style-type: none"> <li>QL 30 / 30 day(s)</li> <li></li> <li>MFL 1 / 60 day(s)</li> <li>MDS1 7 / 1 day(s)</li> </ul>  |
| <i>fentanyl citrate lozenge on a handle 800 mcg</i> | 2    | <ul style="list-style-type: none"> <li>QL 120 / 30 DAYS</li> <li></li> <li>MFL 1 / 60 day(s)</li> <li>MDS1 7 / 1 day(s)</li> </ul>   |

| PRODUCT DESCRIPTION                                    | TIER | LIMITS & RESTRICTIONS   |
|--|------|---|
| FENTANYL CITRATE 800 MCG TAB                           | 2    | <p>QL 112 / 28 day(s)</p> <p>MFL 1 / 60 day(s)</p> <p>MDS1 7 / 1 day(s)</p> |
| HYDROCODONE BITARTRATE ER 10 MG CAP ER 12H             | 2    | <p>QL 2 / 1 day(s)</p>  |
| <i>hydrocodone bitartrate tab er 24hr deter 100 mg</i> | 2    | <p>QL 2 / 1 day(s)</p>  |
| HYDROCODONE BITARTRATE ER 120 MG TB24 DETER            | 2    | <p>QL 2 / 1 day(s)</p>  |
| HYDROCODONE BITARTRATE ER 15 MG CAP ER 12H             | 2    | <p>QL 2 / 1 day(s)</p>  |
| HYDROCODONE BITARTRATE ER 20 MG CAP ER 12H             | 2    | <p>QL 2 / 1 day(s)</p>  |
| <i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>  | 2    | <p>QL 2 / 1 day(s)</p>  |
| HYDROCODONE BITARTRATE ER 30 MG CAP ER 12H             | 2    | <p>QL 2 / 1 day(s)</p>  |
| <i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>  | 2    | <p>QL 2 / 1 day(s)</p>  |
| HYDROCODONE BITARTRATE ER 40 MG CAP ER 12H             | 2    | <p>QL 2 / 1 day(s)</p>  |
| <i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>  | 2    | <p>QL 2 / 1 day(s)</p>  |
| HYDROCODONE BITARTRATE ER 50 MG CAP ER 12H             | 2    | <p>QL 2 / 1 day(s)</p>  |
| <i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>  | 2    | <p>QL 2 / 1 day(s)</p>  |
| <i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>  | 2    | <p>QL 2 / 1 day(s)</p>  |

| PRODUCT DESCRIPTION                        | TIER | LIMITS & RESTRICTIONS  |
|--|------|--|
| <i>hydromorphone hcl liqd 1 mg/ml</i>      | 1    | <ul style="list-style-type: none"> <li>QL 15 ml / 1 day(s)</li> <li>MFL 1 / 60 day(s)</li> <li>MDS1 7 / 1 day(s)</li> </ul>      |
| <i>hydromorphone hcl tab 2 mg</i>          | 1    | <ul style="list-style-type: none"> <li>QL 90 / 30 day(s)</li> <li>MFL 1 / 60 day(s)</li> <li>MDS1 7 / 1 day(s)</li> </ul>        |
| <i>hydromorphone hcl tab 4 mg</i>          | 1    | <ul style="list-style-type: none"> <li>QL 90 / 30 day(s)</li> <li>MFL 1 / 60 day(s)</li> <li>MDS1 7 / 1 day(s)</li> </ul>        |
| <i>hydromorphone hcl tab 8 mg</i>          | 1    | <ul style="list-style-type: none"> <li>QL 90 / 30 day(s)</li> <li>MFL 1 / 60 day(s)</li> <li>MDS1 7 / 1 day(s)</li> </ul>        |
| <i>hydromorphone hcl tab er 24hr 12 mg</i> | 2    | <ul style="list-style-type: none"> <li>QL 30 / 30 DAYS</li> <li></li> </ul>  |
| <i>hydromorphone hcl tab er 24hr 16 mg</i> | 2    | <ul style="list-style-type: none"> <li>QL 30 / 30 DAYS</li> <li></li> </ul>  |
| <i>hydromorphone hcl tab er 24hr 32 mg</i> | 2    | <ul style="list-style-type: none"> <li>QL 30 / 30 DAYS</li> <li></li> </ul>  |
| <i>hydromorphone hcl tab er 24hr 8 mg</i>  | 2    | <ul style="list-style-type: none"> <li>QL 30 / 30 DAYS</li> <li></li> </ul>  |
| LAZANDA 100 MCG/ACT SOLUTION               | 3    | <ul style="list-style-type: none"> <li>QL 5 / 30 DAYS</li> <li></li> <li>MFL 1 / 60 day(s)</li> <li>MDS1 7 / 1 day(s)</li> </ul> |
| LAZANDA 400 MCG/ACT SOLUTION               | 3    | <ul style="list-style-type: none"> <li>QL 5 / 30 DAYS</li> <li></li> <li>MFL 1 / 60 day(s)</li> <li>MDS1 7 / 1 day(s)</li> </ul> |
| <i>methadone hcl tab 10 mg</i>             | 1    | <ul style="list-style-type: none"> <li>QL 60 / 30 DAYS</li> <li></li> </ul>  |

| PRODUCT DESCRIPTION                                     | TIER | LIMITS & RESTRICTIONS   |
|---|------|---|
| <i>methadone hcl soln 10 mg/5ml</i>                     | 1    | QL 240 / 30 DAYS<br>[Brown Box]                               |
| <i>methadone hcl conc 10 mg/ml</i>                      | 1    | QL 60 / 30 DAYS<br>[Brown Box]                                |
| <i>methadone hcl inj 10 mg/ml</i>                       | 1    | QL 240 / 30 day(s)  |
| <i>methadone hcl tab for oral susp 40 mg</i>            | 1    | QL 30 / 30 DAYS<br>[Brown Box]                                |
| <i>methadone hcl tab 5 mg</i>                           | 1    | QL 60 / 30 DAYS<br>[Brown Box]                                |
| METHADONE HCL 5 MG/5ML SOLUTION                         | 1    | QL 240 / 30 day(s)<br>[Brown Box]                             |
| <i>methadone hcl soln 5 mg/5ml</i>                      | 1    | QL 240 / 30 DAYS<br>[Brown Box]                               |
| <i>methadone hcl conc 10 mg/ml</i>                      | 1    | QL 60 / 30 DAYS<br>[Brown Box]                                |
| <i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i> | 1    | QL 120 / 30 DAYS<br>MFL 1 / 60 day(s)<br>MDS1 7 / 1 day(s)    |
| MORPHINE SULFATE (CONCENTRATE) 100 MG/5ML SOLUTION      | 1    | QL 120 / 30 day(s)<br>MFL 1 / 60 day(s)<br>MDS1 7 / 1 day(s)  |
| <i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i> | 1    | QL 120 / 30 DAYS<br>MFL 1 / 60 day(s)<br>MDS1 7 / 1 day(s)    |
| MORPHINE SULFATE 10 MG/5ML SOLUTION                     | 1    | QL 30 ml / 1 day(s)<br>MFL 1 / 60 day(s)<br>MDS1 7 / 1 day(s) |
| <i>morphine sulfate oral soln 10 mg/5ml</i>             | 1    | QL 30 ml / 1 day(s)<br>MFL 1 / 60 day(s)<br>MDS1 7 / 1 day(s) |

| PRODUCT DESCRIPTION                         | TIER | LIMITS & RESTRICTIONS   |
|---|------|---|
| <i>morphine sulfate tab 15 mg</i>           | 1    | <ul style="list-style-type: none"> <li>QL 180 / 30 day(s)</li> <li>MFL 1 / 60 day(s)</li> <li>MDS1 7 / 1 day(s)</li> </ul>                              |
| MORPHINE SULFATE 20 MG/5ML SOLUTION         | 1    | <ul style="list-style-type: none"> <li>QL 480 / 30 day(s)</li> <li>AL1 Up to 8 yrs old</li> <li>MFL 1 / 60 day(s)</li> <li>MDS1 7 / 1 day(s)</li> </ul> |
| <i>morphine sulfate oral soln 20 mg/5ml</i> | 1    | <ul style="list-style-type: none"> <li>QL 480 / 30 day(s)</li> <li>AL1 Up to 8 yrs old</li> <li>MFL 1 / 60 day(s)</li> <li>MDS1 7 / 1 day(s)</li> </ul> |
| <i>morphine sulfate tab 30 mg</i>           | 1    | <ul style="list-style-type: none"> <li>QL 90 / 30 day(s)</li> <li>MFL 1 / 60 day(s)</li> <li>MDS1 7 / 1 day(s)</li> </ul>                               |
| MORPHINE SULFATE ER 10 MG CAP ER 24H        | 2    | <ul style="list-style-type: none"> <li>QL 60 / 30 day(s)</li> <li></li> </ul>   |
| MORPHINE SULFATE ER 100 MG CAP ER 24H       | 2    | <ul style="list-style-type: none"> <li>QL 60 / 30 day(s)</li> <li></li> </ul>   |
| <i>morphine sulfate tab er 100 mg</i>       | 1    | <ul style="list-style-type: none"> <li>QL 60 / 30 DAYS</li> <li></li> </ul>   |
| <i>morphine sulfate tab er 15 mg</i>        | 1    | <ul style="list-style-type: none"> <li>QL 90 / 30 DAYS</li> <li></li> </ul>   |
| MORPHINE SULFATE ER 20 MG CAP ER 24H        | 2    | <ul style="list-style-type: none"> <li>QL 60 / 30 day(s)</li> <li></li> </ul>   |
| <i>morphine sulfate tab er 200 mg</i>       | 1    | <ul style="list-style-type: none"> <li>QL 60 / 30 DAYS</li> <li></li> </ul>   |
| MORPHINE SULFATE ER 30 MG CAP ER 24H        | 2    | <ul style="list-style-type: none"> <li>QL 60 / 30 day(s)</li> <li></li> </ul>   |
| <i>morphine sulfate tab er 30 mg</i>        | 1    | <ul style="list-style-type: none"> <li>QL 60 / 30 DAYS</li> <li></li> </ul>   |

| PRODUCT DESCRIPTION                             | TIER | LIMITS & RESTRICTIONS  |
|---|------|--|
| MORPHINE SULFATE ER 50 MG CAP ER 24H            | 2    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 60 / 30 day(s)</div> <div style="background-color: #8B4513; width: 20px; height: 10px;"></div> </div> |
| MORPHINE SULFATE ER 60 MG CAP ER 24H            | 2    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 60 / 30 day(s)</div> <div style="background-color: #8B4513; width: 20px; height: 10px;"></div> </div> |
| <i>morphine sulfate tab er 60 mg</i>            | 1    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 60 / 30 DAYS</div> <div style="background-color: #8B4513; width: 20px; height: 10px;"></div> </div>   |
| MORPHINE SULFATE ER 80 MG CAP ER 24H            | 2    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 60 / 30 day(s)</div> <div style="background-color: #8B4513; width: 20px; height: 10px;"></div> </div> |
| NUCYNTA ER 100 MG TAB ER 12H                    | 3    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 60 / 30 DAYS</div> <div style="background-color: #8B4513; width: 20px; height: 10px;"></div> </div>   |
| NUCYNTA ER 150 MG TAB ER 12H                    | 3    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 60 / 30 DAYS</div> <div style="background-color: #8B4513; width: 20px; height: 10px;"></div> </div>   |
| NUCYNTA ER 200 MG TAB ER 12H                    | 3    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 60 / 30 DAYS</div> <div style="background-color: #8B4513; width: 20px; height: 10px;"></div> </div>   |
| NUCYNTA ER 250 MG TAB ER 12H                    | 3    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 60 / 30 DAYS</div> <div style="background-color: #8B4513; width: 20px; height: 10px;"></div> </div>   |
| NUCYNTA ER 50 MG TAB ER 12H                     | 3    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 60 / 30 DAYS</div> <div style="background-color: #8B4513; width: 20px; height: 10px;"></div> </div>   |
| <i>oxycodone hcl tab 10 mg</i>                  | 1    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 90 / 30 day(s)</div> <div>MFL 1 / 60 day(s)</div> <div>MDS1 7 / 1 day(s)</div> </div>                 |
| <i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i> | 1    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 90 / 30 day(s)</div> <div>MFL 1 / 60 day(s)</div> <div>MDS1 7 / 1 day(s)</div> </div>                 |
| <i>oxycodone hcl tab 15 mg</i>                  | 1    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 90 / 30 day(s)</div> <div>MFL 1 / 60 day(s)</div> <div>MDS1 7 / 1 day(s)</div> </div>                 |
| <i>oxycodone hcl tab 20 mg</i>                  | 1    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 90 / 30 day(s)</div> <div>MFL 1 / 60 day(s)</div> <div>MDS1 7 / 1 day(s)</div> </div>                 |

| PRODUCT DESCRIPTION                | TIER | LIMITS & RESTRICTIONS  |
|------------------------------------|------|--|
| <i>oxycodone hcl tab 30 mg</i>     | 1    | <p>QL 90 / 30 day(s)</p> <p>MFL 1 / 60 day(s)</p> <p>MDS1 7 / 1 day(s)</p>   |
| <i>oxycodone hcl cap 5 mg</i>      | 1    | <p>QL 240 / 30 DAYS</p> <p>MFL 1 / 60 day(s)</p> <p>MDS1 7 / 1 day(s)</p>    |
| <i>oxycodone hcl tab 5 mg</i>      | 1    | <p>QL 240 / 30 day(s)</p> <p>MFL 1 / 60 day(s)</p> <p>MDS1 7 / 1 day(s)</p>  |
| <i>oxycodone hcl soln 5 mg/5ml</i> | 1    | <p>QL 1800 / 30 day(s)</p> <p>MFL 1 / 60 day(s)</p> <p>MDS1 7 / 1 day(s)</p> |
| OXYCODONE HCL ER 10 MG TB12 DETER  | 1    | <p>QL 60 / 30 DAYS</p> <p></p>   |
| OXYCODONE HCL ER 20 MG TB12 DETER  | 1    | <p>QL 60 / 30 DAYS</p> <p></p>   |
| OXYCODONE HCL ER 40 MG TB12 DETER  | 1    | <p>QL 60 / 30 DAYS</p> <p></p>   |
| OXYCODONE HCL ER 80 MG TB12 DETER  | 1    | <p>QL 60 / 30 day(s)</p> <p></p>   |
| OXYCONTIN 10 MG TB12 DETER         | 2    | <p>QL 60 / 30 day(s)</p> <p></p>   |
| OXYCONTIN 15 MG TB12 DETER         | 2    | <p>QL 60 / 30 day(s)</p> <p></p>   |
| OXYCONTIN 20 MG TB12 DETER         | 2    | <p>QL 60 tablets / 30 day(s)</p> <p></p>                                     |
| OXYCONTIN 30 MG TB12 DETER         | 2    | <p>QL 60 / 30 day(s)</p> <p></p>   |
| OXYCONTIN 40 MG TB12 DETER         | 2    | <p>QL 60 tablets / 30 day(s)</p> <p></p>                                     |

| PRODUCT DESCRIPTION                  | TIER | LIMITS & RESTRICTIONS                                       |
|--------------------------------------|------|---|
| OXYCONTIN 60 MG TB12 DETER           | 2    | QL 60 / 30 day(s)<br>■                                      |
| OXYCONTIN 80 MG TB12 DETER           | 2    | QL 60 / 30 day(s)<br>■                                      |
| <i>oxymorphone hcl tab 10 mg</i>     | 1    | QL 90 / 30 day(s)<br>MFL 1 / 60 day(s)<br>MDS1 7 / 1 day(s) |
| <i>oxymorphone hcl tab 5 mg</i>      | 1    | QL 60 / 30 day(s)<br>MFL 1 / 60 day(s)<br>MDS1 7 / 1 day(s) |
| OXYMORPHONE HCL ER 10 MG TAB ER 12H  | 3    | QL 60 / 30 day(s)<br>■                                      |
| OXYMORPHONE HCL ER 15 MG TAB ER 12H  | 3    | QL 60 / 30 day(s)<br>■                                      |
| OXYMORPHONE HCL ER 20 MG TAB ER 12H  | 3    | QL 60 / 30 day(s)<br>■                                      |
| OXYMORPHONE HCL ER 30 MG TAB ER 12H  | 3    | QL 60 / 30 day(s)<br>■                                      |
| OXYMORPHONE HCL ER 40 MG TAB ER 12H  | 3    | QL 60 / 30 day(s)<br>■                                      |
| OXYMORPHONE HCL ER 5 MG TAB ER 12H   | 3    | QL 60 / 30 day(s)<br>■                                      |
| OXYMORPHONE HCL ER 7.5 MG TAB ER 12H | 3    | QL 60 / 30 day(s)<br>■                                      |
| SUBSYS 100 MCG LIQUID                | 3    | QL 120 / 30 DAYS<br>■                                       |
| SUBSYS 1200 (600 X 2) MCG LIQUID     | 3    | QL 120 / 30 DAYS<br>■<br>MDS1 7 / 1 day(s)                  |

| PRODUCT DESCRIPTION                          | TIER | LIMITS & RESTRICTIONS   |
|--|------|---|
| SUBSYS 1600 (800 X 2) MCG LIQUID             | 3    | <p>QL 30 / 30 DAYS</p> <p>MDS1 7 / 1 day(s)</p>                             |
| SUBSYS 200 MCG LIQUID                        | 3    | <p>QL 120 / 30 DAYS</p>   |
| SUBSYS 400 MCG LIQUID                        | 3    | <p>QL 120 / 30 DAYS</p>   |
| SUBSYS 600 MCG LIQUID                        | 3    | <p>QL 120 / 30 DAYS</p>   |
| SUBSYS 800 MCG LIQUID                        | 3    | <p>QL 120 / 30 day(s)</p> <p>MFL 1 / 60 day(s)</p> <p>MDS1 7 / 1 day(s)</p> |
| <i>tapentadol hcl tab 100 mg</i>             | 2    | <p>QL 90 / 30 day(s)</p> <p>MFL 1 / 60 day(s)</p> <p>MDS1 7 / 1 day(s)</p>  |
| <i>tapentadol hcl tab 50 mg</i>              | 2    | <p>QL 90 / 30 day(s)</p> <p>MFL 1 / 60 day(s)</p> <p>MDS1 7 / 1 day(s)</p>  |
| <i>tapentadol hcl tab 75 mg</i>              | 2    | <p>QL 90 / 30 day(s)</p> <p>MFL 1 / 60 day(s)</p> <p>MDS1 7 / 1 day(s)</p>  |
| TRAMADOL HCL (ER BIPHASIC) 100 MG TAB ER 24H | 1    | <p>QL 1 / 1 day(s)</p>  |
| TRAMADOL HCL (ER BIPHASIC) 200 MG TAB ER 24H | 1    | <p>QL 1 / 1 day(s)</p>  |
| TRAMADOL HCL (ER BIPHASIC) 300 MG TAB ER 24H | 1    | <p>QL 1 / 1 day(s)</p>  |
| <i>tramadol hcl tab 50 mg</i>                | 1    | <p>QL 240 / 30 DAYS</p>   |
| <i>tramadol hcl tab er 24hr 100 mg</i>       | 1    | <p>QL 1 / 1 day(s)</p>  |

| PRODUCT DESCRIPTION                              | TIER | LIMITS & RESTRICTIONS  |
|--|------|--|
| <i>tramadol hcl tab er 24hr 200 mg</i>           | 1    | QL 1 / 1 day(s)  |
| <i>tramadol hcl tab er 24hr 300 mg</i>           | 1    | QL 1 / 1 day(s)  |
| <b>OPIOID COMBINATIONS</b>                       |      |  |
| <i>oxycodone w/ acetaminophen tab 10-325 mg</i>  | 1    | QL 120 / 30 day(s)<br>MFL 1 / 60 day(s)<br>MDS1 7 / 1 day(s) |
| <i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> | 1    | QL 240 / 30 day(s)<br>MFL 1 / 60 day(s)<br>MDS1 7 / 1 day(s) |
| <i>oxycodone w/ acetaminophen tab 5-325 mg</i>   | 1    | QL 240 / 30 day(s)<br>MFL 1 / 60 day(s)<br>MDS1 7 / 1 day(s) |
| <i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> | 1    | QL 180 / 30 day(s)<br>MFL 1 / 60 day(s)<br>MDS1 7 / 1 day(s) |
| <b>OPIOID PARTIAL AGONISTS</b>                   |      |  |
| BELBUCA 150 MCG FILM                             | 3    | QL 60 / 30 day(s)<br>ST                                      |
| BELBUCA 300 MCG FILM                             | 3    | QL 60 / 30 day(s)<br>ST                                      |
| BELBUCA 450 MCG FILM                             | 3    | QL 60 / 30 day(s)<br>ST                                      |
| BELBUCA 600 MCG FILM                             | 3    | QL 60 / 30 day(s)<br>ST                                      |
| BELBUCA 75 MCG FILM                              | 3    | QL 60 / 30 day(s)<br>ST                                      |
| BELBUCA 750 MCG FILM                             | 3    | QL 60 / 30 day(s)<br>ST                                      |
| BELBUCA 900 MCG FILM                             | 3    | QL 60 / 30 day(s)<br>ST                                      |





| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS                 |
|---|------|---------------------------------------|
| BRIXADI (WEEKLY) 16 MG/0.32ML SOLN PRSYR                            | 3    | S Specialty Drug                      |
| BRIXADI (WEEKLY) 24 MG/0.48ML SOLN PRSYR                            | 3    | S Specialty Drug                      |
| BRIXADI (WEEKLY) 32 MG/0.64ML SOLN PRSYR                            | 3    | S Specialty Drug                      |
| BRIXADI (WEEKLY) 8 MG/0.16ML SOLN PRSYR                             | 3    | S Specialty Drug                      |
| BRIXADI 128 MG/0.36ML SOLN PRSYR                                    | 3    | S Specialty Drug                      |
| BRIXADI 64 MG/0.18ML SOLN PRSYR                                     | 3    | S Specialty Drug                      |
| BRIXADI 96 MG/0.27ML SOLN PRSYR                                     | 3    | S Specialty Drug                      |
| <i>buprenorphine td patch weekly 10 mcg/hr</i>                      | 1    | QL 4 / 28 DAYS                        |
| <i>buprenorphine td patch weekly 15 mcg/hr</i>                      | 1    | QL 4 / 28 DAYS                        |
| <i>buprenorphine td patch weekly 20 mcg/hr</i>                      | 1    | QL 4 / 28 DAYS                        |
| <i>buprenorphine td patch weekly 5 mcg/hr</i>                       | 1    | QL 4 / 28 DAYS                        |
| <i>buprenorphine td patch weekly 7.5 mcg/hr</i>                     | 1    | QL 4 / 28 DAYS                        |
| <i>buprenorphine hcl sl tab 2 mg (base equiv)</i>                   | 1    | QL 90 / 30 DAYS                       |
| <i>buprenorphine hcl sl tab 8 mg (base equiv)</i>                   | 1    | QL 90 / 30 DAYS                       |
| <i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>  | 1    | QL 60 / 30 DAYS                       |
| <i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> | 1    |                                       |
| <i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>  | 1    | QL 90 / 30 DAYS                       |
| <i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>   | 1    | QL 90 / 30 DAYS                       |
| <i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>   | 1    | QL 90 / 30 DAYS                       |
| <i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>    | 1    | QL 90 / 30 DAYS                       |
| <i>butorphanol tartrate nasal soln 10 mg/ml</i>                     | 1    | QL 2.5 / 30 DAYS<br>MDS1 7 / 1 day(s) |
| <i>pentazocine w/ naloxone hcl tab 50-0.5 mg</i>                    | 1    | QL 120 / 30 DAYS                      |
| PENTAZOCINE-NALOXONE HCL 50-0.5 MG TAB                              | 1    | QL 120 / 30 day(s)                    |
| SUBLOCADE 100 MG/0.5ML SOLN PRSYR                                   | 3    | S Specialty Drug                      |
| SUBLOCADE 300 MG/1.5ML SOLN PRSYR                                   | 3    | S Specialty Drug                      |

| PRODUCT DESCRIPTION                                   | TIER | LIMITS & RESTRICTIONS   |
|---|------|-------------------------|
| ZUBSOLV 1.4-0.36 MG SL TAB                            | 3    | QL 60 / 30 DAYS         |
| ZUBSOLV 11.4-2.9 MG SL TAB                            | 3    | QL 30 / 30 DAYS         |
| ZUBSOLV 2.9-0.71 MG SL TAB                            | 3    | QL 90 / 30 DAYS         |
| ZUBSOLV 5.7-1.4 MG SL TAB                             | 3    | QL 90 / 30 DAYS         |
| ZUBSOLV 8.6-2.1 MG SL TAB                             | 3    | QL 60 / 30 DAYS         |
| TRAMADOL COMBINATIONS                                 |      |                         |
| <i>tramadol-acetaminophen tab 37.5-325 mg</i>         | 1    | QL 120 / 30 DAYS        |
| ANDROGENS-ANABOLIC                                    |      |                         |
| ANABOLIC STEROIDS                                     |      |                         |
| OXANDROLONE 10 MG TAB                                 | 1    | QL 60 / 30 day(s)<br>■  |
| <i>oxandrolone tab 10 mg</i>                          | 1    | QL 60 / 30 day(s)<br>■  |
| OXANDROLONE 2.5 MG TAB                                | 1    | QL 120 / 30 day(s)<br>■ |
| <i>oxandrolone tab 2.5 mg</i>                         | 1    | QL 120 / 30 day(s)<br>■ |
| ANDROGENS   |      |                         |
| <i>danazol cap 100 mg</i>                             | 2    |                         |
| <i>danazol cap 200 mg</i>                             | 2    |                         |
| <i>danazol cap 50 mg</i>                              | 2    |                         |
| <i>testosterone cypionate im inj in oil 100 mg/ml</i> | 1    |                         |
| <i>methyltestosterone cap 10 mg</i>                   | 2    | ■                       |
| NATESTO 5.5 MG/ACT GEL                                | 3    | QL 21.96 / 30 DAYS<br>■ |
| <i>testosterone td gel 20.25 mg/act (1.62%)</i>       | 1    | QL 150 / 30 DAYS        |
| TESTOSTERONE 10 MG/ACT (2%) GEL                       | 1    |                         |
| <i>testosterone td gel 10mg/act (2%)</i>              | 1    |                         |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| TESTOSTERONE 12.5 MG/ACT (1%) GEL                             | 1    |                       |
| <i>testosterone td gel 12.5 mg/act (1%)</i>                   | 1    |                       |
| <i>testosterone td gel 20.25 mg/act (1.62%)</i>               | 1    | QL 150 / 30 DAYS      |
| <i>testosterone td soln 30 mg/act</i>                         | 2    | QL 180 / 30 DAYS      |
| <i>testosterone cypionate im inj in oil 100 mg/ml</i>         | 1    |                       |
| TESTOSTERONE CYPIONATE 200 MG/ML SOLUTION                     | 1    |                       |
| <i>testosterone cypionate im inj in oil 200 mg/ml</i>         | 1    |                       |
| TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION                     | 1    |                       |
| ANORECTAL AND RELATED PRODUCTS                                |      |                       |
| INTRARECTAL STEROIDS  |      |                       |
| <i>budesonide rectal foam 2 mg/act</i>                        | 2    | QL 133.6 / 30 day(s)  |
| <i>budesonide rectal foam 2 mg/act</i>                        | 2    | QL 133.6 / 30 day(s)  |
| CORTIFOAM 10 % FOAM   | 3    |                       |
| <i>hydrocortisone enema 100 mg/60ml</i>                       | 1    |                       |
| NITRATE VASODILATING AGENTS                                   |      |                       |
| <i>nitroglycerin oint 0.4%</i>                                | 2    | QL 30 / 365 day(s)    |
| RECTAL ANESTHETIC/STEROIDS                                    |      |                       |
| ANALPRAM HC 2.5-1 % LOTION                                    | 3    |                       |
| ANALPRAM-HC 2.5-1 % LOTION                                    | 3    |                       |
| HYDROCORT-PRAMOXINE (PERIANAL) 2.5-1 % CREAM                  | 1    |                       |
| HYDROCORTISONE ACE-PRAMOXINE 1-1 % CREAM                      | 1    |                       |
| LIDOCAINE-HYDROCORT (PERIANAL) 3-0.5 % CREAM                  | 1    |                       |
| <i>lidocaine-hydrocortisone acetate perianal cream 3-0.5%</i> | 1    |                       |
| LIDOCORT 3-0.5 % CREAM  | 1    |                       |
| PROCTOFOAM HC 1-1 % FOAM                                      | 2    |                       |
| RECTAL STEROIDS   |      |                       |
| ANUCORT-HC 25 MG SUPPOS                                       | 2    |                       |
| ANUSOL-HC 25 MG SUPPOS  | 2    |                       |
| HEMMOREX-HC 25 MG SUPPOS                                      | 2    |                       |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS                                    |
|---|------|--|
| HEMMOREX-HC 30 MG SUPPOS                                    | 2    |  |
| HYDROCORTISONE (PERIANAL) 1 % CREAM                         | 1    |  |
| <i>hydrocortisone perianal cream 2.5%</i>                   | 1    |  |
| HYDROCORTISONE ACETATE 25 MG SUPPOS                         | 2    |  |
| <i>hydrocortisone acetate suppos 25 mg</i>                  | 2    |  |
| HYDROCORTISONE ACETATE 30 MG SUPPOS                         | 2    |  |
| <i>hydrocortisone acetate suppos 30 mg</i>                  | 2    |  |
| <i>hydrocortisone perianal cream 2.5%</i>                   | 1    |  |
| <i>hydrocortisone perianal cream 2.5%</i>                   | 1    |  |
| <i>hydrocortisone perianal cream 2.5%</i>                   | 1    |  |
| <b>ANTHELMINTICS</b>  |      |  |
| <i>albendazole tab 200 mg</i>                               | 2    | QL 4 / 30 day(s)   |
| EMVERM 100 MG CHEW TAB                                      | 3    | QL 6 / 3 DAYS<br>■                                       |
| <i>ivermectin tab 3 mg</i>                                  | 1    | QL 6 / 1 day(s)<br>MFL 1 / 365 DAYS<br>MDS1 2 / 1 day(s) |
| <b>ANTI-INFECTIVE AGENTS - MISC.</b>                        |      |  |
| IMPAVIDO 50 MG CAP  | 3    | QL 84 / 28 DAYS<br>■                                     |
| <i>metronidazole tab 250 mg</i>                             | 1    |  |
| <i>metronidazole cap 375 mg</i>                             | 1    |  |
| <i>metronidazole tab 500 mg</i>                             | 1    |  |
| <i>pentamidine isethionate for nebulization soln 300 mg</i> | 1    |  |
| <i>tinidazole tab 250 mg</i>                                | 1    |  |
| <i>tinidazole tab 500 mg</i>                                | 1    |  |
| TRIMETHOPRIM 100 MG TAB                                     | 1    |  |
| <i>trimethoprim tab 100 mg</i>                              | 1    |  |
| XIFAXAN 200 MG TAB  | 3    | QL 9 / 30 DAYS<br>■                                      |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| XIFAXAN 550 MG TAB   | 3    | QL 90 / 30 DAYS<br>■  |
| ANTI-INFECTIVE MISC. - COMBINATIONS                            |      |                       |
| <i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>        | 1    |                       |
| <i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>             | 1    |                       |
| <i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>     | 1    |                       |
| <i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>            | 1    |                       |
| <i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>        | 1    |                       |
| <i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>        | 1    |                       |
| ANTIPROTOZOAL AGENTS   |      |                       |
| ALINIA 100 MG/5ML RECON SUSP                                   | 3    | ■                     |
| <i>atovaquone susp 750 mg/5ml</i>                              | 2    |                       |
| LAMPIT 120 MG TAB  | 3    |                       |
| LAMPIT 30 MG TAB   | 3    |                       |
| <i>nitazoxanide tab 500 mg</i>                                 | 2    | QL 20 / 10 day(s)     |
| GLYCOPEPTIDES  |      |                       |
| FIRVANQ 25 MG/ML RECON SOLN                                    | 3    | AL1 0 to 8 yrs old    |
| FIRVANQ 50 MG/ML RECON SOLN                                    | 3    | AL1 0 to 8 yrs old    |
| <i>vancomycin hcl cap 125 mg (base equivalent)</i>             | 2    | QL 56 / 14 DAYS       |
| <i>vancomycin hcl for oral soln 25 mg/ml (base equivalent)</i> | 2    | AL1 0 to 8 yrs old    |
| <i>vancomycin hcl cap 250 mg (base equivalent)</i>             | 2    | QL 56 / 14 DAYS       |
| <i>vancomycin hcl for oral soln 50 mg/ml (base equivalent)</i> | 2    | AL1 0 to 8 yrs old    |
| <i>vancomycin hcl for oral soln 50 mg/ml (base equivalent)</i> | 2    | AL1 0 to 8 yrs old    |
| LEPROSTATICS   |      |                       |
| <i>dapsone tab 100 mg</i>                                      | 1    |                       |
| <i>dapsone tab 25 mg</i>                                       | 1    |                       |
| LINCOSAMIDES   |      |                       |
| <i>clindamycin hcl cap 150 mg</i>                              | 1    |                       |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS   |
|---|------|---|
| <i>clindamycin hcl cap 300 mg</i>                                   | 1    |   |
| <i>clindamycin hcl cap 75 mg</i>                                    | 1    |   |
| <i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>    | 1    |   |
| MONOBACTAMS   |      |   |
| CAYSTON 75 MG RECON SOLN  | 4    | <br> Specialty Drug |
| OXAZOLIDINONES  |      |   |
| <i>linezolid for susp 100 mg/5ml</i>                                | 1    |  0 to 8 yrs old  |
| <i>linezolid tab 600 mg</i>   | 1    |  56 / 28 DAYS  |
| <i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>                     | 4    |    |
| URINARY ANTI-INFECTIVES   |      |   |
| <i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>     | 2    |   |
| <i>methenamine hippurate tab 1 gm</i>                               | 1    |   |
| <i>nitrofurantoin susp 25 mg/5ml</i>                                | 1    |  Up to 8 yrs old   |
| <i>nitrofurantoin susp 25 mg/5ml</i>                                | 1    |  Up to 8 yrs old  |
| <i>nitrofurantoin macrocrystalline cap 100 mg</i>                   | 1    |   |
| <i>nitrofurantoin macrocrystalline cap 25 mg</i>                    | 1    |   |
| <i>nitrofurantoin macrocrystalline cap 50 mg</i>                    | 1    |   |
| <i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>       | 1    |   |
| URINARY ANTISEPTIC-ANTISPASMODIC &/OR ANALGESICS                    |      |   |
| <i>*methenamine-hyosc-meth blue-sod phos-phen sal cap 118 mg***</i> | 2    |   |
| URO-MP 118 MG CAP   | 2    |   |
| <i>*methenamine-hyosc-meth blue-sod phos-phen sal cap 118 mg***</i> | 2    |   |
| VILAMIT MB 118 MG CAP   | 2    |   |
| ANTIANGINAL AGENTS  |      |   |
| ANTIANGINALS-OTHER  |      |   |
| <i>ranolazine tab er 12hr 1000 mg</i>                               | 2    |  60 / 30 DAYS  |

| PRODUCT DESCRIPTION                                       | TIER | LIMITS & RESTRICTIONS                          |
|---|------|--|
| <i>ranolazine tab er 12hr 500 mg</i>                      | 2    | QL 60 / 30 DAYS                                |
| <b>NITRATES</b>   |      |  |
| <i>isosorbide dinitrate tab 10 mg</i>                     | 1    | VAL Value Preventative List                    |
| <i>isosorbide dinitrate tab 20 mg</i>                     | 1    | VAL Value Preventative List                    |
| <i>isosorbide dinitrate tab 30 mg</i>                     | 1    | VAL Value Preventative List                    |
| <i>isosorbide dinitrate tab 5 mg</i>                      | 1    | VAL Value Preventative List                    |
| <i>isosorbide mononitrate tab 10 mg</i>                   | 1    | VAL Value Preventative List                    |
| <i>isosorbide mononitrate tab 20 mg</i>                   | 1    | VAL Value Preventative List                    |
| <i>isosorbide mononitrate tab er 24hr 120 mg</i>          | 1    | VAL Value Preventative List                    |
| <i>isosorbide mononitrate tab er 24hr 30 mg</i>           | 1    | VAL Value Preventative List                    |
| <i>isosorbide mononitrate tab er 24hr 60 mg</i>           | 1    | VAL Value Preventative List                    |
| <i>nitroglycerin oint 2%</i>                              | 1    |  |
| NITRO-DUR 0.3 MG/HR PATCH 24HR                            | 3    |  |
| NITRO-DUR 0.8 MG/HR PATCH 24HR                            | 3    |  |
| NITRO-TIME 2.5 MG CAP ER                                  | 1    |  |
| NITRO-TIME 6.5 MG CAP ER                                  | 1    |  |
| NITRO-TIME 9 MG CAP ER                                    | 1    |  |
| <i>nitroglycerin td patch 24hr 0.1 mg/hr</i>              | 1    | VAL Value Preventative List                    |
| <i>nitroglycerin td patch 24hr 0.2 mg/hr</i>              | 1    | VAL Value Preventative List                    |
| <i>nitroglycerin sl tab 0.3 mg</i>                        | 1    | VAL Value Preventative List                    |
| <i>nitroglycerin sl tab 0.4 mg</i>                        | 1    | QL 30 / 30 DAYS<br>VAL Value Preventative List |
| <i>nitroglycerin td patch 24hr 0.4 mg/hr</i>              | 1    | VAL Value Preventative List                    |
| <i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i> | 2    | VAL Value Preventative List                    |
| <i>nitroglycerin sl tab 0.6 mg</i>                        | 1    | QL 30 / 30 DAYS<br>VAL Value Preventative List |
| <i>nitroglycerin td patch 24hr 0.6 mg/hr</i>              | 1    | VAL Value Preventative List                    |

| PRODUCT DESCRIPTION                                 | TIER | LIMITS & RESTRICTIONS       |
|---|------|-----------------------------|
| <i>nitroglycerin oint 2%</i>                        | 1    |                             |
| NITROLINGUAL 0.4 MG/SPRAY SOLUTION                  | 2    | VAL Value Preventative List |
| NITROMIST 400 MCG/SPRAY AERO SOLN                   | 3    |                             |
| ANTIANXIETY AGENTS                                  |      |                             |
| ANTIANXIETY AGENTS - MISC.                          |      |                             |
| <i>bupirone hcl tab 10 mg</i>                       | 1    |                             |
| <i>bupirone hcl tab 15 mg</i>                       | 1    |                             |
| <i>bupirone hcl tab 30 mg</i>                       | 1    |                             |
| <i>bupirone hcl tab 5 mg</i>                        | 1    |                             |
| <i>bupirone hcl tab 7.5 mg</i>                      | 1    |                             |
| <i>hydroxyzine hcl tab 10 mg</i>                    | 1    |                             |
| <i>hydroxyzine hcl syrup 10 mg/5ml</i>              | 1    |                             |
| <i>hydroxyzine hcl tab 25 mg</i>                    | 1    |                             |
| <i>hydroxyzine hcl tab 50 mg</i>                    | 1    |                             |
| HYDROXYZINE PAMOATE 100 MG CAP                      | 1    |                             |
| <i>hydroxyzine pamoate cap 25 mg</i>                | 1    |                             |
| <i>hydroxyzine pamoate cap 50 mg</i>                | 1    |                             |
| <i>meprobamate tab 200 mg</i>                       | 1    |                             |
| <i>meprobamate tab 400 mg</i>                       | 1    |                             |
| BENZODIAZEPINES                                     |      |                             |
| <i>alprazolam tab 0.25 mg</i>                       | 1    | QL 90 / 30 DAYS             |
| <i>alprazolam orally disintegrating tab 0.25 mg</i> | 1    | QL 90 / 30 DAYS             |
| <i>alprazolam tab 0.5 mg</i>                        | 1    | QL 5 / 1 day(s)             |
| <i>alprazolam orally disintegrating tab 0.5 mg</i>  | 1    | QL 90 / 30 DAYS             |
| <i>alprazolam tab 1 mg</i>                          | 1    | QL 5 / 1 day(s)             |
| <i>alprazolam orally disintegrating tab 1 mg</i>    | 1    | QL 90 / 30 DAYS             |
| <i>alprazolam tab 2 mg</i>                          | 1    | QL 90 / 30 DAYS             |
| <i>alprazolam orally disintegrating tab 2 mg</i>    | 1    | QL 90 / 30 DAYS             |

| PRODUCT DESCRIPTION                        | TIER | LIMITS & RESTRICTIONS                     |
|--|------|---|
| <i>alprazolam tab er 24hr 0.5 mg</i>       | 1    | QL 90 / 30 DAYS                           |
| <i>alprazolam tab er 24hr 1 mg</i>         | 1    | QL 90 / 30 DAYS                           |
| <i>alprazolam tab er 24hr 2 mg</i>         | 1    | QL 90 / 30 DAYS                           |
| <i>alprazolam tab er 24hr 3 mg</i>         | 1    | QL 90 / 30 DAYS                           |
| ALPRAZOLAM INTENSOL 1 MG/ML CONC           | 1    | AL1 Up to 8 yrs old                       |
| <i>alprazolam tab er 24hr 0.5 mg</i>       | 1    | QL 90 / 30 DAYS                           |
| <i>alprazolam tab er 24hr 1 mg</i>         | 1    | QL 90 / 30 DAYS                           |
| <i>alprazolam tab er 24hr 2 mg</i>         | 1    | QL 90 / 30 DAYS                           |
| <i>alprazolam tab er 24hr 3 mg</i>         | 1    | QL 90 / 30 DAYS                           |
| <i>chlordiazepoxide hcl cap 10 mg</i>      | 1    |   |
| <i>chlordiazepoxide hcl cap 25 mg</i>      | 1    |   |
| <i>chlordiazepoxide hcl cap 5 mg</i>       | 1    |   |
| <i>clorazepate dipotassium tab 15 mg</i>   | 1    |   |
| <i>clorazepate dipotassium tab 3.75 mg</i> | 1    |   |
| <i>clorazepate dipotassium tab 7.5 mg</i>  | 1    |   |
| <i>diazepam tab 10 mg</i>                  | 1    | QL 4 / 1 day(s)                           |
| DIAZEPAM 10 MG/2ML SOLN A-INJ              | 1    |   |
| <i>diazepam inj 5 mg/ml</i>                | 1    |   |
| <i>diazepam tab 2 mg</i>                   | 1    | QL 2 / 1 day(s)                           |
| <i>diazepam tab 5 mg</i>                   | 1    | QL 4 / 1 day(s)                           |
| <i>diazepam oral soln 1 mg/ml</i>          | 1    | QL 500 / 30 day(s)<br>AL1 Up to 8 yrs old |
| <i>diazepam conc 5 mg/ml</i>               | 1    | AL1 Up to 8 yrs old                       |
| DIAZEPAM 5 MG/ML SOLUTION                  | 1    |   |
| <i>diazepam inj 5 mg/ml</i>                | 1    |   |
| <i>diazepam conc 5 mg/ml</i>               | 1    | AL1 Up to 8 yrs old                       |
| <i>lorazepam tab 0.5 mg</i>                | 1    | QL 5 / 1 day(s)                           |

| PRODUCT DESCRIPTION                      | TIER | LIMITS & RESTRICTIONS       |
|--|------|-----------------------------|
| <i>lorazepam tab 1 mg</i>                | 1    | QL 5 / 1 day(s)             |
| <i>lorazepam tab 2 mg</i>                | 1    | QL 90 / 30 DAYS             |
| <i>lorazepam inj 2 mg/ml</i>             | 1    |                             |
| <i>lorazepam inj 4 mg/ml</i>             | 1    |                             |
| <i>oxazepam cap 10 mg</i>                | 1    | QL 90 / 30 day(s)           |
| <i>oxazepam cap 15 mg</i>                | 1    | QL 90 / 30 day(s)           |
| <i>oxazepam cap 30 mg</i>                | 1    | QL 90 / 30 day(s)           |
| <b>ANTIARRHYTHMICS</b>                   |      |                             |
| <b>ANTIARRHYTHMICS TYPE I-A</b>          |      |                             |
| <i>disopyramide phosphate cap 100 mg</i> | 1    | VAL Value Preventative List |
| <i>disopyramide phosphate cap 150 mg</i> | 1    | VAL Value Preventative List |
| NORPACE CR 100 MG CAP ER 12H             | 2    |                             |
| NORPACE CR 150 MG CAP ER 12H             | 2    |                             |
| <i>quinidine gluconate tab er 324 mg</i> | 1    | VAL Value Preventative List |
| QUINIDINE SULFATE 200 MG TAB             | 1    | VAL Value Preventative List |
| QUINIDINE SULFATE 300 MG TAB             | 1    | VAL Value Preventative List |
| <b>ANTIARRHYTHMICS TYPE I-B</b>          |      |                             |
| <i>mexiletine hcl cap 150 mg</i>         | 1    |                             |
| <i>mexiletine hcl cap 200 mg</i>         | 1    |                             |
| <i>mexiletine hcl cap 250 mg</i>         | 1    |                             |
| <b>ANTIARRHYTHMICS TYPE I-C</b>          |      |                             |
| <i>flecainide acetate tab 100 mg</i>     | 1    | VAL Value Preventative List |
| <i>flecainide acetate tab 150 mg</i>     | 1    | VAL Value Preventative List |
| <i>flecainide acetate tab 50 mg</i>      | 1    | VAL Value Preventative List |
| <i>propafenone hcl tab 150 mg</i>        | 1    | VAL Value Preventative List |
| <i>propafenone hcl tab 225 mg</i>        | 1    | VAL Value Preventative List |
| <i>propafenone hcl tab 300 mg</i>        | 1    | VAL Value Preventative List |

| PRODUCT DESCRIPTION                            | TIER | LIMITS & RESTRICTIONS                            |
|--|------|--|
| <i>propafenone hcl cap er 12hr 225 mg</i>      | 1    | VAL Value Preventative List                      |
| <i>propafenone hcl cap er 12hr 325 mg</i>      | 1    | VAL Value Preventative List                      |
| <i>propafenone hcl cap er 12hr 425 mg</i>      | 2    | VAL Value Preventative List                      |
| <b>ANTIARRHYTHMICS TYPE III</b>                |      |  |
| <i>amiodarone hcl tab 100 mg</i>               | 1    | VAL Value Preventative List                      |
| <i>amiodarone hcl tab 200 mg</i>               | 1    | VAL Value Preventative List                      |
| <i>amiodarone hcl tab 400 mg</i>               | 1    | VAL Value Preventative List                      |
| <i>dofetilide cap 125 mcg (0.125 mg)</i>       | 2    |  |
| <i>dofetilide cap 250 mcg (0.25 mg)</i>        | 2    |  |
| <i>dofetilide cap 500 mcg (0.5 mg)</i>         | 2    |  |
| MULTAQ 400 MG TAB                              | 2    | QL 60 / 30 DAYS                                  |
| <i>amiodarone hcl tab 100 mg</i>               | 1    | VAL Value Preventative List                      |
| <i>amiodarone hcl tab 200 mg</i>               | 1    | VAL Value Preventative List                      |
| <i>amiodarone hcl tab 400 mg</i>               | 1    | VAL Value Preventative List                      |
| <b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b> |      |  |
| <b>ADRENERGIC COMBINATIONS</b>                 |      |  |
| ANORO ELLIPTA 62.5-25 MCG/ACT AER POW BA       | 2    | QL 60 / 30 day(s)<br>VAL Value Preventative List |
| BREO ELLIPTA 100-25 MCG/ACT AER POW BA         | 2    | QL 60 / 30 day(s)<br>VAL Value Preventative List |
| BREO ELLIPTA 200-25 MCG/ACT AER POW BA         | 2    | QL 60 / 30 day(s)<br>VAL Value Preventative List |
| BREO ELLIPTA 50-25 MCG/INH AER POW BA          | 2    | QL 60 / 30 day(s)<br>VAL Value Preventative List |
| BREZTRI AEROSPHERE 160-9-4.8 MCG/ACT AEROSOL   | 2    | QL 10.7 / 30 day(s)                              |
| COMBIVENT RESPIMAT 20-100 MCG/ACT AERO SOLN    | 2    | QL 4 / 30 DAYS<br>VAL Value Preventative List    |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS                                       |
|--|------|---|
| <i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i> | 2    | <p>QL 60 / 30 day(s)</p> <p>VAL Value Preventative List</p> |
| FLUTICASONE-SALMETEROL 113-14 MCG/ACT AER POW BA           | 1    | <p>QL 1 / 30 day(s)</p> <p>VAL Value Preventative List</p>  |
| FLUTICASONE-SALMETEROL 232-14 MCG/ACT AER POW BA           | 1    | <p>QL 1 / 30 day(s)</p> <p>VAL Value Preventative List</p>  |
| <i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i> | 2    | <p>QL 60 / 30 day(s)</p> <p>VAL Value Preventative List</p> |
| <i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i> | 2    | <p>QL 60 / 30 day(s)</p> <p>VAL Value Preventative List</p> |
| FLUTICASONE-SALMETEROL 55-14 MCG/ACT AER POW BA            | 1    | <p>QL 1 / 30 day(s)</p> <p>VAL Value Preventative List</p>  |
| <i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>   | 1    | <p>VAL Value Preventative List</p>                          |
| STIOLTO RESPIMAT 2.5-2.5 MCG/ACT AERO SOLN                 | 2    | <p>QL 4 / 30 DAYS</p> <p>VAL Value Preventative List</p>    |
| SYMBICORT 160-4.5 MCG/ACT AEROSOL                          | 2    | <p>QL 10.2 / 30 DAYS</p> <p>VAL Value Preventative List</p> |
| SYMBICORT 80-4.5 MCG/ACT AEROSOL                           | 2    | <p>QL 10.2 / 30 DAYS</p> <p>VAL Value Preventative List</p> |
| TRELEGY ELLIPTA 100-62.5-25 MCG/ACT AER POW BA             | 2    | <p>QL 2 / 1 day(s)</p> <p>VAL Value Preventative List</p>   |
| TRELEGY ELLIPTA 200-62.5-25 MCG/ACT AER POW BA             | 2    | <p>QL 2 / 1 day(s)</p> <p>VAL Value Preventative List</p>   |
| <i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i> | 2    | <p>QL 60 / 30 day(s)</p> <p>VAL Value Preventative List</p> |
| <i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i> | 2    | <p>QL 60 / 30 day(s)</p> <p>VAL Value Preventative List</p> |
| <i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i> | 2    | <p>QL 60 / 30 day(s)</p> <p>VAL Value Preventative List</p> |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS                    |
|---|------|--|
| <b>ANTI-IGE MONOCLONAL ANTIBODIES</b>                       |      |  |
| XOLAIR 150 MG RECON SOLN                                    | 4    | Specialty Drug                           |
| XOLAIR 150 MG/ML SOLN A-INJ                                 | 4    | Specialty Drug                           |
| XOLAIR 150 MG/ML SOLN PRSYR                                 | 4    | Specialty Drug                           |
| XOLAIR 300 MG/2ML SOLN A-INJ                                | 4    | Specialty Drug                           |
| XOLAIR 300 MG/2ML SOLN PRSYR                                | 4    | Specialty Drug                           |
| XOLAIR 75 MG/0.5ML SOLN A-INJ                               | 4    | Specialty Drug                           |
| XOLAIR 75 MG/0.5ML SOLN PRSYR                               | 4    | Specialty Drug                           |
| <b>ANTI-INFLAMMATORY AGENTS</b>                             |      |  |
| <i>cromolyn sodium soln nebu 20 mg/2ml</i>                  | 1    | 240 / 30 DAYS<br>Value Preventative List |
| <b>BETA ADRENERGICS</b>                                     |      |  |
| <i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>      | 1    | 360 / 30 DAYS<br>Value Preventative List |
| ALBUTEROL SULFATE (5 MG/ML) 0.5% NEBU SOLN                  | 1    | Value Preventative List                  |
| <i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>           | 1    | Value Preventative List                  |
| <i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>           | 1    | Value Preventative List                  |
| <i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i> | 1    | 360 / 30 DAYS<br>Value Preventative List |
| <i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i> | 1    | 360 / 30 DAYS<br>Value Preventative List |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS                             |
|--|------|---|
| <i>albuterol sulfate tab 2 mg</i>                                  | 2    | VAL Value Preventative List                       |
| <i>albuterol sulfate syrup 2 mg/5ml</i>                            | 1    | VAL Value Preventative List                       |
| <i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>                  | 1    | VAL Value Preventative List                       |
| <i>albuterol sulfate tab 4 mg</i>                                  | 2    | QL 120 / 30 DAYS<br>VAL Value Preventative List   |
| <i>albuterol sulfate syrup 2 mg/5ml</i>                            | 1    | VAL Value Preventative List                       |
| <i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i> | 1    | QL 18 / 15 day(s)<br>VAL Value Preventative List  |
| ALBUTEROL SULFATE HFA 108 (90 BASE) MCG/ACT AERO SOLN              | 1    | QL 18 / 15 day(s)<br>VAL Value Preventative List  |
| <i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i>     | 2    |   |
| BROVANA 15 MCG/2ML NEBU SOLN                                       | 2    |   |
| <i>formoterol fumarate soln nebu 20 mcg/2ml</i>                    | 2    |   |
| <i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>         | 1    | QL 270 / 30 DAYS<br>VAL Value Preventative List   |
| <i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>         | 1    | QL 270 / 30 day(s)<br>VAL Value Preventative List |
| <i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>  | 1    | VAL Value Preventative List                       |
| <i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>         | 1    | QL 270 / 30 DAYS<br>VAL Value Preventative List   |
| LEVALBUTEROL TARTRATE 45 MCG/ACT AEROSOL                           | 1    | QL 30 / 30 DAYS<br>VAL Value Preventative List    |
| SEREVENT DISKUS 50 MCG/ACT AER POW BA                              | 2    | QL 28 / 14 DAYS<br>VAL Value Preventative List    |
| STRIVERDI RESPIMAT 2.5 MCG/ACT AERO SOLN                           | 3    | QL 4 / 30 DAYS                                    |
| <i>terbutaline sulfate tab 2.5 mg</i>                              | 1    | QL 90 / 30 DAYS<br>VAL Value Preventative List    |
| <i>terbutaline sulfate tab 5 mg</i>                                | 1    | VAL Value Preventative List                       |

| PRODUCT DESCRIPTION                                     | TIER | LIMITS & RESTRICTIONS  |
|---|------|--|
| <b>BRONCHODILATORS - ANTICHOLINERGICS</b>               |      |  |
| ATROVENT HFA 17 MCG/ACT AERO SOLN                       | 2    | <span>QL</span> 25.8 / 28 day(s)<br><span>VAL</span> Value Preventative List |
| INCRUSE ELLIPTA 62.5 MCG/ACT AER POW BA                 | 2    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventative List     |
| <i>ipratropium bromide inhal soln 0.02%</i>             | 1    | <span>VAL</span> Value Preventative List                                     |
| SPIRIVA RESPIMAT 1.25 MCG/ACT AERO SOLN                 | 2    | <span>QL</span> 4 / 30 day(s)<br><span>VAL</span> Value Preventative List    |
| SPIRIVA RESPIMAT 2.5 MCG/ACT AERO SOLN                  | 2    | <span>QL</span> 4 / 30 day(s)<br><span>VAL</span> Value Preventative List    |
| <i>tiotropium bromide inhal cap 18 mcg (base equiv)</i> | 1    | <span>QL</span> 30 / 30 day(s)   |
| YUPELRI 175 MCG/3ML NEBU SOLN                           | 3    | <span>QL</span> 90 / 30 day(s)   |
| <b>INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)</b>           |      |  |
| EXDENSUR 100 MG/ML SOLN PRSYR                           | 4    | <span>S</span> Specialty Drug  |
| FASENRA 10 MG/0.5ML SOLN PRSYR                          | 4    | <span>S</span> Specialty Drug  |
| FASENRA 30 MG/ML SOLN PRSYR                             | 4    | <span>S</span> Specialty Drug  |
| FASENRA PEN 30 MG/ML SOLN A-INJ                         | 4    | <span>S</span> Specialty Drug  |
| NUCALA 100 MG RECON SOLN                                | 4    | <span>S</span> Specialty Drug  |
| NUCALA 100 MG/ML SOLN A-INJ                             | 4    | <span>S</span> Specialty Drug  |
| NUCALA 100 MG/ML SOLN PRSYR                             | 4    | <span>S</span> Specialty Drug  |
| NUCALA 40 MG/0.4ML SOLN PRSYR                           | 4    | <span>S</span> Specialty Drug  |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS   |
|--|------|---|
| <b>LEUKOTRIENE RECEPTOR ANTAGONISTS</b>                          |      |   |
| <i>montelukast sodium tab 10 mg (base equiv)</i>                 | 1    | <ul style="list-style-type: none"> <li>QL 30 / 30 DAYS</li> <li>VAL Value Preventative List</li> </ul>                              |
| <i>montelukast sodium chew tab 4 mg (base equiv)</i>             | 1    | <ul style="list-style-type: none"> <li>QL 30 / 30 DAYS</li> <li>VAL Value Preventative List</li> </ul>                              |
| <i>montelukast sodium oral granules packet 4 mg (base equiv)</i> | 1    | <ul style="list-style-type: none"> <li>QL 30 / 30 DAYS</li> <li>AL1 Up to 4 yrs old</li> <li>VAL Value Preventative List</li> </ul> |
| <i>montelukast sodium chew tab 5 mg (base equiv)</i>             | 1    | <ul style="list-style-type: none"> <li>QL 30 / 30 DAYS</li> <li>VAL Value Preventative List</li> </ul>                              |
| <i>zafirlukast tab 10 mg</i>                                     | 1    | <ul style="list-style-type: none"> <li>QL 60 / 30 DAYS</li> <li>VAL Value Preventative List</li> </ul>                              |
| <i>zafirlukast tab 20 mg</i>                                     | 1    | <ul style="list-style-type: none"> <li>QL 60 / 30 DAYS</li> <li>VAL Value Preventative List</li> </ul>                              |
| <b>SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>           |      |   |
| <i>roflumilast tab 250 mcg</i>                                   | 1    |   |
| <i>roflumilast tab 500 mcg</i>                                   | 1    |   |
| <b>STEROID INHALANTS</b>   |      |   |
| ARNUITY ELLIPTA 100 MCG/ACT AER POW BA                           | 2    | <ul style="list-style-type: none"> <li>QL 1 / 1 day(s)</li> <li>VAL Value Preventative List</li> </ul>                              |
| ARNUITY ELLIPTA 200 MCG/ACT AER POW BA                           | 2    | <ul style="list-style-type: none"> <li>QL 1 / 1 day(s)</li> <li>VAL Value Preventative List</li> </ul>                              |
| ARNUITY ELLIPTA 50 MCG/ACT AER POW BA                            | 2    | <ul style="list-style-type: none"> <li>QL 1 / 1 day(s)</li> <li>VAL Value Preventative List</li> </ul>                              |
| <i>budesonide inhalation susp 0.25 mg/2ml</i>                    | 1    | <ul style="list-style-type: none"> <li>QL 120 / 30 DAYS</li> <li>VAL Value Preventative List</li> </ul>                             |
| <i>budesonide inhalation susp 0.5 mg/2ml</i>                     | 1    | <ul style="list-style-type: none"> <li>QL 120 / 30 DAYS</li> <li>VAL Value Preventative List</li> </ul>                             |
| <i>budesonide inhalation susp 1 mg/2ml</i>                       | 1    | <ul style="list-style-type: none"> <li>VAL Value Preventative List</li> </ul>   |

| PRODUCT DESCRIPTION                             | TIER | LIMITS & RESTRICTIONS  |
|---|------|--|
| QVAR REDIHALER 40 MCG/ACT AERO BA               | 2    | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <span style="background-color: #6666ff; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 10.6 / 30 DAYS<br/> <span style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px;">VAL</span> Value Preventative List </div> </div>   |
| QVAR REDIHALER 80 MCG/ACT AERO BA               | 2    | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <span style="background-color: #6666ff; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 10.6 / 30 DAYS<br/> <span style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px;">VAL</span> Value Preventative List </div> </div>   |
| THYMIC STROMAL LYMPHOPOIETIN (TSLP) ANTAGONISTS |      |  |
| TEZSPIRE 210 MG/1.91ML SOLN A-INJ               | 4    | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <span style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;"></span><br/> <span style="background-color: #cc3333; color: white; padding: 2px 5px; border-radius: 3px;">S</span> Specialty Drug </div> </div>                               |
| TEZSPIRE 210 MG/1.91ML SOLN PRSYR               | 4    | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <span style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;"></span><br/> <span style="background-color: #cc3333; color: white; padding: 2px 5px; border-radius: 3px;">S</span> Specialty Drug </div> </div>                               |
| XANTHINES                                       |      |  |
| <i>theophylline elixir 80 mg/15ml</i>           | 1    | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <span style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px;">AL1</span> Up to 8 yrs old<br/> <span style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px;">VAL</span> Value Preventative List </div> </div> |
| THEO-24 100 MG CAP ER 24H                       | 2    | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <span style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px;">VAL</span> Value Preventative List </div> </div>  |
| THEO-24 200 MG CAP ER 24H                       | 2    | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <span style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px;">VAL</span> Value Preventative List </div> </div>  |
| THEO-24 300 MG CAP ER 24H                       | 2    | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <span style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px;">VAL</span> Value Preventative List </div> </div>  |
| THEO-24 400 MG CAP ER 24H                       | 2    | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <span style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px;">VAL</span> Value Preventative List </div> </div>  |
| <i>theophylline elixir 80 mg/15ml</i>           | 1    | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <span style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px;">AL1</span> Up to 8 yrs old<br/> <span style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px;">VAL</span> Value Preventative List </div> </div> |
| <i>theophylline soln 80 mg/15ml</i>             | 1    | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <span style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px;">AL1</span> Up to 8 yrs old<br/> <span style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px;">VAL</span> Value Preventative List </div> </div> |
| <i>theophylline tab er 12hr 300 mg</i>          | 1    | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <span style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px;">VAL</span> Value Preventative List </div> </div>  |
| <i>theophylline tab er 24hr 400 mg</i>          | 1    | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <span style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px;">VAL</span> Value Preventative List </div> </div>  |
| <i>theophylline tab er 12hr 450 mg</i>          | 1    | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <span style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px;">VAL</span> Value Preventative List </div> </div>  |
| <i>theophylline tab er 24hr 600 mg</i>          | 1    | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <span style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px;">VAL</span> Value Preventative List </div> </div>  |
| ANTICOAGULANTS                                  |      |  |
| COUMARIN ANTICOAGULANTS                         |      |  |
| <i>warfarin sodium tab 1 mg</i>                 | 1    | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <span style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px;">VAL</span> Value Preventative List </div> </div>  |
| <i>warfarin sodium tab 10 mg</i>                | 1    | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <span style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px;">VAL</span> Value Preventative List </div> </div>  |

| PRODUCT DESCRIPTION                      | TIER | LIMITS & RESTRICTIONS                          |
|--|------|--|
| <i>warfarin sodium tab 2 mg</i>          | 1    | VAL Value Preventative List                    |
| <i>warfarin sodium tab 2.5 mg</i>        | 1    | VAL Value Preventative List                    |
| <i>warfarin sodium tab 3 mg</i>          | 1    | VAL Value Preventative List                    |
| <i>warfarin sodium tab 4 mg</i>          | 1    | VAL Value Preventative List                    |
| <i>warfarin sodium tab 5 mg</i>          | 1    | VAL Value Preventative List                    |
| <i>warfarin sodium tab 6 mg</i>          | 1    | VAL Value Preventative List                    |
| <i>warfarin sodium tab 7.5 mg</i>        | 1    | VAL Value Preventative List                    |
| <i>warfarin sodium tab 1 mg</i>          | 1    | VAL Value Preventative List                    |
| <i>warfarin sodium tab 10 mg</i>         | 1    | VAL Value Preventative List                    |
| <i>warfarin sodium tab 2 mg</i>          | 1    | VAL Value Preventative List                    |
| <i>warfarin sodium tab 2.5 mg</i>        | 1    | VAL Value Preventative List                    |
| <i>warfarin sodium tab 3 mg</i>          | 1    | VAL Value Preventative List                    |
| <i>warfarin sodium tab 4 mg</i>          | 1    | VAL Value Preventative List                    |
| <i>warfarin sodium tab 5 mg</i>          | 1    | VAL Value Preventative List                    |
| <i>warfarin sodium tab 6 mg</i>          | 1    | VAL Value Preventative List                    |
| <i>warfarin sodium tab 7.5 mg</i>        | 1    | VAL Value Preventative List                    |
| DIRECT FACTOR XA INHIBITORS              |      |  |
| ELIQUIS (1.5 MG PACK) 3 X 0.5 MG TAB SOL | 2    | QL 12 / 1 day(s)<br>AL1 Up to 8 yrs old        |
| ELIQUIS (2 MG PACK) 4 X 0.5 MG TAB SOL   | 2    | QL 16 / 1 day(s)<br>AL1 Up to 8 yrs old        |
| ELIQUIS 0.15 MG CAP SPRINK               | 2    | QL 2.5 / 1 day(s)<br>AL1 Up to 8 yrs old       |
| ELIQUIS 0.5 MG TAB SOL                   | 2    | QL 16 / 1 day(s)<br>AL1 Up to 8 yrs old        |
| ELIQUIS 2.5 MG TAB                       | 2    | QL 2 / 1 day(s)<br>VAL Value Preventative List |























| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS  |
|--|------|--|
| ELIQUIS 5 MG TAB   | 2    | <span>QL</span> 2.5 / 1 day(s)<br><span>VAL</span> Value Preventative List |
| ELIQUIS DVT/PE STARTER PACK 5 MG TAB THPK                      | 2    | <span>QL</span> 2.5 / 1 day(s)<br><span>VAL</span> Value Preventative List |
| <i>rivaroxaban for susp 1 mg/ml</i>                            | 2    |  |
| <i>rivaroxaban tab 2.5 mg</i>                                  | 2    | <span>QL</span> 60 / 30 day(s)<br><span>VAL</span> Value Preventative List |
| SAVAYSA 15 MG TAB  | 3    | <span>QL</span> 30 / 30 DAYS<br><span>ST</span>                            |
| SAVAYSA 30 MG TAB  | 3    | <span>QL</span> 30 / 30 DAYS<br><span>ST</span>                            |
| SAVAYSA 60 MG TAB  | 3    | <span>QL</span> 30 / 30 DAYS<br><span>ST</span>                            |
| XARELTO 10 MG TAB  | 2    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventative List   |
| XARELTO 15 MG TAB  | 2    | <span>QL</span> 42 / 30 day(s)<br><span>VAL</span> Value Preventative List |
| XARELTO 20 MG TAB  | 2    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventative List   |
| XARELTO STARTER PACK 15 & 20 MG TAB THPK                       | 2    | <span>QL</span> 51 / 30 DAYS<br><span>VAL</span> Value Preventative List   |
| HEPARINS AND HEPARINOID-LIKE AGENTS                            |      |  |
| BD HEPARIN POSIFLUSH 100 UNIT/ML SOLUTION                      | 1    |  |
| HEPARIN (PORCINE) IN NAACL 1000-0.9 UT/500ML-% SOLUTION        | 1    |  |
| <i>heparin sod (porcine)-nacl iv soln 1000 unit/500ml-0.9%</i> | 1    |  |
| HEPARIN (PORCINE) IN NAACL 12500-0.45 UT/250ML-% SOLUTION      | 1    |  |
| HEPARIN (PORCINE) IN NAACL 2000-0.9 UNIT/L-% SOLUTION          | 1    |  |
| <i>heparin sod (porcine)-nacl iv soln 2000 unit/l-0.9%</i>     | 1    |  |

| PRODUCT DESCRIPTION                                       | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| HEPARIN (PORCINE) IN NAACL 25000-0.45 UT/250ML-% SOLUTION | 1    |                       |
| HEPARIN (PORCINE) IN NAACL 25000-0.45 UT/500ML-% SOLUTION | 1    |                       |
| HEPARIN (PORCINE) IN NAACL 4000-0.9 UNIT/L-% SOLUTION     | 1    |                       |
| HEPARIN NA (PORK) LOCK FLSH PF 1 UNIT/ML SOLUTION         | 1    |                       |
| HEPARIN NA (PORK) LOCK FLSH PF 10 UNIT/ML SOLUTION        | 1    |                       |
| HEPARIN NA (PORK) LOCK FLSH PF 100 UNIT/ML SOLUTION       | 1    |                       |
| HEPARIN SOD (PORCINE) IN D5W 100 UNIT/ML SOLUTION         | 1    |                       |
| HEPARIN SOD (PORCINE) IN D5W 25000-5 UT/500ML-% SOLUTION  | 1    |                       |
| HEPARIN SOD (PORCINE) IN D5W 40-5 UNIT/ML-% SOLUTION      | 1    |                       |
| HEPARIN SOD (PORK) LOCK FLUSH 10 UNIT/ML SOLUTION         | 1    |                       |
| HEPARIN SOD (PORK) LOCK FLUSH 100 UNIT/ML SOLUTION        | 1    |                       |
| <i>heparin sodium (porcine) inj 1000 unit/ml</i>          | 1    |                       |
| <i>heparin sodium (porcine) inj 1000 unit/ml</i>          | 1    |                       |
| <i>heparin sodium (porcine) inj 10000 unit/ml</i>         | 1    |                       |
| <i>heparin sodium (porcine) inj 5000 unit/ml</i>          | 1    |                       |
| <i>heparin sodium (porcine) pf inj 1000 unit/ml</i>       | 1    |                       |
| <i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>    | 1    |                       |
| <b>LOW MOLECULAR WEIGHT HEPARINS</b>                      |      |                       |
| <i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>      | 2    | QL 2 / 1 day(s)       |
| <i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>   | 2    | QL 1.6 / 1 day(s)     |
| <i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>      | 2    | QL 2 / 1 day(s)       |
| <i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>    | 2    | QL 0.6 / 1 day(s)     |
| <i>enoxaparin sodium inj 300 mg/3ml</i>                   | 2    | QL 3 / 1 day(s)       |
| <i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>    | 2    | QL 0.8 / 1 day(s)     |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS  |
|---|------|------------------------|
| <i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>              | 2    | QL 1.2 / 1 day(s)      |
| <i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>              | 2    | QL 1.6 / 1 day(s)      |
| FRAGMIN 10000 UNIT/4ML SOLUTION                                     | 3    | QL 2 / 1 day(s)        |
| FRAGMIN 10000 UNIT/ML SOLN PRSYR                                    | 3    | QL 2 / 1 day(s)        |
| FRAGMIN 12500 UNIT/0.5ML SOLN PRSYR                                 | 3    | QL 1 / 1 day(s)        |
| FRAGMIN 15000 UNIT/0.6ML SOLN PRSYR                                 | 3    | QL 1.2 / 1 day(s)      |
| FRAGMIN 18000 UNT/0.72ML SOLN PRSYR                                 | 3    | QL 1.44 / 1 day(s)     |
| FRAGMIN 2500 UNIT/0.2ML SOLN PRSYR                                  | 3    | QL 0.4 / 1 day(s)      |
| FRAGMIN 5000 UNIT/0.2ML SOLN PRSYR                                  | 3    | QL 0.4 / 1 day(s)      |
| FRAGMIN 7500 UNIT/0.3ML SOLN PRSYR                                  | 3    | QL 0.6 / 1 day(s)      |
| FRAGMIN 95000 UNIT/3.8ML SOLUTION                                   | 3    | QL 7.6 / 1 day(s)      |
| SYNTHETIC HEPARINOID-LIKE AGENTS                                    |      |                        |
| <i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>             | 2    | QL 0.8 / 1 day(s)      |
| <i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>            | 2    | QL 0.5 / 1 day(s)      |
| <i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>              | 2    | QL 0.4 / 1 day(s)      |
| <i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>            | 2    | QL 0.6 / 1 day(s)      |
| THROMBIN INHIBITORS - SELECTIVE DIRECT & REVERSIBLE                 |      |                        |
| <i>dabigatran etexilate mesylate cap 110 mg (etexilate base eq)</i> | 2    | QL 60 / 30 day(s)      |
| <i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i> | 2    | QL 60 / 30 day(s)      |
| <i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</i>  | 2    | QL 60 / 30 day(s)      |
| ANTICONVULSANTS   |      |                        |
| AMPA GLUTAMATE RECEPTOR ANTAGONISTS                                 |      |                        |
| <i>perampanel susp 0.5 mg/ml</i>                                    | 2    | QL 1 / 1 day(s)<br>ST  |
| <i>perampanel tab 10 mg</i>   | 2    | QL 1 tablet / 1 day(s) |
| <i>perampanel tab 12 mg</i>   | 2    | QL 1 tablet / 1 day(s) |

| PRODUCT DESCRIPTION                                  | TIER | LIMITS & RESTRICTIONS    |
|--|------|--------------------------|
| <i>perampanel tab 2 mg</i>                           | 2    | QL 1 tablet / 1 day(s)   |
| <i>perampanel tab 4 mg</i>                           | 2    | QL 1 tablet / 1 day(s)   |
| <i>perampanel tab 6 mg</i>                           | 2    | QL 1 tablet / 1 day(s)   |
| <i>perampanel tab 8 mg</i>                           | 2    | QL 1 tablet / 1 day(s)   |
| ANTICONVULSANTS - BENZODIAZEPINES                    |      |                          |
| <i>clobazam tab 10 mg</i>                            | 1    |                          |
| <i>clobazam suspension 2.5 mg/ml</i>                 | 1    |                          |
| <i>clobazam tab 20 mg</i>                            | 1    |                          |
| <i>clonazepam orally disintegrating tab 0.125 mg</i> | 1    | QL 90 / 30 DAYS          |
| <i>clonazepam orally disintegrating tab 0.25 mg</i>  | 1    | QL 90 / 30 DAYS          |
| <i>clonazepam tab 0.5 mg</i>                         | 1    | QL 90 / 30 DAYS          |
| <i>clonazepam orally disintegrating tab 0.5 mg</i>   | 1    | QL 90 / 30 DAYS          |
| <i>clonazepam tab 1 mg</i>                           | 1    | QL 90 / 30 DAYS          |
| <i>clonazepam orally disintegrating tab 1 mg</i>     | 1    | QL 90 / 30 DAYS          |
| <i>clonazepam tab 2 mg</i>                           | 1    | QL 90 / 30 DAYS          |
| <i>clonazepam orally disintegrating tab 2 mg</i>     | 1    | QL 90 / 30 DAYS          |
| <i>diazepam rectal gel delivery system 10 mg</i>     | 2    | QL 5 / 30 day(s)         |
| <i>diazepam rectal gel delivery system 2.5 mg</i>    | 2    | QL 5 / 30 day(s)         |
| <i>diazepam rectal gel delivery system 20 mg</i>     | 2    | QL 5 / 30 day(s)         |
| NAYZILAM 5 MG/0.1ML SOLUTION                         | 3    | QL 10 / 365 day(s)<br>ST |
| VALTOCO 10 MG DOSE 10 MG/0.1ML LIQUID                | 3    | QL 10 / 365 day(s)<br>ST |
| VALTOCO 15 MG DOSE 2 X 7.5 MG/0.1ML LIQD THPK        | 3    | QL 10 / 365 day(s)<br>ST |
| VALTOCO 20 MG DOSE 2 X 10 MG/0.1ML LIQD THPK         | 3    | QL 10 / 365 day(s)<br>ST |

| PRODUCT DESCRIPTION                     | TIER | LIMITS & RESTRICTIONS    |
|---|------|--------------------------|
| VALTOCO 5 MG DOSE 5 MG/0.1ML LIQUID     | 3    | QL 10 / 365 day(s)<br>ST |
| ANTICONVULSANTS - MISC.                 |      |                          |
| <i>brivaracetam tab 10 mg</i>           | 2    | ST                       |
| <i>brivaracetam oral soln 10 mg/ml</i>  | 2    | ST                       |
| <i>brivaracetam tab 100 mg</i>          | 2    | ST                       |
| <i>brivaracetam tab 25 mg</i>           | 2    | ST                       |
| <i>brivaracetam tab 50 mg</i>           | 2    | ST                       |
| <i>brivaracetam tab 75 mg</i>           | 2    | ST                       |
| BRIVIACT 10 MG TAB                      | 3    | ST                       |
| BRIVIACT 10 MG/ML SOLUTION              | 3    | ST                       |
| BRIVIACT 100 MG TAB                     | 3    | ST                       |
| BRIVIACT 25 MG TAB                      | 3    | ST                       |
| BRIVIACT 50 MG TAB                      | 3    | ST                       |
| BRIVIACT 75 MG TAB                      | 3    | ST                       |
| <i>carbamazepine chew tab 100 mg</i>    | 1    |                          |
| <i>carbamazepine susp 100 mg/5ml</i>    | 1    |                          |
| <i>carbamazepine tab 200 mg</i>         | 1    |                          |
| <i>carbamazepine susp 100 mg/5ml</i>    | 1    |                          |
| <i>carbamazepine cap er 12hr 100 mg</i> | 1    |                          |
| <i>carbamazepine tab er 12hr 100 mg</i> | 1    |                          |
| <i>carbamazepine cap er 12hr 200 mg</i> | 1    |                          |
| <i>carbamazepine tab er 12hr 200 mg</i> | 1    |                          |
| <i>carbamazepine cap er 12hr 300 mg</i> | 1    |                          |
| <i>carbamazepine tab er 12hr 400 mg</i> | 1    |                          |
| CARBATROL 100 MG CAP ER 12H             | 3    |                          |
| CARBATROL 200 MG CAP ER 12H             | 3    |                          |
| CARBATROL 300 MG CAP ER 12H             | 3    |                          |

| PRODUCT DESCRIPTION                       | TIER | LIMITS & RESTRICTIONS  |
|---|------|--|
| EPIDIOLEX 100 MG/ML SOLUTION              | 4    | <br> Specialty Drug  |
| <i>carbamazepine tab 200 mg</i>           | 1    |  |
| <i>eslicarbazepine acetate tab 200 mg</i> | 2    |  30 / 30 day(s)   |
| <i>eslicarbazepine acetate tab 400 mg</i> | 2    |  30 / 30 day(s)   |
| <i>eslicarbazepine acetate tab 600 mg</i> | 2    |  30 / 30 day(s)   |
| <i>eslicarbazepine acetate tab 800 mg</i> | 2    |  60 / 30 day(s)   |
| <i>gabapentin cap 100 mg</i>              | 1    |  360 / 30 DAYS  |
| <i>gabapentin oral soln 250 mg/5ml</i>    | 1    |  2160 / 30 DAYS   |
| <i>gabapentin cap 300 mg</i>              | 1    |  360 / 30 DAYS  |
| <i>gabapentin oral soln 250 mg/5ml</i>    | 1    |  2160 / 30 DAYS   |
| <i>gabapentin cap 400 mg</i>              | 1    |  270 / 30 DAYS  |
| <i>gabapentin tab 600 mg</i>              | 1    |  180 / 30 DAYS  |
| <i>gabapentin tab 800 mg</i>              | 1    |  120 / 30 DAYS   |
| KEPPRA 100 MG/ML SOLUTION                 | 3    |  |
| KEPPRA 1000 MG TAB                        | 3    |  |
| KEPPRA 250 MG TAB                         | 3    |  |
| KEPPRA 500 MG TAB                         | 3    |  |
| KEPPRA 750 MG TAB                         | 3    |  |
| KEPPRA XR 500 MG TAB ER 24H               | 3    |  180 / 30 DAYS  |
| KEPPRA XR 750 MG TAB ER 24H               | 3    |  120 / 30 DAYS  |
| <i>lacosamide oral solution 10 mg/ml</i>  | 2    |  40 / 1 day(s)<br><br> 0 to 8 yrs old |
| <i>lacosamide tab 100 mg</i>              | 2    |  60 / 30 day(s)   |
| <i>lacosamide oral solution 10 mg/ml</i>  | 2    |  40 / 1 day(s)<br><br> 0 to 8 yrs old |

| PRODUCT DESCRIPTION                               | TIER | LIMITS & RESTRICTIONS                        |
|---|------|--|
| <i>lacosamide tab 150 mg</i>                      | 2    | QL 60 / 30 day(s)                            |
| <i>lacosamide tab 200 mg</i>                      | 2    | QL 60 / 30 day(s)                            |
| <i>lacosamide tab 50 mg</i>                       | 2    | QL 60 / 30 day(s)                            |
| <i>lacosamide oral solution 10 mg/ml</i>          | 2    | QL 40 / 1 day(s)<br>ST<br>AL1 0 to 8 yrs old |
| LAMICTAL 100 MG TAB                               | 3    |  |
| LAMICTAL 150 MG TAB                               | 3    |  |
| LAMICTAL 200 MG TAB                               | 3    |  |
| LAMICTAL 25 MG CHEW TAB                           | 3    |  |
| LAMICTAL 25 MG TAB                                | 3    |  |
| LAMICTAL 5 MG CHEW TAB                            | 3    |  |
| LAMICTAL STARTER 35 X 25 MG KIT                   | 3    |  |
| LAMICTAL STARTER 42 X 25 MG & 7 X 100 MG KIT      | 3    |  |
| LAMICTAL STARTER 84 X 25 MG & 14X100 MG KIT       | 3    |  |
| LAMICTAL XR 100 MG TAB ER 24H                     | 3    | QL 30 / 30 DAYS                              |
| LAMICTAL XR 200 MG TAB ER 24H                     | 3    | QL 3 / 1 day(s)                              |
| LAMICTAL XR 21 X 25 MG & 7 X 50 MG KIT            | 3    |  |
| LAMICTAL XR 25 & 50 & 100 MG KIT                  | 3    |  |
| LAMICTAL XR 25 MG TAB ER 24H                      | 3    | QL 3 / 1 day(s)                              |
| LAMICTAL XR 250 MG TAB ER 24H                     | 3    | QL 2 / 1 day(s)                              |
| LAMICTAL XR 300 MG TAB ER 24H                     | 3    | QL 2 / 1 day(s)                              |
| LAMICTAL XR 50 & 100 & 200 MG KIT                 | 3    |  |
| LAMICTAL XR 50 MG TAB ER 24H                      | 3    | QL 3 / 1 day(s)                              |
| <i>lamotrigine tab 100 mg</i>                     | 1    |  |
| <i>lamotrigine tab 150 mg</i>                     | 1    |  |
| <i>lamotrigine tab 200 mg</i>                     | 1    |  |
| <i>lamotrigine tab chewable dispersible 25 mg</i> | 1    |  |
| <i>lamotrigine tab 25 mg</i>                      | 1    |  |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS  |
|---|------|------------------------|
| <i>lamotrigine tab chewable dispersible 5 mg</i>                | 1    |                        |
| <i>lamotrigine tab er 24hr 100 mg</i>                           | 1    | QL 30 / 30 DAYS        |
| <i>lamotrigine tab er 24hr 200 mg</i>                           | 1    | QL 3 / 1 day(s)        |
| <i>lamotrigine tab er 24hr 25 mg</i>                            | 1    | QL 3 / 1 day(s)        |
| <i>lamotrigine tab er 24hr 250 mg</i>                           | 1    | QL 2 / 1 day(s)        |
| <i>lamotrigine tab er 24hr 300 mg</i>                           | 1    | QL 2 / 1 day(s)        |
| <i>lamotrigine tab er 24hr 50 mg</i>                            | 1    | QL 3 / 1 day(s)        |
| <i>lamotrigine tab 35 x 25 mg starter kit</i>                   | 1    |                        |
| <i>lamotrigine tab 84 x 25 mg &amp; 14 x 100 mg starter kit</i> | 1    |                        |
| <i>lamotrigine tab 25 mg (42) &amp; 100 mg (7) starter kit</i>  | 1    |                        |
| <i>levetiracetam oral soln 100 mg/ml</i>                        | 1    |                        |
| <i>levetiracetam tab 1000 mg</i>                                | 1    |                        |
| LEVETIRACETAM 250 MG TAB  | 3    | QL 60 / 30 day(s)<br>■ |
| <i>levetiracetam tab 250 mg</i>                                 | 1    |                        |
| LEVETIRACETAM 500 MG TAB  | 3    | QL 60 / 30 day(s)<br>■ |
| <i>levetiracetam tab 500 mg</i>                                 | 1    |                        |
| <i>levetiracetam oral soln 100 mg/ml</i>                        | 1    |                        |
| <i>levetiracetam tab 750 mg</i>                                 | 1    |                        |
| <i>levetiracetam tab er 24hr 500 mg</i>                         | 1    | QL 180 / 30 DAYS       |
| <i>levetiracetam tab er 24hr 750 mg</i>                         | 1    | QL 120 / 30 DAYS       |
| LYRICA 20 MG/ML SOLUTION  | 3    | QL 900 / 30 DAYS<br>■  |
| NEURONTIN 100 MG CAP  | 3    | QL 360 / 30 DAYS       |
| NEURONTIN 250 MG/5ML SOLUTION                                   | 3    | QL 2160 / 30 DAYS      |
| NEURONTIN 300 MG CAP  | 3    | QL 360 / 30 DAYS       |
| NEURONTIN 400 MG CAP  | 3    | QL 270 / 30 DAYS       |




| PRODUCT DESCRIPTION                             | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| NEURONTIN 600 MG TAB                            | 3    | QL 180 / 30 DAYS      |
| NEURONTIN 800 MG TAB                            | 3    | QL 120 / 30 DAYS      |
| <i>oxcarbazepine tab 150 mg</i>                 | 1    |                       |
| <i>oxcarbazepine tab 300 mg</i>                 | 1    |                       |
| <i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i> | 1    |                       |
| <i>oxcarbazepine tab 600 mg</i>                 | 1    |                       |
| <i>oxcarbazepine tab er 24hr 150 mg</i>         | 2    | QL 2 tab / 1 day(s)   |
| <i>oxcarbazepine tab er 24hr 300 mg</i>         | 2    | QL 2 tab / 1 day(s)   |
| <i>oxcarbazepine tab er 24hr 600 mg</i>         | 2    | QL 2 tab / 1 day(s)   |
| <i>pregabalin cap 100 mg</i>                    | 1    | QL 120 / 30 DAYS      |
| <i>pregabalin cap 150 mg</i>                    | 1    | QL 120 / 30 DAYS      |
| <i>pregabalin soln 20 mg/ml</i>                 | 1    | QL 900 / 30 day(s)    |
| <i>pregabalin cap 200 mg</i>                    | 1    | QL 90 / 30 DAYS       |
| <i>pregabalin cap 225 mg</i>                    | 1    | QL 60 / 30 DAYS       |
| <i>pregabalin cap 25 mg</i>                     | 1    | QL 120 / 30 DAYS      |
| <i>pregabalin cap 300 mg</i>                    | 1    | QL 60 / 30 DAYS       |
| <i>pregabalin cap 50 mg</i>                     | 1    | QL 120 / 30 DAYS      |
| <i>pregabalin cap 75 mg</i>                     | 1    | QL 120 / 30 DAYS      |
| PRIMIDONE 125 MG TAB                            | 1    |                       |
| <i>primidone tab 250 mg</i>                     | 1    |                       |
| <i>primidone tab 50 mg</i>                      | 1    |                       |
| <i>gabapentin cap 300 mg</i>                    | 1    | QL 360 / 30 DAYS      |
| <i>gabapentin cap 400 mg</i>                    | 1    | QL 270 / 30 DAYS      |
| <i>levetiracetam tab 500 mg</i>                 | 1    |                       |
| <i>rufinamide tab 200 mg</i>                    | 2    | QL 240 / 30 day(s)    |
| <i>rufinamide susp 40 mg/ml</i>                 | 2    |                       |
| <i>rufinamide tab 400 mg</i>                    | 2    | QL 240 / 30 day(s)    |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS                   |
|---|------|---|
| SPRITAM 1000 MG TAB   | 3    | QL 60 / 30 DAYS<br>Brown                |
| SPRITAM 750 MG TAB  | 3    | QL 60 / 30 DAYS<br>Brown                |
| <i>lamotrigine tab 100 mg</i>                                   | 1    |   |
| <i>lamotrigine tab 150 mg</i>                                   | 1    |   |
| <i>lamotrigine tab 200 mg</i>                                   | 1    |   |
| <i>lamotrigine tab 25 mg</i>                                    | 1    |   |
| <i>lamotrigine tab 35 x 25 mg starter kit</i>                   | 3    |   |
| <i>lamotrigine tab 84 x 25 mg &amp; 14 x 100 mg starter kit</i> | 3    |   |
| <i>lamotrigine tab 25 mg (42) &amp; 100 mg (7) starter kit</i>  | 3    |   |
| TEGRETOL 100 MG/5ML SUSPENSION                                  | 3    | Brown                                   |
| TEGRETOL 200 MG TAB   | 3    | Brown                                   |
| TEGRETOL-XR 100 MG TAB ER 12H                                   | 3    | Brown                                   |
| TEGRETOL-XR 200 MG TAB ER 12H                                   | 3    | Brown                                   |
| TEGRETOL-XR 400 MG TAB ER 12H                                   | 3    | Brown                                   |
| <i>topiramate tab 100 mg</i>                                    | 1    | QL 120 / 30 DAYS                        |
| <i>topiramate sprinkle cap 15 mg</i>                            | 1    |   |
| <i>topiramate tab 200 mg</i>                                    | 1    | QL 60 / 30 DAYS                         |
| <i>topiramate sprinkle cap 25 mg</i>                            | 1    |   |
| <i>topiramate tab 25 mg</i>                                     | 1    | QL 480 / 30 DAYS                        |
| <i>topiramate oral soln 25 mg/ml</i>                            | 2    | QL 16 / 1 day(s)<br>AL1 Up to 8 yrs old |
| <i>topiramate tab 50 mg</i>                                     | 1    | QL 240 / 30 DAYS                        |
| <i>topiramate cap er 24hr sprinkle 100 mg</i>                   | 2    | QL 4 / 1 day(s)                         |
| <i>topiramate cap er 24hr sprinkle 150 mg</i>                   | 2    | QL 2 / 1 day(s)                         |
| <i>topiramate cap er 24hr sprinkle 200 mg</i>                   | 2    | QL 2 / 1 day(s)                         |
| <i>topiramate cap er 24hr sprinkle 25 mg</i>                    | 2    | QL 16 / 1 day(s)                        |

| PRODUCT DESCRIPTION                              | TIER | LIMITS & RESTRICTIONS   |
|--|------|-------------------------|
| <i>topiramate cap er 24hr sprinkle 50 mg</i>     | 2    | QL 8 / 1 day(s)         |
| TRILEPTAL 150 MG TAB                             | 3    |                         |
| TRILEPTAL 300 MG TAB                             | 3    |                         |
| TRILEPTAL 300 MG/5ML SUSPENSION                  | 3    |                         |
| TRILEPTAL 600 MG TAB                             | 3    |                         |
| VIMPAT 100 MG TAB                                | 3    | QL 60 / 30 day(s)<br>ST |
| VIMPAT 150 MG TAB                                | 3    | QL 60 / 30 day(s)<br>ST |
| VIMPAT 200 MG TAB                                | 3    | QL 60 / 30 day(s)<br>ST |
| VIMPAT 50 MG TAB                                 | 3    | QL 60 / 30 day(s)<br>ST |
| ZONEGRAN 100 MG CAP                              | 3    |                         |
| ZONEGRAN 25 MG CAP                               | 3    |                         |
| <i>zonisamide cap 100 mg</i>                     | 1    |                         |
| <i>zonisamide cap 25 mg</i>                      | 1    |                         |
| <i>zonisamide cap 50 mg</i>                      | 1    |                         |
| CARBAMATES                                       |      |                         |
| <i>felbamate tab 400 mg</i>                      | 1    |                         |
| <i>felbamate tab 600 mg</i>                      | 1    |                         |
| <i>felbamate susp 600 mg/5ml</i>                 | 1    |                         |
| FELBATOL 400 MG TAB                              | 3    |                         |
| FELBATOL 600 MG TAB                              | 3    |                         |
| FELBATOL 600 MG/5ML SUSPENSION                   | 3    |                         |
| XCOPRI (250 MG DAILY DOSE) 100 & 150 MG TAB THPK | 3    | QL 1 / 1 day(s)<br>ST   |
| XCOPRI (350 MG DAILY DOSE) 150 & 200 MG TAB THPK | 3    | QL 1 / 1 day(s)<br>ST   |
| XCOPRI 100 MG TAB                                | 3    | QL 1 / 1 day(s)<br>ST   |

| PRODUCT DESCRIPTION                       | TIER | LIMITS & RESTRICTIONS  |
|---|------|--|
| XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK | 3    | <div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; padding: 2px 5px; margin-right: 5px;">QL</div> <div>1 / 1 day(s)</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #2e6b2e; padding: 2px 5px; margin-right: 5px;">ST</div> </div> |
| XCOPRI 14 X 150 MG & 14 X200 MG TAB THPK  | 3    | <div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; padding: 2px 5px; margin-right: 5px;">QL</div> <div>1 / 1 day(s)</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #2e6b2e; padding: 2px 5px; margin-right: 5px;">ST</div> </div> |
| XCOPRI 14 X 50 MG & 14 X100 MG TAB THPK   | 3    | <div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; padding: 2px 5px; margin-right: 5px;">QL</div> <div>1 / 1 day(s)</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #2e6b2e; padding: 2px 5px; margin-right: 5px;">ST</div> </div> |
| XCOPRI 150 MG TAB                         | 3    | <div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; padding: 2px 5px; margin-right: 5px;">QL</div> <div>1 / 1 day(s)</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #2e6b2e; padding: 2px 5px; margin-right: 5px;">ST</div> </div> |
| XCOPRI 200 MG TAB                         | 3    | <div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; padding: 2px 5px; margin-right: 5px;">QL</div> <div>1 / 1 day(s)</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #2e6b2e; padding: 2px 5px; margin-right: 5px;">ST</div> </div> |
| XCOPRI 25 MG TAB                          | 3    | <div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; padding: 2px 5px; margin-right: 5px;">QL</div> <div>1 / 1 day(s)</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #2e6b2e; padding: 2px 5px; margin-right: 5px;">ST</div> </div> |
| XCOPRI 50 MG TAB                          | 3    | <div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; padding: 2px 5px; margin-right: 5px;">QL</div> <div>1 / 1 day(s)</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #2e6b2e; padding: 2px 5px; margin-right: 5px;">ST</div> </div> |
| <b>GABA MODULATORS</b>                    |      |  |
| GABITRIL 12 MG TAB                        | 3    |  |
| GABITRIL 16 MG TAB                        | 3    |  |
| GABITRIL 4 MG TAB                         | 3    |  |
| TIAGABINE HCL 12 MG TAB                   | 1    |  |
| <i>tiagabine hcl tab 12 mg</i>            | 1    |  |
| TIAGABINE HCL 16 MG TAB                   | 1    |  |
| <i>tiagabine hcl tab 16 mg</i>            | 1    |  |
| <i>tiagabine hcl tab 2 mg</i>             | 1    |  |
| <i>tiagabine hcl tab 4 mg</i>             | 1    |  |
| <i>vigabatrin tab 500 mg</i>              | 2    | <div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; padding: 2px 5px; margin-right: 5px;"></div> <div style="background-color: #2e6b2e; padding: 2px 5px; margin-right: 5px; margin-left: 5px;">S</div> <div>Specialty Drug</div> </div>  |
| <i>vigabatrin tab 500 mg</i>              | 2    | <div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; padding: 2px 5px; margin-right: 5px;"></div> <div style="background-color: #2e6b2e; padding: 2px 5px; margin-right: 5px; margin-left: 5px;">S</div> <div>Specialty Drug</div> </div>  |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <b>HYDANTOINS</b>  |      |                       |
| DILANTIN 100 MG CAP  | 3    |                       |
| DILANTIN 30 MG CAP   | 3    |                       |
| DILANTIN INFATABS 50 MG CHEW TAB                             | 3    |                       |
| <i>phenytoin sodium extended cap 200 mg</i>                  | 3    |                       |
| <i>phenytoin sodium extended cap 300 mg</i>                  | 3    |                       |
| <i>phenytoin susp 125 mg/5ml</i>                             | 1    |                       |
| <i>phenytoin susp 125 mg/5ml</i>                             | 1    |                       |
| <i>phenytoin chew tab 50 mg</i>                              | 1    |                       |
| <i>phenytoin chew tab 50 mg</i>                              | 1    |                       |
| <i>phenytoin sodium extended cap 100 mg</i>                  | 1    |                       |
| <i>phenytoin sodium extended cap 200 mg</i>                  | 1    |                       |
| <i>phenytoin sodium extended cap 300 mg</i>                  | 1    |                       |
| <b>SUCCINIMIDES</b>  |      |                       |
| <i>ethosuximide cap 250 mg</i>                               | 1    |                       |
| <i>ethosuximide soln 250 mg/5ml</i>                          | 1    |                       |
| <i>methsuximide cap 300 mg</i>                               | 2    |                       |
| <b>VALPROIC ACID</b>   |      |                       |
| DEPAKOTE 125 MG TAB DR                                       | 3    |                       |
| DEPAKOTE 250 MG TAB DR                                       | 3    |                       |
| DEPAKOTE 500 MG TAB DR                                       | 3    |                       |
| DEPAKOTE ER 250 MG TAB ER 24H                                | 3    |                       |
| DEPAKOTE ER 500 MG TAB ER 24H                                | 3    |                       |
| DEPAKOTE SPRINKLES 125 MG CAP DR                             | 3    |                       |
| <i>divalproex sodium cap delayed release sprinkle 125 mg</i> | 1    |                       |
| <i>divalproex sodium tab delayed release 125 mg</i>          | 1    |                       |
| <i>divalproex sodium tab delayed release 250 mg</i>          | 1    |                       |
| <i>divalproex sodium tab delayed release 500 mg</i>          | 1    |                       |
| <i>divalproex sodium tab er 24 hr 250 mg</i>                 | 1    |                       |
| <i>divalproex sodium tab er 24 hr 500 mg</i>                 | 1    |                       |

| PRODUCT DESCRIPTION                                       | TIER | LIMITS & RESTRICTIONS   |
|---|------|---|
| <i>valproic acid cap 250 mg</i>                           | 1    |   |
| <i>valproate sodium oral soln 250 mg/5ml (base equiv)</i> | 1    |   |
| <i>valproate sodium oral soln 250 mg/5ml (base equiv)</i> | 1    |   |
| <b>ANTIDEPRESSANTS</b>                                    |      |   |
| <b>ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)</b>        |      |   |
| <i>mirtazapine tab 15 mg</i>                              | 1    | QL 30 / 30 DAYS   |
| <i>mirtazapine orally disintegrating tab 15 mg</i>        | 1    | QL 30 / 30 DAYS   |
| <i>mirtazapine tab 30 mg</i>                              | 1    | QL 30 / 30 DAYS   |
| <i>mirtazapine orally disintegrating tab 30 mg</i>        | 1    | QL 30 / 30 DAYS   |
| <i>mirtazapine tab 45 mg</i>                              | 1    | QL 30 / 30 DAYS   |
| <i>mirtazapine orally disintegrating tab 45 mg</i>        | 1    | QL 30 / 30 DAYS   |
| <i>mirtazapine tab 7.5 mg</i>                             | 1    | QL 30 / 30 DAYS   |
| <b>ANTIDEPRESSANTS - MISC.</b>                            |      |   |
| <i>bupropion hcl tab 100 mg</i>                           | 1    | QL 60 / 30 DAYS   |
| <i>bupropion hcl tab 75 mg</i>                            | 1    | QL 180 / 30 DAYS  |
| <i>bupropion hcl tab er 12hr 100 mg</i>                   | 1    | QL 60 / 30 DAYS   |
| <i>bupropion hcl tab er 12hr 150 mg</i>                   | 1    | QL 3 / 1 day(s)   |
| <i>bupropion hcl tab er 12hr 200 mg</i>                   | 1    | QL 60 / 30 DAYS   |
| <i>bupropion hcl tab er 24hr 150 mg</i>                   | 1    | QL 3 / 1 day(s)   |
| <i>bupropion hcl tab er 24hr 300 mg</i>                   | 1    | QL 60 / 30 DAYS   |
| <b>GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID</b>      |      |   |
| ZURZUVAE 20 MG CAP  | 4    | <br>S Specialty Drug |
| ZURZUVAE 25 MG CAP  | 4    | <br>S Specialty Drug |
| ZURZUVAE 30 MG CAP  | 4    | <br>S Specialty Drug |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS   |
|---|------|---|
| <b>MONOAMINE OXIDASE INHIBITORS (MAOIS)</b>                 |      |   |
| EMSAM 12 MG/24HR PATCH 24HR                                 | 3    | <span>QL</span> 30 / 30 DAYS<br><span>ST</span>                           |
| EMSAM 6 MG/24HR PATCH 24HR                                  | 3    | <span>QL</span> 30 / 30 DAYS<br><span>ST</span>                           |
| EMSAM 9 MG/24HR PATCH 24HR                                  | 3    | <span>QL</span> 30 / 30 DAYS<br><span>ST</span>                           |
| MARPLAN 10 MG TAB   | 3    |   |
| PHENELZINE SULFATE 15 MG TAB                                | 1    |   |
| <i>tranylcypromine sulfate tab 10 mg</i>                    | 1    |   |
| <b>N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS</b> |      |   |
| SPRAVATO (56 MG DOSE) 28 MG/DEVICE SOLN THPK                | 3    | <span>QL</span> 16 / 28 DAYS<br><span></span>                             |
| SPRAVATO (84 MG DOSE) 28 MG/DEVICE SOLN THPK                | 3    | <span>QL</span> 16 / 28 DAYS<br><span></span>                             |
| <b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)</b>      |      |   |
| <i>citalopram hydrobromide tab 10 mg (base equiv)</i>       | 1    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventative List  |
| <i>citalopram hydrobromide oral soln 10 mg/5ml</i>          | 1    | <span>QL</span> 600 / 30 DAYS<br><span>VAL</span> Value Preventative List |
| <i>citalopram hydrobromide tab 20 mg (base equiv)</i>       | 1    | <span>QL</span> 45 / 30 DAYS<br><span>VAL</span> Value Preventative List  |
| <i>citalopram hydrobromide oral soln 10 mg/5ml</i>          | 1    | <span>QL</span> 600 / 30 DAYS<br><span>VAL</span> Value Preventative List |
| <i>citalopram hydrobromide tab 40 mg (base equiv)</i>       | 1    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventative List  |
| <i>escitalopram oxalate tab 10 mg (base equiv)</i>          | 1    | <span>QL</span> 60 / 30 DAYS<br><span>VAL</span> Value Preventative List  |
| <i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>      | 1    | <span>QL</span> 620 / 30 DAYS<br><span>VAL</span> Value Preventative List |

| PRODUCT DESCRIPTION                                    | TIER | LIMITS & RESTRICTIONS                                      |
|--|------|--|
| <i>escitalopram oxalate tab 20 mg (base equiv)</i>     | 1    | <p>QL 60 / 30 DAYS</p> <p>VAL Value Preventative List</p>  |
| <i>escitalopram oxalate tab 5 mg (base equiv)</i>      | 1    | <p>QL 120 / 30 DAYS</p> <p>VAL Value Preventative List</p> |
| <i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i> | 1    | <p>QL 620 / 30 DAYS</p> <p>VAL Value Preventative List</p> |
| <i>fluoxetine hcl cap 10 mg</i>                        | 1    | <p>QL 90 / 30 DAYS</p> <p>VAL Value Preventative List</p>  |
| <i>fluoxetine hcl tab 10 mg</i>                        | 1    | <p>QL 90 / 30 DAYS</p> <p>VAL Value Preventative List</p>  |
| <i>fluoxetine hcl cap 20 mg</i>                        | 1    | <p>QL 90 / 30 DAYS</p> <p>VAL Value Preventative List</p>  |
| <i>fluoxetine hcl tab 20 mg</i>                        | 1    | <p>QL 90 / 30 DAYS</p> <p>VAL Value Preventative List</p>  |
| <i>fluoxetine hcl solution 20 mg/5ml</i>               | 1    | <p>QL 600 / 30 DAYS</p> <p>VAL Value Preventative List</p> |
| <i>fluoxetine hcl cap 40 mg</i>                        | 1    | <p>QL 60 / 30 DAYS</p> <p>VAL Value Preventative List</p>  |
| <i>fluoxetine hcl tab 60 mg</i>                        | 2    | <p>QL 30 / 30 DAYS</p>                                     |
| FLUOXETINE HCL 90 MG CAP DR                            | 1    | <p>QL 4 / 28 DAYS</p>                                      |
| <i>fluvoxamine maleate tab 100 mg</i>                  | 1    | <p>QL 90 / 30 DAYS</p> <p>VAL Value Preventative List</p>  |
| <i>fluvoxamine maleate tab 25 mg</i>                   | 1    | <p>QL 360 / 30 DAYS</p> <p>VAL Value Preventative List</p> |
| <i>fluvoxamine maleate tab 50 mg</i>                   | 1    | <p>QL 180 / 30 DAYS</p> <p>VAL Value Preventative List</p> |
| <i>fluvoxamine maleate cap er 24hr 100 mg</i>          | 1    |  |
| <i>fluvoxamine maleate cap er 24hr 150 mg</i>          | 1    |  |
| <i>paroxetine hcl tab 10 mg</i>                        | 1    | <p>QL 90 / 30 DAYS</p> <p>VAL Value Preventative List</p>  |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS   |
|--|------|---|
| PAROXETINE HCL 10 MG/5ML SUSPENSION                          | 2    | <ul style="list-style-type: none"> <li>QL 900 / 30 day(s)</li> <li>AL1 Up to 8 yrs old</li> </ul>       |
| <i>paroxetine hcl tab 20 mg</i>                              | 1    | <ul style="list-style-type: none"> <li>QL 60 / 30 DAYS</li> <li>VAL Value Preventative List</li> </ul>  |
| <i>paroxetine hcl tab 30 mg</i>                              | 1    | <ul style="list-style-type: none"> <li>QL 60 / 30 DAYS</li> <li>VAL Value Preventative List</li> </ul>  |
| <i>paroxetine hcl tab 40 mg</i>                              | 1    | <ul style="list-style-type: none"> <li>QL 45 / 30 DAYS</li> <li>VAL Value Preventative List</li> </ul>  |
| <i>paroxetine hcl tab er 24hr 12.5 mg</i>                    | 1    | <ul style="list-style-type: none"> <li>QL 60 / 30 DAYS</li> <li>VAL Value Preventative List</li> </ul>  |
| <i>paroxetine hcl tab er 24hr 25 mg</i>                      | 1    | <ul style="list-style-type: none"> <li>QL 60 / 30 DAYS</li> <li>VAL Value Preventative List</li> </ul>  |
| <i>paroxetine hcl tab er 24hr 37.5 mg</i>                    | 1    | <ul style="list-style-type: none"> <li>QL 60 / 30 DAYS</li> <li>VAL Value Preventative List</li> </ul>  |
| <i>sertraline hcl tab 100 mg</i>                             | 1    | <ul style="list-style-type: none"> <li>QL 60 / 30 DAYS</li> <li>VAL Value Preventative List</li> </ul>  |
| <i>sertraline hcl oral concentrate for solution 20 mg/ml</i> | 1    | <ul style="list-style-type: none"> <li>QL 300 / 30 DAYS</li> <li>VAL Value Preventative List</li> </ul> |
| <i>sertraline hcl tab 25 mg</i>                              | 1    | <ul style="list-style-type: none"> <li>QL 240 / 30 DAYS</li> <li>VAL Value Preventative List</li> </ul> |
| <i>sertraline hcl tab 50 mg</i>                              | 1    | <ul style="list-style-type: none"> <li>QL 120 / 30 DAYS</li> <li>VAL Value Preventative List</li> </ul> |
| <b>SEROTONIN MODULATORS</b>                                  |      |   |
| NEFAZODONE HCL 100 MG TAB                                    | 1    | <ul style="list-style-type: none"> <li>QL 180 / 30 DAYS</li> </ul>                                      |
| NEFAZODONE HCL 150 MG TAB                                    | 1    | <ul style="list-style-type: none"> <li>QL 120 / 30 DAYS</li> </ul>                                      |
| NEFAZODONE HCL 200 MG TAB                                    | 1    | <ul style="list-style-type: none"> <li>QL 90 / 30 DAYS</li> </ul>                                       |
| NEFAZODONE HCL 250 MG TAB                                    | 1    | <ul style="list-style-type: none"> <li>QL 72 / 30 DAYS</li> </ul>                                       |
| NEFAZODONE HCL 50 MG TAB                                     | 1    | <ul style="list-style-type: none"> <li>QL 360 / 30 DAYS</li> </ul>                                      |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>trazodone hcl tab 100 mg</i>                                  | 1    |                       |
| <i>trazodone hcl tab 150 mg</i>                                  | 1    |                       |
| <i>trazodone hcl tab 50 mg</i>                                   | 1    |                       |
| TRINTELLIX 10 MG TAB   | 3    | QL 30 / 30 DAYS<br>ST |
| TRINTELLIX 20 MG TAB   | 3    | QL 30 / 30 DAYS<br>ST |
| TRINTELLIX 5 MG TAB  | 3    | QL 30 / 30 DAYS<br>ST |
| <i>vilazodone hcl tab 10 mg</i>                                  | 1    | QL 30 / 30 day(s)     |
| <i>vilazodone hcl tab 20 mg</i>                                  | 1    | QL 30 / 30 day(s)     |
| <i>vilazodone hcl tab 40 mg</i>                                  | 1    | QL 30 / 30 day(s)     |
| SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)             |      |                       |
| DESVENLAFAXINE ER 100 MG TAB ER 24H                              | 1    | QL 30 / 30 DAYS       |
| DESVENLAFAXINE ER 50 MG TAB ER 24H                               | 1    | QL 30 / 30 DAYS       |
| <i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>  | 1    | QL 30 / 30 DAYS       |
| <i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>   | 1    | QL 30 / 30 DAYS       |
| <i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>   | 1    | QL 30 / 30 DAYS       |
| <i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i> | 1    | QL 180 / 30 DAYS      |
| <i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i> | 1    | QL 120 / 30 DAYS      |
| <i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i> | 1    | QL 60 / 30 DAYS       |
| FETZIMA 120 MG CAP ER 24H  | 3    | QL 30 / 30 DAYS<br>ST |
| FETZIMA 20 MG CAP ER 24H   | 3    | QL 30 / 30 DAYS<br>ST |
| FETZIMA 40 MG CAP ER 24H   | 3    | QL 30 / 30 DAYS<br>ST |
| FETZIMA 80 MG CAP ER 24H   | 3    | QL 30 / 30 DAYS<br>ST |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| FETZIMA TITRATION 20 & 40 MG CP24 THPK                       | 3    | QL 30 / 30 DAYS<br>ST |
| <i>venlafaxine hcl tab 100 mg (base equivalent)</i>          | 1    | QL 30 / 30 DAYS       |
| <i>venlafaxine hcl tab 25 mg (base equivalent)</i>           | 1    | QL 30 / 30 DAYS       |
| <i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>         | 1    | QL 90 / 30 DAYS       |
| <i>venlafaxine hcl tab 50 mg (base equivalent)</i>           | 1    | QL 150 / 30 DAYS      |
| <i>venlafaxine hcl tab 75 mg (base equivalent)</i>           | 1    | QL 150 / 30 DAYS      |
| <i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>  | 1    | QL 60 / 30 DAYS       |
| <i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i> | 1    |                       |
| <i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>   | 1    |                       |
| TRICYCLIC AGENTS   |      |                       |
| <i>amitriptyline hcl tab 10 mg</i>                           | 1    |                       |
| <i>amitriptyline hcl tab 100 mg</i>                          | 1    |                       |
| <i>amitriptyline hcl tab 150 mg</i>                          | 1    |                       |
| <i>amitriptyline hcl tab 25 mg</i>                           | 1    |                       |
| <i>amitriptyline hcl tab 50 mg</i>                           | 1    |                       |
| <i>amitriptyline hcl tab 75 mg</i>                           | 1    |                       |
| <i>amoxapine tab 100 mg</i>                                  | 1    |                       |
| <i>amoxapine tab 150 mg</i>                                  | 1    |                       |
| <i>amoxapine tab 25 mg</i>                                   | 1    |                       |
| <i>amoxapine tab 50 mg</i>                                   | 1    |                       |
| <i>clomipramine hcl cap 25 mg</i>                            | 1    |                       |
| <i>clomipramine hcl cap 50 mg</i>                            | 1    |                       |
| <i>clomipramine hcl cap 75 mg</i>                            | 2    |                       |
| <i>desipramine hcl tab 10 mg</i>                             | 1    |                       |
| <i>desipramine hcl tab 100 mg</i>                            | 1    |                       |
| <i>desipramine hcl tab 150 mg</i>                            | 1    |                       |
| <i>desipramine hcl tab 25 mg</i>                             | 1    |                       |
| <i>desipramine hcl tab 50 mg</i>                             | 1    |                       |

| PRODUCT DESCRIPTION                     | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>desipramine hcl tab 75 mg</i>        | 1    |                       |
| <i>doxepin hcl cap 10 mg</i>            | 1    |                       |
| DOXEPIN HCL 10 MG/ML CONC               | 1    | AL1 Up to 8 yrs old   |
| <i>doxepin hcl conc 10 mg/ml</i>        | 1    | AL1 Up to 8 yrs old   |
| <i>doxepin hcl cap 100 mg</i>           | 1    |                       |
| <i>doxepin hcl cap 150 mg</i>           | 1    |                       |
| <i>doxepin hcl cap 25 mg</i>            | 1    |                       |
| <i>doxepin hcl cap 50 mg</i>            | 1    |                       |
| <i>doxepin hcl cap 75 mg</i>            | 1    |                       |
| <i>imipramine hcl tab 10 mg</i>         | 1    |                       |
| <i>imipramine hcl tab 25 mg</i>         | 1    |                       |
| <i>imipramine hcl tab 50 mg</i>         | 1    |                       |
| <i>imipramine pamoate cap 100 mg</i>    | 1    |                       |
| <i>imipramine pamoate cap 125 mg</i>    | 1    |                       |
| <i>imipramine pamoate cap 150 mg</i>    | 1    |                       |
| <i>imipramine pamoate cap 75 mg</i>     | 2    |                       |
| <i>nortriptyline hcl cap 10 mg</i>      | 1    |                       |
| <i>nortriptyline hcl soln 10 mg/5ml</i> | 1    |                       |
| <i>nortriptyline hcl cap 25 mg</i>      | 1    |                       |
| <i>nortriptyline hcl cap 50 mg</i>      | 1    |                       |
| <i>nortriptyline hcl cap 75 mg</i>      | 1    |                       |
| <i>protriptyline hcl tab 10 mg</i>      | 1    |                       |
| <i>protriptyline hcl tab 5 mg</i>       | 1    |                       |
| <i>trimipramine maleate cap 100 mg</i>  | 1    |                       |
| <i>trimipramine maleate cap 25 mg</i>   | 1    |                       |
| <i>trimipramine maleate cap 50 mg</i>   | 1    |                       |
| ANTIDIABETICS                           |      |                       |
| ALPHA-GLUCOSIDASE INHIBITORS            |      |                       |
| <i>acarbose tab 100 mg</i>              | 1    | QL 90 / 30 DAYS       |
| <i>acarbose tab 25 mg</i>               | 1    | QL 90 / 30 DAYS       |















| PRODUCT DESCRIPTION                       | TIER | LIMITS & RESTRICTIONS                           |
|---|------|---|
| <i>acarbose tab 50 mg</i>                 | 1    | QL 90 / 30 DAYS                                 |
| MIGLITOL 100 MG TAB                       | 1    |   |
| <i>miglitol tab 100 mg</i>                | 1    |   |
| MIGLITOL 25 MG TAB                        | 1    |   |
| <i>miglitol tab 25 mg</i>                 | 1    |   |
| MIGLITOL 50 MG TAB                        | 1    |   |
| <i>miglitol tab 50 mg</i>                 | 1    |   |
| ANTIDIABETIC - AMYLIN ANALOGS             |      |   |
| SYMLINPEN 120 2700 MCG/2.7ML SOLN PEN     | 3    | QL 10 / 30 DAYS<br>■                            |
| SYMLINPEN 60 1500 MCG/1.5ML SOLN PEN      | 3    | QL 10 / 30 DAYS<br>■                            |
| BIGUANIDES                                |      |   |
| <i>metformin hcl tab 1000 mg</i>          | 1    | QL 90 / 30 DAYS<br>VAL Value Preventative List  |
| <i>metformin hcl tab 500 mg</i>           | 1    | QL 150 / 30 DAYS<br>VAL Value Preventative List |
| <i>metformin hcl oral soln 500 mg/5ml</i> | 2    | AL1 0 to 8 yrs old                              |
| <i>metformin hcl tab 850 mg</i>           | 1    | QL 90 / 30 DAYS<br>VAL Value Preventative List  |
| <i>metformin hcl tab er 24hr 500 mg</i>   | 1    | QL 150 / 30 DAYS<br>VAL Value Preventative List |
| <i>metformin hcl tab er 24hr 750 mg</i>   | 1    | QL 90 / 30 DAYS<br>VAL Value Preventative List  |
| DIABETIC OTHER                            |      |   |
| BAQSIMI ONE PACK 3 MG/DOSE POWDER         | 2    | QL 2 / 60 day(s)                                |
| BAQSIMI TWO PACK 3 MG/DOSE POWDER         | 2    | QL 2 / 60 day(s)                                |
| <i>diazoxide susp 50 mg/ml</i>            | 2    | AL1 Up to 8 yrs old                             |

| PRODUCT DESCRIPTION                          | TIER | LIMITS & RESTRICTIONS   |
|--|------|-------------------------|
| GLUCAGEN HYPOKIT 1 MG RECON SOLN             | 2    | QL 2 / 60 day(s)        |
| <i>glucagon for inj 1 mg</i>                 | 2    | QL 2 / 60 day(s)        |
| GVOKE HYPOPEN 1-PACK 0.5 MG/0.1ML SOLN A-INJ | 2    | QL 0.2 / 60 day(s)      |
| GVOKE HYPOPEN 1-PACK 1 MG/0.2ML SOLN A-INJ   | 2    | QL 0.4 / 60 day(s)      |
| GVOKE HYPOPEN 2-PACK 0.5 MG/0.1ML SOLN A-INJ | 2    | QL 0.2 / 60 day(s)      |
| GVOKE HYPOPEN 2-PACK 1 MG/0.2ML SOLN A-INJ   | 2    | QL 0.4 / 60 day(s)      |
| GVOKE KIT 1 MG/0.2ML SOLUTION                | 2    | QL 2 / 60 day(s)        |
| GVOKE PFS 0.5 MG/0.1ML SOLN PRSYR            | 2    | QL 0.2 / 60 day(s)      |
| GVOKE PFS 1 MG/0.2ML SOLN PRSYR              | 2    | QL 0.4 / 60 day(s)      |
| DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS    |      |                         |
| ALOGLIPTIN BENZOATE 12.5 MG TAB              | 3    | QL 30 / 30 day(s)<br>ST |
| ALOGLIPTIN BENZOATE 25 MG TAB                | 3    | QL 30 / 30 day(s)<br>ST |
| ALOGLIPTIN BENZOATE 6.25 MG TAB              | 3    | QL 30 / 30 day(s)<br>ST |
| JANUVIA 100 MG TAB                           | 2    | QL 1 / 1 day(s)<br>ST   |
| JANUVIA 25 MG TAB                            | 2    | QL 1 / 1 day(s)<br>ST   |
| JANUVIA 50 MG TAB                            | 2    | QL 1 / 1 day(s)<br>ST   |
| ONGLYZA 2.5 MG TAB                           | 3    | QL 1 / 1 day(s)<br>ST   |
| ONGLYZA 5 MG TAB                             | 3    | QL 1 / 1 day(s)<br>ST   |
| TRADJENTA 5 MG TAB                           | 2    | QL 1 / 1 day(s)<br>ST   |

| PRODUCT DESCRIPTION                                     | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| DIPEPTIDYL PEPTIDASE-4 INHIBITOR-BIGUANIDE COMBINATIONS |      |                       |
| JANUMET 50-1000 MG TAB                                  | 2    | QL 2 / 1 day(s)<br>ST |
| JANUMET 50-500 MG TAB                                   | 2    | QL 2 / 1 day(s)<br>ST |
| JANUMET XR 100-1000 MG TAB ER 24H                       | 2    | QL 1 / 1 day(s)<br>ST |
| JANUMET XR 50-1000 MG TAB ER 24H                        | 2    | QL 2 / 1 day(s)<br>ST |
| JANUMET XR 50-500 MG TAB ER 24H                         | 2    | QL 30 / 30 DAYS<br>ST |
| JENTADUETO 2.5-1000 MG TAB                              | 2    | QL 2 / 1 day(s)<br>ST |
| JENTADUETO 2.5-500 MG TAB                               | 2    | QL 2 / 1 day(s)<br>ST |
| JENTADUETO 2.5-850 MG TAB                               | 2    | QL 2 / 1 day(s)<br>ST |
| JENTADUETO XR 2.5-1000 MG TAB ER 24H                    | 2    | QL 2 / 1 day(s)<br>ST |
| JENTADUETO XR 5-1000 MG TAB ER 24H                      | 2    | QL 1 / 1 day(s)<br>ST |
| KOMBIGLYZE XR 2.5-1000 MG TAB ER 24H                    | 3    | QL 2 / 1 day(s)<br>ST |
| KOMBIGLYZE XR 5-1000 MG TAB ER 24H                      | 3    | QL 1 / 1 day(s)<br>ST |
| KOMBIGLYZE XR 5-500 MG TAB ER 24H                       | 3    | QL 1 / 1 day(s)<br>ST |
| DOPAMINE RECEPTOR AGONISTS - ERGOT DERIVATIVES          |      |                       |
| CYCLOSET 0.8 MG TAB                                     | 3    |                       |

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

| PRODUCT DESCRIPTION                                       | TIER | LIMITS & RESTRICTIONS   |
|---|------|---|
| HUMULIN R U-500 (CONCENTRATED) 500 UNIT/ML SOLUTION       | 1    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>2 / 1 day(s)</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">VAL</div> <div>Value Preventative List</div> </div> |
| HUMULIN R U-500 KWIKPEN 500 UNIT/ML SOLN PEN              | 1    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>1 / 1 day(s)</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">VAL</div> <div>Value Preventative List</div> </div> |
| INSULIN DEGLUDEC 100 UNIT/ML SOLUTION                     | 3    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>2 / 1 day(s)</div> </div>  |
| INSULIN DEGLUDEC FLEXTOUCH 100 UNIT/ML SOLN PEN           | 3    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>2 / 1 day(s)</div> </div>  |
| INSULIN DEGLUDEC FLEXTOUCH 200 UNIT/ML SOLN PEN           | 3    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>0.9 / 1 day(s)</div> </div>  |
| INSULIN GLARGINE 100 UNIT/ML SOLUTION                     | 3    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>2 / 1 day(s)</div> </div>  |
| INSULIN GLARGINE SOLOSTAR 100 UNIT/ML SOLN PEN            | 3    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>2 / 1 day(s)</div> </div>  |
| INSULIN LISPRO (1 UNIT DIAL) 100 UNIT/ML SOLN PEN         | 1    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>2 / 1 day(s)</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">VAL</div> <div>Value Preventative List</div> </div> |
| INSULIN LISPRO 100 UNIT/ML SOLUTION                       | 1    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>2 / 1 day(s)</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">VAL</div> <div>Value Preventative List</div> </div> |
| INSULIN LISPRO JUNIOR KWIKPEN 100 UNIT/ML SOLN PEN        | 1    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>2 / 1 day(s)</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">VAL</div> <div>Value Preventative List</div> </div> |
| INSULIN LISPRO PROT & LISPRO (75-25) 100 UNIT/ML SUSP PEN | 1    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>2 / 1 day(s)</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">VAL</div> <div>Value Preventative List</div> </div> |
| REZVOGLAR KWIKPEN 100 UNIT/ML SOLN PEN                    | 2    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>2 / 1 day(s)</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">VAL</div> <div>Value Preventative List</div> </div> |
| TRESIBA 100 UNIT/ML SOLUTION                              | 3    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>2 / 1 day(s)</div> </div>  |
| TRESIBA FLEXTOUCH 100 UNIT/ML SOLN PEN                    | 3    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>2 / 1 day(s)</div> </div>  |
| TRESIBA FLEXTOUCH 200 UNIT/ML SOLN PEN                    | 3    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>0.9 / 1 day(s)</div> </div>  |
| INCRETIN MIMETIC AGENTS (GIP & GLP-1 RECEPTOR AGONISTS)   |      |   |
| MOUNJARO 10 MG/0.5ML SOLN A-INJ                           | 2    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>2 / 28 day(s)</div> <div style="background-color: #8b4513; width: 20px; height: 15px; margin-left: 10px;"></div> </div>  |
| MOUNJARO 12.5 MG/0.5ML SOLN A-INJ                         | 2    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>2 / 28 day(s)</div> <div style="background-color: #8b4513; width: 20px; height: 15px; margin-left: 10px;"></div> </div>  |
| MOUNJARO 15 MG/0.5ML SOLN A-INJ                           | 2    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>2 / 28 day(s)</div> <div style="background-color: #8b4513; width: 20px; height: 15px; margin-left: 10px;"></div> </div>  |

| PRODUCT DESCRIPTION                                      | TIER | LIMITS & RESTRICTIONS  |
|--|------|--|
| MOUNJARO 2.5 MG/0.5ML SOLN A-INJ                         | 2    | QL 2 / 28 day(s)<br>    |
| MOUNJARO 5 MG/0.5ML SOLN A-INJ                           | 2    | QL 2 / 28 day(s)<br>    |
| MOUNJARO 7.5 MG/0.5ML SOLN A-INJ                         | 2    | QL 2 / 28 day(s)<br>    |
| INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)        |      |  |
| BYDUREON BCISE 2 MG/0.85ML A-INJ                         | 2    | QL 3.4 / 28 day(s)<br>  |
| <i>liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)</i> | 2    | QL 9 ml / 30 day(s)<br> |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/1.5ML SOLN PEN        | 2    | QL 1.5 / 28 day(s)<br>  |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN          | 2    | QL 3 / 28 day(s)<br>   |
| OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN                    | 2    | QL 3 / 28 day(s)<br>  |
| OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN                    | 2    | QL 3 / 28 day(s)<br>  |
| OZEMPIC 1.5 MG TAB                                       | 2    | QL 30 / 30 day(s)<br> |
| OZEMPIC 4 MG TAB   | 2    | QL 30 / 30 day(s)<br> |
| OZEMPIC 9 MG TAB   | 2    | QL 30 / 30 day(s)<br> |
| RYBELSUS 14 MG TAB                                       | 2    | QL 30 / 30 day(s)<br> |
| RYBELSUS 3 MG TAB  | 2    | QL 30 / 30 day(s)<br> |

| PRODUCT DESCRIPTION                                | TIER | LIMITS & RESTRICTIONS                           |
|--|------|---|
| RYBELSUS 7 MG TAB                                  | 2    | QL 30 / 30 day(s)<br>ST                         |
| TRULICITY 0.75 MG/0.5ML SOLN A-INJ                 | 2    | QL 2 / 28 day(s)<br>ST                          |
| TRULICITY 1.5 MG/0.5ML SOLN A-INJ                  | 2    | QL 2 / 28 day(s)<br>ST                          |
| TRULICITY 3 MG/0.5ML SOLN A-INJ                    | 2    | QL 2 / 28 day(s)<br>ST                          |
| TRULICITY 4.5 MG/0.5ML SOLN A-INJ                  | 2    | QL 2 / 28 day(s)<br>ST                          |
| INSULIN-INCRETIN MIMETIC COMBINATIONS              |      |   |
| SOLIQUA 100-33 UNT-MCG/ML SOLN PEN                 | 2    | QL 0.6 / 1 day(s)<br>ST                         |
| XULTOPHY 100-3.6 UNIT-MG/ML SOLN PEN               | 3    | QL 0.5 / 1 day(s)<br>ST                         |
| MEGLITINIDE ANALOGUES                              |      |   |
| <i>nateglinide tab 120 mg</i>                      | 1    | QL 90 / 30 DAYS<br>VAL Value Preventative List  |
| <i>nateglinide tab 60 mg</i>                       | 1    | QL 90 / 30 DAYS<br>VAL Value Preventative List  |
| <i>repaglinide tab 0.5 mg</i>                      | 1    | QL 240 / 30 DAYS<br>VAL Value Preventative List |
| <i>repaglinide tab 1 mg</i>                        | 1    | QL 240 / 30 DAYS<br>VAL Value Preventative List |
| <i>repaglinide tab 2 mg</i>                        | 1    | QL 120 / 30 DAYS<br>VAL Value Preventative List |
| SGLT2 INHIBITOR - DPP-4 INHIBITOR - BIGUANIDE COMB |      |   |
| TRIJARDY XR 10-5-1000 MG TAB ER 24H                | 2    | QL 1 / 1 day(s)<br>ST                           |

| PRODUCT DESCRIPTION                                      | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| TRIJARDY XR 12.5-2.5-1000 MG TAB ER 24H                  | 2    | QL 2 / 1 day(s)<br>ST |
| TRIJARDY XR 25-5-1000 MG TAB ER 24H                      | 2    | QL 1 / 1 day(s)<br>ST |
| TRIJARDY XR 5-2.5-1000 MG TAB ER 24H                     | 2    | QL 2 / 1 day(s)<br>ST |
| SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS           |      |                       |
| GLYXAMBI 10-5 MG TAB                                     | 2    | QL 30 / 30 DAYS<br>ST |
| GLYXAMBI 25-5 MG TAB                                     | 2    | QL 30 / 30 DAYS<br>ST |
| SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS       |      |                       |
| FARXIGA 10 MG TAB  | 2    | QL 1 / 1 day(s)<br>ST |
| FARXIGA 5 MG TAB   | 2    | QL 1 / 1 day(s)<br>ST |
| JARDIANCE 10 MG TAB                                      | 2    | QL 30 / 30 DAYS<br>ST |
| JARDIANCE 25 MG TAB                                      | 2    | QL 30 / 30 DAYS<br>ST |
| SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB |      |                       |
| SYNJARDY 12.5-1000 MG TAB                                | 2    | QL 60 / 30 DAYS<br>ST |
| SYNJARDY 12.5-500 MG TAB                                 | 2    | QL 60 / 30 DAYS<br>ST |
| SYNJARDY 5-1000 MG TAB                                   | 2    | QL 60 / 30 DAYS<br>ST |
| SYNJARDY 5-500 MG TAB                                    | 2    | QL 60 / 30 DAYS<br>ST |

| PRODUCT DESCRIPTION                           | TIER | LIMITS & RESTRICTIONS                          |
|---|------|--|
| SYNJARDY XR 10-1000 MG TAB ER 24H             | 2    | QL 60 / 30 days<br>ST                          |
| SYNJARDY XR 12.5-1000 MG TAB ER 24H           | 2    | QL 60 / 30 days<br>ST                          |
| SYNJARDY XR 25-1000 MG TAB ER 24H             | 2    | QL 60 / 30 days<br>ST                          |
| SYNJARDY XR 5-1000 MG TAB ER 24H              | 2    | QL 60 / 30 days<br>ST                          |
| XIGDUO XR 10-1000 MG TAB ER 24H               | 2    | QL 30 / 30 day(s)<br>ST                        |
| XIGDUO XR 10-500 MG TAB ER 24H                | 2    | QL 30 / 30 day(s)<br>ST                        |
| XIGDUO XR 2.5-1000 MG TAB ER 24H              | 2    | QL 30 / 30 day(s)<br>ST                        |
| XIGDUO XR 5-1000 MG TAB ER 24H                | 2    | QL 30 / 30 day(s)<br>ST                        |
| XIGDUO XR 5-500 MG TAB ER 24H                 | 2    | QL 30 / 30 day(s)<br>ST                        |
| <b>SULFONYLUREA-BIGUANIDE COMBINATIONS</b>    |      |  |
| <i>glipizide-metformin hcl tab 2.5-250 mg</i> | 1    | VAL Value Preventative List                    |
| <i>glipizide-metformin hcl tab 2.5-500 mg</i> | 1    | VAL Value Preventative List                    |
| <i>glipizide-metformin hcl tab 5-500 mg</i>   | 1    | VAL Value Preventative List                    |
| <i>glyburide-metformin tab 1.25-250 mg</i>    | 1    | VAL Value Preventative List                    |
| <i>glyburide-metformin tab 2.5-500 mg</i>     | 1    | VAL Value Preventative List                    |
| <i>glyburide-metformin tab 5-500 mg</i>       | 1    | VAL Value Preventative List                    |
| <b>SULFONYLUREAS</b>                          |      |  |
| <i>glimepiride tab 1 mg</i>                   | 1    | QL 60 / 30 DAYS<br>VAL Value Preventative List |


| PRODUCT DESCRIPTION                 | TIER | LIMITS & RESTRICTIONS  |
|-------------------------------------|------|--|
| <i>glimepiride tab 2 mg</i>         | 1    | <p>QL 60 / 30 DAYS</p> <p>VAL Value Preventative List</p>    |
| <i>glimepiride tab 4 mg</i>         | 1    | <p>QL 60 / 30 DAYS</p> <p>VAL Value Preventative List</p>    |
| <i>glipizide tab 10 mg</i>          | 1    | <p>QL 120 / 30 DAYS</p> <p>VAL Value Preventative List</p>   |
| <i>glipizide tab 5 mg</i>           | 1    | <p>QL 240 / 30 DAYS</p> <p>VAL Value Preventative List</p>   |
| <i>glipizide tab er 24hr 10 mg</i>  | 1    | <p>QL 60 / 30 DAYS</p> <p>VAL Value Preventative List</p>    |
| <i>glipizide tab er 24hr 2.5 mg</i> | 1    | <p>QL 240 / 30 DAYS</p> <p>VAL Value Preventative List</p>   |
| <i>glipizide tab er 24hr 5 mg</i>   | 1    | <p>QL 60 / 30 DAYS</p> <p>VAL Value Preventative List</p>    |
| <i>glipizide tab er 24hr 10 mg</i>  | 1    | <p>QL 60 / 30 DAYS</p> <p>VAL Value Preventative List</p>    |
| <i>glipizide tab er 24hr 2.5 mg</i> | 1    | <p>QL 240 / 30 DAYS</p> <p>VAL Value Preventative List</p>   |
| <i>glipizide tab er 24hr 5 mg</i>   | 1    | <p>QL 60 / 30 DAYS</p> <p>VAL Value Preventative List</p>    |
| <i>glyburide tab 1.25 mg</i>        | 1    | <p>QL 480 / 30 DAYS</p> <p>VAL Value Preventative List</p>   |
| <i>glyburide tab 2.5 mg</i>         | 1    | <p>QL 240 / 30 DAYS</p> <p>VAL Value Preventative List</p>   |
| <i>glyburide tab 5 mg</i>           | 1    | <p>QL 120 / 30 DAYS</p> <p>VAL Value Preventative List</p>   |
| GLYBURIDE MICRONIZED 1.5 MG TAB     | 1    | <p>QL 120 / 30 day(s)</p> <p>VAL Value Preventative List</p> |
| GLYBURIDE MICRONIZED 3 MG TAB       | 1    | <p>QL 60 / 30 day(s)</p> <p>VAL Value Preventative List</p>  |

| PRODUCT DESCRIPTION                                 | TIER | LIMITS & RESTRICTIONS  |
|---|------|--|
| GLYBURIDE MICRONIZED 6 MG TAB                       | 1    | <span>QL</span> 30 / 30 day(s)<br><span>VAL</span> Value Preventative List |
| THIAZOLIDINEDIONE-BIGUANIDE COMBINATIONS            |      |  |
| <i>pioglitazone hcl-metformin hcl tab 15-500 mg</i> | 1    | <span>QL</span> 90 / 30 DAYS<br><span>VAL</span> Value Preventative List   |
| <i>pioglitazone hcl-metformin hcl tab 15-850 mg</i> | 1    | <span>QL</span> 90 / 30 DAYS<br><span>VAL</span> Value Preventative List   |
| THIAZOLIDINEDIONES                                  |      |  |
| <i>pioglitazone hcl tab 15 mg (base equiv)</i>      | 1    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventative List   |
| <i>pioglitazone hcl tab 30 mg (base equiv)</i>      | 1    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventative List   |
| <i>pioglitazone hcl tab 45 mg (base equiv)</i>      | 1    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventative List   |
| ANTIDIARRHEAL/PROBIOTIC AGENTS                      |      |  |
| ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS        |      |  |
| MYTESI 125 MG TAB DR                                | 3    |  |
| ANTIPERISTALTIC AGENTS                              |      |  |
| <i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>   | 1    | <span>QL</span> 80 / 10 DAYS   |
| DIPHENOXYLATE-ATROPINE 2.5-0.025 MG/5ML LIQUID      | 1    |  |
| <i>loperamide hcl cap 2 mg</i>                      | 1    |  |
| MOTOFEN 1-0.025 MG TAB                              | 3    | <span>QL</span> 16 / 30 day(s)   |
| OPIUM 10 MG/ML (1%) TINCTURE                        | 1    | <span>MDS1</span> 7 / 1 day(s)   |
| ANTIDOTES AND SPECIFIC ANTAGONISTS                  |      |  |
| ANTIDOTES - CHELATING AGENTS                        |      |  |
| CHEMET 100 MG CAP                                   | 3    |  |
| <i>deferasirox tab for oral susp 125 mg</i>         | 4    |  |
| <i>deferasirox granules packet 180 mg</i>           | 4    |  |

| PRODUCT DESCRIPTION                                  | TIER | LIMITS & RESTRICTIONS  |
|--|------|------------------------|
| <i>deferasirox tab 180 mg</i>                        | 4    |                        |
| <i>deferasirox tab for oral susp 250 mg</i>          | 4    |                        |
| <i>deferasirox granules packet 360 mg</i>            | 4    |                        |
| <i>deferasirox tab 360 mg</i>                        | 4    |                        |
| <i>deferasirox tab for oral susp 500 mg</i>          | 4    |                        |
| <i>deferasirox granules packet 90 mg</i>             | 4    |                        |
| <i>deferasirox tab 90 mg</i>                         | 4    |                        |
| <i>deferasirox granules packet 180 mg</i>            | 4    |                        |
| <i>deferasirox granules packet 360 mg</i>            | 4    |                        |
| <i>deferasirox granules packet 90 mg</i>             | 4    |                        |
| <i>deferiprone tab 1000 mg</i>                       | 4    |                        |
|  |      | S Specialty Drug       |
| <i>deferiprone tab 500 mg</i>                        | 4    |                        |
|  |      | S Specialty Drug       |
| FERRIPROX 100 MG/ML SOLUTION                         | 4    |                        |
|  |      | S Specialty Drug       |
| FERRIPROX TWICE-A-DAY 1000 MG TAB                    | 4    |                        |
|  |      | S Specialty Drug       |
| RADIOGARDASE 0.5 GM CAP                              | 2    |                        |
| OPIOID ANTAGONISTS                                   |      |                        |
| KLOXXADO 8 MG/0.1ML LIQUID                           | 1    | QL 2 / 30 day(s)       |
| NALOXONE HCL 0.4 MG/ML SOLN CART                     | 1    | QL 2 / 30 day(s)       |
| <i>naloxone hcl soln prefilled syringe 0.4 mg/ml</i> | 1    | QL 4 PRSYR / 30 day(s) |
| <i>naloxone hcl inj 0.4 mg/ml</i>                    | 1    | QL 2 / 30 day(s)       |
| <i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>  | 1    | QL 4 / 30 day(s)       |
| <i>naloxone hcl nasal spray 4 mg/0.1ml</i>           | 1    | QL 2 / 30 day(s)       |
| <i>naloxone hcl inj 4 mg/10ml</i>                    | 1    | QL 10 / 30 day(s)      |

| PRODUCT DESCRIPTION                               | TIER | LIMITS & RESTRICTIONS                                |
|---|------|--|
| <i>naltrexone hcl tab 50 mg</i>                   | 1    | QL 60 / 30 DAYS                                      |
| OPVEE 2.7 MG/0.1ML SOLUTION                       | 1    | QL 2 / 30 day(s)                                     |
| REXTOVY 4 MG/0.25ML LIQUID                        | 1    | QL 2 / 30 day(s)                                     |
| VIVITROL 380 MG RECON SUSP                        | 4    | QL 1 / 0 DAYS<br>MFL 1 / 28 DAYS<br>S Specialty Drug |
| ZIMHI 5 MG/0.5ML SOLN PRSYR                       | 2    | QL 1 / 30 day(s)                                     |
| ZURNAI 1.5 MG/0.5ML SOLN A-INJ                    | 1    | QL 1 / 30 day(s)                                     |
| ANTIEMETICS                                       |      |  |
| 5-HT3 RECEPTOR ANTAGONISTS                        |      |  |
| <i>granisetron hcl tab 1 mg</i>                   | 2    | QL 14 / 30 DAYS                                      |
| <i>ondansetron orally disintegrating tab 4 mg</i> | 1    | QL 180 / 30 DAYS                                     |
| <i>ondansetron orally disintegrating tab 8 mg</i> | 1    | QL 180 / 30 DAYS                                     |
| <i>ondansetron hcl tab 4 mg</i>                   | 1    | QL 180 / 30 DAYS                                     |
| <i>ondansetron hcl oral soln 4 mg/5ml</i>         | 1    | QL 100 / 30 DAYS                                     |
| <i>ondansetron hcl tab 8 mg</i>                   | 1    | QL 180 / 30 day(s)                                   |
| SUSTOL 10 MG/0.4ML PRSYR                          | 3    | Specialty Drug                                       |
| ZUPLENZ 4 MG FILM                                 | 3    |  |
| ANTIEMETIC COMBINATIONS                           |      |  |
| AKYNZEO 300-0.5 MG CAP                            | 3    | QL 1 / 0 day(s)                                      |
| ANTIEMETICS - ANTICHOLINERGIC                     |      |  |
| <i>meclizine hcl tab 12.5 mg</i>                  | 1    |  |
| <i>meclizine hcl tab 25 mg</i>                    | 1    |  |
| <i>scopolamine td patch 72hr 1 mg/3days</i>       | 1    | QL 10 / 30 DAYS                                      |
| <i>trimethobenzamide hcl cap 300 mg</i>           | 1    |  |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS                      |
|---|------|--|
| <b>ANTIEMETICS - MISCELLANEOUS</b>                              |      |  |
| <i>dronabinol cap 10 mg</i>                                     | 2    | QL 60 / 30 DAYS                            |
| <i>dronabinol cap 2.5 mg</i>                                    | 2    | QL 60 / 30 DAYS                            |
| <i>dronabinol cap 5 mg</i>                                      | 2    | QL 60 / 30 DAYS                            |
| <b>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS</b>      |      |  |
| <i>aprepitant capsule 125 mg</i>                                | 1    | QL 1 / 21 day(s)                           |
| <i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>          | 1    | QL 3 / 21 day(s)                           |
| <i>aprepitant capsule 80 mg</i>                                 | 1    | QL 2 / 21 day(s)                           |
| VARUBI (180 MG DOSE) 2 X 90 MG TAB THPK                         | 3    |  |
| <b>ANTIFUNGALS</b>  |      |  |
| <b>ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (TRITERPENOIDS)</b> |      |  |
|   |      | QL 4 / 30 day(s)                           |
| BREXAFEMME 150 MG TAB   | 3    | ST<br>GL Female<br>AL1 At least 12 yrs old |
| <i>griseofulvin microsize susp 125 mg/5ml</i>                   | 1    |  |
| <i>griseofulvin microsize tab 500 mg</i>                        | 2    | QL 30 / 30 DAYS                            |
| <i>griseofulvin ultramicrosize tab 125 mg</i>                   | 2    | QL 30 / 30 DAYS                            |
| <i>griseofulvin ultramicrosize tab 250 mg</i>                   | 2    | QL 30 / 30 DAYS                            |
| <i>nystatin tab 500000 unit</i>                                 | 1    |  |
| <i>terbinafine hcl tab 250 mg</i>                               | 1    | QL 30 / 30 DAYS                            |
| <b>IMIDAZOLES</b>   |      |  |
| <i>ketoconazole tab 200 mg</i>                                  | 1    |  |
| <b>TRIAZOLES</b>  |      |  |
| <i>fluconazole for susp 10 mg/ml</i>                            | 1    |  |
| <i>fluconazole tab 100 mg</i>                                   | 1    |  |
| <i>fluconazole tab 150 mg</i>                                   | 1    | QL 180 / 30 DAYS                           |
| <i>fluconazole tab 200 mg</i>                                   | 1    |  |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS   |
|---|------|---|
| <i>fluconazole for susp 40 mg/ml</i>                              | 1    |   |
| <i>fluconazole tab 50 mg</i>                                      | 1    |   |
| <i>itraconazole cap 100 mg</i>                                    | 1    |   |
| <i>posaconazole tab delayed release 100 mg</i>                    | 2    | QL 4 TABLETS / 1 day(s)   |
| <i>posaconazole susp 40 mg/ml</i>                                 | 4    | <br>S Specialty Drug |
| <i>voriconazole tab 200 mg</i>                                    | 2    | QL 60 / 30 DAYS   |
| <i>voriconazole for susp 40 mg/ml</i>                             | 1    | AL1 Up to 8 yrs old   |
| <i>voriconazole tab 50 mg</i>                                     | 1    | QL 120 / 30 DAYS  |
| ANTIHISTAMINES  |      |   |
| ANTIHISTAMINES - ETHANOLAMINES                                    |      |   |
| <i>carbinoxamine maleate tab 4 mg</i>                             | 1    |   |
| CARBINOXAMINE MALEATE 4 MG/5ML SOLUTION                           | 1    |   |
| CLEMASTINE FUMARATE 2.68 MG TAB                                   | 1    |   |
| DIPHENHYDRAMINE HCL 12.5 MG/5ML ELIXIR                            | 1    |   |
| <i>diphenhydramine hcl elixir 12.5 mg/5ml</i>                     | 1    |   |
| ANTIHISTAMINES - NON-SEDATING                                     |      |   |
| <i>desloratadine tab 5 mg</i>                                     | 1    | QL 30 / 30 DAYS   |
| DESLORATADINE 5 MG TAB DISP                                       | 1    | QL 30 / 30 DAYS   |
| <i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i> | 1    | QL 300 / 30 DAYS  |
| <i>levocetirizine dihydrochloride tab 5 mg</i>                    | 1    | QL 30 / 30 DAYS   |
| ANTIHISTAMINES - PHENOTHIAZINES                                   |      |   |
| <i>promethazine hcl suppos 12.5 mg</i>                            | 1    |   |
| <i>promethazine hcl tab 12.5 mg</i>                               | 1    |   |
| <i>promethazine hcl oral soln 6.25 mg/5ml</i>                     | 1    |   |
| <i>promethazine hcl suppos 25 mg</i>                              | 1    | QL 30 / 30 DAYS   |
| <i>promethazine hcl tab 25 mg</i>                                 | 1    |   |
| <i>promethazine hcl tab 50 mg</i>                                 | 1    |   |

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

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS                          |
|--|------|--|
| <i>cholestyramine light powder packets 4 gm</i>                  | 1    | VAL Value Preventative List                    |
| <i>cholestyramine light powder 4 gm/dose</i>                     | 1    | VAL Value Preventative List                    |
| FIBRIC ACID DERIVATIVES  |      |  |
| <i>fenofibrate micronized cap 134 mg</i>                         | 1    | QL 30 / 30 DAYS<br>VAL Value Preventative List |
| <i>fenofibrate tab 145 mg</i>                                    | 1    | QL 30 / 30 DAYS<br>VAL Value Preventative List |
| <i>fenofibrate tab 160 mg</i>                                    | 1    | QL 30 / 30 DAYS<br>VAL Value Preventative List |
| <i>fenofibrate micronized cap 200 mg</i>                         | 1    | QL 30 / 30 DAYS<br>VAL Value Preventative List |
| <i>fenofibrate tab 40 mg</i>                                     | 1    | QL 30 / 30 DAYS                                |
| <i>fenofibrate tab 48 mg</i>                                     | 1    | QL 30 / 30 DAYS<br>VAL Value Preventative List |
| <i>fenofibrate tab 54 mg</i>                                     | 1    | QL 30 / 30 DAYS<br>VAL Value Preventative List |
| <i>fenofibrate micronized cap 67 mg</i>                          | 1    | QL 30 / 30 DAYS<br>VAL Value Preventative List |
| <i>fenofibrate micronized cap 130 mg</i>                         | 1    | QL 30 / 30 DAYS<br>VAL Value Preventative List |
| <i>fenofibrate micronized cap 134 mg</i>                         | 1    | QL 30 / 30 DAYS<br>VAL Value Preventative List |
| <i>fenofibrate micronized cap 200 mg</i>                         | 1    | QL 30 / 30 DAYS<br>VAL Value Preventative List |
| <i>fenofibrate micronized cap 43 mg</i>                          | 1    | QL 30 / 30 DAYS<br>VAL Value Preventative List |
| <i>fenofibrate micronized cap 67 mg</i>                          | 1    | QL 30 / 30 DAYS<br>VAL Value Preventative List |
| <i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i> | 1    | QL 30 / 30 DAYS<br>VAL Value Preventative List |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS                                     |
|---|------|---|
| <i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i> | 1    | <p>QL 30 / 30 DAYS</p> <p>VAL Value Preventative List</p> |
| <i>gemfibrozil tab 600 mg</i>                                   | 1    | <p>VAL Value Preventative List</p>                        |
| <b>HMG COA REDUCTASE INHIBITORS</b>                             |      |   |
| <i>atorvastatin calcium tab 10 mg (base equivalent)</i>         | 1    | <p>QL 30 / 30 DAYS</p> <p>PREV Preventative</p>           |
| <i>atorvastatin calcium tab 20 mg (base equivalent)</i>         | 1    | <p>QL 30 / 30 DAYS</p> <p>PREV Preventative</p>           |
| <i>atorvastatin calcium tab 40 mg (base equivalent)</i>         | 1    | <p>QL 30 / 30 DAYS</p> <p>VAL Value Preventative List</p> |
| <i>atorvastatin calcium tab 80 mg (base equivalent)</i>         | 1    | <p>QL 30 / 30 DAYS</p> <p>VAL Value Preventative List</p> |
| <i>fluvastatin sodium cap 20 mg (base equivalent)</i>           | 1    | <p>QL 30 / 30 DAYS</p> <p>PREV Preventative</p>           |
| <i>fluvastatin sodium cap 40 mg (base equivalent)</i>           | 1    | <p>QL 60 / 30 DAYS</p> <p>PREV Preventative</p>           |
| <i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>  | 1    | <p>QL 30 / 30 DAYS</p> <p>PREV Preventative</p>           |
| <i>lovastatin tab 10 mg</i>                                     | 1    | <p>QL 30 / 30 DAYS</p> <p>PREV Preventative</p>           |
| <i>lovastatin tab 20 mg</i>                                     | 1    | <p>QL 30 / 30 DAYS</p> <p>PREV Preventative</p>           |
| <i>lovastatin tab 40 mg</i>                                     | 1    | <p>QL 60 / 30 DAYS</p> <p>PREV Preventative</p>           |
| <i>pitavastatin calcium tab 1 mg</i>                            | 1    | <p>QL 1 / 1 day(s)</p>                                    |
| <i>pitavastatin calcium tab 2 mg</i>                            | 1    | <p>QL 1 / 1 day(s)</p>                                    |
| <i>pitavastatin calcium tab 4 mg</i>                            | 1    | <p>QL 1 / 1 day(s)</p>                                    |
| <i>pravastatin sodium tab 10 mg</i>                             | 1    | <p>QL 30 / 30 DAYS</p> <p>PREV Preventative</p>           |

| PRODUCT DESCRIPTION                                      | TIER | LIMITS & RESTRICTIONS  |
|--|------|--|
| <i>pravastatin sodium tab 20 mg</i>                      | 1    | <span>QL</span> 30 / 30 DAYS<br><span>PREV</span> Preventative           |
| <i>pravastatin sodium tab 40 mg</i>                      | 1    | <span>QL</span> 60 / 30 DAYS<br><span>PREV</span> Preventative           |
| <i>pravastatin sodium tab 80 mg</i>                      | 1    | <span>QL</span> 30 / 30 DAYS<br><span>PREV</span> Preventative           |
| <i>rosuvastatin calcium tab 10 mg</i>                    | 1    | <span>QL</span> 30 / 30 DAYS<br><span>PREV</span> Preventative           |
| <i>rosuvastatin calcium tab 20 mg</i>                    | 1    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventative List |
| <i>rosuvastatin calcium tab 40 mg</i>                    | 1    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventative List |
| <i>rosuvastatin calcium tab 5 mg</i>                     | 1    | <span>QL</span> 30 / 30 DAYS<br><span>PREV</span> Preventative           |
| <i>simvastatin tab 10 mg</i>                             | 1    | <span>QL</span> 30 / 30 DAYS<br><span>PREV</span> Preventative           |
| <i>simvastatin tab 20 mg</i>                             | 1    | <span>QL</span> 30 / 30 DAYS<br><span>PREV</span> Preventative           |
| <i>simvastatin tab 40 mg</i>                             | 1    | <span>QL</span> 30 / 30 DAYS<br><span>PREV</span> Preventative           |
| <i>simvastatin tab 5 mg</i>                              | 1    | <span>QL</span> 30 / 30 DAYS<br><span>PREV</span> Preventative           |
| <i>simvastatin tab 80 mg</i>                             | 1    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventative List |
| INTEST CHOLEST ABSORP INHIB-HMG COA REDUCTASE INHIB COMB |      |  |
| EZETIMIBE-ROSUVASTATIN 10-10 MG TAB                      | 1    | <span>QL</span> 1 / 1 day(s)   |
| EZETIMIBE-ROSUVASTATIN 10-20 MG TAB                      | 1    | <span>QL</span> 1 / 1 day(s)   |
| EZETIMIBE-ROSUVASTATIN 10-40 MG TAB                      | 1    | <span>QL</span> 1 / 1 day(s)   |
| EZETIMIBE-ROSUVASTATIN 10-5 MG TAB                       | 1    | <span>QL</span> 1 / 1 day(s)   |

| PRODUCT DESCRIPTION                                 | TIER | LIMITS & RESTRICTIONS  |
|---|------|--|
| <i>ezetimibe-simvastatin tab 10-10 mg</i>           | 1    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventative List |
| <i>ezetimibe-simvastatin tab 10-20 mg</i>           | 1    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventative List |
| <i>ezetimibe-simvastatin tab 10-40 mg</i>           | 1    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventative List |
| <i>ezetimibe-simvastatin tab 10-80 mg</i>           | 1    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventative List |
| INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS        |      |  |
| <i>ezetimibe tab 10 mg</i>                          | 1    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventative List |
| MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN INHIBITORS |      |  |
| JUXTAPID 10 MG CAP                                  | 4    | <span>S</span> Specialty Drug  |
| JUXTAPID 2 MG CAP                                   | 4    | <span>S</span> Specialty Drug  |
| JUXTAPID 20 MG CAP                                  | 4    | <span>S</span> Specialty Drug  |
| JUXTAPID 30 MG CAP                                  | 4    | <span>S</span> Specialty Drug  |
| JUXTAPID 5 MG CAP                                   | 4    | <span>S</span> Specialty Drug  |
| NICOTINIC ACID DERIVATIVES                          |      |  |
| <i>niacin tab er 1000 mg (antihyperlipidemic)</i>   | 1    | <span>VAL</span> Value Preventative List                                 |
| <i>niacin tab er 500 mg (antihyperlipidemic)</i>    | 1    | <span>VAL</span> Value Preventative List                                 |
| <i>niacin tab er 750 mg (antihyperlipidemic)</i>    | 1    | <span>VAL</span> Value Preventative List                                 |
| NIACOR 500 MG TAB                                   | 3    |  |

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

| PRODUCT DESCRIPTION                        | TIER | LIMITS & RESTRICTIONS       |
|--|------|-----------------------------|
| <i>benazepril hcl tab 40 mg</i>            | 1    | VAL Value Preventative List |
| <i>benazepril hcl tab 5 mg</i>             | 1    | VAL Value Preventative List |
| <i>captopril tab 100 mg</i>                | 1    | VAL Value Preventative List |
| <i>captopril tab 12.5 mg</i>               | 1    | VAL Value Preventative List |
| <i>captopril tab 25 mg</i>                 | 1    | VAL Value Preventative List |
| <i>captopril tab 50 mg</i>                 | 1    | VAL Value Preventative List |
| <i>enalapril maleate oral soln 1 mg/ml</i> | 2    | AL1 Up to 8 yrs old         |
| <i>enalapril maleate tab 10 mg</i>         | 1    | VAL Value Preventative List |
| <i>enalapril maleate tab 2.5 mg</i>        | 1    | VAL Value Preventative List |
| <i>enalapril maleate tab 20 mg</i>         | 1    | VAL Value Preventative List |
| <i>enalapril maleate tab 5 mg</i>          | 1    | VAL Value Preventative List |
| <i>fosinopril sodium tab 10 mg</i>         | 1    | VAL Value Preventative List |
| <i>fosinopril sodium tab 20 mg</i>         | 1    | VAL Value Preventative List |
| <i>fosinopril sodium tab 40 mg</i>         | 1    | VAL Value Preventative List |
| <i>lisinopril tab 10 mg</i>                | 1    | VAL Value Preventative List |
| <i>lisinopril tab 2.5 mg</i>               | 1    | VAL Value Preventative List |
| <i>lisinopril tab 20 mg</i>                | 1    | VAL Value Preventative List |
| <i>lisinopril tab 30 mg</i>                | 1    | VAL Value Preventative List |
| <i>lisinopril tab 40 mg</i>                | 1    | VAL Value Preventative List |
| <i>lisinopril tab 5 mg</i>                 | 1    | VAL Value Preventative List |
| <i>moexipril hcl tab 15 mg</i>             | 1    | VAL Value Preventative List |
| <i>moexipril hcl tab 7.5 mg</i>            | 1    | VAL Value Preventative List |
| PERINDOPRIL ERBUMINE 2 MG TAB              | 1    | VAL Value Preventative List |
| <i>perindopril erbumine tab 2 mg</i>       | 1    | VAL Value Preventative List |
| <i>perindopril erbumine tab 4 mg</i>       | 1    | VAL Value Preventative List |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS                          |
|--|------|--|
| PERINDOPRIL ERBUMINE 8 MG TAB                              | 1    | VAL Value Preventative List                    |
| QBRELIS 1 MG/ML SOLUTION                                   | 2    | AL1 Up to 8 yrs old                            |
| <i>quinapril hcl tab 10 mg</i>                             | 1    | VAL Value Preventative List                    |
| <i>quinapril hcl tab 20 mg</i>                             | 1    | VAL Value Preventative List                    |
| <i>quinapril hcl tab 40 mg</i>                             | 1    | VAL Value Preventative List                    |
| <i>quinapril hcl tab 5 mg</i>                              | 1    | VAL Value Preventative List                    |
| <i>ramipril cap 1.25 mg</i>                                | 1    | QL 30 / 30 DAYS<br>VAL Value Preventative List |
| <i>ramipril cap 10 mg</i>                                  | 1    | QL 60 / 30 DAYS<br>VAL Value Preventative List |
| <i>ramipril cap 2.5 mg</i>                                 | 1    | QL 30 / 30 DAYS<br>VAL Value Preventative List |
| <i>ramipril cap 5 mg</i>                                   | 1    | QL 30 / 30 DAYS<br>VAL Value Preventative List |
| <i>trandolapril tab 1 mg</i>                               | 1    | QL 30 / 30 DAYS<br>VAL Value Preventative List |
| <i>trandolapril tab 2 mg</i>                               | 1    | QL 30 / 30 DAYS<br>VAL Value Preventative List |
| <i>trandolapril tab 4 mg</i>                               | 1    | QL 60 / 30 DAYS<br>VAL Value Preventative List |
| <b>ACE INHIBITORS &amp; THIAZIDE/THIAZIDE-LIKE</b>         |      |  |
| <i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i> | 1    | VAL Value Preventative List                    |
| <i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i> | 1    | VAL Value Preventative List                    |
| <i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i>   | 1    | VAL Value Preventative List                    |
| <i>benazepril &amp; hydrochlorothiazide tab 5-6.25 mg</i>  | 1    | VAL Value Preventative List                    |
| CAPTOPRIL-HYDROCHLOROTHIAZIDE 25-15 MG TAB                 | 1    | VAL Value Preventative List                    |
| CAPTOPRIL-HYDROCHLOROTHIAZIDE 25-25 MG TAB                 | 1    | VAL Value Preventative List                    |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS                            |
|--|------|--|
| CAPTOPRIL-HYDROCHLOROTHIAZIDE 50-15 MG TAB                         | 1    | VAL Value Preventative List                      |
| CAPTOPRIL-HYDROCHLOROTHIAZIDE 50-25 MG TAB                         | 1    | VAL Value Preventative List                      |
| <i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i>    | 1    | VAL Value Preventative List                      |
| <i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i>   | 1    | VAL Value Preventative List                      |
| <i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i>  | 1    | VAL Value Preventative List                      |
| <i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i>  | 1    | VAL Value Preventative List                      |
| <i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i>         | 1    | VAL Value Preventative List                      |
| <i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i>         | 1    | VAL Value Preventative List                      |
| <i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i>           | 1    | VAL Value Preventative List                      |
| QUINAPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB                       | 1    | VAL Value Preventative List                      |
| <i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>                | 1    | VAL Value Preventative List                      |
| QUINAPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB                       | 1    | VAL Value Preventative List                      |
| <i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>                | 1    | VAL Value Preventative List                      |
| QUINAPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB                         | 1    | VAL Value Preventative List                      |
| <i>quinapril-hydrochlorothiazide tab 20-25 mg</i>                  | 1    | VAL Value Preventative List                      |
| ANGIOTENSIN II RECEPTOR ANT-CA CHANNEL BLOCKER-THIAZIDES           |      |  |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i> | 1    | QL 30 / 30 day(s)<br>VAL Value Preventative List |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>   | 1    | QL 30 / 30 day(s)<br>VAL Value Preventative List |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>   | 1    | QL 30 / 30 day(s)<br>VAL Value Preventative List |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>  | 1    | QL 30 / 30 day(s)<br>VAL Value Preventative List |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>    | 1    | QL 30 / 30 day(s)<br>VAL Value Preventative List |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>  | 1    | QL 30 / 30 DAYS<br>VAL Value Preventative List   |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS  |
|--|------|--|
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i> | 1    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventative List |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>   | 1    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventative List |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>  | 1    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventative List |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>    | 1    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventative List |
| <b>ANGIOTENSIN II RECEPTOR ANTAG &amp; CA CHANNEL BLOCKER COMB</b> |      |  |
| <i>amlodipine besylate-valsartan tab 10-160 mg</i>                 | 1    | <span>VAL</span> Value Preventative List                                 |
| <i>amlodipine besylate-valsartan tab 10-320 mg</i>                 | 1    | <span>VAL</span> Value Preventative List                                 |
| <i>amlodipine besylate-valsartan tab 5-160 mg</i>                  | 1    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventative List |
| <i>amlodipine besylate-valsartan tab 5-320 mg</i>                  | 1    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventative List |
| <i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>       | 1    | <span>VAL</span> Value Preventative List                                 |
| <i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>       | 1    | <span>VAL</span> Value Preventative List                                 |
| <i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>        | 1    | <span>VAL</span> Value Preventative List                                 |
| <i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>        | 1    | <span>VAL</span> Value Preventative List                                 |
| TELMISARTAN-AMLODIPINE 40-10 MG TAB                                | 1    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventative List |
| <i>telmisartan-amlodipine tab 40-10 mg</i>                         | 1    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventative List |
| TELMISARTAN-AMLODIPINE 40-5 MG TAB                                 | 1    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventative List |
| <i>telmisartan-amlodipine tab 40-5 mg</i>                          | 1    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventative List |
| TELMISARTAN-AMLODIPINE 80-10 MG TAB                                | 1    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventative List |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS  |
|---|------|--|
| <i>telmisartan-amlodipine tab 80-10 mg</i>                          | 1    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventative List |
| TELMISARTAN-AMLODIPINE 80-5 MG TAB                                  | 1    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventative List |
| <i>telmisartan-amlodipine tab 80-5 mg</i>                           | 1    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventative List |
| ANGIOTENSIN II RECEPTOR ANTAG & THIAZIDE/THIAZIDE-LIKE              |      |  |
| <i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>     | 1    | <span>VAL</span> Value Preventative List                                 |
| <i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>     | 1    | <span>VAL</span> Value Preventative List                                 |
| <i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>       | 1    | <span>VAL</span> Value Preventative List                                 |
| <i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>               | 1    | <span>VAL</span> Value Preventative List                                 |
| <i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>               | 1    | <span>VAL</span> Value Preventative List                                 |
| <i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i> | 1    | <span>VAL</span> Value Preventative List                                 |
| <i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i>   | 1    | <span>VAL</span> Value Preventative List                                 |
| <i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i>  | 1    | <span>VAL</span> Value Preventative List                                 |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>      | 1    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventative List |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>      | 1    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventative List |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>        | 1    | <span>VAL</span> Value Preventative List                                 |
| <i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>               | 1    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventative List |
| <i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>               | 1    | <span>VAL</span> Value Preventative List                                 |
| <i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>                 | 1    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventative List |
| <i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>                | 1    | <span>VAL</span> Value Preventative List                                 |
| <i>valsartan-hydrochlorothiazide tab 160-25 mg</i>                  | 1    | <span>VAL</span> Value Preventative List                                 |






















| PRODUCT DESCRIPTION                                  | TIER | LIMITS & RESTRICTIONS                          |
|--|------|--|
| <i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> | 1    | VAL Value Preventative List                    |
| <i>valsartan-hydrochlorothiazide tab 320-25 mg</i>   | 1    | VAL Value Preventative List                    |
| <i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>  | 1    | VAL Value Preventative List                    |
| <b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>           |      |  |
| ARB LI 10 MG/ML SUSPENSION                           | 2    | QL 165 / 60 day(s)<br>AL1 Up to 8 yrs old      |
| <i>candesartan cilexetil tab 16 mg</i>               | 1    | QL 30 / 30 DAYS<br>VAL Value Preventative List |
| <i>candesartan cilexetil tab 32 mg</i>               | 1    | QL 30 / 30 DAYS<br>VAL Value Preventative List |
| <i>candesartan cilexetil tab 4 mg</i>                | 1    | QL 30 / 30 DAYS<br>VAL Value Preventative List |
| <i>candesartan cilexetil tab 8 mg</i>                | 1    | QL 30 / 30 DAYS<br>VAL Value Preventative List |
| <i>irbesartan tab 150 mg</i>                         | 1    | QL 30 / 30 DAYS<br>VAL Value Preventative List |
| <i>irbesartan tab 300 mg</i>                         | 1    | QL 30 / 30 DAYS<br>VAL Value Preventative List |
| <i>irbesartan tab 75 mg</i>                          | 1    | QL 30 / 30 DAYS<br>VAL Value Preventative List |
| <i>losartan potassium tab 100 mg</i>                 | 1    | QL 60 / 30 DAYS<br>VAL Value Preventative List |
| <i>losartan potassium tab 25 mg</i>                  | 1    | QL 60 / 30 DAYS<br>VAL Value Preventative List |
| <i>losartan potassium tab 50 mg</i>                  | 1    | QL 60 / 30 DAYS<br>VAL Value Preventative List |
| <i>olmesartan medoxomil tab 20 mg</i>                | 1    | VAL Value Preventative List                    |
| <i>olmesartan medoxomil tab 40 mg</i>                | 1    | VAL Value Preventative List                    |

| PRODUCT DESCRIPTION                          | TIER | LIMITS & RESTRICTIONS                          |
|--|------|--|
| <i>olmesartan medoxomil tab 5 mg</i>         | 1    | VAL Value Preventative List                    |
| <i>telmisartan tab 20 mg</i>                 | 1    | VAL Value Preventative List                    |
| <i>telmisartan tab 40 mg</i>                 | 1    | VAL Value Preventative List                    |
| <i>telmisartan tab 80 mg</i>                 | 1    | VAL Value Preventative List                    |
| <i>valsartan tab 160 mg</i>                  | 1    | QL 30 / 30 DAYS<br>VAL Value Preventative List |
| <i>valsartan tab 320 mg</i>                  | 1    | QL 90 / 30 DAYS<br>VAL Value Preventative List |
| <i>valsartan tab 40 mg</i>                   | 1    | QL 90 / 30 DAYS<br>VAL Value Preventative List |
| <i>valsartan tab 80 mg</i>                   | 1    | QL 30 / 30 DAYS<br>VAL Value Preventative List |
| ANTIADRENERGICS - CENTRALLY ACTING           |      |  |
| <i>clonidine td patch weekly 0.1 mg/24hr</i> | 1    | VAL Value Preventative List                    |
| <i>clonidine td patch weekly 0.2 mg/24hr</i> | 1    | VAL Value Preventative List                    |
| <i>clonidine td patch weekly 0.3 mg/24hr</i> | 1    | VAL Value Preventative List                    |
| <i>clonidine hcl tab 0.1 mg</i>              | 1    | VAL Value Preventative List                    |
| <i>clonidine hcl tab 0.2 mg</i>              | 1    | VAL Value Preventative List                    |
| <i>clonidine hcl tab 0.3 mg</i>              | 1    | VAL Value Preventative List                    |
| <i>guanfacine hcl tab 1 mg</i>               | 1    | VAL Value Preventative List                    |
| <i>guanfacine hcl tab 2 mg</i>               | 1    | VAL Value Preventative List                    |
| METHYLDOPA 250 MG TAB                        | 1    | VAL Value Preventative List                    |
| <i>methyldopa tab 250 mg</i>                 | 1    | VAL Value Preventative List                    |
| METHYLDOPA 500 MG TAB                        | 1    | VAL Value Preventative List                    |
| ANTIADRENERGICS - PERIPHERALLY ACTING        |      |  |
| <i>doxazosin mesylate tab 1 mg</i>           | 1    | QL 30 / 30 DAYS<br>VAL Value Preventative List |



























| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS  |
|---|------|--|
| <i>doxazosin mesylate tab 2 mg</i>                          | 1    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">VAL</div> </div> 30 / 30 DAYS<br>Value Preventative List |
| <i>doxazosin mesylate tab 4 mg</i>                          | 1    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">VAL</div> </div> 30 / 30 DAYS<br>Value Preventative List |
| <i>doxazosin mesylate tab 8 mg</i>                          | 1    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">VAL</div> </div> 60 / 30 DAYS<br>Value Preventative List |
| <i>prazosin hcl cap 1 mg</i>                                | 1    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">VAL</div> </div> Value Preventative List  |
| <i>prazosin hcl cap 2 mg</i>                                | 1    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">VAL</div> </div> Value Preventative List  |
| <i>prazosin hcl cap 5 mg</i>                                | 1    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">VAL</div> </div> Value Preventative List  |
| <i>terazosin hcl cap 1 mg (base equivalent)</i>             | 1    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">VAL</div> </div> 30 / 30 DAYS<br>Value Preventative List |
| <i>terazosin hcl cap 10 mg (base equivalent)</i>            | 1    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">VAL</div> </div> 60 / 30 DAYS<br>Value Preventative List |
| <i>terazosin hcl cap 2 mg (base equivalent)</i>             | 1    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">VAL</div> </div> 30 / 30 DAYS<br>Value Preventative List |
| <i>terazosin hcl cap 5 mg (base equivalent)</i>             | 1    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">VAL</div> </div> 30 / 30 DAYS<br>Value Preventative List |
| <b>ANTIHYPERTENSIVES - MISC.</b>                            |      |  |
| VECAMYL 2.5 MG TAB  | 3    | <div style="background-color: #8e44ad; width: 15px; height: 15px; border-radius: 50%;"></div>  |
| <b>BETA BLOCKER &amp; DIURETIC COMBINATIONS</b>             |      |  |
| <i>atenolol &amp; chlorthalidone tab 100-25 mg</i>          | 1    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">VAL</div> </div> Value Preventative List  |
| <i>atenolol &amp; chlorthalidone tab 50-25 mg</i>           | 1    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">VAL</div> </div> Value Preventative List  |
| <i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>  | 1    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">VAL</div> </div> Value Preventative List  |
| <i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i> | 1    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">VAL</div> </div> Value Preventative List  |
| <i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>   | 1    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">VAL</div> </div> Value Preventative List  |
| DUTOPROL 50-12.5 MG TAB ER 24H                              | 3    |  |
| <i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>   | 1    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">VAL</div> </div> Value Preventative List  |
| <i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>   | 1    | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">VAL</div> </div> Value Preventative List  |































| PRODUCT DESCRIPTION                                      | TIER | LIMITS & RESTRICTIONS                          |
|--|------|--|
| <i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i> | 1    | VAL Value Preventative List                    |
| DIRECT RENIN INHIBITORS                                  |      |  |
| <i>aliskiren fumarate tab 150 mg (base equivalent)</i>   | 2    | VAL Value Preventative List                    |
| <i>aliskiren fumarate tab 300 mg (base equivalent)</i>   | 2    | VAL Value Preventative List                    |
| DIRECT RENIN INHIBITORS & THIAZIDE/THIAZIDE-LIKE COMB    |      |  |
| TEKTURNA HCT 150-12.5 MG TAB                             | 3    | QL 30 / 30 DAYS                                |
| TEKTURNA HCT 150-25 MG TAB                               | 3    | QL 30 / 30 DAYS                                |
| TEKTURNA HCT 300-12.5 MG TAB                             | 3    | QL 30 / 30 DAYS                                |
| TEKTURNA HCT 300-25 MG TAB                               | 3    | QL 30 / 30 DAYS                                |
| SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)       |      |  |
| <i>eplerenone tab 25 mg</i>                              | 1    | QL 60 / 30 DAYS<br>VAL Value Preventative List |
| <i>eplerenone tab 50 mg</i>                              | 1    | QL 60 / 30 DAYS<br>VAL Value Preventative List |
| VASODILATORS   |      |  |
| <i>hydralazine hcl tab 10 mg</i>                         | 1    | VAL Value Preventative List                    |
| <i>hydralazine hcl tab 100 mg</i>                        | 1    | VAL Value Preventative List                    |
| <i>hydralazine hcl tab 25 mg</i>                         | 1    | VAL Value Preventative List                    |
| <i>hydralazine hcl tab 50 mg</i>                         | 1    | VAL Value Preventative List                    |
| <i>minoxidil tab 10 mg</i>                               | 1    |  |
| <i>minoxidil tab 2.5 mg</i>                              | 1    |  |
| ANTIMALARIALS  |      |  |
| ANTIMALARIAL COMBINATIONS                                |      |  |
| <i>atovaquone-proguanil hcl tab 250-100 mg</i>           | 1    |  |
| <i>atovaquone-proguanil hcl tab 62.5-25 mg</i>           | 1    |  |
| COARTEM 20-120 MG TAB                                    | 2    |  |
| CHLOROQUINE PHOSPHATE 250 MG TAB                         | 1    |  |















| PRODUCT DESCRIPTION                                  | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>chloroquine phosphate tab 250 mg</i>              | 1    |                       |
| <i>chloroquine phosphate tab 500 mg</i>              | 1    |                       |
| HYDROXYCHLOROQUINE SULFATE 100 MG TAB                | 1    |                       |
| <i>hydroxychloroquine sulfate tab 100 mg</i>         | 1    |                       |
| <i>hydroxychloroquine sulfate tab 200 mg</i>         | 1    |                       |
| HYDROXYCHLOROQUINE SULFATE 300 MG TAB                | 1    |                       |
| <i>hydroxychloroquine sulfate tab 300 mg</i>         | 1    |                       |
| HYDROXYCHLOROQUINE SULFATE 400 MG TAB                | 1    |                       |
| <i>hydroxychloroquine sulfate tab 400 mg</i>         | 1    |                       |
| <i>mefloquine hcl tab 250 mg</i>                     | 1    |                       |
| <i>primaquine phosphate tab 26.3 mg (15 mg base)</i> | 2    |                       |
| <i>quinine sulfate cap 324 mg</i>                    | 1    |                       |
| ANTIMYASTHENIC/CHOLINERGIC AGENTS                    |      |                       |
| <i>pyridostigmine bromide tab 60 mg</i>              | 1    |                       |
| <i>pyridostigmine bromide tab er 180 mg</i>          | 2    |                       |
| ANTIMYCOBACTERIAL AGENTS                             |      |                       |
| CYCLOSERINE 250 MG CAP                               | 2    |                       |
| <i>ethambutol hcl tab 100 mg</i>                     | 1    |                       |
| <i>ethambutol hcl tab 400 mg</i>                     | 1    |                       |
| <i>isoniazid tab 100 mg</i>                          | 1    |                       |
| ISONIAZID 100 MG/ML SOLUTION                         | 1    |                       |
| <i>isoniazid tab 300 mg</i>                          | 1    |                       |
| <i>isoniazid syrup 50 mg/5ml</i>                     | 1    |                       |
| PASER 4 GM PACKET                                    | 3    | AL1 Up to 8 yrs old   |
| PRETOMANID 200 MG TAB                                | 3    |                       |
| PRIFTIN 150 MG TAB                                   | 3    |                       |
| <i>pyrazinamide tab 500 mg</i>                       | 1    |                       |
| <i>rifabutin cap 150 mg</i>                          | 1    |                       |
| <i>rifampin cap 150 mg</i>                           | 1    |                       |
| <i>rifampin cap 300 mg</i>                           | 1    |                       |

















| PRODUCT DESCRIPTION                      | TIER | LIMITS & RESTRICTIONS   |
|--|------|---|
| SIRTURO 100 MG TAB                       | 4    | <br> Specialty Drug     |
| SIRTURO 20 MG TAB                        | 4    | <br> Specialty Drug     |
| TRECTOR 250 MG TAB                       | 3    |   |
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |      |   |
| ALKYLATING AGENTS                        |      |   |
| MYLERAN 2 MG TAB                         | 4    | <br> Specialty Drug     |
| ANDROGEN BIOSYNTHESIS INHIBITORS         |      |   |
| <i>abiraterone acetate tab 250 mg</i>    | 2    |   |
| <i>abiraterone acetate tab 250 mg</i>    | 2    |   |
| ANTIADRENALS                             |      |   |
| LYSODREN 500 MG TAB                      | 4    | <br> Specialty Drug    |
| ANTIANDROGENS                            |      |   |
| <i>bicalutamide tab 50 mg</i>            | 1    |   |
| ERLEADA 240 MG TAB                       | 4    | <br> Specialty Drug |
| ERLEADA 60 MG TAB                        | 4    | <br> Specialty Drug |
| FLUTAMIDE 125 MG CAP                     | 1    |  Specialty Drug  |
| NILUTAMIDE 150 MG TAB                    | 2    |  60 / 30 day(s)  |
| <i>nilutamide tab 150 mg</i>             | 2    |  60 / 30 DAYS  |
| XTANDI 40 MG CAP                         | 4    | <br> Specialty Drug |
| XTANDI 40 MG TAB                         | 4    | <br> Specialty Drug |
| XTANDI 80 MG TAB                         | 4    | <br> Specialty Drug |





























| PRODUCT DESCRIPTION                                       | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <b>ANTIESTROGENS</b>                                      |      |                       |
| SOLTAMOX 10 MG/5ML SOLUTION                               | 3    |                       |
| <i>tamoxifen citrate tab 10 mg (base equivalent)</i>      | 1    | PREV Preventative     |
| <i>tamoxifen citrate tab 20 mg (base equivalent)</i>      | 1    | PREV Preventative     |
| <i>toremifene citrate tab 60 mg (base equivalent)</i>     | 2    |                       |
| <b>ANTIMETABOLITES</b>                                    |      |                       |
| <i>capecitabine tab 150 mg</i>                            | 2    |                       |
| <i>capecitabine tab 500 mg</i>                            | 2    |                       |
| <i>mercaptopurine susp 2000 mg/100ml (20 mg/ml)</i>       | 4    | Specialty Drug        |
| <i>mercaptopurine tab 50 mg</i>                           | 1    |                       |
| <i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i> | 1    |                       |
| METHOTREXATE SODIUM (PF) 1 GM/40ML SOLUTION               | 1    |                       |
| METHOTREXATE SODIUM (PF) 1000 MG/40ML SOLUTION            | 1    |                       |
| <i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>  | 1    |                       |
| <i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>    | 1    |                       |
| <i>methotrexate sodium for inj 1 gm</i>                   | 1    |                       |
| <i>methotrexate sodium tab 2.5 mg (base equiv)</i>        | 1    |                       |
| METHOTREXATE SODIUM 250 MG/10ML SOLUTION                  | 1    |                       |
| METHOTREXATE SODIUM 50 MG/2ML SOLUTION                    | 1    |                       |
| TABLOID 40 MG TAB   | 4    | Specialty Drug        |
| <b>ANTINEOPLASTIC - ALK INHIBITORS</b>                    |      |                       |
| ALECENSA 150 MG CAP                                       | 4    | Specialty Drug        |
| XALKORI 150 MG CAP SPRINK                                 | 4    | Specialty Drug        |
| XALKORI 20 MG CAP SPRINK                                  | 4    | Specialty Drug        |

























| PRODUCT DESCRIPTION                               | TIER | LIMITS & RESTRICTIONS   |
|---|------|---|
| XALKORI 200 MG CAP                                | 4    | <br> Specialty Drug   |
| XALKORI 250 MG CAP                                | 4    | <br> Specialty Drug   |
| XALKORI 50 MG CAP SPRINK                          | 4    | <br> Specialty Drug   |
| ANTINEOPLASTIC - ANTI-HER2 AGENTS                 |      |   |
| TUKYSA 150 MG TAB                                 | 4    | <br> Specialty Drug   |
| TUKYSA 50 MG TAB                                  | 4    | <br> Specialty Drug   |
| ANTINEOPLASTIC - BCL-2 INHIBITORS                 |      |   |
| VENCLEXTA 10 MG TAB                               | 4    | <br> Specialty Drug   |
| VENCLEXTA 100 MG TAB                              | 4    | <br> Specialty Drug  |
| VENCLEXTA 50 MG TAB                               | 4    | <br> Specialty Drug   |
| VENCLEXTA STARTING PACK 10 & 50 & 100 MG TAB THPK | 4    | <br> Specialty Drug   |
| ANTINEOPLASTIC - BCR-ABL KINASE INHIBITORS        |      |   |
| BOSULIF 100 MG CAP                                | 4    | <br> Specialty Drug   |
| BOSULIF 100 MG TAB                                | 4    | <br> Specialty Drug   |
| BOSULIF 400 MG TAB                                | 4    | <br> Specialty Drug   |
| BOSULIF 50 MG CAP                                 | 4    |  1 / 1 day(s)<br><br> Specialty Drug |





























| PRODUCT DESCRIPTION                                   | TIER | LIMITS & RESTRICTIONS   |
|---|------|---|
| BOSULIF 500 MG TAB                                    | 4    | <br> Specialty Drug   |
| <i>dasatinib tab 100 mg</i>                           | 4    |  1 tab / 1 day(s)<br><br> Specialty Drug       |
| <i>dasatinib tab 140 mg</i>                           | 4    |  1 tab / 1 day(s)<br><br> Specialty Drug       |
| <i>dasatinib tab 20 mg</i>                            | 4    |  1 tab / 1 day(s)<br><br> Specialty Drug       |
| <i>dasatinib tab 50 mg</i>                            | 4    |  1 tab / 1 day(s)<br><br> Specialty Drug       |
| <i>dasatinib tab 70 mg</i>                            | 4    |  1 tab / 1 day(s)<br><br> Specialty Drug   |
| <i>dasatinib tab 80 mg</i>                            | 4    |  1 tab / 1 day(s)<br><br> Specialty Drug |
| ICLUSIG 10 MG TAB                                     | 4    | <br> Specialty Drug   |
| ICLUSIG 15 MG TAB                                     | 4    | <br> Specialty Drug   |
| ICLUSIG 30 MG TAB                                     | 4    | <br> Specialty Drug   |
| ICLUSIG 45 MG TAB                                     | 4    | <br> Specialty Drug   |
| <i>imatinib mesylate tab 100 mg (base equivalent)</i> | 2    |  6 tablets / 1 day(s)  |
| <i>imatinib mesylate tab 400 mg (base equivalent)</i> | 2    |  60 / 30 DAYS  |













| PRODUCT DESCRIPTION                               | TIER | LIMITS & RESTRICTIONS   |
|---|------|---|
| <i>nilotinib hcl cap 150 mg (base equivalent)</i> | 4    | <br>S Specialty Drug   |
| <i>nilotinib hcl cap 200 mg (base equivalent)</i> | 4    | <br>S Specialty Drug   |
| <i>nilotinib hcl cap 50 mg (base equivalent)</i>  | 4    | <br>S Specialty Drug   |
| SCSEMBLIX 100 MG TAB                              | 4    | <br>S Specialty Drug   |
| SCSEMBLIX 20 MG TAB                               | 4    | <br>S Specialty Drug   |
| SCSEMBLIX 40 MG TAB                               | 4    | <br>S Specialty Drug   |
| ANTINEOPLASTIC - BRAF KINASE INHIBITORS           |      |   |
| BRAFTOVI 75 MG CAP                                | 4    | <br>S Specialty Drug   |
| TAFINLAR 10 MG TAB SOL                            | 4    | <br>S Specialty Drug |
| TAFINLAR 50 MG CAP                                | 4    | <br>S Specialty Drug |
| TAFINLAR 75 MG CAP                                | 4    | <br>S Specialty Drug |
| ZELBORAF 240 MG TAB                               | 4    | <br>S Specialty Drug |
| ANTINEOPLASTIC - BTK INHIBITORS                   |      |   |
| BRUKINSA 160 MG TAB                               | 4    | <br>S Specialty Drug |
| BRUKINSA 80 MG CAP                                | 4    | <br>S Specialty Drug |
| CALQUENCE 100 MG CAP                              | 4    | <br>S Specialty Drug |





























| PRODUCT DESCRIPTION                               | TIER | LIMITS & RESTRICTIONS   |
|---|------|---|
| CALQUENCE 100 MG TAB                              | 4    | <br>S Specialty Drug   |
| IMBRUVICA 140 MG CAP                              | 4    | <br>S Specialty Drug   |
| IMBRUVICA 420 MG TAB                              | 4    | <br>S Specialty Drug   |
| IMBRUVICA 560 MG TAB                              | 4    | <br>S Specialty Drug   |
| IMBRUVICA 70 MG CAP                               | 4    | <br>S Specialty Drug   |
| IMBRUVICA 70 MG/ML SUSPENSION                     | 4    | <br>S Specialty Drug   |
| JAYPIRCA 100 MG TAB                               | 4    | <br>S Specialty Drug   |
| JAYPIRCA 50 MG TAB                                | 4    | <br>S Specialty Drug  |
| <b>ANTINEOPLASTIC - EGFR INHIBITORS</b>           |      |   |
| <i>erlotinib hcl tab 100 mg (base equivalent)</i> | 4    |                      |
| <i>erlotinib hcl tab 150 mg (base equivalent)</i> | 4    |                      |
| <i>erlotinib hcl tab 25 mg (base equivalent)</i>  | 4    |                      |
| EXKIVITY 40 MG CAP                                | 4    | <br>S Specialty Drug |
| <i>gefitinib tab 250 mg</i>                       | 4    | <br>S Specialty Drug |
| GILOTRIF 20 MG TAB                                | 4    | <br>S Specialty Drug |
| GILOTRIF 30 MG TAB                                | 4    | <br>S Specialty Drug |
| GILOTRIF 40 MG TAB                                | 4    | <br>S Specialty Drug |















| PRODUCT DESCRIPTION                               | TIER | LIMITS & RESTRICTIONS   |
|---|------|---|
| TAGRISSO 40 MG TAB                                | 4    | <br> Specialty Drug     |
| TAGRISSO 80 MG TAB                                | 4    | <br> Specialty Drug     |
| ANTINEOPLASTIC - FGFR KINASE INHIBITORS           |      |   |
| BALVERSA 3 MG TAB                                 | 4    | <br> Specialty Drug     |
| BALVERSA 4 MG TAB                                 | 4    | <br> Specialty Drug     |
| BALVERSA 5 MG TAB                                 | 4    | <br> Specialty Drug     |
| LYTGOBI (12 MG DAILY DOSE) 4 MG TAB THPK          | 4    | <br> Specialty Drug     |
| LYTGOBI (16 MG DAILY DOSE) 4 MG TAB THPK          | 4    | <br> Specialty Drug    |
| LYTGOBI (20 MG DAILY DOSE) 4 MG TAB THPK          | 4    | <br> Specialty Drug |
| PEMAZYRE 13.5 MG TAB                              | 4    | <br> Specialty Drug |
| PEMAZYRE 4.5 MG TAB                               | 4    | <br> Specialty Drug |
| PEMAZYRE 9 MG TAB                                 | 4    | <br> Specialty Drug |
| TRUSELTIQ (100MG DAILY DOSE) 100 MG CAP THPK      | 4    | <br> Specialty Drug |
| TRUSELTIQ (125MG DAILY DOSE) 100 & 25 MG CAP THPK | 4    | <br> Specialty Drug |
| TRUSELTIQ (50MG DAILY DOSE) 25 MG CAP THPK        | 4    | <br> Specialty Drug |














| PRODUCT DESCRIPTION                                      | TIER | LIMITS & RESTRICTIONS   |
|--|------|---|
| TRUSELTIQ (75MG DAILY DOSE) 25 MG CAP THPK               | 4    | <br> Specialty Drug     |
| ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS             |      |   |
| ERIVEDGE 150 MG CAP                                      | 4    | <br> Specialty Drug     |
| ODOMZO 200 MG CAP  | 4    | <br> Specialty Drug     |
| ANTINEOPLASTIC - HIF-2-ALPHA INHIBITORS                  |      |   |
| WELIREG 40 MG TAB  | 4    | <br> Specialty Drug     |
| ANTINEOPLASTIC - HISTONE DEACETYLASE INHIBITORS          |      |   |
| FARYDAK 10 MG CAP  | 4    | <br> Specialty Drug     |
| FARYDAK 15 MG CAP  | 4    | <br> Specialty Drug    |
| FARYDAK 20 MG CAP  | 4    | <br> Specialty Drug |
| ZOLINZA 100 MG CAP                                       | 4    | <br> Specialty Drug |
| ANTINEOPLASTIC - HORMONAL AND RELATED AGENT COMBINATIONS |      |   |
| AKEEGA 100-500 MG TAB                                    | 4    | <br> Specialty Drug |
| AKEEGA 50-500 MG TAB                                     | 4    | <br> Specialty Drug |
| ANTINEOPLASTIC - IMMUNOMODULATORS                        |      |   |
| POMALYST 1 MG CAP  | 4    | <br> Specialty Drug |
| POMALYST 2 MG CAP  | 4    | <br> Specialty Drug |














| PRODUCT DESCRIPTION              | TIER | LIMITS & RESTRICTIONS   |
|----------------------------------|------|---|
| POMALYST 3 MG CAP                | 4    | <br> Specialty Drug     |
| POMALYST 4 MG CAP                | 4    | <br> Specialty Drug     |
| ANTINEOPLASTIC - KRAS INHIBITORS |      |   |
| KRAZATI 200 MG TAB               | 4    | <br> Specialty Drug     |
| LUMAKRAS 120 MG TAB              | 4    | <br> Specialty Drug     |
| LUMAKRAS 240 MG TAB              | 4    | <br> Specialty Drug     |
| LUMAKRAS 320 MG TAB              | 4    | <br> Specialty Drug     |
| ANTINEOPLASTIC - MEK INHIBITORS  |      |   |
| COTELLIC 20 MG TAB               | 4    | <br> Specialty Drug  |
| KOSELUGO 10 MG CAP               | 4    | <br> Specialty Drug |
| KOSELUGO 25 MG CAP               | 4    | <br> Specialty Drug |
| KOSELUGO 5 MG CAP SPRINK         | 4    | <br> Specialty Drug |
| KOSELUGO 7.5 MG CAP SPRINK       | 4    | <br> Specialty Drug |
| MEKINIST 0.05 MG/ML RECON SOLN   | 4    | <br> Specialty Drug |
| MEKINIST 0.5 MG TAB              | 4    | <br> Specialty Drug |
| MEKINIST 2 MG TAB                | 4    | <br> Specialty Drug |












| PRODUCT DESCRIPTION                           | TIER | LIMITS & RESTRICTIONS  |
|---|------|--|
| MEKTOVI 15 MG TAB                             | 4    |  Specialty Drug   |
| ANTINEOPLASTIC - MET INHIBITORS               |      |  |
| TABRECTA 150 MG TAB                           | 4    |  Specialty Drug   |
| TABRECTA 200 MG TAB                           | 4    |  Specialty Drug   |
| TEPMETKO 225 MG TAB                           | 4    |  Specialty Drug   |
| ANTINEOPLASTIC - METHYLTRANSFERASE INHIBITORS |      |  |
| TAZVERIK 200 MG TAB                           | 4    |  Specialty Drug   |
| ANTINEOPLASTIC - MTOR KINASE INHIBITORS       |      |  |
| <i>everolimus tab 10 mg</i>                   | 4    |  Specialty Drug   |
| <i>everolimus tab for oral susp 2 mg</i>      | 4    |  Specialty Drug |
| <i>everolimus tab 2.5 mg</i>                  | 4    |  Specialty Drug |
| <i>everolimus tab for oral susp 3 mg</i>      | 4    |  Specialty Drug |
| <i>everolimus tab 5 mg</i>                    | 4    |  Specialty Drug |
| <i>everolimus tab for oral susp 5 mg</i>      | 4    |  Specialty Drug |
| <i>everolimus tab 7.5 mg</i>                  | 4    |  Specialty Drug |








| PRODUCT DESCRIPTION                                 | TIER | LIMITS & RESTRICTIONS   |
|---|------|---|
| ANTINEOPLASTIC - MULTIKINASE INHIBITORS             |      |   |
| CABOMETYX 20 MG TAB                                 | 4    | <br> Specialty Drug     |
| CABOMETYX 40 MG TAB                                 | 4    | <br> Specialty Drug     |
| CABOMETYX 60 MG TAB                                 | 4    | <br> Specialty Drug     |
| CAPRELSA 100 MG TAB                                 | 4    | <br> Specialty Drug     |
| CAPRELSA 300 MG TAB                                 | 4    | <br> Specialty Drug     |
| COMETRIQ (100 MG DAILY DOSE) 80 & 20 MG KIT         | 4    | <br> Specialty Drug     |
| COMETRIQ (140 MG DAILY DOSE) 3 X 20 MG & 80 MG KIT  | 4    | <br> Specialty Drug    |
| COMETRIQ (60 MG DAILY DOSE) 20 MG KIT               | 4    | <br> Specialty Drug |
| FOTIVDA 0.89 MG CAP                                 | 4    | <br> Specialty Drug |
| FOTIVDA 1.34 MG CAP                                 | 4    | <br> Specialty Drug |
| <i>lapatinib ditosylate tab 250 mg (base equiv)</i> | 4    | <br> Specialty Drug |
| NERLYNX 40 MG TAB                                   | 4    | <br> Specialty Drug |
| <i>pazopanib hcl tab 200 mg (base equiv)</i>        | 4    | <br> Specialty Drug |
| QINLOCK 50 MG TAB                                   | 4    | <br> Specialty Drug |














| PRODUCT DESCRIPTION                                    | TIER | LIMITS & RESTRICTIONS   |
|--|------|---|
| RYDAPT 25 MG CAP                                       | 4    | <br>S Specialty Drug   |
| <i>sorafenib tosylate tab 200 mg (base equivalent)</i> | 4    | <br>S Specialty Drug   |
| STIVARGA 40 MG TAB                                     | 4    | <br>S Specialty Drug   |
| <i>sunitinib malate cap 12.5 mg (base equivalent)</i>  | 4    | <br>S Specialty Drug   |
| <i>sunitinib malate cap 25 mg (base equivalent)</i>    | 4    | <br>S Specialty Drug   |
| <i>sunitinib malate cap 37.5 mg (base equivalent)</i>  | 4    | <br>S Specialty Drug   |
| <i>sunitinib malate cap 50 mg (base equivalent)</i>    | 4    | <br>S Specialty Drug   |
| TURALIO 125 MG CAP                                     | 4    | <br>S Specialty Drug  |
| TURALIO 200 MG CAP                                     | 4    | <br>S Specialty Drug |
| ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS                |      |   |
| AYVAKIT 100 MG TAB                                     | 4    | <br>S Specialty Drug |
| AYVAKIT 200 MG TAB                                     | 4    | <br>S Specialty Drug |
| AYVAKIT 25 MG TAB                                      | 4    | <br>S Specialty Drug |
| AYVAKIT 300 MG TAB                                     | 4    | <br>S Specialty Drug |
| AYVAKIT 50 MG TAB                                      | 4    | <br>S Specialty Drug |











| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS  |
|--|------|--|
| <b>ANTINEOPLASTIC - RET INHIBITORS</b>                         |      |  |
| GAVRETO 100 MG CAP   | 4    |  Specialty Drug   |
| RETEVMO 120 MG TAB   | 4    |  Specialty Drug   |
| RETEVMO 160 MG TAB   | 4    |  Specialty Drug   |
| RETEVMO 40 MG CAP  | 4    |  Specialty Drug   |
| RETEVMO 40 MG TAB  | 4    |  Specialty Drug   |
| RETEVMO 80 MG CAP  | 4    |  Specialty Drug   |
| RETEVMO 80 MG TAB  | 4    |  Specialty Drug   |
| <b>ANTINEOPLASTIC - TROPOMYOSIN RECEPTOR KINASE INHIBITORS</b> |      |  |
| ROZLYTREK 100 MG CAP   | 4    |  Specialty Drug |
| ROZLYTREK 200 MG CAP   | 4    |  Specialty Drug |
| ROZLYTREK 50 MG PACKET   | 4    |  Specialty Drug |
| <b>ANTINEOPLASTIC - XPO1 INHIBITORS</b>                        |      |  |
| XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK                     | 4    |  Specialty Drug |
| XPOVIO (40 MG ONCE WEEKLY) 10 MG TAB THPK                      | 4    |  Specialty Drug |
| XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK                      | 4    |  Specialty Drug |















| PRODUCT DESCRIPTION                                | TIER | LIMITS & RESTRICTIONS   |
|--|------|---|
| XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK         | 4    | <br>S Specialty Drug   |
| XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK          | 4    | <br>S Specialty Drug   |
| XPOVIO (60 MG TWICE WEEKLY) 20 MG TAB THPK         | 4    | <br>S Specialty Drug   |
| XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK          | 4    | <br>S Specialty Drug   |
| XPOVIO (80 MG ONCE WEEKLY) 80 MG TAB THPK          | 4    | <br>S Specialty Drug   |
| XPOVIO (80 MG TWICE WEEKLY) 20 MG TAB THPK         | 4    | <br>S Specialty Drug   |
| ANTINEOPLASTIC COMBINATIONS                        |      |   |
| INQOVI 35-100 MG TAB                               | 4    | <br>S Specialty Drug   |
| KISQALI FEMARA (200 MG DOSE) 200 & 2.5 MG TAB THPK | 4    | <br>S Specialty Drug |
| KISQALI FEMARA (400 MG DOSE) 200 & 2.5 MG TAB THPK | 4    | <br>S Specialty Drug |
| KISQALI FEMARA (600 MG DOSE) 200 & 2.5 MG TAB THPK | 4    | <br>S Specialty Drug |
| LONSURF 15-6.14 MG TAB                             | 4    | <br>S Specialty Drug |
| LONSURF 20-8.19 MG TAB                             | 4    | <br>S Specialty Drug |
| ANTINEOPLASTICS MISC.                              |      |   |
| <i>hydroxyurea cap 500 mg</i>                      | 1    |   |
| INTRON A 10000000 UNIT RECON SOLN                  | 4    | <br>S Specialty Drug |


















| PRODUCT DESCRIPTION                       | TIER | LIMITS & RESTRICTIONS   |
|---|------|---|
| INTRON A 18000000 UNIT RECON SOLN         | 4    | <br>S Specialty Drug   |
| INTRON A 50000000 UNIT RECON SOLN         | 4    | <br>S Specialty Drug   |
| MATULANE 50 MG CAP                        | 4    | <br>S Specialty Drug   |
| AROMATASE INHIBITORS                      |      |   |
| <i>anastrozole tab 1 mg</i>               | 1    | QL 1 tablet / 1 day(s)<br>PREV Preventative   |
| <i>exemestane tab 25 mg</i>               | 1    | GL Female   |
| <i>letrozole tab 2.5 mg</i>               | 1    | GL Female   |
| CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS |      |   |
| KISQALI (200 MG DOSE) 200 MG TAB THPK     | 4    | <br>S Specialty Drug   |
| KISQALI (400 MG DOSE) 200 MG TAB THPK     | 4    | <br>S Specialty Drug  |
| KISQALI (600 MG DOSE) 200 MG TAB THPK     | 4    | <br>S Specialty Drug |
| VERZENIO 100 MG TAB                       | 4    | <br>S Specialty Drug |
| VERZENIO 150 MG TAB                       | 4    | <br>S Specialty Drug |
| VERZENIO 200 MG TAB                       | 4    | <br>S Specialty Drug |
| VERZENIO 50 MG TAB                        | 4    | <br>S Specialty Drug |
| ESTROGENS-ANTINEOPLASTIC                  |      |   |
| EMCYT 140 MG CAP                          | 4    | <br>S Specialty Drug |























| PRODUCT DESCRIPTION                             | TIER | LIMITS & RESTRICTIONS  |
|---|------|--|
| <b>FOLIC ACID ANTAGONISTS RESCUE AGENTS</b>     |      |  |
| LEDERLE LEUCOVORIN 5 MG TAB                     | 1    |  |
| <i>leucovorin calcium tab 10 mg</i>             | 2    |  |
| <i>leucovorin calcium tab 15 mg</i>             | 2    |  |
| <i>leucovorin calcium tab 25 mg</i>             | 2    |  |
| <i>leucovorin calcium tab 5 mg</i>              | 1    |  |
| <b>IMIDAZOTETRAZINES</b>                        |      |  |
| <i>temozolomide cap 100 mg</i>                  | 2    | QL 2 / 1 day(s)  |
| <i>temozolomide cap 140 mg</i>                  | 2    | QL 2 / 1 day(s)  |
| <i>temozolomide cap 180 mg</i>                  | 2    | QL 2 / 1 day(s)  |
| <i>temozolomide cap 20 mg</i>                   | 2    | QL 2 / 1 day(s)  |
| <i>temozolomide cap 250 mg</i>                  | 2    | QL 2 / 1 day(s)  |
| <i>temozolomide cap 5 mg</i>                    | 2    | QL 2 / 1 day(s)  |
| <b>JANUS ASSOCIATED KINASE (JAK) INHIBITORS</b> |      |  |
| JAKAFI 10 MG TAB                                | 4    |  Specialty Drug |
| JAKAFI 15 MG TAB                                | 4    |  Specialty Drug |
| JAKAFI 20 MG TAB                                | 4    |  Specialty Drug |
| JAKAFI 25 MG TAB                                | 4    |  Specialty Drug |
| JAKAFI 5 MG TAB                                 | 4    |  Specialty Drug |
| VONJO 100 MG CAP                                | 4    |  Specialty Drug |
| <b>LHRH ANALOGS</b>                             |      |  |
| ELIGARD 22.5 MG KIT                             | 4    |  Specialty Drug |

| PRODUCT DESCRIPTION                                    | TIER | LIMITS & RESTRICTIONS  |
|--|------|--|
| ELIGARD 30 MG KIT                                      | 4    |  Specialty Drug   |
| ELIGARD 45 MG KIT                                      | 4    |  Specialty Drug   |
| ELIGARD 7.5 MG KIT                                     | 4    |  Specialty Drug   |
| LEUPROLIDE ACETATE (3 MONTH) 22.5 MG INJECTABLE        | 4    |  Specialty Drug   |
| <i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i> | 2    |  |
| <i>leuprolide acetate inj kit 5 mg/ml</i>              | 2    |  |
| LUPRON DEPOT (1-MONTH) 3.75 MG KIT                     | 4    |  Specialty Drug   |
| LUPRON DEPOT (1-MONTH) 7.5 MG KIT                      | 4    |  Specialty Drug   |
| LUPRON DEPOT (3-MONTH) 11.25 MG KIT                    | 4    |  Specialty Drug   |
| LUPRON DEPOT (3-MONTH) 22.5 MG KIT                     | 4    |  Specialty Drug |
| LUPRON DEPOT (4-MONTH) 30 MG KIT                       | 4    |  Specialty Drug |
| LUPRON DEPOT (6-MONTH) 45 MG KIT                       | 4    |  Specialty Drug |
| ZOLADEX 10.8 MG IMPLANT                                | 4    |                 |
| ZOLADEX 3.6 MG IMPLANT                                 | 4    |                 |
| MITOTIC INHIBITORS                                     |      |  |
| ETOPOSIDE 50 MG CAP                                    | 4    |  Specialty Drug |









| PRODUCT DESCRIPTION                                    | TIER | LIMITS & RESTRICTIONS  |
|--|------|--|
| <b>NITROGEN MUSTARDS AND RELATED ANALOGUES</b>         |      |  |
| CYCLOPHOSPHAMIDE 25 MG CAP                             | 1    |  |
| <i>cyclophosphamide cap 25 mg</i>                      | 1    |  |
| CYCLOPHOSPHAMIDE 25 MG TAB                             | 1    |  |
| CYCLOPHOSPHAMIDE 50 MG CAP                             | 1    |  |
| <i>cyclophosphamide cap 50 mg</i>                      | 1    |  |
| CYCLOPHOSPHAMIDE 50 MG TAB                             | 1    |  |
| LEUKERAN 2 MG TAB                                      | 4    |  Specialty Drug   |
| MELPHALAN 2 MG TAB                                     | 1    |  |
| <b>NITROSOUREAS</b>                                    |      |  |
| GLEOSTINE 10 MG CAP                                    | 4    |  Specialty Drug   |
| GLEOSTINE 100 MG CAP                                   | 4    |  Specialty Drug   |
| GLEOSTINE 40 MG CAP                                    | 4    |  Specialty Drug |
| <i>lomustine cap 10 mg</i>                             | 4    |  Specialty Drug |
| <i>lomustine cap 100 mg</i>                            | 4    |  Specialty Drug |
| <i>lomustine cap 40 mg</i>                             | 4    |  Specialty Drug |
| <b>PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS</b> |      |  |
| COPIKTRA 15 MG CAP                                     | 4    |  Specialty Drug |
| COPIKTRA 25 MG CAP                                     | 4    |  Specialty Drug |
| ITOVEBI 3 MG TAB                                       | 4    |  Specialty Drug |

| PRODUCT DESCRIPTION                             | TIER | LIMITS & RESTRICTIONS   |
|---|------|---|
| ITOVEBI 9 MG TAB                                | 4    | <br>S Specialty Drug   |
| PIQRAY (200 MG DAILY DOSE) 200 MG TAB THPK      | 4    | <br>S Specialty Drug   |
| PIQRAY (250 MG DAILY DOSE) 200 & 50 MG TAB THPK | 4    | <br>S Specialty Drug   |
| PIQRAY (300 MG DAILY DOSE) 2 X 150 MG TAB THPK  | 4    | <br>S Specialty Drug   |
| ZYDELIG 100 MG TAB                              | 4    | <br>S Specialty Drug   |
| ZYDELIG 150 MG TAB                              | 4    | <br>S Specialty Drug   |
| POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS  |      |   |
| LYNPARZA 100 MG TAB                             | 4    | <br>S Specialty Drug   |
| LYNPARZA 150 MG TAB                             | 4    | <br>S Specialty Drug |
| TALZENNA 0.1 MG CAP                             | 4    | <br>S Specialty Drug |
| TALZENNA 0.25 MG CAP                            | 4    | <br>S Specialty Drug |
| TALZENNA 0.35 MG CAP                            | 4    | <br>S Specialty Drug |
| TALZENNA 0.5 MG CAP                             | 4    | <br>S Specialty Drug |
| TALZENNA 0.75 MG CAP                            | 4    | <br>S Specialty Drug |
| TALZENNA 1 MG CAP                               | 4    | <br>S Specialty Drug |

| PRODUCT DESCRIPTION                    | TIER | LIMITS & RESTRICTIONS   |
|--|------|---|
| ZEJULA 100 MG CAP                      | 4    |  1 / 1 day(s)<br><br> Specialty Drug |
| ZEJULA 100 MG TAB                      | 4    |  1 / 1 day(s)<br><br> Specialty Drug |
| ZEJULA 200 MG TAB                      | 4    |  1 / 1 day(s)<br><br> Specialty Drug |
| ZEJULA 300 MG TAB                      | 4    |  1 / 1 day(s)<br><br> Specialty Drug |
| PROGESTINS-ANTINEOPLASTIC              |      |   |
| <i>megestrol acetate tab 20 mg</i>     | 1    |   |
| <i>megestrol acetate tab 40 mg</i>     | 1    |   |
| <i>megestrol acetate susp 40 mg/ml</i> | 1    |   |
| <i>megestrol acetate susp 40 mg/ml</i> | 1    |   |
| <i>megestrol acetate susp 40 mg/ml</i> | 1    |   |
| RETINOIDS                              |      |   |
| <i>tretinoin cap 10 mg</i>             | 1    |   |
| SELECTIVE ESTROGEN RECEPTOR DEGRADERS  |      |   |
| ORSERDU 345 MG TAB                     | 4    | <br> Specialty Drug   |
| ORSERDU 86 MG TAB                      | 4    | <br> Specialty Drug   |
| SELECTIVE RETINOID X RECEPTOR AGONISTS |      |   |
| <i>bexarotene cap 75 mg</i>            | 2    |   |
| TOPOISOMERASE I INHIBITORS             |      |   |
| HYCAMTIN 0.25 MG CAP                   | 4    | <br> Specialty Drug   |













| PRODUCT DESCRIPTION                                  | TIER | LIMITS & RESTRICTIONS   |
|--|------|---|
| HYCAMTIN 1 MG CAP                                    | 4    | <br> Specialty Drug     |
| URINARY TRACT PROTECTIVE AGENTS                      |      |   |
| <i>mesna tab 400 mg</i>                              | 2    |   |
| VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) INHIBITORS |      |   |
| INLYTA 1 MG TAB                                      | 4    | <br> Specialty Drug     |
| INLYTA 5 MG TAB                                      | 4    | <br> Specialty Drug     |
| LENVIMA (10 MG DAILY DOSE) 10 MG CAP THPK            | 4    | <br> Specialty Drug     |
| LENVIMA (12 MG DAILY DOSE) 3 X 4 MG CAP THPK         | 4    | <br> Specialty Drug     |
| LENVIMA (14 MG DAILY DOSE) 10 & 4 MG CAP THPK        | 4    | <br> Specialty Drug     |
| LENVIMA (18 MG DAILY DOSE) 10 MG & 2 X 4 MG CAP THPK | 4    | <br> Specialty Drug  |
| LENVIMA (20 MG DAILY DOSE) 2 X 10 MG CAP THPK        | 4    | <br> Specialty Drug |
| LENVIMA (24 MG DAILY DOSE) 2 X 10 MG & 4 MG CAP THPK | 4    | <br> Specialty Drug |
| LENVIMA (4 MG DAILY DOSE) 4 MG CAP THPK              | 4    | <br> Specialty Drug |
| LENVIMA (8 MG DAILY DOSE) 2 X 4 MG CAP THPK          | 4    | <br> Specialty Drug |
| ANTIPARKINSON AND RELATED THERAPY AGENTS             |      |   |
| ANTIPARKINSON ANTICHOLINERGICS                       |      |   |
| <i>benztropine mesylate tab 0.5 mg</i>               | 1    |   |
| <i>benztropine mesylate tab 1 mg</i>                 | 1    |   |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>benztropine mesylate inj 1 mg/ml</i>                             | 1    |                       |
| <i>benztropine mesylate tab 2 mg</i>                                | 1    |                       |
| TRIHEXYPHENIDYL HCL 0.4 MG/ML SOLUTION                              | 1    | AL1 Up to 8 yrs old   |
| <i>trihexyphenidyl hcl tab 2 mg</i>                                 | 1    |                       |
| <i>trihexyphenidyl hcl tab 5 mg</i>                                 | 1    |                       |
| ANTIPARKINSON DOPAMINERGICS   |      |                       |
| <i>amantadine hcl cap 100 mg</i>                                    | 1    |                       |
| <i>amantadine hcl tab 100 mg</i>                                    | 1    |                       |
| <i>amantadine hcl soln 50 mg/5ml</i>                                | 1    |                       |
| <i>amantadine hcl soln 50 mg/5ml</i>                                | 1    |                       |
| <i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>          | 1    |                       |
| <i>bromocriptine mesylate cap 5 mg (base equivalent)</i>            | 1    |                       |
| ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS                          |      |                       |
| <i>rasagiline mesylate tab 0.5 mg (base equiv)</i>                  | 2    | QL 30 / 30 DAYS       |
| <i>rasagiline mesylate tab 1 mg (base equiv)</i>                    | 2    | QL 30 / 30 DAYS       |
| <i>selegiline hcl cap 5 mg</i>                                      | 1    |                       |
| <i>selegiline hcl tab 5 mg</i>                                      | 1    |                       |
| ZELAPAR 1.25 MG TAB DISP  | 3    |                       |
| CENTRAL/PERIPHERAL COMT INHIBITORS                                  |      |                       |
| <i>tolcapone tab 100 mg</i>   | 2    |                       |
| DECARBOXYLASE INHIBITORS  |      |                       |
| <i>carbidopa tab 25 mg</i>  | 1    |                       |
| LEVODOPA COMBINATIONS   |      |                       |
| <i>carbidopa &amp; levodopa tab 10-100 mg</i>                       | 1    |                       |
| <i>carbidopa &amp; levodopa orally disintegrating tab 10-100 mg</i> | 1    |                       |
| <i>carbidopa &amp; levodopa tab 25-100 mg</i>                       | 1    |                       |
| <i>carbidopa &amp; levodopa orally disintegrating tab 25-100 mg</i> | 1    |                       |
| <i>carbidopa &amp; levodopa tab 25-250 mg</i>                       | 1    |                       |
| <i>carbidopa &amp; levodopa orally disintegrating tab 25-250 mg</i> | 1    |                       |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS   |
|--|------|---|
| CARBIDOPA-LEVODOPA ER 23.75-95 MG CAP ER                   | 2    | QL 120 / 30 day(s)  |
| <i>carbidopa &amp; levodopa tab er 25-100 mg</i>           | 1    |   |
| CARBIDOPA-LEVODOPA ER 36.25-145 MG CAP ER                  | 2    | QL 120 / 30 day(s)  |
| CARBIDOPA-LEVODOPA ER 48.75-195 MG CAP ER                  | 2    | QL 120 / 30 day(s)  |
| <i>carbidopa &amp; levodopa tab er 50-200 mg</i>           | 1    |   |
| CARBIDOPA-LEVODOPA ER 61.25-245 MG CAP ER                  | 2    | QL 120 / 30 day(s)  |
| <i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>   | 1    |   |
| <i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>  | 1    |   |
| <i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>    | 1    |   |
| <i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i> | 1    |   |
| <i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>  | 1    |   |
| <i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>    | 1    |   |
| DUOPA 4.63-20 MG/ML SUSPENSION                             | 4    | <br>S Specialty Drug   |
| <b>NONERGOLINE DOPAMINE RECEPTOR AGONISTS</b>              |      |   |
| <i>apomorphine hcl soln cartridge 30 mg/3ml</i>            | 4    | <br>S Specialty Drug |
| NEUPRO 1 MG/24HR PATCH 24HR                                | 3    |                      |
| NEUPRO 2 MG/24HR PATCH 24HR                                | 3    |                      |
| NEUPRO 3 MG/24HR PATCH 24HR                                | 3    |                      |
| NEUPRO 4 MG/24HR PATCH 24HR                                | 3    |                      |
| NEUPRO 6 MG/24HR PATCH 24HR                                | 3    |                      |
| NEUPRO 8 MG/24HR PATCH 24HR                                | 3    |                      |
| <i>pramipexole dihydrochloride tab 0.125 mg</i>            | 1    | QL 90 / 30 DAYS   |
| <i>pramipexole dihydrochloride tab 0.25 mg</i>             | 1    | QL 90 / 30 DAYS   |
| <i>pramipexole dihydrochloride tab 0.5 mg</i>              | 1    | QL 90 / 30 DAYS   |
| <i>pramipexole dihydrochloride tab 0.75 mg</i>             | 1    | QL 90 / 30 DAYS   |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>pramipexole dihydrochloride tab 1 mg</i>                         | 1    | QL 90 / 30 DAYS       |
| <i>pramipexole dihydrochloride tab 1.5 mg</i>                       | 1    | QL 90 / 30 DAYS       |
| <i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>             | 2    | QL 30 / 30 DAYS       |
| <i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>              | 2    | QL 30 / 30 DAYS       |
| <i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>               | 2    | QL 30 / 30 DAYS       |
| <i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>              | 2    | QL 30 / 30 DAYS       |
| <i>pramipexole dihydrochloride tab er 24hr 3 mg</i>                 | 2    | QL 30 / 30 DAYS       |
| <i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>              | 2    | QL 30 / 30 DAYS       |
| <i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>               | 2    | QL 30 / 30 DAYS       |
| <i>ropinirole hydrochloride tab 0.25 mg</i>                         | 1    |                       |
| <i>ropinirole hydrochloride tab 0.5 mg</i>                          | 1    |                       |
| <i>ropinirole hydrochloride tab 1 mg</i>                            | 1    |                       |
| <i>ropinirole hydrochloride tab 2 mg</i>                            | 1    |                       |
| <i>ropinirole hydrochloride tab 3 mg</i>                            | 1    |                       |
| <i>ropinirole hydrochloride tab 4 mg</i>                            | 1    |                       |
| <i>ropinirole hydrochloride tab 5 mg</i>                            | 1    |                       |
| <i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i> | 1    | QL 30 / 30 DAYS       |
| <i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i>  | 1    | QL 30 / 30 DAYS       |
| <i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i>  | 1    | QL 30 / 30 DAYS       |
| <i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i>  | 1    | QL 30 / 30 DAYS       |
| <i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>  | 1    | QL 30 / 30 DAYS       |
| PERIPHERAL COMT INHIBITORS  |      |                       |
| <i>entacapone tab 200 mg</i>  | 1    | QL 270 / 30 DAYS      |
| ONGENTYS 25 MG CAP  | 3    |                       |
| ONGENTYS 50 MG CAP  | 3    |                       |





| PRODUCT DESCRIPTION                    | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| ANTIPSYCHOTICS/ANTIMANIC AGENTS        |      |                       |
| ANTIMANIC AGENTS                       |      |                       |
| <i>lithium oral solution 8 meq/5ml</i> | 1    | AL1 Up to 8 yrs old   |
| <i>lithium carbonate cap 150 mg</i>    | 1    |                       |
| <i>lithium carbonate cap 300 mg</i>    | 1    |                       |
| <i>lithium carbonate tab 300 mg</i>    | 1    |                       |
| <i>lithium carbonate cap 600 mg</i>    | 1    |                       |
| <i>lithium carbonate tab er 300 mg</i> | 1    |                       |
| <i>lithium carbonate tab er 450 mg</i> | 1    |                       |
| ANTIPSYCHOTICS - MISC.                 |      |                       |
| CAPLYTA 10.5 MG CAP                    | 3    | QL 1 / 1 day(s)<br>■  |
| CAPLYTA 21 MG CAP                      | 3    | QL 1 / 1 day(s)<br>■  |
| CAPLYTA 42 MG CAP                      | 3    | QL 1 / 1 day(s)<br>■  |
| EQUETRO 100 MG CAP ER 12H              | 3    | QL 480 / 30 DAYS      |
| EQUETRO 200 MG CAP ER 12H              | 3    | QL 240 / 30 DAYS      |
| EQUETRO 300 MG CAP ER 12H              | 3    | QL 180 / 30 DAYS      |
| <i>lurasidone hcl tab 120 mg</i>       | 1    | QL 1 / 1 day(s)       |
| <i>lurasidone hcl tab 20 mg</i>        | 1    | QL 1 / 1 day(s)       |
| <i>lurasidone hcl tab 40 mg</i>        | 1    | QL 1 / 1 day(s)       |
| <i>lurasidone hcl tab 60 mg</i>        | 1    | QL 1 / 1 day(s)       |
| <i>lurasidone hcl tab 80 mg</i>        | 1    | QL 1 / 1 day(s)       |
| VRAYLAR 0.5 MG CAP                     | 3    | QL 1 / 1 day(s)<br>■  |
| VRAYLAR 0.75 MG CAP                    | 3    | QL 1 / 1 day(s)<br>■  |

| PRODUCT DESCRIPTION              | TIER | LIMITS & RESTRICTIONS  |
|----------------------------------|------|--|
| VRAYLAR 1.5 & 3 MG CAP THPK      | 3    | QL 1 / 1 day(s)<br>   |
| VRAYLAR 1.5 MG CAP               | 3    | QL 1 / 1 day(s)<br>   |
| VRAYLAR 3 MG CAP                 | 3    | QL 1 / 1 day(s)<br>   |
| VRAYLAR 4.5 MG CAP               | 3    | QL 1 / 1 day(s)<br>   |
| VRAYLAR 6 MG CAP                 | 3    | QL 1 / 1 day(s)<br>   |
| <i>ziprasidone hcl cap 20 mg</i> | 1    | QL 240 / 30 DAYS   |
| <i>ziprasidone hcl cap 40 mg</i> | 1    | QL 60 / 30 DAYS  |
| <i>ziprasidone hcl cap 60 mg</i> | 1    | QL 60 / 30 DAYS  |
| <i>ziprasidone hcl cap 80 mg</i> | 1    | QL 60 / 30 DAYS  |
| BENZISOXAZOLES                   |      |  |
| FANAPT 1 MG TAB                  | 3    | QL 2 / 1 day(s)<br> |
| FANAPT 10 MG TAB                 | 3    | QL 2 / 1 day(s)<br> |
| FANAPT 12 MG TAB                 | 3    | QL 60 / 30 DAYS<br> |
| FANAPT 2 MG TAB                  | 3    | QL 2 / 1 day(s)<br> |
| FANAPT 4 MG TAB                  | 3    | QL 2 / 1 day(s)<br> |
| FANAPT 6 MG TAB                  | 3    | QL 2 / 1 day(s)<br> |
| FANAPT 8 MG TAB                  | 3    | QL 2 / 1 day(s)<br> |

| PRODUCT DESCRIPTION                                 | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| FANAPT TITRATION PACK A 1 & 2 & 4 & 6 MG TAB        | 3    | QL 2 / 1 day(s)<br>■  |
| FANAPT TITRATION PACK B 1 & 2 & 6 & 8 MG TAB        | 3    | QL 2 / 1 day(s)<br>■  |
| FANAPT TITRATION PACK C 1 & 2 & 6 MG TAB            | 3    | QL 2 / 1 day(s)<br>■  |
| INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR             | 3    | ST                    |
| INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR               | 3    | ST                    |
| INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR            | 3    | ST                    |
| INVEGA SUSTENNA 156 MG/ML SUSP PRSYR                | 3    | ST                    |
| INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR             | 3    | ST                    |
| INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR             | 3    | ST                    |
| INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR              | 3    | ST                    |
| INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR              | 3    | ST                    |
| INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR              | 3    | ST                    |
| INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR              | 3    | ST                    |
| INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR              | 3    | ST                    |
| <i>paliperidone tab er 24hr 1.5 mg</i>              | 2    | QL 30 / 30 DAYS       |
| <i>paliperidone tab er 24hr 3 mg</i>                | 2    | QL 30 / 30 DAYS       |
| <i>paliperidone tab er 24hr 6 mg</i>                | 2    | QL 60 / 30 DAYS       |
| <i>paliperidone tab er 24hr 9 mg</i>                | 2    | QL 30 / 30 DAYS       |
| <i>risperidone tab 0.25 mg</i>                      | 1    | QL 60 / 30 DAYS       |
| RISPERIDONE 0.25 MG TAB DISP                        | 1    | QL 1920 / 30 DAYS     |
| <i>risperidone tab 0.5 mg</i>                       | 1    | QL 60 / 30 DAYS       |
| <i>risperidone orally disintegrating tab 0.5 mg</i> | 1    | QL 960 / 30 DAYS      |
| <i>risperidone tab 1 mg</i>                         | 1    | QL 480 / 30 DAYS      |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>risperidone orally disintegrating tab 1 mg</i>                | 1    | QL 60 / 30 DAYS       |
| <i>risperidone soln 1 mg/ml</i>                                  | 1    | AL1 Up to 8 yrs old   |
| <i>risperidone tab 2 mg</i>                                      | 1    | QL 240 / 30 DAYS      |
| <i>risperidone orally disintegrating tab 2 mg</i>                | 1    | QL 60 / 30 DAYS       |
| <i>risperidone tab 3 mg</i>                                      | 1    | QL 180 / 30 DAYS      |
| <i>risperidone orally disintegrating tab 3 mg</i>                | 1    | QL 180 / 30 DAYS      |
| <i>risperidone tab 4 mg</i>                                      | 1    | QL 120 / 30 DAYS      |
| <i>risperidone orally disintegrating tab 4 mg</i>                | 1    | QL 120 / 30 DAYS      |
| <i>risperidone microspheres for im extended rel susp 12.5 mg</i> | 2    | ST                    |
| <i>risperidone microspheres for im extended rel susp 25 mg</i>   | 2    | ST                    |
| <i>risperidone microspheres for im extended rel susp 37.5 mg</i> | 2    | ST                    |
| <i>risperidone microspheres for im extended rel susp 50 mg</i>   | 2    | ST                    |
| <b>BUTYROPHENONES</b>  |      |                       |
| <i>haloperidol tab 0.5 mg</i>                                    | 1    |                       |
| <i>haloperidol tab 1 mg</i>                                      | 1    |                       |
| <i>haloperidol tab 10 mg</i>                                     | 1    |                       |
| <i>haloperidol tab 2 mg</i>                                      | 1    |                       |
| <i>haloperidol tab 20 mg</i>                                     | 1    |                       |
| <i>haloperidol tab 5 mg</i>                                      | 1    |                       |
| <i>haloperidol decanoate im soln 100 mg/ml</i>                   | 1    |                       |
| <i>haloperidol decanoate im soln 50 mg/ml</i>                    | 1    |                       |
| <i>haloperidol lactate oral conc 2 mg/ml</i>                     | 1    |                       |
| <i>haloperidol lactate inj 5 mg/ml</i>                           | 1    |                       |
| <b>DIBENZO-OXEPINO PYRROLES</b>                                  |      |                       |
| <i>asenapine maleate sl tab 10 mg (base equiv)</i>               | 2    |                       |
| <i>asenapine maleate sl tab 2.5 mg (base equiv)</i>              | 2    |                       |
| <i>asenapine maleate sl tab 5 mg (base equiv)</i>                | 2    |                       |

| PRODUCT DESCRIPTION                                | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <b>DIBENZODIAZEPINES</b>                           |      |                       |
| <i>clozapine tab 100 mg</i>                        | 1    | QL 120 / 30 DAYS      |
| <i>clozapine orally disintegrating tab 100 mg</i>  | 1    |                       |
| <i>clozapine orally disintegrating tab 12.5 mg</i> | 1    | QL 2160 / 30 day(s)   |
| <i>clozapine tab 200 mg</i>                        | 1    | QL 120 / 30 DAYS      |
| <i>clozapine tab 25 mg</i>                         | 1    | QL 120 / 30 DAYS      |
| <i>clozapine orally disintegrating tab 25 mg</i>   | 1    | QL 1080 / 30 DAYS     |
| <i>clozapine tab 50 mg</i>                         | 1    | QL 120 / 30 DAYS      |
| <b>VERSACLOZ 50 MG/ML SUSPENSION</b>               | 3    |                       |
| <b>DIBENZOTHIAZEPINES</b>                          |      |                       |
| <i>quetiapine fumarate tab 100 mg</i>              | 1    | QL 90 / 30 DAYS       |
| <i>quetiapine fumarate tab 200 mg</i>              | 1    | QL 90 / 30 DAYS       |
| <i>quetiapine fumarate tab 25 mg</i>               | 1    | QL 90 / 30 DAYS       |
| <i>quetiapine fumarate tab 300 mg</i>              | 1    | QL 60 / 30 DAYS       |
| <i>quetiapine fumarate tab 400 mg</i>              | 1    | QL 60 / 30 DAYS       |
| <i>quetiapine fumarate tab 50 mg</i>               | 1    | QL 90 / 30 DAYS       |
| <i>quetiapine fumarate tab er 24hr 150 mg</i>      | 1    | QL 60 / 30 DAYS       |
| <i>quetiapine fumarate tab er 24hr 200 mg</i>      | 1    | QL 30 / 30 DAYS       |
| <i>quetiapine fumarate tab er 24hr 300 mg</i>      | 1    | QL 60 / 30 DAYS       |
| <i>quetiapine fumarate tab er 24hr 400 mg</i>      | 1    | QL 60 / 30 DAYS       |
| <i>quetiapine fumarate tab er 24hr 50 mg</i>       | 1    | QL 60 / 30 DAYS       |
| <b>DIBENZOXAZEPINES</b>                            |      |                       |
| <i>loxapine succinate cap 10 mg</i>                | 1    |                       |
| <i>loxapine succinate cap 25 mg</i>                | 1    |                       |
| <i>loxapine succinate cap 5 mg</i>                 | 1    |                       |
| <i>loxapine succinate cap 50 mg</i>                | 1    |                       |

| PRODUCT DESCRIPTION                             | TIER | LIMITS & RESTRICTIONS   |
|---|------|---|
| <b>DIHYDROINDOLONES</b>                         |      |   |
| MOLINDONE HCL 10 MG TAB                         | 1    |   |
| MOLINDONE HCL 25 MG TAB                         | 1    |   |
| MOLINDONE HCL 5 MG TAB                          | 1    |   |
| <b>MUSCARINIC AGENT - COMBINATIONS</b>          |      |   |
| COBENFY 100-20 MG CAP                           | 3    | <br>AL1 18 to 65 yrs old |
| COBENFY 125-30 MG CAP                           | 3    | <br>AL1 18 to 65 yrs old |
| COBENFY 50-20 MG CAP                            | 3    | <br>AL1 18 to 65 yrs old |
| COBENFY STARTER PACK 50-20 & 100-20 MG CAP THPK | 3    | <br>AL1 18 to 65 yrs old |
| <b>PHENOTHIAZINES</b>                           |      |   |
| <i>chlorpromazine hcl tab 10 mg</i>             | 1    |   |
| <i>chlorpromazine hcl tab 100 mg</i>            | 1    |   |
| <i>chlorpromazine hcl tab 200 mg</i>            | 1    |   |
| <i>chlorpromazine hcl tab 25 mg</i>             | 1    |   |
| <i>chlorpromazine hcl tab 50 mg</i>             | 1    |   |
| <i>fluphenazine decanoate inj 25 mg/ml</i>      | 1    |   |
| <i>fluphenazine hcl tab 1 mg</i>                | 1    |   |
| <i>fluphenazine hcl tab 10 mg</i>               | 1    |   |
| <i>fluphenazine hcl tab 2.5 mg</i>              | 1    |   |
| FLUPHENAZINE HCL 2.5 MG/5ML ELIXIR              | 1    | AL1 Up to 8 yrs old   |
| FLUPHENAZINE HCL 2.5 MG/ML SOLUTION             | 1    |   |
| <i>fluphenazine hcl tab 5 mg</i>                | 1    |   |
| FLUPHENAZINE HCL 5 MG/ML CONC                   | 1    | AL1 Up to 8 yrs old   |
| <i>perphenazine tab 16 mg</i>                   | 1    |   |
| <i>perphenazine tab 2 mg</i>                    | 1    |   |







| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>perphenazine tab 4 mg</i>                                | 1    |                       |
| <i>perphenazine tab 8 mg</i>                                | 1    |                       |
| <i>prochlorperazine suppos 25 mg</i>                        | 1    | QL 30 / 30 DAYS       |
| <i>prochlorperazine maleate tab 10 mg (base equivalent)</i> | 1    |                       |
| <i>prochlorperazine maleate tab 5 mg (base equivalent)</i>  | 1    |                       |
| <i>thioridazine hcl tab 10 mg</i>                           | 1    |                       |
| <i>thioridazine hcl tab 100 mg</i>                          | 1    |                       |
| <i>thioridazine hcl tab 25 mg</i>                           | 1    |                       |
| <i>thioridazine hcl tab 50 mg</i>                           | 1    |                       |
| <i>trifluoperazine hcl tab 1 mg (base equivalent)</i>       | 1    |                       |
| <i>trifluoperazine hcl tab 10 mg (base equivalent)</i>      | 1    |                       |
| <i>trifluoperazine hcl tab 2 mg (base equivalent)</i>       | 1    |                       |
| <i>trifluoperazine hcl tab 5 mg (base equivalent)</i>       | 1    |                       |
| QUINOLINONE DERIVATIVES                                     |      |                       |
| ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR                        | 3    | ST                    |
| ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR                        | 3    | ST                    |
| ABILIFY MAINTENA 300 MG PRSYR                               | 3    | ST                    |
| ABILIFY MAINTENA 300 MG SRER                                | 3    | ST                    |
| ABILIFY MAINTENA 400 MG PRSYR                               | 3    | ST                    |
| ABILIFY MAINTENA 400 MG SRER                                | 3    | ST                    |
| <i>aripiprazole oral solution 1 mg/ml</i>                   | 2    | QL 15 ml / 1 day(s)   |
| <i>aripiprazole tab 10 mg</i>                               | 1    | QL 30 / 30 DAYS       |
| <i>aripiprazole orally disintegrating tab 10 mg</i>         | 1    | QL 30 / 30 DAYS       |
| <i>aripiprazole tab 15 mg</i>                               | 1    | QL 30 / 30 DAYS       |
| <i>aripiprazole orally disintegrating tab 15 mg</i>         | 1    | QL 30 / 30 DAYS       |
| <i>aripiprazole tab 2 mg</i>                                | 1    | QL 60 / 30 day(s)     |
| <i>aripiprazole tab 20 mg</i>                               | 1    | QL 30 / 30 DAYS       |
| <i>aripiprazole tab 30 mg</i>                               | 1    | QL 30 / 30 DAYS       |

| PRODUCT DESCRIPTION                               | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>aripiprazole tab 5 mg</i>                      | 1    | QL 2 / 1 day(s)       |
| ARISTADA 1064 MG/3.9ML PRSYR                      | 3    | ST                    |
| ARISTADA 441 MG/1.6ML PRSYR                       | 3    | ST                    |
| ARISTADA 662 MG/2.4ML PRSYR                       | 3    | ST                    |
| ARISTADA 882 MG/3.2ML PRSYR                       | 3    | ST                    |
| ARISTADA INITIO 675 MG/2.4ML PRSYR                | 3    | ST                    |
| REXULTI 0.25 MG TAB                               | 3    | QL 1 / 1 day(s)<br>ST |
| REXULTI 0.5 MG TAB                                | 3    | QL 1 / 1 day(s)<br>ST |
| REXULTI 1 MG TAB                                  | 3    | QL 1 / 1 day(s)<br>ST |
| REXULTI 2 MG TAB                                  | 3    | QL 1 / 1 day(s)<br>ST |
| REXULTI 3 MG TAB                                  | 3    | QL 1 / 1 day(s)<br>ST |
| REXULTI 4 MG TAB                                  | 3    | QL 1 / 1 day(s)<br>ST |
| THIENBENZODIAZEPINES                              |      |                       |
| <i>olanzapine tab 10 mg</i>                       | 1    | QL 30 / 30 DAYS       |
| <i>olanzapine orally disintegrating tab 10 mg</i> | 1    | QL 30 / 30 DAYS       |
| <i>olanzapine tab 15 mg</i>                       | 1    | QL 30 / 30 DAYS       |
| <i>olanzapine orally disintegrating tab 15 mg</i> | 1    | QL 30 / 30 DAYS       |
| <i>olanzapine tab 2.5 mg</i>                      | 1    | QL 30 / 30 DAYS       |
| <i>olanzapine tab 20 mg</i>                       | 1    | QL 30 / 30 DAYS       |
| <i>olanzapine orally disintegrating tab 20 mg</i> | 1    | QL 30 / 30 DAYS       |
| <i>olanzapine tab 5 mg</i>                        | 1    | QL 30 / 30 DAYS       |

| PRODUCT DESCRIPTION                               | TIER | LIMITS & RESTRICTIONS                 |
|---|------|---------------------------------------|
| <i>olanzapine orally disintegrating tab 5 mg</i>  | 1    | QL 30 / 30 DAYS                       |
| <i>olanzapine tab 7.5 mg</i>                      | 1    | QL 30 / 30 DAYS                       |
| ZYPREXA RELPREVV 210 MG RECON SUSP                | 3    | ST                                    |
| ZYPREXA RELPREVV 300 MG RECON SUSP                | 3    | ST                                    |
| ZYPREXA RELPREVV 405 MG RECON SUSP                | 3    | ST                                    |
| THIOXANTHENES                                     |      |                                       |
| <i>thiothixene cap 1 mg</i>                       | 1    |                                       |
| <i>thiothixene cap 10 mg</i>                      | 1    |                                       |
| <i>thiothixene cap 2 mg</i>                       | 1    |                                       |
| <i>thiothixene cap 5 mg</i>                       | 1    |                                       |
| ANTISEPTICS & DISINFECTANTS                       |      |                                       |
| FORMALDEHYDE 10 % SOLUTION                        | 3    |                                       |
| FORMALDEHYDE 37 % SOLUTION                        | 3    |                                       |
| CHLORINE ANTISEPTICS                              |      |                                       |
| BENZALKONIUM CHLORIDE SOLUTION                    | 3    |                                       |
| BENZALKONIUM CHLORIDE 50 % SOLUTION               | 3    |                                       |
| IODINE ANTISEPTICS                                |      |                                       |
| IODOFLEX 0.9 % PAD                                | 3    |                                       |
| ANTIVIRALS  |      |                                       |
| ANTIRETROVIRAL COMBINATIONS                       |      |                                       |
| <i>abacavir sulfate-lamivudine tab 600-300 mg</i> | 1    | QL 30 / 30 DAYS                       |
| BIKTARVY 30-120-15 MG TAB                         | 4    | QL 30 / 30 day(s)<br>S Specialty Drug |
| BIKTARVY 50-200-25 MG TAB                         | 4    | QL 30 / 30 DAYS<br>S Specialty Drug   |
| CABENUVA 400 & 600 MG/2ML SUSP                    | 4    | S Specialty Drug                      |
| CABENUVA 600 & 900 MG/3ML SUSP                    | 4    | S Specialty Drug                      |
| CIMDUO 300-300 MG TAB                             | 4    | S Specialty Drug                      |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS                  |
|---|------|--|
| DESCOVY 120-15 MG TAB   | 4    | QL 1 / 1 day(s)<br>S Specialty Drug    |
| DESCOVY 200-25 MG TAB   | 4    | QL 30 / 30 DAYS<br>S Specialty Drug    |
| DOVATO 50-300 MG TAB  | 4    | QL 1 / 1 day(s)<br>S Specialty Drug    |
| <i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>    | 1    |  |
| EFAVIRENZ-LAMIVUDINE-TENOFOVIR 400-300-300 MG TAB                 | 4    | S Specialty Drug                       |
| <i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>       | 4    |  |
| <i>emtricitabine- rilpivirine-tenofovir df tab 200-25-300 mg</i>  | 4    | QL 1 / 1 day(s)<br>S Specialty Drug    |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> | 1    | QL 30 / 30 day(s)                      |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> | 1    | QL 30 / 30 day(s)                      |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> | 1    | QL 30 / 30 day(s)                      |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> | 1    | QL 30 / 30 day(s)<br>PREV Preventative |
| EVOTAZ 300-150 MG TAB   | 4    | QL 30 / 30 DAYS<br>S Specialty Drug    |
| GENVOYA 150-150-200-10 MG TAB                                     | 4    | QL 30 / 30 DAYS<br>S Specialty Drug    |
| JULUCA 50-25 MG TAB   | 4    | S Specialty Drug                       |
| <i>lamivudine-zidovudine tab 150-300 mg</i>                       | 1    | QL 60 / 30 DAYS                        |
| <i>lopinavir-ritonavir tab 100-25 mg</i>                          | 4    | S Specialty Drug                       |
| <i>lopinavir-ritonavir tab 200-50 mg</i>                          | 4    | S Specialty Drug                       |
| <i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>      | 1    |  |
| ODEFSEY 200-25-25 MG TAB  | 4    | QL 30 / 30 DAYS<br>S Specialty Drug    |









| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS   |
|---|------|---|
| PREZCOBIX 675-150 MG TAB                                    | 4    | <div style="display: flex; align-items: center;"> <div style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>1 / 1 day(s)</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #800000; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">S</div> <div>Specialty Drug</div> </div>   |
| PREZCOBIX 800-150 MG TAB                                    | 4    | <div style="display: flex; align-items: center;"> <div style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>1 / 1 day(s)</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #800000; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">S</div> <div>Specialty Drug</div> </div>   |
| STRIBILD 150-150-200-300 MG TAB                             | 4    | <div style="display: flex; align-items: center;"> <div style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>30 / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #800000; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">S</div> <div>Specialty Drug</div> </div>   |
| SYMTUZA 800-150-200-10 MG TAB                               | 4    | <div style="display: flex; align-items: center;"> <div style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>30 / 30 day(s)</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #800000; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">S</div> <div>Specialty Drug</div> </div> |
| TRIUMEQ 600-50-300 MG TAB                                   | 4    | <div style="display: flex; align-items: center;"> <div style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>30 / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #800000; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">S</div> <div>Specialty Drug</div> </div>   |
| TRIUMEQ PD 60-5-30 MG TAB SOL                               | 4    | <div style="display: flex; align-items: center;"> <div style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>1 / 1 day(s)</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #800000; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">S</div> <div>Specialty Drug</div> </div>   |
| <b>ANTIRETROVIRALS - CAPSID INHIBITORS</b>                  |      |   |
| SUNLENCA 300 MG TAB   | 4    | <div style="display: flex; align-items: center;"> <div style="background-color: #800000; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;"></div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #800000; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">S</div> <div>Specialty Drug</div> </div>                             |
| SUNLENCA 4 X 300 MG TAB THPK                                | 4    | <div style="display: flex; align-items: center;"> <div style="background-color: #800000; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;"></div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #800000; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">S</div> <div>Specialty Drug</div> </div>                             |
| SUNLENCA 463.5 MG/1.5ML SOLUTION                            | 4    | <div style="display: flex; align-items: center;"> <div style="background-color: #800000; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;"></div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #800000; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">S</div> <div>Specialty Drug</div> </div>                             |
| SUNLENCA 5 X 300 MG TAB THPK                                | 4    | <div style="display: flex; align-items: center;"> <div style="background-color: #800000; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;"></div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #800000; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">S</div> <div>Specialty Drug</div> </div>                             |
| YEZTUGO 300 MG TAB  | 4    | <div style="display: flex; align-items: center;"> <div style="background-color: #800000; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;"></div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #800000; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">S</div> <div>Specialty Drug</div> </div>                             |
| YEZTUGO 463.5 MG/1.5ML SOLUTION                             | 4    | <div style="display: flex; align-items: center;"> <div style="background-color: #800000; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;"></div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #800000; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">S</div> <div>Specialty Drug</div> </div>                             |
| <b>ANTIRETROVIRALS - CCR5 ANTAGONISTS (ENTRY INHIBITOR)</b> |      |   |
| <i>maraviroc tab 150 mg</i>                                 | 4    | <div style="display: flex; align-items: center;"> <div style="background-color: #800000; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;"></div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #800000; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">S</div> <div>Specialty Drug</div> </div>                             |
| <i>maraviroc tab 300 mg</i>                                 | 4    | <div style="display: flex; align-items: center;"> <div style="background-color: #800000; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;"></div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #800000; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">S</div> <div>Specialty Drug</div> </div>                             |










| PRODUCT DESCRIPTION                    | TIER | LIMITS & RESTRICTIONS   |
|--|------|---|
| SELZENTRY 20 MG/ML SOLUTION            | 4    | <br>S Specialty Drug   |
| SELZENTRY 25 MG TAB                    | 4    | <br>S Specialty Drug   |
| SELZENTRY 75 MG TAB                    | 4    | <br>S Specialty Drug   |
| ANTIRETROVIRALS - FUSION INHIBITORS    |      |   |
| FUZEON 90 MG RECON SOLN                | 4    | <br>S Specialty Drug   |
| ANTIRETROVIRALS - INTEGRASE INHIBITORS |      |   |
| APRETUDE 600 MG/3ML SUSP               | 4    | <br>S Specialty Drug   |
| ISENTRESS 100 MG CHEW TAB              | 4    | QL 180 / 30 DAYS<br>S Specialty Drug  |
| ISENTRESS 100 MG PACKET                | 4    | QL 240 / 30 DAYS<br>S Specialty Drug  |
| ISENTRESS 25 MG CHEW TAB               | 4    | QL 720 / 30 DAYS<br>S Specialty Drug  |
| ISENTRESS 400 MG TAB                   | 4    | QL 60 / 30 DAYS<br>S Specialty Drug   |
| ISENTRESS HD 600 MG TAB                | 4    | QL 60 / 30 DAYS<br>S Specialty Drug   |
| TIVICAY 10 MG TAB                      | 4    | QL 30 / 30 DAYS<br>S Specialty Drug   |
| TIVICAY 25 MG TAB                      | 4    | QL 30 / 30 DAYS<br>S Specialty Drug   |
| TIVICAY 50 MG TAB                      | 4    | QL 60 / 30 DAYS<br>S Specialty Drug   |
| TIVICAY PD 5 MG TAB SOL                | 4    | <br>S Specialty Drug |


| PRODUCT DESCRIPTION                                  | TIER | LIMITS & RESTRICTIONS                                       |
|--|------|---|
| ANTIRETROVIRALS - PROTEASE INHIBITORS                |      |   |
| APTIVUS 250 MG CAP                                   | 4    | QL 120 / 30 DAYS<br>S Specialty Drug                        |
| <i>atazanavir sulfate cap 150 mg (base equiv)</i>    | 2    |   |
| <i>atazanavir sulfate cap 200 mg (base equiv)</i>    | 2    | QL 60 / 30 DAYS   |
| <i>atazanavir sulfate cap 300 mg (base equiv)</i>    | 2    | QL 30 / 30 DAYS   |
| <i>darunavir tab 600 mg</i>                          | 4    | QL 60 / 30 day(s)<br>S Specialty Drug                       |
| <i>darunavir tab 800 mg</i>                          | 4    | QL 30 / 30 day(s)<br>S Specialty Drug                       |
| <i>fosamprenavir calcium tab 700 mg (base equiv)</i> | 4    | QL 120 / 30 DAYS  |
| LEXIVA 50 MG/ML SUSPENSION                           | 4    | QL 1800 / 30 DAYS<br>S Specialty Drug                       |
| NORVIR 100 MG CAP                                    | 4    | QL 360 / 30 DAYS<br>S Specialty Drug                        |
| NORVIR 80 MG/ML SOLUTION                             | 4    | QL 480 / 30 DAYS<br>AL1 Up to 8 yrs old<br>S Specialty Drug |
| PREZISTA 100 MG/ML SUSPENSION                        | 4    | QL 400 / 30 day(s)<br>S Specialty Drug                      |
| PREZISTA 150 MG TAB                                  | 4    | QL 180 / 30 day(s)<br>S Specialty Drug                      |
| PREZISTA 75 MG TAB                                   | 4    | QL 300 / 30 day(s)<br>S Specialty Drug                      |
| REYATAZ 50 MG PACKET                                 | 4    | AL1 Up to 8 yrs old<br>S Specialty Drug                     |
| <i>ritonavir tab 100 mg</i>                          | 1    |   |
| VIRACEPT 250 MG TAB                                  | 4    | S Specialty Drug  |
| VIRACEPT 625 MG TAB                                  | 4    | S Specialty Drug  |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS   |
|---|------|---|
| <b>ANTIRETROVIRALS - RTI-NON-NUCLEOSIDE ANALOGUES</b>         |      |   |
| EDURANT 25 MG TAB   | 4    | <span>QL</span> 30 / 30 day(s)<br><span>S</span> Specialty Drug   |
| EDURANT PED 2.5 MG TAB SOL                                    | 4    | <span>QL</span> 6 tablets / 1 day(s)<br><span>AL1</span> Up to 8 yrs old<br><span>S</span> Specialty Drug |
| EFAVIRENZ 200 MG CAP  | 2    |   |
| EFAVIRENZ 50 MG CAP   | 2    |   |
| <i>efavirenz tab 600 mg</i>                                   | 2    |   |
| <i>etravirine tab 100 mg</i>                                  | 4    | <span>QL</span> 120 / 30 day(s)<br><span>S</span> Specialty Drug  |
| <i>etravirine tab 200 mg</i>                                  | 4    | <span>QL</span> 60 / 30 day(s)<br><span>S</span> Specialty Drug   |
| INTELENCE 25 MG TAB   | 4    | <span>QL</span> 120 / 30 DAYS<br><span>S</span> Specialty Drug  |
| <i>nevirapine tab 200 mg</i>                                  | 1    | <span>QL</span> 60 / 30 DAYS  |
| NEVIRAPINE 50 MG/5ML SUSPENSION                               | 1    | <span>QL</span> 1200 / 30 day(s)<br><span>AL1</span> Up to 8 yrs old                                      |
| NEVIRAPINE ER 100 MG TAB ER 24H                               | 1    | <span>QL</span> 90 / 30 DAYS<br><span>S</span> Specialty Drug   |
| <i>nevirapine tab er 24hr 400 mg</i>                          | 1    | <span>QL</span> 30 / 30 DAYS  |
| PIFELTRO 100 MG TAB   | 4    | <span>S</span> Specialty Drug   |
| <b>ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PURINES</b>     |      |   |
| <i>abacavir sulfate soln 20 mg/ml (base equiv)</i>            | 1    | <span>AL1</span> Up to 8 yrs old  |
| <i>abacavir sulfate tab 300 mg (base equiv)</i>               | 1    | <span>QL</span> 60 / 30 DAYS  |
| <b>ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PYRIMIDINES</b> |      |   |
| <i>emtricitabine caps 200 mg</i>                              | 2    |   |
| EMTRIVA 10 MG/ML SOLUTION                                     | 4    | <span>QL</span> 850 / 30 DAYS<br><span>S</span> Specialty Drug  |

| PRODUCT DESCRIPTION                                   | TIER | LIMITS & RESTRICTIONS                   |
|---|------|---|
| <i>lamivudine oral soln 10 mg/ml</i>                  | 1    |   |
| <i>lamivudine tab 150 mg</i>                          | 1    | QL 60 / 30 DAYS                         |
| <i>lamivudine tab 300 mg</i>                          | 1    | QL 30 / 30 DAYS                         |
| <i>lamivudine oral soln 10 mg/ml</i>                  | 1    |   |
| ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-THYMIDINES |      |   |
| RETROVIR 10 MG/ML SOLUTION                            | 4    | S Specialty Drug                        |
| STAVUDINE 15 MG CAP                                   | 1    | QL 120 / 30 DAYS<br>S Specialty Drug    |
| STAVUDINE 20 MG CAP                                   | 1    | QL 120 / 30 DAYS<br>S Specialty Drug    |
| STAVUDINE 30 MG CAP                                   | 1    | QL 60 / 30 DAYS<br>S Specialty Drug     |
| STAVUDINE 40 MG CAP                                   | 1    | QL 60 / 30 DAYS<br>S Specialty Drug     |
| <i>zidovudine cap 100 mg</i>                          | 1    | QL 180 / 30 DAYS                        |
| <i>zidovudine tab 300 mg</i>                          | 1    | QL 60 / 30 DAYS                         |
| <i>zidovudine syrup 10 mg/ml</i>                      | 1    | QL 1920 / 30 DAYS                       |
| ANTIRETROVIRALS - RTI-NUCLEOTIDE ANALOGUES            |      |   |
| <i>tenofovir disoproxil fumarate tab 300 mg</i>       | 1    | QL 1 / 1 day(s)                         |
| VIREAD 150 MG TAB                                     | 4    | QL 30 / 30 DAYS<br>S Specialty Drug     |
| VIREAD 200 MG TAB                                     | 4    | QL 30 / 30 DAYS<br>S Specialty Drug     |
| VIREAD 250 MG TAB                                     | 4    | QL 30 / 30 DAYS<br>S Specialty Drug     |
| VIREAD 40 MG/GM POWDER                                | 4    | AL1 Up to 8 yrs old<br>S Specialty Drug |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS  |
|--|------|--|
| <b>ANTIRETROVIRALS ADJUVANTS</b>                             |      |  |
| TYBOST 150 MG TAB  | 4    |  Specialty Drug   |
| <b>ANTIVIRAL COMBINATIONS</b>                                |      |  |
| PAXLOVID (150/100) 10 X 150 MG & 10 X 100MG TAB THPK         | 4    | QL 20 / 180 day(s)   |
| PAXLOVID (300/100 & 150/100) 6 X 150 MG & 5 X 100MG TAB THPK | 4    | QL 11 / 180 day(s)   |
| PAXLOVID (300/100) 20 X 150 MG & 10 X 100MG TAB THPK         | 4    | QL 30 / 180 day(s)   |
| <b>CMV AGENTS</b>  |      |  |
| LIVTENCITY 200 MG TAB  | 4    |  Specialty Drug   |
| PREVMIS 120 MG PACKET  | 4    |  Specialty Drug   |
| PREVMIS 20 MG PACKET   | 4    |  Specialty Drug   |
| PREVMIS 240 MG TAB   | 4    |  Specialty Drug |
| PREVMIS 480 MG TAB   | 4    |  Specialty Drug |
| <i>valganciclovir hcl tab 450 mg (base equivalent)</i>       | 2    |  |
| <i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>     | 2    | AL1 Up to 8 yrs old  |
| <b>HEPATITIS B AGENTS</b>                                    |      |  |
| <i>adefovir dipivoxil tab 10 mg</i>                          | 4    |  Specialty Drug |
| BARACLUDE 0.05 MG/ML SOLUTION                                | 4    |  Specialty Drug |
| <i>entecavir tab 0.5 mg</i>                                  | 1    | QL 30 / 30 DAYS  |
| <i>entecavir tab 1 mg</i>                                    | 1    | QL 30 / 30 DAYS  |
| <i>lamivudine tab 100 mg (hbv)</i>                           | 1    |  |

| PRODUCT DESCRIPTION                        | TIER | LIMITS & RESTRICTIONS  |
|--|------|--|
| <b>HEPATITIS C AGENT - COMBINATIONS</b>    |      |  |
| LEDIPASVIR-SOFOSBUVIR 90-400 MG TAB        | 4    |  Specialty Drug |
| MAVYRET 100-40 MG TAB                      | 4    |  Specialty Drug |
| MAVYRET 50-20 MG PACKET                    | 4    |  Specialty Drug |
| SOFOSBUVIR-VELPATASVIR 400-100 MG TAB      | 4    |  Specialty Drug |
| <b>HEPATITIS C AGENTS</b>                  |      |  |
| PEGASYS 180 MCG/0.5ML SOLN PRSYR           | 4    |  Specialty Drug |
| RIBAVIRIN 200 MG CAP                       | 1    |  |
| RIBAVIRIN 200 MG TAB                       | 1    |  |
| <b>HERPES AGENTS - PURINE ANALOGUES</b>    |      |  |
| <i>acyclovir cap 200 mg</i>                | 1    |  |
| <i>acyclovir susp 200 mg/5ml</i>           | 1    |  |
| <i>acyclovir tab 400 mg</i>                | 1    |  |
| <i>acyclovir tab 800 mg</i>                | 1    |  |
| <i>acyclovir susp 200 mg/5ml</i>           | 1    |  |
| <i>acyclovir sodium iv soln 50 mg/ml</i>   | 1    |  |
| SITAVIG 50 MG TAB                          | 3    |               |
| <i>valacyclovir hcl tab 1 gm</i>           | 1    |  |
| <i>valacyclovir hcl tab 500 mg</i>         | 1    |  |
| <b>HERPES AGENTS - THYMIDINE ANALOGUES</b> |      |  |
| <i>famciclovir tab 125 mg</i>              | 1    |  60 / 30 DAYS |
| <i>famciclovir tab 250 mg</i>              | 1    |  60 / 30 DAYS |
| <i>famciclovir tab 500 mg</i>              | 1    |  60 / 30 DAYS |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS   |
|--|------|---|
| <b>INFLUENZA AGENTS</b>                                    |      |   |
| RIMANTADINE HCL 100 MG TAB                                 | 1    |   |
| <b>MISC. ANTIVIRALS</b>                                    |      |   |
| LAGEVRIO 200 MG CAP  | 4    | QL 40 / 180 day(s)<br> |
| TEMBEXA 10 MG/ML SUSPENSION                                | 2    | QL 40 / 14 day(s)   |
| TEMBEXA 100 MG TAB   | 2    | QL 4 / 14 day(s)  |
| TPOXX 200 MG CAP   | 2    | QL 84 / 14 day(s)   |
| <b>NEURAMINIDASE INHIBITORS</b>                            |      |   |
| <i>oseltamivir phosphate cap 30 mg (base equiv)</i>        | 1    | QL 20 / 0 day(s)<br>MFL 1 / 180 day(s)  |
| <i>oseltamivir phosphate cap 45 mg (base equiv)</i>        | 1    | QL 20 / 0 day(s)<br>MFL 1 / 180 day(s)  |
| <i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i> | 1    | QL 250 / 10 day(s)<br>MFL 1 / 180 DAYS  |
| <i>oseltamivir phosphate cap 75 mg (base equiv)</i>        | 1    | QL 20 / 0 day(s)<br>MFL 1 / 180 day(s)  |
| RELENZA DISKHALER 5 MG/ACT AER POW BA                      | 2    | QL 20 / 10 DAYS   |
| <b>PA ENDONUCLEASE INHIBITORS</b>                          |      |   |
| XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK                    | 3    | QL 1 / 0 day(s)<br>MFL 1 / 180 day(s)   |
| XOFLUZA (40 MG DOSE) 2 X 20 MG TAB THPK                    | 3    | QL 2 / 0 DAYS<br>MFL 1 / 180 DAYS   |
| XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK                    | 3    | QL 1 / 0 day(s)<br>MFL 1 / 180 day(s)   |
| XOFLUZA (80 MG DOSE) 2 X 40 MG TAB THPK                    | 3    | QL 2 / 0 DAYS<br>MFL 1 / 180 DAYS   |

| PRODUCT DESCRIPTION                           | TIER | LIMITS & RESTRICTIONS  |
|---|------|--|
| <b>BETA BLOCKERS</b>                          |      |  |
| <b>ALPHA-BETA BLOCKERS</b>                    |      |  |
| <i>carvedilol tab 12.5 mg</i>                 | 1    | <span>QL</span> 4 / 1 day(s)<br><span>VAL</span> Value Preventative List |
| <i>carvedilol tab 25 mg</i>                   | 1    | <span>QL</span> 4 / 1 day(s)<br><span>VAL</span> Value Preventative List |
| <i>carvedilol tab 3.125 mg</i>                | 1    | <span>QL</span> 4 / 1 day(s)<br><span>VAL</span> Value Preventative List |
| <i>carvedilol tab 6.25 mg</i>                 | 1    | <span>QL</span> 4 / 1 day(s)<br><span>VAL</span> Value Preventative List |
| <i>carvedilol phosphate cap er 24hr 10 mg</i> | 2    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventative List |
| <i>carvedilol phosphate cap er 24hr 20 mg</i> | 2    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventative List |
| <i>carvedilol phosphate cap er 24hr 40 mg</i> | 2    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventative List |
| <i>carvedilol phosphate cap er 24hr 80 mg</i> | 2    | <span>QL</span> 30 / 30 DAYS<br><span>VAL</span> Value Preventative List |
| <i>labetalol hcl tab 100 mg</i>               | 1    | <span>VAL</span> Value Preventative List                                 |
| <i>labetalol hcl tab 200 mg</i>               | 1    | <span>VAL</span> Value Preventative List                                 |
| <i>labetalol hcl tab 300 mg</i>               | 1    | <span>VAL</span> Value Preventative List                                 |
| <b>BETA BLOCKERS CARDIO-SELECTIVE</b>         |      |  |
| <i>acebutolol hcl cap 200 mg</i>              | 1    | <span>VAL</span> Value Preventative List                                 |
| <i>acebutolol hcl cap 400 mg</i>              | 1    | <span>VAL</span> Value Preventative List                                 |
| <i>atenolol tab 100 mg</i>                    | 1    | <span>VAL</span> Value Preventative List                                 |
| <i>atenolol tab 25 mg</i>                     | 1    | <span>VAL</span> Value Preventative List                                 |
| <i>atenolol tab 50 mg</i>                     | 1    | <span>VAL</span> Value Preventative List                                 |
| <i>betaxolol hcl tab 10 mg</i>                | 1    | <span>VAL</span> Value Preventative List                                 |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS                          |
|---|------|--|
| <i>betaxolol hcl tab 20 mg</i>                                  | 1    | VAL Value Preventative List                    |
| <i>bisoprolol fumarate tab 10 mg</i>                            | 1    | VAL Value Preventative List                    |
| <i>bisoprolol fumarate tab 5 mg</i>                             | 1    | VAL Value Preventative List                    |
| LOPRESSOR 10 MG/ML SOLUTION                                     | 2    | AL1 Up to 8 yrs old                            |
| <i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i> | 1    | QL 60 / 30 DAYS<br>VAL Value Preventative List |
| <i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i> | 1    | QL 60 / 30 DAYS<br>VAL Value Preventative List |
| <i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>  | 1    | QL 60 / 30 DAYS<br>VAL Value Preventative List |
| <i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>  | 1    | QL 60 / 30 DAYS<br>VAL Value Preventative List |
| <i>metoprolol tartrate tab 100 mg</i>                           | 1    | VAL Value Preventative List                    |
| <i>metoprolol tartrate tab 25 mg</i>                            | 1    | VAL Value Preventative List                    |
| <i>metoprolol tartrate tab 37.5 mg</i>                          | 1    | VAL Value Preventative List                    |
| <i>metoprolol tartrate tab 50 mg</i>                            | 1    | VAL Value Preventative List                    |
| <i>metoprolol tartrate tab 75 mg</i>                            | 1    | VAL Value Preventative List                    |
| <i>nebivolol hcl tab 10 mg (base equivalent)</i>                | 2    | QL 60 / 30 day(s)                              |
| <i>nebivolol hcl tab 2.5 mg (base equivalent)</i>               | 2    | QL 60 / 30 day(s)                              |
| <i>nebivolol hcl tab 20 mg (base equivalent)</i>                | 2    | QL 60 / 30 day(s)                              |
| <i>nebivolol hcl tab 5 mg (base equivalent)</i>                 | 2    | QL 60 / 30 day(s)                              |
| BETA BLOCKERS NON-SELECTIVE                                     |      |  |
| INDERAL XL 120 MG CAP ER 24H                                    | 3    |  |
| INDERAL XL 80 MG CAP ER 24H                                     | 3    |  |
| INNOPRAN XL 120 MG CAP ER 24H                                   | 3    |  |
| INNOPRAN XL 80 MG CAP ER 24H                                    | 3    |  |
| <i>nadolol tab 20 mg</i>  | 1    | VAL Value Preventative List                    |

| PRODUCT DESCRIPTION                       | TIER | LIMITS & RESTRICTIONS                              |
|---|------|--|
| <i>nadolol tab 40 mg</i>                  | 1    | VAL Value Preventative List                        |
| <i>nadolol tab 80 mg</i>                  | 1    | VAL Value Preventative List                        |
| <i>pindolol tab 10 mg</i>                 | 1    | VAL Value Preventative List                        |
| <i>pindolol tab 5 mg</i>                  | 1    | VAL Value Preventative List                        |
| <i>propranolol hcl tab 10 mg</i>          | 1    | VAL Value Preventative List                        |
| <i>propranolol hcl tab 20 mg</i>          | 1    | VAL Value Preventative List                        |
| PROPRANOLOL HCL 20 MG/5ML SOLUTION        | 1    | AL1 Up to 8 yrs old<br>VAL Value Preventative List |
| <i>propranolol hcl tab 40 mg</i>          | 1    | VAL Value Preventative List                        |
| PROPRANOLOL HCL 40 MG/5ML SOLUTION        | 1    | AL1 Up to 8 yrs old<br>VAL Value Preventative List |
| <i>propranolol hcl tab 60 mg</i>          | 1    | VAL Value Preventative List                        |
| <i>propranolol hcl tab 80 mg</i>          | 1    | VAL Value Preventative List                        |
| <i>propranolol hcl cap er 24hr 120 mg</i> | 1    | VAL Value Preventative List                        |
| <i>propranolol hcl cap er 24hr 160 mg</i> | 1    | VAL Value Preventative List                        |
| <i>propranolol hcl cap er 24hr 60 mg</i>  | 1    | VAL Value Preventative List                        |
| <i>propranolol hcl cap er 24hr 80 mg</i>  | 1    | VAL Value Preventative List                        |
| <i>sotalol hcl tab 120 mg</i>             | 1    |  |
| <i>sotalol hcl tab 160 mg</i>             | 1    |  |
| <i>sotalol hcl tab 240 mg</i>             | 1    |  |
| <i>sotalol hcl tab 80 mg</i>              | 1    |  |
| <i>sotalol hcl (afib/afI) tab 120 mg</i>  | 1    |  |
| <i>sotalol hcl (afib/afI) tab 160 mg</i>  | 1    |  |
| <i>sotalol hcl (afib/afI) tab 80 mg</i>   | 1    |  |
| <i>sotalol hcl tab 120 mg</i>             | 1    |  |
| <i>sotalol hcl tab 160 mg</i>             | 1    |  |
| <i>sotalol hcl tab 240 mg</i>             | 1    |  |
| <i>sotalol hcl tab 80 mg</i>              | 1    |  |












| PRODUCT DESCRIPTION                                     | TIER | LIMITS & RESTRICTIONS   |
|---|------|---|
| SOTYLIZE 5 MG/ML SOLUTION                               | 4    | <div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>1920 / 30 day(s)</div> </div> <div style="background-color: #8e44ad; width: 20px; height: 15px; margin-top: 5px;"></div>   |
| <i>timolol maleate tab 10 mg</i>                        | 1    | <div style="display: flex; align-items: center;"> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAL</div> <div>Value Preventative List</div> </div>  |
| TIMOLOL MALEATE 20 MG TAB                               | 1    | <div style="display: flex; align-items: center;"> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAL</div> <div>Value Preventative List</div> </div>  |
| <i>timolol maleate tab 20 mg</i>                        | 1    | <div style="display: flex; align-items: center;"> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAL</div> <div>Value Preventative List</div> </div>  |
| TIMOLOL MALEATE 5 MG TAB                                | 1    | <div style="display: flex; align-items: center;"> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAL</div> <div>Value Preventative List</div> </div>  |
| <i>timolol maleate tab 5 mg</i>                         | 1    | <div style="display: flex; align-items: center;"> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAL</div> <div>Value Preventative List</div> </div>  |
| <b>CALCIUM CHANNEL BLOCKERS</b>                         |      |   |
| <i>amlodipine besylate tab 10 mg (base equivalent)</i>  | 1    | <div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>30 / 30 DAYS</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAL</div> <div>Value Preventative List</div> </div> |
| <i>amlodipine besylate tab 2.5 mg (base equivalent)</i> | 1    | <div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>30 / 30 DAYS</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAL</div> <div>Value Preventative List</div> </div> |
| <i>amlodipine besylate tab 5 mg (base equivalent)</i>   | 1    | <div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>30 / 30 DAYS</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAL</div> <div>Value Preventative List</div> </div> |
| CARDAMYST 2 X 70 MG/DOSE SOLUTION                       | 2    | <div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>4 / 30 day(s)</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">MFL</div> <div>4 / 365 day(s)</div> </div>         |
| <i>diltiazem hcl coated beads cap er 24hr 120 mg</i>    | 1    | <div style="display: flex; align-items: center;"> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAL</div> <div>Value Preventative List</div> </div>  |
| <i>diltiazem hcl coated beads cap er 24hr 180 mg</i>    | 1    | <div style="display: flex; align-items: center;"> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAL</div> <div>Value Preventative List</div> </div>  |
| <i>diltiazem hcl coated beads cap er 24hr 240 mg</i>    | 1    | <div style="display: flex; align-items: center;"> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAL</div> <div>Value Preventative List</div> </div>  |
| <i>diltiazem hcl coated beads cap er 24hr 300 mg</i>    | 1    | <div style="display: flex; align-items: center;"> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAL</div> <div>Value Preventative List</div> </div>  |
| <i>diltiazem hcl cap er 24hr 120 mg</i>                 | 1    | <div style="display: flex; align-items: center;"> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAL</div> <div>Value Preventative List</div> </div>  |
| <i>diltiazem hcl cap er 24hr 180 mg</i>                 | 1    | <div style="display: flex; align-items: center;"> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAL</div> <div>Value Preventative List</div> </div>  |
| <i>diltiazem hcl cap er 24hr 240 mg</i>                 | 1    | <div style="display: flex; align-items: center;"> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAL</div> <div>Value Preventative List</div> </div>  |
| <i>diltiazem hcl tab 120 mg</i>                         | 1    | <div style="display: flex; align-items: center;"> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAL</div> <div>Value Preventative List</div> </div>  |
| <i>diltiazem hcl tab 30 mg</i>                          | 1    | <div style="display: flex; align-items: center;"> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAL</div> <div>Value Preventative List</div> </div>  |
| <i>diltiazem hcl tab 60 mg</i>                          | 1    | <div style="display: flex; align-items: center;"> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAL</div> <div>Value Preventative List</div> </div>  |
| <i>diltiazem hcl tab 90 mg</i>                          | 1    | <div style="display: flex; align-items: center;"> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAL</div> <div>Value Preventative List</div> </div>  |















| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS       |
|--|------|-----------------------------|
| <i>diltiazem hcl cap er 12hr 120 mg</i>                        | 1    | VAL Value Preventative List |
| <i>diltiazem hcl cap er 24hr 120 mg</i>                        | 1    | VAL Value Preventative List |
| <i>diltiazem hcl tab er 24hr 120 mg</i>                        | 1    | VAL Value Preventative List |
| <i>diltiazem hcl cap er 24hr 180 mg</i>                        | 1    | VAL Value Preventative List |
| <i>diltiazem hcl tab er 24hr 180 mg</i>                        | 1    | VAL Value Preventative List |
| <i>diltiazem hcl cap er 24hr 240 mg</i>                        | 1    | VAL Value Preventative List |
| <i>diltiazem hcl tab er 24hr 240 mg</i>                        | 1    | VAL Value Preventative List |
| <i>diltiazem hcl tab er 24hr 300 mg</i>                        | 1    | VAL Value Preventative List |
| <i>diltiazem hcl tab er 24hr 360 mg</i>                        | 1    | VAL Value Preventative List |
| <i>diltiazem hcl tab er 24hr 420 mg</i>                        | 1    | VAL Value Preventative List |
| <i>diltiazem hcl cap er 12hr 60 mg</i>                         | 1    | VAL Value Preventative List |
| <i>diltiazem hcl cap er 12hr 90 mg</i>                         | 1    | VAL Value Preventative List |
| <i>diltiazem hcl extended release beads cap er 24hr 120 mg</i> | 1    | VAL Value Preventative List |
| <i>diltiazem hcl extended release beads cap er 24hr 180 mg</i> | 1    | VAL Value Preventative List |
| <i>diltiazem hcl extended release beads cap er 24hr 240 mg</i> | 1    | VAL Value Preventative List |
| <i>diltiazem hcl extended release beads cap er 24hr 300 mg</i> | 1    | VAL Value Preventative List |
| <i>diltiazem hcl extended release beads cap er 24hr 360 mg</i> | 1    | VAL Value Preventative List |
| <i>diltiazem hcl extended release beads cap er 24hr 420 mg</i> | 1    | VAL Value Preventative List |
| <i>diltiazem hcl coated beads cap er 24hr 120 mg</i>           | 1    | VAL Value Preventative List |
| <i>diltiazem hcl coated beads cap er 24hr 180 mg</i>           | 1    | VAL Value Preventative List |
| <i>diltiazem hcl coated beads cap er 24hr 240 mg</i>           | 1    | VAL Value Preventative List |
| <i>diltiazem hcl coated beads cap er 24hr 300 mg</i>           | 1    | VAL Value Preventative List |
| <i>diltiazem hcl coated beads cap er 24hr 360 mg</i>           | 1    | VAL Value Preventative List |
| <i>felodipine tab er 24hr 10 mg</i>                            | 1    | VAL Value Preventative List |
| <i>felodipine tab er 24hr 2.5 mg</i>                           | 1    | VAL Value Preventative List |













| PRODUCT DESCRIPTION                                 | TIER | LIMITS & RESTRICTIONS       |
|---|------|-----------------------------|
| <i>felodipine tab er 24hr 5 mg</i>                  | 1    | VAL Value Preventative List |
| <i>isradipine cap 2.5 mg</i>                        | 1    | VAL Value Preventative List |
| <i>isradipine cap 5 mg</i>                          | 1    | VAL Value Preventative List |
| KATERZIA 1 MG/ML SUSPENSION                         | 3    | AL1 Up to 8 yrs old         |
| <i>diltiazem hcl tab er 24hr 180 mg</i>             | 1    | VAL Value Preventative List |
| <i>diltiazem hcl tab er 24hr 240 mg</i>             | 1    | VAL Value Preventative List |
| <i>diltiazem hcl tab er 24hr 300 mg</i>             | 1    | VAL Value Preventative List |
| <i>diltiazem hcl tab er 24hr 360 mg</i>             | 1    | VAL Value Preventative List |
| <i>diltiazem hcl tab er 24hr 420 mg</i>             | 1    | VAL Value Preventative List |
| <i>nicardipine hcl cap 20 mg</i>                    | 1    | VAL Value Preventative List |
| <i>nicardipine hcl cap 30 mg</i>                    | 1    | VAL Value Preventative List |
| <i>nifedipine cap 10 mg</i>                         | 1    | VAL Value Preventative List |
| <i>nifedipine cap 20 mg</i>                         | 1    | VAL Value Preventative List |
| <i>nifedipine tab er 24hr 30 mg</i>                 | 1    | VAL Value Preventative List |
| <i>nifedipine tab er 24hr 60 mg</i>                 | 1    | VAL Value Preventative List |
| <i>nifedipine tab er 24hr 90 mg</i>                 | 1    | VAL Value Preventative List |
| <i>nifedipine tab er 24hr osmotic release 30 mg</i> | 1    | VAL Value Preventative List |
| <i>nifedipine tab er 24hr osmotic release 60 mg</i> | 1    | VAL Value Preventative List |
| <i>nifedipine tab er 24hr osmotic release 90 mg</i> | 1    | VAL Value Preventative List |
| <i>nimodipine cap 30 mg</i>                         | 1    |                             |
| <i>nisoldipine tab er 24hr 17 mg</i>                | 1    | VAL Value Preventative List |
| NISOLDIPINE ER 17 MG TAB ER 24H                     | 1    | VAL Value Preventative List |
| NISOLDIPINE ER 20 MG TAB ER 24H                     | 1    | VAL Value Preventative List |
| NISOLDIPINE ER 25.5 MG TAB ER 24H                   | 1    | VAL Value Preventative List |
| NISOLDIPINE ER 30 MG TAB ER 24H                     | 1    | VAL Value Preventative List |
| <i>nisoldipine tab er 24hr 34 mg</i>                | 1    | VAL Value Preventative List |



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

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS       |
|---|------|-----------------------------|
| <b>CARDIOTONICS</b>   |      |                             |
| <b>CARDIAC GLYCOSIDES</b>   |      |                             |
| <i>digoxin tab 125 mcg (0.125 mg)</i>                               | 1    | VAL Value Preventative List |
| <i>digoxin tab 250 mcg (0.25 mg)</i>                                | 1    | VAL Value Preventative List |
| <i>digoxin tab 125 mcg (0.125 mg)</i>                               | 1    | VAL Value Preventative List |
| <i>digoxin tab 250 mcg (0.25 mg)</i>                                | 1    | VAL Value Preventative List |
| <i>digoxin oral soln 0.05 mg/ml</i>                                 | 1    | VAL Value Preventative List |
| <i>digoxin tab 125 mcg (0.125 mg)</i>                               | 1    | VAL Value Preventative List |
| <i>digoxin tab 250 mcg (0.25 mg)</i>                                | 1    | VAL Value Preventative List |
| <b>CARDIOVASCULAR AGENTS - MISC.</b>                                |      |                             |
| <b>CALCIUM CHANNEL BLOCKER &amp; HMG COA REDUCTASE INHIBIT COMB</b> |      |                             |
| <i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>        | 1    | QL 30 / 30 day(s)           |
| <i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>        | 1    | QL 30 / 30 day(s)           |
| <i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>        | 1    | QL 30 / 30 day(s)           |
| <i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>        | 1    | QL 30 / 30 day(s)           |
| <i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>       | 1    | QL 30 / 30 day(s)           |
| <i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>       | 1    | QL 30 / 30 day(s)           |
| <i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>       | 1    | QL 30 / 30 day(s)           |
| <i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>         | 1    | QL 30 / 30 day(s)           |
| <i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>         | 1    | QL 30 / 30 day(s)           |
| <i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>         | 1    | QL 30 / 30 day(s)           |
| <i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>         | 1    | QL 30 / 30 day(s)           |
| <b>NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB</b>     |      |                             |
| ENTRESTO 15-16 MG CAP SPRINK  | 2    | QL 8 capsules / 1 day(s)    |
| ENTRESTO 6-6 MG CAP SPRINK  | 2    | QL 8 capsules / 1 day(s)    |
| <i>sacubitril-valsartan tab 24-26 mg</i>                            | 1    | QL 2 tablets / 1 day(s)     |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS   |
|--|------|---|
| <i>sacubitril-valsartan tab 49-51 mg</i>                   | 1    | QL 2 tablets / 1 day(s)   |
| <i>sacubitril-valsartan tab 97-103 mg</i>                  | 1    | QL 2 tablets / 1 day(s)   |
| NITRATE & VASODILATOR COMBINATIONS                         |      |   |
| <i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i> | 2    |   |
| PERIPHERAL VASODILATORS                                    |      |   |
| ISOXSUPRINE HCL 10 MG TAB                                  | 1    |   |
| ISOXSUPRINE HCL 20 MG TAB                                  | 1    |   |
| PROSTAGLANDIN VASODILATORS                                 |      |   |
| <i>epoprostenol sodium for inj 0.5 mg</i>                  | 4    | <br>S Specialty Drug   |
| <i>epoprostenol sodium for inj 1.5 mg</i>                  | 4    | <br>S Specialty Drug   |
| ORENITRAM 0.125 MG TAB ER                                  | 4    | <br>S Specialty Drug   |
| ORENITRAM 0.25 MG TAB ER                                   | 4    | <br>S Specialty Drug  |
| ORENITRAM 1 MG TAB ER                                      | 4    | <br>S Specialty Drug |
| ORENITRAM 2.5 MG TAB ER                                    | 4    | <br>S Specialty Drug |
| ORENITRAM 5 MG TAB ER                                      | 4    | <br>S Specialty Drug |
| ORENITRAM MONTH 1 0.125 & 0.25 MG TBER THPK                | 4    | <br>S Specialty Drug |
| ORENITRAM MONTH 2 0.125 & 0.25 MG TBER THPK                | 4    | <br>S Specialty Drug |
| ORENITRAM MONTH 3 0.125 & 0.25 & 1 MG TBER THPK            | 4    | <br>S Specialty Drug |
| REMODULIN 100 MG/20ML SOLUTION                             | 4    | <br>S Specialty Drug |

| PRODUCT DESCRIPTION                                      | TIER | LIMITS & RESTRICTIONS   |
|--|------|---|
| REMODULIN 20 MG/20ML SOLUTION                            | 4    | <br>S Specialty Drug   |
| REMODULIN 200 MG/20ML SOLUTION                           | 4    | <br>S Specialty Drug   |
| REMODULIN 50 MG/20ML SOLUTION                            | 4    | <br>S Specialty Drug   |
| REMODULIN 8 MG/20ML SOLUTION                             | 4    | <br>S Specialty Drug   |
| <i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>       | 4    | <br>S Specialty Drug   |
| <i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>        | 4    | <br>S Specialty Drug   |
| <i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>      | 4    | <br>S Specialty Drug   |
| <i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>      | 4    | <br>S Specialty Drug  |
| PULM HYPERTEN-SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC) |      |   |
| ADEMPAS 0.5 MG TAB                                       | 4    | <br>S Specialty Drug |
| ADEMPAS 1 MG TAB   | 4    | <br>S Specialty Drug |
| ADEMPAS 1.5 MG TAB                                       | 4    | <br>S Specialty Drug |
| ADEMPAS 2 MG TAB   | 4    | <br>S Specialty Drug |
| ADEMPAS 2.5 MG TAB                                       | 4    | <br>S Specialty Drug |
| PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS |      |   |
| <i>ambrisentan tab 10 mg</i>                             | 4    | <br>S Specialty Drug |

| PRODUCT DESCRIPTION                                    | TIER | LIMITS & RESTRICTIONS   |
|--|------|---|
| <i>ambrisentan tab 5 mg</i>                            | 4    | <br>S Specialty Drug   |
| <i>bosentan tab 125 mg</i>                             | 2    | <br>S Specialty Drug   |
| <i>bosentan tab for oral susp 32 mg</i>                | 4    | <br>S Specialty Drug   |
| <i>bosentan tab 62.5 mg</i>                            | 2    | <br>S Specialty Drug   |
| OPSUMIT 10 MG TAB                                      | 4    | <br>S Specialty Drug   |
| PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS  |      |   |
| <i>sildenafil citrate for suspension 10 mg/ml</i>      | 1    |   |
| <i>sildenafil citrate tab 20 mg</i>                    | 1    |   |
| <i>tadalafil tab 20 mg (pah)</i>                       | 1    |   |
| PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST |      |   |
| UPTRAVI 1000 MCG TAB                                   | 4    | <br>S Specialty Drug |
| UPTRAVI 1200 MCG TAB                                   | 4    | <br>S Specialty Drug |
| UPTRAVI 1400 MCG TAB                                   | 4    | <br>S Specialty Drug |
| UPTRAVI 1600 MCG TAB                                   | 4    | <br>S Specialty Drug |
| UPTRAVI 200 & 800 MCG TAB THPK                         | 4    | <br>S Specialty Drug |
| UPTRAVI 200 MCG TAB                                    | 4    | <br>S Specialty Drug |
| UPTRAVI 400 MCG TAB                                    | 4    | <br>S Specialty Drug |

| PRODUCT DESCRIPTION                                | TIER | LIMITS & RESTRICTIONS  |
|--|------|--|
| UPTRAVI 600 MCG TAB                                | 4    |  Specialty Drug |
| UPTRAVI 800 MCG TAB                                | 4    |  Specialty Drug |
| SELECTIVE CGMP PHOSPHODIESTERASE TYPE 5 INHIBITORS |      |  |
| <i>sildenafil citrate tab 50 mg</i>                | 1    |  |
| <i>tadalafil tab 10 mg</i>                         | 1    |  |
| <i>tadalafil tab 2.5 mg</i>                        | 1    |  |
| <i>tadalafil tab 20 mg</i>                         | 1    |  |
| <i>tadalafil tab 5 mg</i>                          | 1    |  |
| SINUS NODE INHIBITORS                              |      |  |
| <i>ivabradine hcl tab 5 mg (base equiv)</i>        | 2    | QL 2 tablets / 1 day(s)  |
| <i>ivabradine hcl tab 7.5 mg (base equiv)</i>      | 2    | QL 2 tablets / 1 day(s)  |
| CEPHALOSPORINS                                     |      |  |
| CEPHALOSPORINS - 1ST GENERATION                    |      |  |
| CEFADROXIL 1 GM TAB                                | 1    |  |
| <i>cefadroxil for susp 250 mg/5ml</i>              | 1    |  |
| <i>cefadroxil cap 500 mg</i>                       | 1    |  |
| <i>cefadroxil for susp 500 mg/5ml</i>              | 1    |  |
| <i>cephalexin for susp 125 mg/5ml</i>              | 1    |  |
| <i>cephalexin cap 250 mg</i>                       | 1    |  |
| <i>cephalexin for susp 250 mg/5ml</i>              | 1    |  |
| <i>cephalexin cap 500 mg</i>                       | 1    |  |
| CEPHALOSPORINS - 2ND GENERATION                    |      |  |
| CEFACLOR 125 MG/5ML RECON SUSP                     | 1    | AL1 Up to 8 yrs old  |
| CEFACLOR 250 MG CAP                                | 1    | QL 30 / 10 DAYS  |
| CEFACLOR 250 MG/5ML RECON SUSP                     | 1    | AL1 Up to 8 yrs old  |
| CEFACLOR 375 MG/5ML RECON SUSP                     | 1    | AL1 Up to 8 yrs old  |
| CEFACLOR 500 MG CAP                                | 1    | QL 30 / 10 DAYS  |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| CEFACLOR ER 500 MG TAB ER 12H   | 1    | QL 20 / 10 DAYS       |
| <i>cefprozil for susp 125 mg/5ml</i>                                    | 1    |                       |
| <i>cefprozil tab 250 mg</i>   | 1    |                       |
| <i>cefprozil for susp 250 mg/5ml</i>                                    | 1    |                       |
| <i>cefprozil tab 500 mg</i>   | 1    |                       |
| <i>cefuroxime axetil tab 250 mg</i>                                     | 1    |                       |
| <i>cefuroxime axetil tab 500 mg</i>                                     | 1    |                       |
| CEPHALOSPORINS - 3RD GENERATION   |      |                       |
| <i>cefdinir for susp 125 mg/5ml</i>                                     | 1    |                       |
| <i>cefdinir for susp 250 mg/5ml</i>                                     | 1    |                       |
| <i>cefdinir cap 300 mg</i>  | 1    |                       |
| CEFIXIME 100 MG/5ML RECON SUSP  | 2    |                       |
| <i>cefixime for susp 100 mg/5ml</i>                                     | 2    |                       |
| <i>cefixime for susp 200 mg/5ml</i>                                     | 2    | AL1 Up to 8 yrs old   |
| <i>cefixime cap 400 mg</i>  | 2    | QL 14 / 30 DAYS       |
| <i>cefpodoxime proxetil tab 100 mg</i>                                  | 1    |                       |
| CEFPODOXIME PROXETIL 100 MG/5ML RECON SUSP                              | 1    | AL1 Up to 8 yrs old   |
| <i>cefpodoxime proxetil tab 200 mg</i>                                  | 1    |                       |
| CEFPODOXIME PROXETIL 50 MG/5ML RECON SUSP                               | 1    | AL1 Up to 8 yrs old   |
| CONTRACEPTIVES  |      |                       |
| BIPHASIC CONTRACEPTIVES - ORAL  |      |                       |
| <i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> | 1    | PREV Preventative     |
| <i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> | 1    | PREV Preventative     |
| <i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> | 1    | PREV Preventative     |
| LO LOESTRIN FE 1 MG-10 MCG / 10 MCG TAB                                 | 3    | QL 30 / 30 day(s)     |
| <i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> | 1    | PREV Preventative     |
| <i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> | 1    | PREV Preventative     |
| <i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> | 1    | PREV Preventative     |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> | 1    | PREV Preventative     |
| COMBINATION CONTRACEPTIVES - ORAL                                       |      |                       |
| <i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>         | 1    | PREV Preventative     |
| <i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>        | 1    | PREV Preventative     |
| <i>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</i>            | 1    | PREV Preventative     |
| <i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>           | 1    | PREV Preventative     |
| <i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>         | 1    | PREV Preventative     |
| <i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>         | 1    | PREV Preventative     |
| <i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>      | 1    | PREV Preventative     |
| <i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>        | 1    | PREV Preventative     |
| <i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>      | 1    | PREV Preventative     |
| <i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>   | 1    | PREV Preventative     |
| <i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>     | 1    | PREV Preventative     |
| <i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>         | 1    | PREV Preventative     |
| <i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>        | 1    | PREV Preventative     |
| <i>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</i>          | 1    | PREV Preventative     |
| <i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>      | 1    | PREV Preventative     |
| <i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>   | 1    | PREV Preventative     |
| <i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>     | 1    | PREV Preventative     |
| <i>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</i>          | 1    | PREV Preventative     |
| <i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>     | 1    | PREV Preventative     |
| <i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>        | 1    | PREV Preventative     |
| <i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>        | 1    | PREV Preventative     |
| <i>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</i>             | 1    | PREV Preventative     |
| <i>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</i>             | 1    | PREV Preventative     |
| <i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>           | 1    | PREV Preventative     |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS                  |
|--|------|--|
| <i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>          | 1    | PREV Preventative                      |
| <i>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</i>           | 1    | PREV Preventative                      |
| <i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>        | 1    | PREV Preventative                      |
| <i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>          | 1    | PREV Preventative                      |
| <i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>    | 1    | QL 28 / 28 day(s)<br>PREV Preventative |
| <i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>    | 1    | QL 30 / 30 DAYS<br>PREV Preventative   |
| <i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>                    | 1    | PREV Preventative                      |
| <i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>                    | 1    | PREV Preventative                      |
| <i>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</i>            | 1    | PREV Preventative                      |
| <i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>          | 1    | PREV Preventative                      |
| <i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>          | 1    | PREV Preventative                      |
| <i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>         | 1    | PREV Preventative                      |
| <i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>    | 1    | PREV Preventative                      |
| <i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>    | 1    | PREV Preventative                      |
| <i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>        | 1    | PREV Preventative                      |
| <i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>  | 1    | PREV Preventative                      |
| <i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>    | 1    | PREV Preventative                      |
| <i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>         | 1    | PREV Preventative                      |
| <i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>    | 1    | PREV Preventative                      |
| <i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i> | 1    | PREV Preventative                      |
| <i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>     | 2    |  |
| <i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>     | 1    | PREV Preventative                      |
| <i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>     | 1    | PREV Preventative                      |
| <i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>  | 1    | PREV Preventative                      |

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

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>      | 1    | PREV Preventative     |
| <i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>      | 1    | PREV Preventative     |
| <i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>                   | 1    | PREV Preventative     |
| <i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>    | 1    | PREV Preventative     |
| <i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>      | 1    | PREV Preventative     |
| <i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i> | 1    | PREV Preventative     |
| <i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>   | 1    | PREV Preventative     |
| <i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>                   | 1    | PREV Preventative     |
| <i>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</i>           | 1    | PREV Preventative     |
| <i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>    | 1    | PREV Preventative     |
| <i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>      | 1    | PREV Preventative     |
| <i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>       | 1    | PREV Preventative     |
| <i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>      | 1    | PREV Preventative     |
| <i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>    | 2    |                       |
| <i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>   | 1    | PREV Preventative     |
| <i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>    | 1    | PREV Preventative     |
| <i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>      | 1    | PREV Preventative     |
| <i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>    | 1    | PREV Preventative     |
| <i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i> | 1    | PREV Preventative     |
| <i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>   | 1    | PREV Preventative     |
| <i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>        | 1    | PREV Preventative     |
| <i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i>     | 2    |                       |
| <i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>        | 1    | PREV Preventative     |
| <i>norethindrone &amp; ethinyl estradiol tab 0.5 mg-35 mcg</i>        | 1    | PREV Preventative     |
| NEXTSTELLIS 3-14.2 MG TAB   | 3    |                       |
| <i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>                   | 1    | PREV Preventative     |

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

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS                                      |
|--|------|--|
| <i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>    | 1    | PREV Preventative  |
| <i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>     | 2    |  |
| <i>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</i>            | 1    | PREV Preventative  |
| TYBLUME 0.1-20 MG-MCG CHEW TAB   | 1    | PREV Preventative  |
| <i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>    | 1    | QL 30 / 30 DAYS<br>PREV Preventative                       |
| <i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>    | 1    | PREV Preventative  |
| VALTYA 1/50 1-50 MG-MCG TAB  | 1    | PREV Preventative  |
| <i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>                    | 1    | PREV Preventative  |
| <i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>        | 1    | PREV Preventative  |
| <i>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</i>         | 1    | PREV Preventative  |
| <i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>         | 1    | PREV Preventative  |
| <i>norethindrone &amp; ethinyl estradiol tab 0.5 mg-35 mcg</i>         | 1    | PREV Preventative  |
| <i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i> | 1    | PREV Preventative  |
| <i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i> | 1    | PREV Preventative  |
| <i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>    | 1    | PREV Preventative  |
| <i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>                    | 1    | PREV Preventative  |
| COMBINATION CONTRACEPTIVES - TRANSDERMAL                               |      |  |
| <i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>        | 1    | QL 3 / 21 day(s)<br>PREV Preventative                      |
| <i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>        | 1    | QL 3 / 21 day(s)<br>PREV Preventative                      |
| <i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>        | 1    | QL 3 / 21 day(s)<br>PREV Preventative                      |
| COMBINATION CONTRACEPTIVES - VAGINAL                                   |      |  |
| ANNOVERA 0.013-0.15 MG/24HR RING                                       | 2    | QL 1 / 1 day(s)<br>MFL 1 / 365 day(s)<br>PREV Preventative |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS                 |
|---|------|---------------------------------------|
| <i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>        | 1    | QL 1 / 21 day(s)<br>PREV Preventative |
| <i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>        | 1    | QL 1 / 21 day(s)<br>PREV Preventative |
| <i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>       | 1    | QL 1 / 21 day(s)<br>PREV Preventative |
| <i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>        | 1    | QL 1 / 21 day(s)<br>PREV Preventative |
| <i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>       | 1    | QL 1 / 21 day(s)<br>PREV Preventative |
| <i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>        | 1    | QL 1 / 21 day(s)<br>PREV Preventative |
| CONTINUOUS CONTRACEPTIVES - ORAL  |      |                                       |
| <i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>      | 1    | PREV Preventative                     |
| <i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>      | 1    | PREV Preventative                     |
| <i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>      | 1    | PREV Preventative                     |
| COPPER CONTRACEPTIVES - IUD   |      |                                       |
| MIUDELLA INTRAUTERINE COPPER IUD  | 2    | PREV Preventative                     |
| PARAGARD INTRAUTERINE COPPER IUD  | 2    | PREV Preventative                     |
| EMERGENCY CONTRACEPTIVES  |      |                                       |
| ELLA 30 MG TAB  | 2    | QL 1 / 30 DAYS<br>PREV Preventative   |
| EXTENDED-CYCLE CONTRACEPTIVES - ORAL                                    |      |                                       |
| <i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i> | 1    | QL 91 / 91 DAYS<br>PREV Preventative  |
| <i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i> | 1    | QL 91 / 91 DAYS<br>PREV Preventative  |
| <i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i> | 1    | QL 91 / 91 DAYS<br>PREV Preventative  |


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

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| FOUR PHASE CONTRACEPTIVES - ORAL                                   |      |                       |
| NATAZIA 3/2-2/2-3/1 MG TAB   | 3    | QL 28 / 26 day(s)     |
| PROGESTIN CONTRACEPTIVES - IMPLANTS                                |      |                       |
| NEXPLANON 68 MG IMPLANT  | 2    | PREV Preventative     |
| PROGESTIN CONTRACEPTIVES - INJECTABLE                              |      |                       |
| DEPO-SUBQ PROVERA 104 104 MG/0.65ML SUSP PRSYR                     | 2    | PREV Preventative     |
| <i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i> | 1    | PREV Preventative     |
| <i>medroxyprogesterone acetate im susp 150 mg/ml</i>               | 1    | PREV Preventative     |
| PROGESTIN CONTRACEPTIVES - IUD                                     |      |                       |
| KYLEENA 19.5 MG IUD  | 2    | PREV Preventative     |
| LILETTA (52 MG) 20.1 MCG/DAY IUD                                   | 2    | PREV Preventative     |
| MIRENA (52 MG) 21 MCG/DAY IUD                                      | 2    | PREV Preventative     |
| SKYLA 13.5 MG IUD  | 2    | PREV Preventative     |
| PROGESTIN CONTRACEPTIVES - ORAL                                    |      |                       |
| <i>norethindrone tab 0.35 mg</i>                                   | 1    | PREV Preventative     |
| <i>norethindrone tab 0.35 mg</i>                                   | 1    | PREV Preventative     |
| <i>norethindrone tab 0.35 mg</i>                                   | 1    | PREV Preventative     |
| <i>norethindrone tab 0.35 mg</i>                                   | 1    | PREV Preventative     |
| <i>norethindrone tab 0.35 mg</i>                                   | 1    | PREV Preventative     |
| <i>norethindrone tab 0.35 mg</i>                                   | 1    | PREV Preventative     |
| <i>norethindrone tab 0.35 mg</i>                                   | 1    | PREV Preventative     |
| <i>norethindrone tab 0.35 mg</i>                                   | 1    | PREV Preventative     |
| <i>norethindrone tab 0.35 mg</i>                                   | 1    | PREV Preventative     |
| <i>norethindrone tab 0.35 mg</i>                                   | 1    | PREV Preventative     |
| <i>norethindrone tab 0.35 mg</i>                                   | 1    | PREV Preventative     |
| <i>norethindrone tab 0.35 mg</i>                                   | 1    | PREV Preventative     |
| <i>norethindrone tab 0.35 mg</i>                                   | 1    | PREV Preventative     |

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

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS                                      |
|---|------|--|
| <i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>  | 1    | PREV Preventative  |
| <i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>  | 1    | PREV Preventative  |
| <i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>  | 1    | PREV Preventative  |
| <i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>  | 1    | PREV Preventative  |
| <i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>  | 1    | PREV Preventative  |
| <i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>  | 1    | PREV Preventative  |
| <i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>  | 1    | PREV Preventative  |
| <i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>  | 1    | PREV Preventative  |
| <i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>  | 1    | PREV Preventative  |
| <i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i> | 1    | PREV Preventative  |
| VELIVET 0.1/0.125/0.15 -0.025 MG TAB                                | 1    | PREV Preventative  |
| <i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i> | 1    | PREV Preventative  |
| CORTICOSTEROIDS   |      |  |
| GLUCOCORTICOSTEROIDS  |      |  |
| ALKINDI SPRINKLE 0.5 MG CAP SPRINK                                  | 3    | QL 2 / 1 day(s)<br>AL1 Up to 8 yrs old<br>S Specialty Drug |
| ALKINDI SPRINKLE 1 MG CAP SPRINK                                    | 3    | QL 2 / 1 day(s)<br>AL1 Up to 8 yrs old<br>S Specialty Drug |
| ALKINDI SPRINKLE 2 MG CAP SPRINK                                    | 3    | QL 2 / 1 day(s)<br>AL1 Up to 8 yrs old<br>S Specialty Drug |
| ALKINDI SPRINKLE 5 MG CAP SPRINK                                    | 3    | QL 2 / 1 day(s)<br>AL1 Up to 8 yrs old<br>S Specialty Drug |
| <i>budesonide delayed release particles cap 3 mg</i>                | 2    | QL 3 CAPSULE / 1 day(s)                                    |
| <i>budesonide tab er 24hr 9 mg</i>                                  | 2    |  |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS  |
|--|------|------------------------|
| CORTISONE ACETATE 25 MG TAB  | 1    |                        |
| <i>dexamethasone tab 0.5 mg</i>                                    | 1    |                        |
| <i>dexamethasone elixir 0.5 mg/5ml</i>                             | 1    |                        |
| DEXAMETHASONE 0.5 MG/5ML SOLUTION                                  | 1    |                        |
| <i>dexamethasone tab 0.75 mg</i>                                   | 1    |                        |
| <i>dexamethasone tab 1 mg</i>                                      | 1    |                        |
| <i>dexamethasone tab 1.5 mg</i>                                    | 1    |                        |
| <i>dexamethasone tab 2 mg</i>                                      | 1    |                        |
| <i>dexamethasone tab 4 mg</i>                                      | 1    |                        |
| <i>dexamethasone tab 6 mg</i>                                      | 1    |                        |
| DEXAMETHASONE SODIUM PHOSPHATE 4 MG/ML SOLUTION                    | 1    |                        |
| <i>dexamethasone sodium phosphate inj 4 mg/ml</i>                  | 1    |                        |
| <i>hydrocortisone tab 10 mg</i>                                    | 1    |                        |
| <i>hydrocortisone tab 20 mg</i>                                    | 1    |                        |
| <i>hydrocortisone tab 5 mg</i>                                     | 1    |                        |
| <i>hydrocortisone sodium succinate pf for inj 100 mg</i>           | 2    | QL 6 VIALS / 30 day(s) |
| MEDROL 2 MG TAB  | 3    |                        |
| <i>methylprednisolone tab 16 mg</i>                                | 1    |                        |
| <i>methylprednisolone tab 32 mg</i>                                | 1    |                        |
| <i>methylprednisolone tab 4 mg</i>                                 | 1    |                        |
| <i>methylprednisolone tab therapy pack 4 mg (21)</i>               | 1    |                        |
| <i>methylprednisolone tab 8 mg</i>                                 | 1    |                        |
| <i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>     | 1    |                        |
| <i>prednisolone soln 15 mg/5ml</i>                                 | 1    |                        |
| <i>prednisolone sod phosphate oral soln 10 mg/5ml (base equiv)</i> | 1    |                        |
| <i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i> | 1    |                        |
| <i>prednisolone sod phosphate oral soln 20 mg/5ml (base equiv)</i> | 1    | AL1 Up to 8 yrs old    |
| PREDNISOLONE SODIUM PHOSPHATE 25 MG/5ML SOLUTION                   | 1    | AL1 Up to 8 yrs old    |
| <i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i> | 1    | AL1 Up to 8 yrs old    |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS   |
|---|------|---|
| <i>prednisolone sod phosphate oral soln 5 mg/5ml (base equiv)</i>   | 1    |   |
| <i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i> | 1    |   |
| <i>prednisone tab 1 mg</i>  | 1    |   |
| <i>prednisone tab therapy pack 10 mg (21)</i>                       | 1    |   |
| <i>prednisone tab therapy pack 10 mg (48)</i>                       | 1    |   |
| <i>prednisone tab 10 mg</i>   | 1    |   |
| <i>prednisone tab 2.5 mg</i>  | 1    |   |
| <i>prednisone tab 20 mg</i>   | 1    |   |
| <i>prednisone tab therapy pack 5 mg (21)</i>                        | 1    |   |
| <i>prednisone tab therapy pack 5 mg (48)</i>                        | 1    |   |
| <i>prednisone tab 5 mg</i>  | 1    |   |
| PREDNISONE 5 MG/5ML SOLUTION  | 1    |   |
| <i>prednisone tab 50 mg</i>   | 1    |   |
| PREDNISONE INTENSOL 5 MG/ML CONC                                    | 1    | AL1 Up to 8 yrs old   |
| SOLU-CORTEF 100 MG RECON SOLN                                       | 2    | QL 6 VIALS / 30 day(s)  |
| SOLU-CORTEF 1000 MG RECON SOLN                                      | 3    | QL 6 VIALS / 30 day(s)  |
| SOLU-CORTEF 250 MG RECON SOLN                                       | 3    | QL 6 VIALS / 30 day(s)  |
| SOLU-CORTEF 500 MG RECON SOLN                                       | 3    | QL 6 VIALS / 30 day(s)  |
| TARPEYO 4 MG CAP DR   | 4    | <br>S Specialty Drug |
| MINERALOCORTICOIDS  |      |   |
| <i>fludrocortisone acetate tab 0.1 mg</i>                           | 1    |   |
| COUGH/COLD/ALLERGY  |      |   |
| ANTITUSSIVE - NONNARCOTIC   |      |   |
| <i>benzonatate cap 100 mg</i>                                       | 1    |   |
| BENZONATATE 150 MG CAP  | 1    |   |
| <i>benzonatate cap 150 mg</i>                                       | 1    |   |
| <i>benzonatate cap 200 mg</i>                                       | 1    |   |









| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS                                      |
|--|------|--|
| <b>ANTITUSSIVE - OPIOID</b>  |      |  |
| <i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>   | 1    | QL 6 / 1 day(s)  |
| <i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i> | 1    | QL 30 / 1 day(s)<br>MFL 1 / 60 day(s)<br>MDS1 7 / 1 day(s) |
| <i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i> | 1    | QL 30 / 1 day(s)<br>MFL 1 / 60 day(s)<br>MDS1 7 / 1 day(s) |
| <b>ANTITUSSIVE-EXPECTORANT</b>                                     |      |  |
| <i>guaifenesin-codeine soln 100-10 mg/5ml</i>                      | 1    |  |
| <i>guaifenesin-codeine soln 100-10 mg/5ml</i>                      | 1    |  |
| <i>guaifenesin-codeine soln 100-10 mg/5ml</i>                      | 1    |  |
| <i>guaifenesin-codeine soln 100-10 mg/5ml</i>                      | 1    |  |
| <i>guaifenesin-codeine soln 100-10 mg/5ml</i>                      | 1    |  |
| <i>guaifenesin-codeine soln 100-10 mg/5ml</i>                      | 1    |  |
| <b>IODINE EXPECTORANTS</b>   |      |  |
| POTASSIUM IODIDE (EXPECTORANT) 1 GM/ML SOLUTION                    | 3    | AL1 Up to 8 yrs old  |
| <b>MISC. RESPIRATORY INHALANTS</b>                                 |      |  |
| HYPERSAL 3.5 % NEBU SOLN   | 3    |  |
| NEBUSAL 3 % NEBU SOLN  | 1    |  |
| NEBUSAL 6 % NEBU SOLN  | 3    |  |
| PULMOSAL 7 % NEBU SOLN   | 1    |  |
| SODIUM CHLORIDE 0.9 % NEBU SOLN                                    | 1    |  |
| SODIUM CHLORIDE 10 % NEBU SOLN                                     | 1    |  |
| SODIUM CHLORIDE 3 % NEBU SOLN                                      | 1    |  |
| SODIUM CHLORIDE 7 % NEBU SOLN                                      | 1    |  |
| <b>MUCOLYTICS</b>  |      |  |
| <i>acetylcysteine inhal soln 10%</i>                               | 1    |  |
| <i>acetylcysteine inhal soln 20%</i>                               | 1    |  |






| PRODUCT DESCRIPTION                                       | TIER | LIMITS & RESTRICTIONS                                      |
|---|------|--|
| <b>NON-NARC ANTITUSSIVE-ANTIHISTAMINE</b>                 |      |  |
| <i>promethazine-dm syrup 6.25-15 mg/5ml</i>               | 1    |  |
| <b>OPIOID ANTITUSSIVE-ANTIHISTAMINE</b>                   |      |  |
| HYDROCOD POLI-CHLORPHE POLI ER 10-8 MG/5ML SUSP           | 1    | QL 50 / 5 day(s)<br>MFL 3 / 180 day(s)                     |
| <i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i> | 1    | QL 50 / 5 DAYS<br>MFL 3 / 180 DAYS                         |
| <i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>       | 1    | QL 150 / 5 DAYS<br>MFL 3 / 180 DAYS                        |
| <i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>       | 1    | QL 150 / 5 DAYS<br>MFL 3 / 180 DAYS                        |
| TUZISTRA XR 14.7-2.8 MG/5ML SUSP                          | 3    | QL 100 / 5 DAYS<br>AL1 Up to 8 yrs old<br>MFL 3 / 180 DAYS |
| <b>DERMATOLOGICALS</b>                                    |      |  |
| <b>ACNE ANTIBIOTICS</b>                                   |      |  |
| <i>clindamycin phosphate swab 1%</i>                      | 1    |  |
| <i>clindamycin phosphate swab 1%</i>                      | 1    |  |
| <i>clindamycin phosphate lotion 1%</i>                    | 1    |  |
| <i>clindamycin phosphate soln 1%</i>                      | 1    |  |
| <i>clindamycin phosphate swab 1%</i>                      | 1    |  |
| <i>dapsone gel 5%</i>                                     | 1    |  |
| <i>dapsone gel 7.5%</i>                                   | 1    |  |
| ERYTHROMYCIN 2 % GEL                                      | 1    |  |
| <i>erythromycin gel 2%</i>                                | 1    |  |
| <i>erythromycin soln 2%</i>                               | 1    |  |
| <i>sulfacetamide sodium lotion 10% (acne)</i>             | 1    |  |
| <b>ACNE COMBINATIONS</b>                                  |      |  |
| <i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>            | 1    | QL 90 / 30 DAYS  |
















| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| AVAR CLEANSER 10-5 % LIQUID  | 1    |                       |
| AVAR-E EMOLLIENT 10-5 % CREAM                                      | 1    |                       |
| <i>sulfacetamide sodium w/ sulfur cream 10-5%</i>                  | 1    |                       |
| <i>benzoyl peroxide-erythromycin gel 5-3%</i>                      | 2    |                       |
| <i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>             | 1    |                       |
| <i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>         | 2    | QL 50 / 30 day(s)     |
| <i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i> | 1    |                       |
| <i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i> | 1    |                       |
| SSS 10-5 10-5 % CREAM  | 1    |                       |
| <i>sulfacetamide sodium w/ sulfur cleanser 10-2%</i>               | 1    |                       |
| SULFACETAMIDE SODIUM-SULFUR 10-2 % LIQUID                          | 1    |                       |
| <i>sulfacetamide sodium w/ sulfur cream 10-5%</i>                  | 1    |                       |
| SULFACETAMIDE SODIUM-SULFUR 10-5 % CREAM                           | 1    |                       |
| <i>sulfacetamide sodium w/ sulfur cleanser 10-5%</i>               | 1    |                       |
| SULFACETAMIDE SODIUM-SULFUR 10-5 % LIQUID                          | 1    |                       |
| <i>sulfacetamide sodium w/ sulfur susp 8-4%</i>                    | 1    |                       |
| SULFACETAMIDE SODIUM-SULFUR 8-4 % SUSPENSION                       | 1    |                       |
| SULFACETAMIDE SODIUM-SULFUR 8-4 % SUSPENSION                       | 1    |                       |
| SULFACLEANSE 8/4 8-4 % SUSPENSION                                  | 1    |                       |
| <b>ACNE PRODUCTS</b>   |      |                       |
| <i>isotretinoin cap 10 mg</i>                                      | 2    | QL 60 / 30 DAYS       |
| <i>isotretinoin cap 20 mg</i>                                      | 2    | QL 60 / 30 DAYS       |
| <i>isotretinoin cap 30 mg</i>                                      | 2    | QL 60 / 30 day(s)     |
| <i>isotretinoin cap 40 mg</i>                                      | 2    | QL 60 / 30 DAYS       |
| <i>adapalene cream 0.1%</i>  | 1    |                       |
| <i>adapalene gel 0.1%</i>  | 1    |                       |
| <i>adapalene gel 0.3%</i>  | 1    |                       |
| <i>isotretinoin cap 10 mg</i>                                      | 2    | QL 60 / 30 DAYS       |
| <i>isotretinoin cap 20 mg</i>                                      | 2    | QL 60 / 30 DAYS       |













| PRODUCT DESCRIPTION                    | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>isotretinoin cap 30 mg</i>          | 2    | QL 60 / 30 day(s)     |
| <i>isotretinoin cap 40 mg</i>          | 2    | QL 60 / 30 DAYS       |
| <i>tretinoin cream 0.025%</i>          | 1    | QL 45 / 30 DAYS       |
| AZELEX 20 % CREAM                      | 3    | QL 50 / 30 DAYS<br>ST |
| <i>isotretinoin cap 10 mg</i>          | 2    | QL 60 / 30 DAYS       |
| <i>isotretinoin cap 20 mg</i>          | 2    | QL 60 / 30 DAYS       |
| <i>isotretinoin cap 30 mg</i>          | 2    | QL 60 / 30 day(s)     |
| <i>isotretinoin cap 40 mg</i>          | 2    | QL 60 / 30 DAYS       |
| <i>isotretinoin cap 10 mg</i>          | 2    | QL 60 / 30 DAYS       |
| <i>isotretinoin cap 20 mg</i>          | 2    | QL 60 / 30 DAYS       |
| <i>isotretinoin cap 30 mg</i>          | 2    | QL 60 / 30 day(s)     |
| <i>isotretinoin cap 40 mg</i>          | 2    | QL 60 / 30 DAYS       |
| <i>isotretinoin cap 10 mg</i>          | 2    | QL 60 / 30 DAYS       |
| <i>isotretinoin cap 20 mg</i>          | 2    | QL 60 / 30 DAYS       |
| <i>isotretinoin cap 30 mg</i>          | 2    | QL 60 / 30 day(s)     |
| <i>isotretinoin cap 40 mg</i>          | 2    | QL 60 / 30 DAYS       |
| <i>isotretinoin cap 10 mg</i>          | 2    | QL 60 / 30 DAYS       |
| <i>isotretinoin cap 20 mg</i>          | 2    | QL 60 / 30 DAYS       |
| <i>isotretinoin cap 30 mg</i>          | 2    | QL 60 / 30 day(s)     |
| <i>isotretinoin cap 40 mg</i>          | 2    | QL 60 / 30 DAYS       |
| <i>tretinoin gel 0.01%</i>             | 1    | QL 45 / 30 DAYS       |
| <i>tretinoin cream 0.025%</i>          | 1    | QL 45 / 30 DAYS       |
| <i>tretinoin gel 0.025%</i>            | 1    | QL 45 / 30 DAYS       |
| <i>tretinoin cream 0.05%</i>           | 1    | QL 45 / 30 DAYS       |
| <i>tretinoin gel 0.05%</i>             | 1    |                       |
| <i>tretinoin cream 0.1%</i>            | 1    | QL 45 / 30 DAYS       |
| TRETINOIN MICROSPHERE 0.04 % GEL       | 1    |                       |
| <i>tretinoin microsphere gel 0.04%</i> | 1    |                       |
| TRETINOIN MICROSPHERE 0.1 % GEL        | 1    |                       |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS    |
|--|------|--------------------------|
| <i>tretinoin microsphere gel 0.1%</i>                      | 1    |                          |
| TRETINOIN MICROSPHERE PUMP 0.04 % GEL                      | 1    |                          |
| TRETINOIN MICROSPHERE PUMP 0.1 % GEL                       | 1    |                          |
| WINLEVI 1 % CREAM  | 3    | ST                       |
| <i>isotretinoin cap 10 mg</i>                              | 2    | QL 60 / 30 DAYS          |
| <i>isotretinoin cap 20 mg</i>                              | 2    | QL 60 / 30 DAYS          |
| <i>isotretinoin cap 30 mg</i>                              | 2    | QL 60 / 30 day(s)        |
| <i>isotretinoin cap 40 mg</i>                              | 2    | QL 60 / 30 DAYS          |
| AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS             |      |                          |
| VEREGEN 15 % OINTMENT                                      | 3    |                          |
| ANTI-INFLAMMATORY AGENTS - TOPICAL                         |      |                          |
| DICLOFENAC EPOLAMINE 1.3 % PATCH                           | 2    | QL 60 / 30 DAYS<br>Brown |
| <i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i> | 1    | QL 500 / 30 DAYS         |
| <i>diclofenac sodium soln 1.5%</i>                         | 1    | QL 150 / 30 DAYS         |
| ANTIBIOTIC STEROID COMBINATIONS - TOPICAL                  |      |                          |
| NEO-SYNALAR 0.5-0.025 % CREAM                              | 3    |                          |
| NEO-SYNALAR 0.5-0.025 % KIT                                | 3    |                          |
| ANTIBIOTICS - TOPICAL                                      |      |                          |
| ALTABAX 1 % OINTMENT                                       | 3    |                          |
| <i>gentamicin sulfate cream 0.1%</i>                       | 1    |                          |
| <i>gentamicin sulfate oint 0.1%</i>                        | 1    |                          |
| <i>mupirocin oint 2%</i>                                   | 1    |                          |
| ANTIFUNGALS - TOPICAL                                      |      |                          |
| <i>ciclopirox solution 8%</i>                              | 1    |                          |
| <i>ciclopirox gel 0.77%</i>                                | 1    |                          |
| <i>ciclopirox shampoo 1%</i>                               | 1    |                          |
| <i>ciclopirox solution 8%</i>                              | 1    |                          |

| PRODUCT DESCRIPTION                                      | TIER | LIMITS & RESTRICTIONS   |
|--|------|---|
| <i>ciclopirox olamine cream 0.77% (base equiv)</i>       | 1    |   |
| <i>ciclopirox olamine susp 0.77% (base equiv)</i>        | 1    |   |
| <i>nystatin topical powder 100000 unit/gm</i>            | 1    |   |
| NAFTIFINE HCL 1 % CREAM                                  | 3    |    |
| <i>naftifine hcl cream 2%</i>                            | 2    |    |
| <i>nystatin topical powder 100000 unit/gm</i>            | 1    |   |
| <i>nystatin cream 100000 unit/gm</i>                     | 1    |   |
| <i>nystatin oint 100000 unit/gm</i>                      | 1    |   |
| <i>nystatin topical powder 100000 unit/gm</i>            | 1    |   |
| <i>nystatin topical powder 100000 unit/gm</i>            | 1    |   |
| ANTIFUNGALS - TOPICAL COMBINATIONS                       |      |   |
| <i>clotrimazole w/ betamethasone cream 1-0.05%</i>       | 1    |   |
| <i>clotrimazole w/ betamethasone lotion 1-0.05%</i>      | 1    |   |
| CLOTRIMAZOLE-BETAMETHASONE 1-0.05 % LOTION               | 1    |   |
| <i>iodoquinol-hc cream 1-1%</i>                          | 1    |   |
| EXODERM 25-1 % LOTION                                    | 1    |   |
| HYDROCORTISONE-IODOQUINOL 1-1 % CREAM                    | 1    |   |
| <i>iodoquinol-hc cream 1-1%</i>                          | 1    |   |
| MICONAZOLE-ZINC OXIDE-PETROLAT 0.25-15-81.35 % OINTMENT  | 2    |  50 / 30 DAYS<br>   |
| <i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i> | 1    |   |
| <i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>  | 1    |   |
| RECURA CREAM   | 3    |   |
| VUSION 0.25-15-81.35 % OINTMENT                          | 2    |  50 / 30 DAYS<br>   |
| ANTINEOPLASTIC ALKYLATING AGENTS - TOPICAL               |      |   |
| VALCHLOR 0.016 % GEL                                     | 4    | <br> Specialty Drug |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS   |
|---|------|---|
| <b>ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL</b>                 |      |   |
| <i>fluorouracil cream 5%</i>                                    | 1    |   |
| TOLAK 4 % CREAM   | 3    |   |
| <b>ANTINEOPLASTIC OR PREMALIGNANT LESIONS - TOPICAL NSAID'S</b> |      |   |
| <i>diclofenac sodium (actinic keratoses) gel 3%</i>             | 1    | QL 500 / 30 DAYS  |
| <b>ANTINEOPLASTIC RETINOIDS - TOPICAL</b>                       |      |   |
| PANRETIN 0.1 % GEL  | 4    | <br> Specialty Drug |
| <b>ANTIPRURITICS - TOPICAL</b>                                  |      |   |
| <i>doxepin hcl cream 5%</i>                                     | 3    |    |
| <b>ANTIPSORIATICS</b>   |      |   |
| <i>calcipotriene cream 0.005%</i>                               | 1    | QL 120 / 30 DAYS  |
| CALCIPOTRIENE 0.005 % FOAM                                      | 3    |   |
| <i>calcipotriene oint 0.005%</i>                                | 2    |   |
| CALCIPOTRIENE 0.005 % SOLUTION                                  | 1    | QL 60 / 30 day(s)   |
| <i>calcipotriene soln 0.005% (50 mcg/ml)</i>                    | 1    | QL 60 / 30 DAYS   |
| <i>calcipotriene oint 0.005%</i>                                | 1    |   |
| CALCITRIOL 3 MCG/GM OINTMENT                                    | 2    |   |
| SORILUX 0.005 % FOAM  | 3    |   |
| <i>tazarotene cream 0.05%</i>                                   | 2    |    |
| <i>tazarotene cream 0.1%</i>                                    | 2    |   |
| VTAMA 1 % CREAM   | 3    | QL 60 / 30 day(s)<br>  |
| ZITHRANOL 1 % SHAMPOO   | 3    |   |
| <b>ANTIPSORIATICS - SYSTEMIC</b>                                |      |   |
| <i>acitretin cap 10 mg</i>                                      | 2    | QL 30 / 30 DAYS   |
| <i>acitretin cap 17.5 mg</i>                                    | 2    | QL 30 / 30 DAYS   |
| <i>acitretin cap 25 mg</i>                                      | 2    | QL 30 / 30 DAYS   |

| PRODUCT DESCRIPTION                          | TIER | LIMITS & RESTRICTIONS   |
|--|------|---|
| BIMZELX 160 MG/ML SOLN A-INJ                 | 4    | <br>S Specialty Drug   |
| BIMZELX 160 MG/ML SOLN PRSYR                 | 4    | <br>S Specialty Drug   |
| BIMZELX 320 MG/2ML SOLN A-INJ                | 4    | <br>S Specialty Drug   |
| BIMZELX 320 MG/2ML SOLN PRSYR                | 4    | <br>S Specialty Drug   |
| METHOXSALLEN RAPID 10 MG CAP                 | 2    |                        |
| SKYRIZI (150 MG DOSE) 75 MG/0.83ML PEF SY KT | 4    | <br>S Specialty Drug   |
| SKYRIZI 150 MG/ML SOLN PRSYR                 | 4    | <br>S Specialty Drug   |
| SKYRIZI PEN 150 MG/ML SOLN A-INJ             | 4    | <br>S Specialty Drug   |
| TALTZ 20 MG/0.25ML SOLN PRSYR                | 4    | <br>S Specialty Drug |
| TALTZ 40 MG/0.5ML SOLN PRSYR                 | 4    | <br>S Specialty Drug |
| TALTZ 80 MG/ML SOLN A-INJ                    | 4    | <br>S Specialty Drug |
| TALTZ 80 MG/ML SOLN PRSYR                    | 4    | <br>S Specialty Drug |
| TREMFYA 100 MG/ML SOLN PRSYR                 | 4    | <br>S Specialty Drug |
| TREMFYA ONE-PRESS 100 MG/ML SOLN PEN         | 4    | <br>S Specialty Drug |
| TREMFYA PEN 100 MG/ML SOLN A-INJ             | 4    | <br>S Specialty Drug |

| PRODUCT DESCRIPTION                     | TIER | LIMITS & RESTRICTIONS   |
|---|------|---|
| WEZLANA 45 MG/0.5ML SOLN PRSYR          | 4    | <br> Specialty Drug |
| WEZLANA 45 MG/0.5ML SOLUTION            | 4    | <br> Specialty Drug |
| WEZLANA 90 MG/ML SOLN PRSYR             | 4    | <br> Specialty Drug |
| YESINTEK 45 MG/0.5ML SOLN PRSYR         | 4    | <br> Specialty Drug |
| YESINTEK 45 MG/0.5ML SOLUTION           | 4    | <br> Specialty Drug |
| YESINTEK 90 MG/ML SOLN PRSYR            | 4    | <br> Specialty Drug |
| <b>ANTISEBORRHEIC PRODUCTS</b>          |      |   |
| OVACE PLUS 10 % CREAM                   | 3    |   |
| OVACE PLUS 9.8 % FOAM                   | 3    |   |
| OVACE PLUS 9.8 % LOTION                 | 3    |   |
| SELENIUM SULFIDE 2.25 % SHAMPOO         | 1    |   |
| <i>selenium sulfide shampoo 2.25%</i>   | 1    |   |
| SELENIUM SULFIDE 2.5 % LOTION           | 1    |   |
| <i>selenium sulfide lotion 2.5%</i>     | 1    |   |
| SODIUM SULFACETAMIDE 10 % SHAMPOO       | 1    |   |
| <i>sulfacetamide sodium shampoo 10%</i> | 1    |   |
| SODIUM SULFACETAMIDE WASH 10 % LIQUID   | 1    |   |
| SODIUM SULFACETAMIDE WASH 10 % LIQUID   | 1    |   |
| <i>sulfacetamide sodium liquid 10%</i>  | 1    |   |
| SULFACETAMIDE SODIUM (CLEANS) 10 % GEL  | 1    |   |
| SULFACETAMIDE SODIUM 10 % LIQUID        | 1    |   |
| <i>sulfacetamide sodium liquid 10%</i>  | 1    |   |






| PRODUCT DESCRIPTION                                      | TIER | LIMITS & RESTRICTIONS  |
|--|------|------------------------|
| <b>ANTIVIRAL TOPICAL COMBINATIONS</b>                    |      |                        |
| XERESE 5-1 % CREAM                                       | 3    | QL 5 / 30 DAYS<br>■    |
| <b>ANTIVIRALS - TOPICAL</b>                              |      |                        |
| <i>acyclovir oint 5%</i>                                 | 1    | QL 30 / 30 DAYS        |
| <b>ATOPIC DERMATITIS - JANUS KINASE (JAK) INHIBITORS</b> |      |                        |
| ANZUPGO 20 MG/GM CREAM                                   | 3    | ■                      |
| OPZELURA 1.5 % CREAM                                     | 3    | QL 60 / 30 day(s)<br>■ |
| <b>ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES</b>         |      |                        |
| ADBRY 150 MG/ML SOLN PRSYR                               | 4    | ■<br>S Specialty Drug  |
| ADBRY 300 MG/2ML SOLN A-INJ                              | 4    | ■<br>S Specialty Drug  |
| DUPIXENT 100 MG/0.67ML SOLN PRSYR                        | 4    | ■<br>S Specialty Drug  |
| DUPIXENT 200 MG/1.14ML SOLN A-INJ                        | 4    | ■<br>S Specialty Drug  |
| DUPIXENT 200 MG/1.14ML SOLN PRSYR                        | 4    | ■<br>S Specialty Drug  |
| DUPIXENT 300 MG/2ML SOLN A-INJ                           | 4    | ■<br>S Specialty Drug  |
| DUPIXENT 300 MG/2ML SOLN PRSYR                           | 4    | ■<br>S Specialty Drug  |
| <b>BURN PRODUCTS</b>                                     |      |                        |
| <i>silver sulfadiazine cream 1%</i>                      | 1    |                        |
| <i>silver sulfadiazine cream 1%</i>                      | 1    |                        |
| SULFAMYLON 85 MG/GM CREAM                                | 3    |                        |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <b>CAUTERIZING AGENT COMBINATIONS</b>                       |      |                       |
| ARZOL SILVER NIT APPLICATORS 75-25 % MISC                   | 1    |                       |
| GRAFCO SILVER NIT APPLICATOR 75-25 % MISC                   | 1    |                       |
| <b>CAUTERIZING AGENTS</b>                                   |      |                       |
| SILVER NITRATE 0.5 % SOLUTION                               | 1    |                       |
| <i>silver nitrate soln 0.5%</i>                             | 1    |                       |
| <b>CORTICOSTEROIDS - TOPICAL</b>                            |      |                       |
| <i>alclometasone dipropionate cream 0.05%</i>               | 1    |                       |
| ALCLOMETASONE DIPROPIONATE 0.05 % OINTMENT                  | 1    |                       |
| <i>alclometasone dipropionate oint 0.05%</i>                | 1    |                       |
| AMCINONIDE 0.1 % CREAM                                      | 2    |                       |
| AMCINONIDE 0.1 % LOTION                                     | 1    |                       |
| AMCINONIDE 0.1 % OINTMENT                                   | 1    |                       |
| <i>betamethasone dipropionate cream 0.05%</i>               | 1    |                       |
| <i>betamethasone dipropionate lotion 0.05%</i>              | 1    |                       |
| <i>betamethasone dipropionate oint 0.05%</i>                | 1    |                       |
| <i>betamethasone dipropionate augmented cream 0.05%</i>     | 1    |                       |
| <i>betamethasone dipropionate augmented lotion 0.05%</i>    | 1    |                       |
| <i>betamethasone dipropionate augmented oint 0.05%</i>      | 1    |                       |
| <i>betamethasone valerate cream 0.1% (base equivalent)</i>  | 1    |                       |
| BETAMETHASONE VALERATE 0.1 % LOTION                         | 1    |                       |
| <i>betamethasone valerate lotion 0.1% (base equivalent)</i> | 1    |                       |
| <i>betamethasone valerate oint 0.1% (base equivalent)</i>   | 1    |                       |
| <i>betamethasone valerate aerosol foam 0.12%</i>            | 1    |                       |
| CAPEX 0.01 % SHAMPOO  | 2    |                       |
| <i>clobetasol propionate emollient base cream 0.05%</i>     | 1    |                       |
| <i>clobetasol propionate cream 0.05%</i>                    | 1    |                       |
| <i>clobetasol propionate foam 0.05%</i>                     | 1    |                       |
| <i>clobetasol propionate gel 0.05%</i>                      | 1    |                       |
| <i>clobetasol propionate spray 0.05%</i>                    | 1    |                       |

| PRODUCT DESCRIPTION                                     | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>clobetasol propionate lotion 0.05%</i>               | 2    |                       |
| <i>clobetasol propionate oint 0.05%</i>                 | 1    |                       |
| <i>clobetasol propionate shampoo 0.05%</i>              | 1    |                       |
| <i>clobetasol propionate soln 0.05%</i>                 | 1    |                       |
| <i>clobetasol propionate emollient base cream 0.05%</i> | 1    |                       |
| <i>clobetasol propionate emulsion foam 0.05%</i>        | 1    |                       |
| <i>clobetasol propionate shampoo 0.05%</i>              | 1    |                       |
| CORDRAN 4 MCG/SQCM TAPE                                 | 3    | QL 1 / 30 DAYS        |
| <i>desonide cream 0.05%</i>                             | 1    |                       |
| <i>desonide lotion 0.05%</i>                            | 1    |                       |
| <i>desonide oint 0.05%</i>                              | 1    |                       |
| <i>desoximetasone cream 0.05%</i>                       | 1    |                       |
| DESOXIMETASONE 0.05 % GEL                               | 1    |                       |
| <i>desoximetasone oint 0.05%</i>                        | 1    |                       |
| <i>desoximetasone cream 0.25%</i>                       | 1    |                       |
| <i>desoximetasone oint 0.25%</i>                        | 1    |                       |
| DIFLORASONE DIACETATE 0.05 % CREAM                      | 2    |                       |
| <i>diflorasone diacetate oint 0.05%</i>                 | 2    |                       |
| <i>fluocinolone acetonide cream 0.01%</i>               | 1    |                       |
| <i>fluocinolone acetonide soln 0.01%</i>                | 1    |                       |
| <i>fluocinolone acetonide cream 0.025%</i>              | 1    |                       |
| <i>fluocinolone acetonide oint 0.025%</i>               | 1    |                       |
| <i>fluocinolone acetonide oil 0.01% (body oil)</i>      | 1    |                       |
| <i>fluocinolone acetonide oil 0.01% (scalp oil)</i>     | 1    |                       |
| <i>fluocinonide cream 0.05%</i>                         | 1    |                       |
| <i>fluocinonide gel 0.05%</i>                           | 1    |                       |
| <i>fluocinonide oint 0.05%</i>                          | 1    |                       |
| <i>fluocinonide soln 0.05%</i>                          | 1    |                       |
| <i>fluocinonide cream 0.1%</i>                          | 2    |                       |
| <i>fluocinonide emulsified base cream 0.05%</i>         | 1    |                       |
















| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| FLURANDRENOLIDE 0.05 % CREAM                                    | 2    |                       |
| FLURANDRENOLIDE 0.05 % LOTION                                   | 2    |                       |
| <i>flurandrenolide lotion 0.05%</i>                             | 2    |                       |
| <i>fluticasone propionate oint 0.005%</i>                       | 1    |                       |
| <i>fluticasone propionate cream 0.05%</i>                       | 1    |                       |
| FLUTICASONE PROPIONATE 0.05 % LOTION                            | 2    |                       |
| <i>fluticasone propionate lotion 0.05%</i>                      | 2    |                       |
| <i>halobetasol propionate cream 0.05%</i>                       | 1    |                       |
| <i>halobetasol propionate oint 0.05%</i>                        | 1    |                       |
| <i>hydrocortisone oint 1%</i>                                   | 1    |                       |
| <i>hydrocortisone cream 2.5%</i>                                | 1    |                       |
| HYDROCORTISONE 2.5 % LOTION                                     | 1    |                       |
| <i>hydrocortisone lotion 2.5%</i>                               | 1    |                       |
| <i>hydrocortisone oint 2.5%</i>                                 | 1    |                       |
| HYDROCORTISONE BUTYR LIPO BASE 0.1 % CREAM                      | 2    |                       |
| <i>hydrocortisone butyrate hydrophilic lipo base cream 0.1%</i> | 2    |                       |
| HYDROCORTISONE BUTYRATE 0.1 % CREAM                             | 1    |                       |
| HYDROCORTISONE BUTYRATE 0.1 % OINTMENT                          | 1    |                       |
| <i>hydrocortisone butyrate oint 0.1%</i>                        | 1    |                       |
| HYDROCORTISONE BUTYRATE 0.1 % SOLUTION                          | 2    |                       |
| <i>hydrocortisone valerate cream 0.2%</i>                       | 1    |                       |
| <i>mometasone furoate cream 0.1%</i>                            | 1    |                       |
| <i>mometasone furoate oint 0.1%</i>                             | 1    |                       |
| <i>mometasone furoate solution 0.1% (lotion)</i>                | 1    |                       |
| <i>flurandrenolide cream 0.05%</i>                              | 2    |                       |
| <i>flurandrenolide lotion 0.05%</i>                             | 2    |                       |
| PREDNICARBATE 0.1 % OINTMENT                                    | 1    |                       |
| TEXACORT 2.5 % SOLUTION   | 3    |                       |
| <i>clobetasol propionate emulsion foam 0.05%</i>                | 1    |                       |
| <i>triamcinolone acetonide cream 0.025%</i>                     | 1    |                       |

| PRODUCT DESCRIPTION                              | TIER | LIMITS & RESTRICTIONS  |
|--|------|------------------------|
| TRIAMCINOLONE ACETONIDE 0.025 % LOTION           | 1    |                        |
| <i>triamcinolone acetone lotion 0.025%</i>       | 1    |                        |
| <i>triamcinolone acetone oint 0.025%</i>         | 1    |                        |
| <i>triamcinolone acetone cream 0.1%</i>          | 1    |                        |
| <i>triamcinolone acetone lotion 0.1%</i>         | 1    |                        |
| <i>triamcinolone acetone oint 0.1%</i>           | 1    |                        |
| <i>triamcinolone acetone cream 0.5%</i>          | 1    |                        |
| <i>triamcinolone acetone oint 0.5%</i>           | 1    |                        |
| <i>triamcinolone acetone cream 0.5%</i>          | 1    |                        |
| EMOLLIENT/KERATOLYTIC AGENTS                     |      |                        |
| CEM-UREA 45 % SOLUTION                           | 1    |                        |
| UREA 40 % CREAM                                  | 1    |                        |
| <i>urea cream 40%</i>                            | 1    |                        |
| UREMEZ-40 40 % CREAM                             | 1    |                        |
| EMOLLIENTS                                       |      |                        |
| <i>lactic acid (ammonium lactate) cream 12%</i>  | 1    |                        |
| <i>lactic acid (ammonium lactate) lotion 12%</i> | 1    |                        |
| ENZYMES - TOPICAL                                |      |                        |
| SANTYL 250 UNIT/GM OINTMENT                      | 2    | QL 30 / 30 DAYS        |
| IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL          |      |                        |
| <i>clotrimazole cream 1%</i>                     | 1    |                        |
| <i>clotrimazole soln 1%</i>                      | 1    |                        |
| <i>econazole nitrate cream 1%</i>                | 1    |                        |
| ECOZA 1 % FOAM                                   | 3    | QL 70 / 30 DAYS        |
| ERTACZO 2 % CREAM                                | 3    |                        |
| EXELDERM 1 % CREAM                               | 3    |                        |
| EXELDERM 1 % SOLUTION                            | 3    |                        |
| JUBLIA 10 % SOLUTION                             | 3    | QL 4 / 30 day(s)<br>ST |

| PRODUCT DESCRIPTION                                       | TIER | LIMITS & RESTRICTIONS   |
|---|------|---|
| <i>ketoconazole cream 2%</i>                              | 1    |   |
| <i>ketoconazole foam 2%</i>                               | 1    |   |
| <i>ketoconazole shampoo 2%</i>                            | 1    |   |
| <i>ketoconazole foam 2%</i>                               | 1    |   |
| <i>oxiconazole nitrate cream 1%</i>                       | 2    |    |
| OXISTAT 1 % LOTION  | 3    |    |
| XOLEGEL 2 % GEL   | 3    |   |
| IMMUNOMODULATORS IMIDAZOQUINOLINAMINES - TOPICAL          |      |   |
| <i>imiquimod cream 5%</i>                                 | 1    |   |
| ZYCLARA PUMP 2.5 % CREAM                                  | 3    |  56 / 28 DAYS<br> |
| KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS                   |      |   |
| KERALYT 6 % SHAMPOO                                       | 1    |   |
| KERALYT SCALP 6 % KIT                                     | 3    |   |
| PODOCON-25 25 % SOLUTION                                  | 3    |   |
| <i>podofilox gel 0.5%</i>                                 | 2    |    |
| PODOFILOX 0.5 % SOLUTION                                  | 1    |   |
| <i>podofilox soln 0.5%</i>                                | 1    |   |
| <i>salicylic acid foam 6%</i>                             | 1    |   |
| SALICYLIC ACID 6 % SHAMPOO                                | 1    |   |
| <i>*salicylic acid cream 6% &amp; cleanser liqd kit**</i> | 1    |   |
| SALICYLIC ACID-CLEANSER 6 % CREAM KIT                     | 1    |   |
| KERATOLYTIC/ANTIMITOTIC/VESICANT COMBINATIONS             |      |   |
| SALVAX DUO PLUS 6 & 35 % KIT                              | 1    |   |
| LINIMENTS   |      |   |
| TURPENTINE SPIRIT   | 3    |   |
| LOCAL ANESTHETICS - TOPICAL                               |      |   |
| ANACAINE 10 % OINTMENT                                    | 3    |   |
| <i>lidocaine oint 5%</i>                                  | 1    |   |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS         |
|--|------|-------------------------------|
| <i>lidocaine patch 5%</i>                                      | 1    | QL 90 / 30 DAYS               |
| LIDOCAINE HCL 3 % CREAM  | 1    |                               |
| <i>lidocaine hcl cream 3%</i>                                  | 1    |                               |
| LIDOCAINE HCL URETHRAL/MUCOSAL 2 % GEL                         | 1    |                               |
| <i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i> | 1    |                               |
| <i>lidocaine patch 5%</i>                                      | 1    | QL 90 / 30 DAYS               |
| LIDOPIN 3 % CREAM  | 1    |                               |
| PREMIUM LIDOCAINE 5 % OINTMENT                                 | 1    |                               |
| <i>lidocaine patch 5%</i>                                      | 1    | QL 90 / 30 DAYS               |
| <i>lidocaine patch 5%</i>                                      | 1    | QL 90 / 30 DAYS               |
| MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL                         |      |                               |
| <i>pimecrolimus cream 1%</i>                                   | 2    | QL 60 / 30 day(s)             |
| <i>tacrolimus oint 0.03%</i>                                   | 2    |                               |
| <i>tacrolimus oint 0.1%</i>                                    | 2    |                               |
| MISC. TOPICAL  |      |                               |
| DRYSOL 20 % SOLUTION   | 3    |                               |
| OXABOROLE-RELATED ANTIFUNGALS - TOPICAL                        |      |                               |
| <i>tavaborole soln 5%</i>                                      | 2    | QL 10 / 30 day(s)<br>ST       |
| PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL                |      |                               |
| EUCRISA 2 % OINTMENT   | 3    |                               |
| ZORYVE 0.05 % CREAM  | 3    | QL 60 / 30 day(s)<br>ST       |
| ZORYVE 0.15 % CREAM  | 3    | QL 60 grams / 30 day(s)<br>ST |
| ZORYVE 0.3 % CREAM   | 3    | QL 60 / 30 day(s)<br>ST       |

| PRODUCT DESCRIPTION                                     | TIER | LIMITS & RESTRICTIONS   |
|---|------|-------------------------|
| <b>ROSACEA AGENTS</b>                                   |      |                         |
| <i>azelaic acid gel 15%</i>                             | 1    | QL 50 / 30 DAYS         |
| <i>brimonidine tartrate gel 0.33% (base equivalent)</i> | 2    |                         |
| <i>ivermectin cream 1%</i>                              | 1    | QL 1.5 grams / 1 day(s) |
| <i>metronidazole cream 0.75%</i>                        | 1    |                         |
| <i>metronidazole gel 0.75%</i>                          | 1    |                         |
| <i>metronidazole lotion 0.75%</i>                       | 1    |                         |
| <i>metronidazole gel 1%</i>                             | 1    |                         |
| <b>RHOFADE 1 % CREAM</b>                                | 3    |                         |
| <i>metronidazole cream 0.75%</i>                        | 1    |                         |
| <i>metronidazole gel 0.75%</i>                          | 1    |                         |
| <b>SCABICIDES &amp; PEDICULICIDES</b>                   |      |                         |
| <i>malathion lotion 0.5%</i>                            | 1    |                         |
| <i>permethrin cream 5%</i>                              | 1    |                         |
| <b>SPINOSAD 0.9 % SUSPENSION</b>                        | 1    |                         |
| <b>SKIN PROTECTANTS</b>                                 |      |                         |
| <b>BENZOIN TINCTURE</b>                                 | 3    |                         |
| <b>STEROID-LOCAL ANESTHETIC COMBINATIONS</b>            |      |                         |
| <b>CORTANE-B 10-10-1 MG/ML LOTION</b>                   | 3    |                         |
| <b>EPIFOAM 1-1 % FOAM</b>                               | 3    |                         |
| <b>HYDROCORTISONE ACE-PRAMOXINE 2.5-1 % CREAM</b>       | 1    |                         |
| <b>PRAMOSONE 1-1 % CREAM</b>                            | 3    |                         |
| <b>PRAMOSONE 1-1 % LOTION</b>                           | 3    |                         |
| <b>PRAMOSONE 1-1 % OINTMENT</b>                         | 3    |                         |
| <b>PRAMOSONE 1-2.5 % LOTION</b>                         | 3    |                         |
| <b>PRAMOSONE 1-2.5 % OINTMENT</b>                       | 3    |                         |
| <b>TOPICAL ANESTHETIC COMBINATIONS</b>                  |      |                         |
| <b>CETACAINE 2-2-14 % AEROSOL</b>                       | 3    |                         |
| <i>lidocaine-prilocaine cream 2.5-2.5%</i>              | 1    |                         |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS  |
|---|------|--|
| SYNERA 70-70 MG PATCH   | 3    |  |
| TOPICAL SELECTIVE RETINOID X RECEPTOR AGONISTS                    |      |  |
| <i>bexarotene gel 1%</i>  | 4    | <br> Specialty Drug                              |
| TOPICAL STEROID COMBINATIONS                                      |      |  |
| <i>calcipotriene-betamethasone dipropionate susp 0.005-0.064%</i> | 3    |  |
| SCALACORT DK 2 & 2-2 % KIT  | 3    |  |
| TYPE II 5-ALPHA REDUCTASE INHIBITORS                              |      |  |
| <i>finasteride tab 1 mg</i>                                       | 1    |  1 / 1 day(s)   |
| WOUND CARE - GROWTH FACTOR AGENTS                                 |      |  |
| REGRANEX 0.01 % GEL   | 3    |   |
| WOUND CLEANSERS/DECUBITUS ULCER THERAPY                           |      |  |
| LAVARE WOUND WASH GEL   | 3    |  |
| MICROCYN SKIN AND WOUND GEL                                       | 3    |  |
| DIAGNOSTIC PRODUCTS   |      |  |
| DIAGNOSTIC DRUGS  |      |  |
| GLUCAGEN DIAGNOSTIC 1 MG RECON SOLN                               | 2    |  |
| GLUCAGON HCL (DIAGNOSTIC) 1 MG RECON SOLN                         | 1    |  1 / 30 DAYS  |
| PROVOCHOLINE 100 MG RECON SOLN                                    | 2    |  |
| DIAGNOSTIC TESTS  |      |  |
| ACCU-CHEK AVIVA PLUS STRIP  | 2    |  250 / 30 day(s)<br> Value Preventative List |
| ACCU-CHEK GUIDE TEST STRIP  | 2    |  250 / 30 day(s)<br> Value Preventative List |
| ACCU-CHEK SMARTVIEW STRIP   | 2    |  250 / 30 day(s)<br> Value Preventative List |
| FORA GTEL BLOOD KETONE TEST STRIP                                 | 1    |  10 / 30 day(s)<br>                          |
| FORA TEST N'GO ADV-VOICE-6 CON STRIP                              | 1    |  10 / 30 day(s)<br>                          |

| PRODUCT DESCRIPTION              | TIER | LIMITS & RESTRICTIONS  |
|----------------------------------|------|--|
| FREESTYLE INSULINX TEST STRIP    | 2    | <p>QL 250 / 30 day(s)</p> <p>VAL Value Preventative List</p> |
| FREESTYLE LITE TEST STRIP        | 2    | <p>QL 250 / 30 day(s)</p> <p>VAL Value Preventative List</p> |
| FREESTYLE TEST STRIP             | 2    | <p>QL 250 / 30 day(s)</p> <p>VAL Value Preventative List</p> |
| GOJJI BLOOD KETONE TEST STRIP    | 1    | <p>QL 10 / 30 day(s)</p> <p></p>                             |
| NOVA MAX PLUS KETONE TEST STRIP  | 1    | <p>QL 10 / 30 day(s)</p> <p></p>                             |
| PRECISION XTRA KETONE STRIP      | 1    | <p>QL 10 / 30 day(s)</p> <p></p>                             |
| PTS PANELS KETONE TEST STRIP     | 1    | <p>QL 10 / 30 day(s)</p> <p></p>                             |
| INFECTION TESTS                  |      |  |
| ACCUA SARS-COV-2 KIT             | 2    | <p>QL 8 / 30 day(s)</p> <p>PREV Preventative</p>             |
| BD VERITOR SYSTEM SARS-COV-2 KIT | 2    | <p>QL 8 / 30 day(s)</p> <p>PREV Preventative</p>             |
| BINAXNOW COVID-19 AG CARD KIT    | 2    | <p>QL 8 / 30 day(s)</p> <p>PREV Preventative</p>             |
| COBAS LIAT SARS-COV-2 ASSAY KIT  | 2    | <p>QL 8 / 30 day(s)</p> <p>PREV Preventative</p>             |
| ID NOW COVID-19 KIT              | 2    | <p>QL 8 / 30 day(s)</p> <p>PREV Preventative</p>             |
| ID NOW COVID-19 2.0 TEST KIT     | 2    | <p>QL 8 / 30 day(s)</p> <p>PREV Preventative</p>             |
| LUCIRA COVID-19 ALL-IN-ONE KIT   | 2    | <p>QL 8 / 30 day(s)</p> <p>PREV Preventative</p>             |










| PRODUCT DESCRIPTION                   | TIER | LIMITS & RESTRICTIONS                 |
|---------------------------------------|------|---------------------------------------|
| LYRA DIRECT SARS-COV-2 ASSAY KIT      | 2    | QL 8 / 30 day(s)<br>PREV Preventative |
| LYRA SARS-COV-2 ASSAY KIT             | 2    | QL 8 / 30 day(s)<br>PREV Preventative |
| QUICKVUE SARS ANTIGEN TEST KIT        | 2    | QL 8 / 30 day(s)<br>PREV Preventative |
| SOFIA SARS ANTIGEN FIA KIT            | 2    | QL 8 / 30 day(s)<br>PREV Preventative |
| SOFIA2 SARS ANTIGEN FIA KIT           | 2    | QL 8 / 30 day(s)<br>PREV Preventative |
| XPRT XPRESS SARS-COV-2 KIT            | 2    | QL 8 / 30 day(s)<br>PREV Preventative |
| DIGESTIVE AIDS                        |      |                                       |
| DIGESTIVE ENZYMES                     |      |                                       |
| CREON 12000-38000 UNIT CP DR PART     | 2    |                                       |
| CREON 24000-76000 UNIT CP DR PART     | 2    |                                       |
| CREON 3000-9500 UNIT CP DR PART       | 2    |                                       |
| CREON 36000-114000 UNIT CP DR PART    | 2    |                                       |
| CREON 6000-19000 UNIT CP DR PART      | 2    |                                       |
| PANCREAZE 10500-35500 UNIT CP DR PART | 3    |                                       |
| PANCREAZE 16800-56800 UNIT CP DR PART | 3    |                                       |
| PANCREAZE 21000-54700 UNIT CP DR PART | 3    |                                       |
| PANCREAZE 2600-8800 UNIT CP DR PART   | 3    |                                       |
| PANCREAZE 37000-97300 UNIT CP DR PART | 3    |                                       |
| PANCREAZE 4200-14200 UNIT CP DR PART  | 3    |                                       |
| ZENPEP 10000-32000 UNIT CP DR PART    | 2    |                                       |
| ZENPEP 15000-47000 UNIT CP DR PART    | 2    |                                       |





















| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS                          |
|--|------|--|
| ZENPEP 20000-63000 UNIT CP DR PART                           | 2    |  |
| ZENPEP 25000-79000 UNIT CP DR PART                           | 2    |  |
| ZENPEP 3000-10000 UNIT CP DR PART                            | 2    |  |
| ZENPEP 40000-126000 UNIT CP DR PART                          | 2    |  |
| ZENPEP 5000-24000 UNIT CP DR PART                            | 2    |  |
| ZENPEP 60000-189600 UNIT CP DR PART                          | 2    |  |
| DIURETICS  |      |  |
| CARBONIC ANHYDRASE INHIBITORS                                |      |  |
| <i>acetazolamide tab 125 mg</i>                              | 1    | VAL Value Preventative List                    |
| <i>acetazolamide tab 250 mg</i>                              | 1    | VAL Value Preventative List                    |
| <i>acetazolamide cap er 12hr 500 mg</i>                      | 1    | VAL Value Preventative List                    |
| <i>methazolamide tab 25 mg</i>                               | 1    | QL 3 / 1 day(s)<br>VAL Value Preventative List |
| <i>methazolamide tab 50 mg</i>                               | 1    | VAL Value Preventative List                    |
| DIURETIC COMBINATIONS  |      |  |
| <i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>       | 1    | VAL Value Preventative List                    |
| AMILORIDE-HYDROCHLOROTHIAZIDE 5-50 MG TAB                    | 1    | VAL Value Preventative List                    |
| <i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i> | 1    | VAL Value Preventative List                    |
| <i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>  | 1    | VAL Value Preventative List                    |
| <i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i>  | 1    | VAL Value Preventative List                    |
| <i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i>    | 1    | VAL Value Preventative List                    |
| LOOP DIURETICS   |      |  |
| <i>bumetanide tab 0.5 mg</i>                                 | 1    | VAL Value Preventative List                    |
| <i>bumetanide tab 1 mg</i>                                   | 1    | VAL Value Preventative List                    |
| <i>bumetanide tab 2 mg</i>                                   | 1    | VAL Value Preventative List                    |
| <i>ethacrynic acid tab 25 mg</i>                             | 1    |  |
























| PRODUCT DESCRIPTION                    | TIER | LIMITS & RESTRICTIONS                              |
|--|------|--|
| FUROSEMIDE 10 MG/ML SOLUTION           | 1    | VAL Value Preventative List                        |
| <i>furosemide oral soln 10 mg/ml</i>   | 1    | VAL Value Preventative List                        |
| <i>furosemide tab 20 mg</i>            | 1    | VAL Value Preventative List                        |
| <i>furosemide tab 40 mg</i>            | 1    | VAL Value Preventative List                        |
| FUROSEMIDE 8 MG/ML SOLUTION            | 1    | AL1 Up to 8 yrs old<br>VAL Value Preventative List |
| <i>furosemide tab 80 mg</i>            | 1    | VAL Value Preventative List                        |
| <i>torseamide tab 10 mg</i>            | 1    | VAL Value Preventative List                        |
| <i>torseamide tab 100 mg</i>           | 1    | VAL Value Preventative List                        |
| <i>torseamide tab 20 mg</i>            | 1    | VAL Value Preventative List                        |
| <i>torseamide tab 5 mg</i>             | 1    | VAL Value Preventative List                        |
| POTASSIUM SPARING DIURETICS            |      |  |
| <i>amiloride hcl tab 5 mg</i>          | 1    | VAL Value Preventative List                        |
| <i>spironolactone tab 100 mg</i>       | 1    | VAL Value Preventative List                        |
| <i>spironolactone tab 25 mg</i>        | 1    | VAL Value Preventative List                        |
| <i>spironolactone susp 25 mg/5ml</i>   | 2    | AL1 0 to 8 yrs old                                 |
| <i>spironolactone tab 50 mg</i>        | 1    | VAL Value Preventative List                        |
| <i>triamterene cap 100 mg</i>          | 1    | VAL Value Preventative List                        |
| <i>triamterene cap 50 mg</i>           | 1    | VAL Value Preventative List                        |
| THIAZIDES AND THIAZIDE-LIKE DIURETICS  |      |  |
| <i>chlorthalidone tab 25 mg</i>        | 1    | VAL Value Preventative List                        |
| <i>chlorthalidone tab 50 mg</i>        | 1    | VAL Value Preventative List                        |
| DIURIL 250 MG/5ML SUSPENSION           | 2    | AL1 Up to 8 yrs old                                |
| <i>hydrochlorothiazide cap 12.5 mg</i> | 1    | VAL Value Preventative List                        |
| <i>hydrochlorothiazide tab 12.5 mg</i> | 1    | VAL Value Preventative List                        |
| <i>hydrochlorothiazide tab 25 mg</i>   | 1    | VAL Value Preventative List                        |









| PRODUCT DESCRIPTION                                    | TIER | LIMITS & RESTRICTIONS                          |
|--|------|--|
| <i>hydrochlorothiazide tab 50 mg</i>                   | 1    | VAL Value Preventative List                    |
| <i>indapamide tab 1.25 mg</i>                          | 1    | VAL Value Preventative List                    |
| <i>indapamide tab 2.5 mg</i>                           | 1    | VAL Value Preventative List                    |
| INZIRQO 10 MG/ML RECON SUSP                            | 2    | QL 80 / 30 day(s)<br>AL1 Up to 8 yrs old       |
| <i>metolazone tab 10 mg</i>                            | 1    | VAL Value Preventative List                    |
| <i>metolazone tab 2.5 mg</i>                           | 1    | VAL Value Preventative List                    |
| <i>metolazone tab 5 mg</i>                             | 1    | VAL Value Preventative List                    |
| ENDOCRINE AND METABOLIC AGENTS - MISC.                 |      |  |
| BISPHOSPHONATES  |      |  |
| <i>alendronate sodium tab 10 mg</i>                    | 1    | QL 30 / 28 DAYS<br>VAL Value Preventative List |
| <i>alendronate sodium tab 35 mg</i>                    | 1    | QL 4 / 28 DAYS<br>VAL Value Preventative List  |
| <i>alendronate sodium tab 70 mg</i>                    | 1    | QL 4 / 28 DAYS<br>VAL Value Preventative List  |
| <i>alendronate sodium oral soln 70 mg/75ml</i>         | 1    | QL 300 / 28 day(s)<br>AL1 0 to 8 yrs old       |
| FOSAMAX PLUS D 70-2800 MG-UNIT TAB                     | 3    | QL 4 / 28 DAYS                                 |
| FOSAMAX PLUS D 70-5600 MG-UNIT TAB                     | 3    | QL 4 / 28 DAYS                                 |
| <i>ibandronate sodium tab 150 mg (base equivalent)</i> | 1    | QL 1 / 28 DAYS<br>VAL Value Preventative List  |
| <i>risedronate sodium tab 150 mg</i>                   | 1    | QL 1 / 30 DAYS<br>VAL Value Preventative List  |
| <i>risedronate sodium tab 35 mg</i>                    | 1    | QL 30 / 30 DAYS<br>VAL Value Preventative List |
| <i>risedronate sodium tab delayed release 35 mg</i>    | 1    | QL 4 / 28 DAYS<br>VAL Value Preventative List  |






| PRODUCT DESCRIPTION                                | TIER | LIMITS & RESTRICTIONS  |
|--|------|--|
| <i>risedronate sodium tab 5 mg</i>                 | 1    | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div style="margin-right: 5px;">30 / 30 DAYS</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #2e8b57; color: white; padding: 2px 5px; margin-right: 5px;">VAL</div> <div>Value Preventative List</div> </div> |
| <b>CALCIMIMETIC AGENTS</b>                         |      |  |
| <i>cinacalcet hcl tab 30 mg (base equiv)</i>       | 1    | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div>120 / 30 day(s)</div> </div>  |
| <i>cinacalcet hcl tab 60 mg (base equiv)</i>       | 1    | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div>120 / 30 day(s)</div> </div>  |
| <i>cinacalcet hcl tab 90 mg (base equiv)</i>       | 1    | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div>120 / 30 day(s)</div> </div>  |
| <b>CALCITONINS</b>                                 |      |  |
| <i>calcitonin (salmon) nasal soln 200 unit/act</i> | 1    |  |
| <i>calcitonin (salmon) inj 200 unit/ml</i>         | 4    | <div style="background-color: #8b4513; width: 20px; height: 15px; display: inline-block;"></div>   |
| <b>CARNITINE REPLENISHER - AGENTS</b>              |      |  |
| <i>levocarnitine oral soln 1 gm/10ml (10%)</i>     | 1    |  |
| <i>levocarnitine tab 330 mg</i>                    | 1    |  |
| <i>levocarnitine oral soln 1 gm/10ml (10%)</i>     | 1    |  |
| <b>DOPAMINE RECEPTOR AGONISTS</b>                  |      |  |
| <i>cabergoline tab 0.5 mg</i>                      | 1    |  |
| <b>GNRH/LHRH ANTAGONISTS</b>                       |      |  |
| ORILISSA 200 MG TAB                                | 4    | <div style="display: flex; align-items: center;"> <div style="background-color: #8b4513; width: 20px; height: 15px; display: inline-block; margin-right: 5px;"></div> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; margin-right: 5px;">S</div> <div>Specialty Drug</div> </div>  |
| <b>GROWTH HORMONE RECEPTOR ANTAGONISTS</b>         |      |  |
| SOMAVERT 10 MG RECON SOLN                          | 4    | <div style="display: flex; align-items: center;"> <div style="background-color: #8b4513; width: 20px; height: 15px; display: inline-block; margin-right: 5px;"></div> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; margin-right: 5px;">S</div> <div>Specialty Drug</div> </div>  |
| SOMAVERT 15 MG RECON SOLN                          | 4    | <div style="display: flex; align-items: center;"> <div style="background-color: #8b4513; width: 20px; height: 15px; display: inline-block; margin-right: 5px;"></div> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; margin-right: 5px;">S</div> <div>Specialty Drug</div> </div>  |
| SOMAVERT 20 MG RECON SOLN                          | 4    | <div style="display: flex; align-items: center;"> <div style="background-color: #8b4513; width: 20px; height: 15px; display: inline-block; margin-right: 5px;"></div> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; margin-right: 5px;">S</div> <div>Specialty Drug</div> </div>  |
| SOMAVERT 25 MG RECON SOLN                          | 4    | <div style="display: flex; align-items: center;"> <div style="background-color: #8b4513; width: 20px; height: 15px; display: inline-block; margin-right: 5px;"></div> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; margin-right: 5px;">S</div> <div>Specialty Drug</div> </div>  |
| SOMAVERT 30 MG RECON SOLN                          | 4    | <div style="display: flex; align-items: center;"> <div style="background-color: #8b4513; width: 20px; height: 15px; display: inline-block; margin-right: 5px;"></div> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; margin-right: 5px;">S</div> <div>Specialty Drug</div> </div>  |


| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS   |
|--|------|---|
| <b>GROWTH HORMONES</b>   |      |   |
| NORDITROPIN FLEXPRO 10 MG/1.5ML SOLN PEN                       | 4    |  Specialty Drug    |
| NORDITROPIN FLEXPRO 15 MG/1.5ML SOLN PEN                       | 4    |  Specialty Drug    |
| NORDITROPIN FLEXPRO 30 MG/3ML SOLN PEN                         | 4    |  Specialty Drug    |
| NORDITROPIN FLEXPRO 5 MG/1.5ML SOLN PEN                        | 4    |  Specialty Drug    |
| OMNITROPE 10 MG/1.5ML SOLN CART                                | 4    |  Specialty Drug    |
| OMNITROPE 5 MG/1.5ML SOLN CART                                 | 4    |  Specialty Drug    |
| OMNITROPE 5.8 MG RECON SOLN                                    | 4    |  Specialty Drug    |
| <b>HEREDITARY TYROSINEMIA TYPE 1 (HT-1) TREATMENT - AGENTS</b> |      |   |
| ORFADIN 4 MG/ML SUSPENSION                                     | 4    |  Specialty Drug  |
| <b>HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS</b>          |      |   |
| <i>calcitriol cap 0.25 mcg</i>                                 | 1    |   |
| <i>calcitriol cap 0.5 mcg</i>                                  | 1    |   |
| <i>calcitriol oral soln 1 mcg/ml</i>                           | 1    |  Up to 8 yrs old |
| DOXERCALCIFEROL 0.5 MCG CAP                                    | 1    |   |
| <i>doxercalciferol cap 0.5 mcg</i>                             | 1    |   |
| DOXERCALCIFEROL 1 MCG CAP                                      | 1    |   |
| <i>doxercalciferol cap 1 mcg</i>                               | 1    |   |
| DOXERCALCIFEROL 2.5 MCG CAP                                    | 1    |   |
| <i>doxercalciferol cap 2.5 mcg</i>                             | 1    |   |
| <i>doxercalciferol inj 4 mcg/2ml (2 mcg/ml)</i>                | 1    |   |

| PRODUCT DESCRIPTION                             | TIER | LIMITS & RESTRICTIONS   |
|---|------|---|
| <i>paricalcitol cap 1 mcg</i>                   | 1    |   |
| <i>paricalcitol cap 2 mcg</i>                   | 1    |   |
| <i>paricalcitol iv soln 2 mcg/ml</i>            | 1    |   |
| <i>paricalcitol cap 4 mcg</i>                   | 1    |   |
| <i>paricalcitol iv soln 5 mcg/ml</i>            | 1    |   |
| INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)      |      |   |
| INCRELEX 40 MG/4ML SOLUTION                     | 4    | <br> Specialty Drug     |
| LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS |      |   |
| LUPRON DEPOT-PED (1-MONTH) 11.25 MG KIT         | 4    | <br> Specialty Drug     |
| LUPRON DEPOT-PED (1-MONTH) 15 MG KIT            | 4    | <br> Specialty Drug     |
| LUPRON DEPOT-PED (1-MONTH) 7.5 MG KIT           | 4    | <br> Specialty Drug     |
| LUPRON DEPOT-PED (3-MONTH) 11.25 MG (PED) KIT   | 4    | <br> Specialty Drug |
| LUPRON DEPOT-PED (3-MONTH) 30 MG KIT            | 4    | <br> Specialty Drug |
| LUPRON DEPOT-PED (6-MONTH) 45 MG KIT            | 4    | <br> Specialty Drug |
| NEUROKININ 1 & 3 (NK1/NK3) RECEPTOR ANTAGONISTS |      |   |
| LYNKUET 60 MG CAP                               | 3    |    |
| NEUROKININ 3 (NK3) RECEPTOR ANTAGONISTS         |      |   |
| VEOZAH 45 MG TAB                                | 3    |    |
| PARATHYROID HORMONE AND DERIVATIVES             |      |   |
| <i>teriparatide soln pen-inj 560 mcg/2.24ml</i> | 4    | <br> Specialty Drug |
| TYMLOS 3120 MCG/1.56ML SOLN PEN                 | 4    | <br> Specialty Drug |

| PRODUCT DESCRIPTION                                     | TIER | LIMITS & RESTRICTIONS  |
|---|------|--|
| <b>PHENYLKETONURIA TREATMENT - AGENTS</b>               |      |  |
| PALYNZIQ 10 MG/0.5ML SOLN PRSYR                         | 4    | <br> Specialty Drug  |
| PALYNZIQ 2.5 MG/0.5ML SOLN PRSYR                        | 4    | <br> Specialty Drug  |
| PALYNZIQ 20 MG/ML SOLN PRSYR                            | 4    | <br> Specialty Drug  |
| <i>sapropterin dihydrochloride powder packet 100 mg</i> | 4    | <br> Specialty Drug  |
| <i>sapropterin dihydrochloride tab 100 mg</i>           | 4    | <br> Specialty Drug  |
| <i>sapropterin dihydrochloride powder packet 500 mg</i> | 4    | <br> Specialty Drug  |
| <b>SCLEROSTIN INHIBITORS</b>                            |      |  |
| EVENITY 105 MG/1.17ML SOLN PRSYR                        | 4    | <br> 12 / 999999 DAYS<br> Specialty Drug |
| <b>SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)</b>   |      |  |
| OSPHENA 60 MG TAB                                       | 3    |  |
| <i>raloxifene hcl tab 60 mg</i>                         | 1    |  30 / 30 DAYS<br> Preventative   |
| <b>SELECTIVE VASOPRESSIN V2-RECEPTOR ANTAGONISTS</b>    |      |  |
| <i>tolvaptan (hyponatremia) tab 15 mg</i>               | 2    |  Specialty Drug   |
| <i>tolvaptan (hyponatremia) tab 30 mg</i>               | 2    |  Specialty Drug   |
| <i>tolvaptan tab 15 mg</i>                              | 2    |  Specialty Drug   |
| <i>tolvaptan tab therapy pack 15 mg</i>                 | 2    |  Specialty Drug   |
| <i>tolvaptan tab therapy pack 30 &amp; 15 mg</i>        | 2    |  Specialty Drug   |
| <i>tolvaptan tab 30 mg</i>                              | 2    |  Specialty Drug   |


| PRODUCT DESCRIPTION                                  | TIER | LIMITS & RESTRICTIONS   |
|--|------|---|
| <i>tolvaptan tab therapy pack 45 &amp; 15 mg</i>     | 2    | S Specialty Drug  |
| <i>tolvaptan tab therapy pack 60 &amp; 30 mg</i>     | 2    | S Specialty Drug  |
| <i>tolvaptan tab therapy pack 90 &amp; 30 mg</i>     | 2    | S Specialty Drug  |
| SOMATOSTATIC AGENTS                                  |      |   |
| OCTREOTIDE ACETATE 100 MCG/ML SOLN PRSYR             | 2    |   |
| <i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i> | 2    |   |
| <i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>  | 2    |   |
| <i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i> | 2    |   |
| OCTREOTIDE ACETATE 50 MCG/ML SOLN PRSYR              | 2    |   |
| <i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i> | 2    |   |
| OCTREOTIDE ACETATE 500 MCG/ML SOLN PRSYR             | 2    |   |
| <i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i> | 2    |   |
| SIGNIFOR 0.3 MG/ML SOLUTION                          | 4    | <br>S Specialty Drug   |
| SIGNIFOR 0.6 MG/ML SOLUTION                          | 4    | <br>S Specialty Drug  |
| SIGNIFOR 0.9 MG/ML SOLUTION                          | 4    | <br>S Specialty Drug |
| SIGNIFOR LAR 10 MG SRER                              | 4    | <br>S Specialty Drug |
| SIGNIFOR LAR 20 MG SRER                              | 4    | <br>S Specialty Drug |
| SIGNIFOR LAR 30 MG SRER                              | 4    | <br>S Specialty Drug |
| SIGNIFOR LAR 40 MG SRER                              | 4    | <br>S Specialty Drug |
| SIGNIFOR LAR 60 MG SRER                              | 4    | <br>S Specialty Drug |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS   |
|--|------|---|
| UREA CYCLE DISORDER - AGENTS   |      |   |
| PHEBURANE 483 MG/GM PELLETT  | 4    |  Specialty Drug  |
| <i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>              | 1    |  Up to 8 yrs old<br> Specialty Drug |
| <i>sodium phenylbutyrate tab 500 mg</i>                                | 1    |   |
| VASOPRESSIN  |      |   |
| <i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>      | 1    |   |
| <i>desmopressin acetate tab 0.1 mg</i>                                 | 1    |   |
| <i>desmopressin acetate tab 0.2 mg</i>                                 | 1    |   |
| DESMOPRESSIN ACETATE 1.5 MG/ML SOLUTION                                | 2    |  1 / 90 day(s)   |
| <i>desmopressin acetate inj 4 mcg/ml</i>                               | 1    |   |
| <i>desmopressin acetate preservative free (pf) inj 4 mcg/ml</i>        | 1    |   |
| <i>desmopressin acetate nasal spray soln 0.01%</i>                     | 1    |   |
| DESMOPRESSIN ACETATE SPRAY 0.01 % SOLUTION                             | 1    |   |
| STIMATE 1.5 MG/ML SOLUTION   | 2    |  1 / 180 day(s)  |
| ESTROGENS  |      |   |
| ESTROGEN & ANDROGEN  |      |   |
| COVARYX 1.25-2.5 MG TAB  | 1    |   |
| COVARYX HS 0.625-1.25 MG TAB   | 1    |   |
| EEMT 1.25-2.5 MG TAB   | 1    |   |
| EEMT HS 0.625-1.25 MG TAB  | 1    |   |
| EST ESTROGENS-METHYLTEST 1.25-2.5 MG TAB                               | 1    |   |
| <i>esterified estrogens &amp; methyltestosterone tab 1.25-2.5 mg</i>   | 1    |   |
| EST ESTROGENS-METHYLTEST DS 1.25-2.5 MG TAB                            | 1    |   |
| <i>esterified estrogens &amp; methyltestosterone tab 1.25-2.5 mg</i>   | 1    |   |
| EST ESTROGENS-METHYLTEST HS 0.625-1.25 MG TAB                          | 1    |   |
| <i>esterified estrogens &amp; methyltestosterone tab 0.625-1.25 mg</i> | 1    |   |
| <i>esterified estrogens &amp; methyltestosterone tab 1.25-2.5 mg</i>   | 1    |   |











| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS  |
|---|------|--|
| ESTRATEST H.S. 0.625-1.25 MG TAB                                  | 1    |  |
| ESTROGEN & PROGESTIN  |      |  |
| <i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i>         | 1    |  |
| <i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>       | 1    |  |
| <i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>       | 1    |  |
| <i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i>         | 1    |  |
| ANGELIQ 0.25-0.5 MG TAB   | 3    | QL 28 / 28 DAYS  |
| ANGELIQ 0.5-1 MG TAB  | 3    | QL 28 / 28 DAYS  |
| CLIMARA PRO 0.045-0.015 MG/DAY PATCH WK                           | 3    | QL 4 / 28 DAYS   |
| COMBIPATCH 0.05-0.14 MG/DAY PATCH TW                              | 3    | QL 8 / 28 DAYS   |
| COMBIPATCH 0.05-0.25 MG/DAY PATCH TW                              | 3    | QL 8 / 28 DAYS   |
| <i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>       | 1    |  |
| <i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i>         | 1    |  |
| <i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i> | 1    |  |
| <i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>     | 1    |  |
| <i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>     | 1    |  |
| <i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i>         | 1    |  |
| <i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i> | 1    |  |
| <i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>     | 1    |  |
| PREFEST 1/1-0.09 MG (15/15) TAB                                   | 3    |  |
| PREMPHASE 0.625-5 MG TAB  | 2    |  |
| PREMPRO 0.3-1.5 MG TAB  | 3    |  |
| PREMPRO 0.45-1.5 MG TAB   | 2    |  |
| PREMPRO 0.625-2.5 MG TAB  | 3    |  |
| PREMPRO 0.625-5 MG TAB  | 2    |  |
| ESTROGEN-PROGESTIN-GNRH ANTAGONIST                                |      |  |
| ORIAHNN 300-1-0.5 & 300 MG CAP THPK                               | 4    |  Specialty Drug |


















| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB             |      |                       |
| DUAVEE 0.45-20 MG TAB   | 3    | QL 30 / 30 DAYS       |
| ALORA 0.025 MG/24HR PATCH TW                                    | 3    |                       |
| ALORA 0.05 MG/24HR PATCH TW                                     | 3    |                       |
| ALORA 0.075 MG/24HR PATCH TW                                    | 3    |                       |
| <i>estradiol td patch twice weekly 0.025 mg/24hr</i>            | 1    |                       |
| <i>estradiol td patch twice weekly 0.0375 mg/24hr</i>           | 1    |                       |
| <i>estradiol td patch twice weekly 0.05 mg/24hr</i>             | 1    |                       |
| <i>estradiol td patch twice weekly 0.075 mg/24hr</i>            | 1    |                       |
| <i>estradiol td patch twice weekly 0.1 mg/24hr</i>              | 1    |                       |
| ELESTRIN 0.52 MG/0.87 GM (0.06%) GEL                            | 3    | QL 26 / 30 DAYS       |
| <i>estradiol td patch twice weekly 0.025 mg/24hr</i>            | 1    |                       |
| <i>estradiol td patch weekly 0.025 mg/24hr</i>                  | 1    | QL 4 / 28 DAYS        |
| <i>estradiol td patch twice weekly 0.0375 mg/24hr</i>           | 1    |                       |
| <i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i> | 1    | QL 4 / 28 DAYS        |
| <i>estradiol td patch twice weekly 0.05 mg/24hr</i>             | 1    |                       |
| <i>estradiol td patch weekly 0.05 mg/24hr</i>                   | 1    | QL 4 / 28 DAYS        |
| <i>estradiol td patch weekly 0.06 mg/24hr</i>                   | 1    | QL 4 / 28 DAYS        |
| <i>estradiol td patch twice weekly 0.075 mg/24hr</i>            | 1    |                       |
| <i>estradiol td patch weekly 0.075 mg/24hr</i>                  | 1    | QL 4 / 28 DAYS        |
| <i>estradiol td patch twice weekly 0.1 mg/24hr</i>              | 1    |                       |
| <i>estradiol td patch weekly 0.1 mg/24hr</i>                    | 1    | QL 4 / 28 DAYS        |
| <i>estradiol td gel 0.25 mg/0.25gm (0.1%)</i>                   | 2    | QL 30 / 30 day(s)     |
| <i>estradiol tab 0.5 mg</i>                                     | 1    |                       |
| <i>estradiol td gel 0.5 mg/0.5gm (0.1%)</i>                     | 2    | QL 30 / 30 day(s)     |
| <i>estradiol td gel 0.75 mg/0.75gm (0.1%)</i>                   | 2    | QL 30 / 30 day(s)     |
| <i>estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)</i>  | 2    | QL 50 / 30 day(s)     |
| <i>estradiol tab 1 mg</i>                                       | 1    |                       |


















| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>estradiol td gel 1 mg/gm (0.1%)</i>                            | 2    | QL 30 / 30 day(s)     |
| <i>estradiol td gel 1.25 mg/1.25gm (0.1%)</i>                     | 2    | QL 37.5 / 30 day(s)   |
| <i>estradiol tab 2 mg</i>   | 1    |                       |
| <i>estradiol valerate im in oil 10 mg/ml</i>                      | 1    |                       |
| <i>estradiol valerate im in oil 20 mg/ml</i>                      | 1    |                       |
| <i>estradiol valerate im in oil 40 mg/ml</i>                      | 1    |                       |
| <i>estrogens, conjugated tab 0.3 mg</i>                           | 2    |                       |
| <i>estrogens, conjugated tab 0.45 mg</i>                          | 2    |                       |
| <i>estrogens, conjugated tab 0.625 mg</i>                         | 2    |                       |
| <i>estrogens, conjugated tab 0.9 mg</i>                           | 2    |                       |
| <i>estrogens, conjugated tab 1.25 mg</i>                          | 2    |                       |
| EVAMIST 1.53 MG/SPRAY SOLUTION                                    | 3    | QL 16.2 / 30 DAYS     |
| <i>estradiol td patch twice weekly 0.025 mg/24hr</i>              | 1    |                       |
| <i>estradiol td patch twice weekly 0.0375 mg/24hr</i>             | 1    |                       |
| <i>estradiol td patch twice weekly 0.05 mg/24hr</i>               | 1    |                       |
| <i>estradiol td patch twice weekly 0.075 mg/24hr</i>              | 1    |                       |
| <i>estradiol td patch twice weekly 0.1 mg/24hr</i>                | 1    |                       |
| MENEST 0.3 MG TAB   | 3    |                       |
| MENEST 0.625 MG TAB   | 3    |                       |
| MENEST 1.25 MG TAB  | 3    |                       |
| MENEST 2.5 MG TAB   | 3    |                       |
| MENOSTAR 14 MCG/24HR PATCH WK                                     | 3    | QL 4 / 28 DAYS        |
| FLUOROQUINOLONES  |      |                       |
| CIPRO 250 MG/5ML (5%) RECON SUSP                                  | 2    | AL1 Up to 8 yrs old   |
| CIPRO 500 MG/5ML (10%) RECON SUSP                                 | 2    | AL1 Up to 8 yrs old   |
| <i>ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)</i>   | 1    | AL1 Up to 8 yrs old   |
| <i>ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)</i> | 1    | AL1 Up to 8 yrs old   |
| <i>ciprofloxacin hcl tab 250 mg (base equiv)</i>                  | 1    |                       |
| <i>ciprofloxacin hcl tab 500 mg (base equiv)</i>                  | 1    |                       |



| PRODUCT DESCRIPTION                                      | TIER | LIMITS & RESTRICTIONS  |
|--|------|--|
| <i>ciprofloxacin hcl tab 750 mg (base equiv)</i>         | 1    |  |
| LEVOFLOXACIN 25 MG/ML SOLUTION                           | 1    |  |
| <i>levofloxacin iv soln 25 mg/ml</i>                     | 1    |  |
| <i>levofloxacin oral soln 25 mg/ml</i>                   | 1    | AL1 0 to 8 yrs old   |
| <i>levofloxacin tab 250 mg</i>                           | 1    | QL 14 / 14 DAYS  |
| <i>levofloxacin tab 500 mg</i>                           | 1    | QL 14 / 14 DAYS  |
| <i>levofloxacin tab 750 mg</i>                           | 1    | QL 14 / 14 DAYS  |
| <i>moxifloxacin hcl tab 400 mg (base equiv)</i>          | 1    | QL 14 / 0 DAYS<br>MFL 1 / DAYS   |
| OFLOXACIN 400 MG TAB                                     | 1    |  |
| <i>ofloxacin tab 400 mg</i>                              | 1    |  |
| GASTROINTESTINAL AGENTS - MISC.                          |      |  |
| 5-HT4 RECEPTOR AGONISTS                                  |      |  |
| <i>prucalopride succinate tab 1 mg (base equivalent)</i> | 2    | QL 1 tablet / 1 day(s)   |
| <i>prucalopride succinate tab 2 mg (base equivalent)</i> | 2    | QL 1 tablet / 1 day(s)   |
| CIC AGENTS - GUANYLATE CYCLASE-C (GC-C) AGONISTS         |      |  |
| TRULANCE 3 MG TAB  | 3    | QL 30 / 30 DAYS<br> |
| GALLSTONE SOLUBILIZING AGENTS                            |      |  |
| <i>ursodiol tab 250 mg</i>                               | 1    |  |
| <i>ursodiol cap 300 mg</i>                               | 1    |  |
| <i>ursodiol tab 500 mg</i>                               | 1    |  |
| GASTROINTESTINAL ANTIALLERGY AGENTS                      |      |  |
| <i>cromolyn sodium oral conc 100 mg/5ml</i>              | 1    |  |
| GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS             |      |  |
| <i>lubiprostone cap 24 mcg</i>                           | 2    | QL 60 / 30 day(s)  |
| <i>lubiprostone cap 8 mcg</i>                            | 2    | QL 60 / 30 day(s)  |








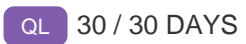
| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <b>GASTROINTESTINAL STIMULANTS</b>                                |      |                       |
| <i>metoclopramide hcl tab 10 mg (base equivalent)</i>             | 1    |                       |
| <i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i> | 1    |                       |
| <i>metoclopramide hcl tab 5 mg (base equivalent)</i>              | 1    |                       |
| METOCLOPRAMIDE HCL 5 MG TAB DISP                                  | 1    | QL 120 / 30 DAYS      |
| <i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i> | 1    |                       |
| <b>IBS AGENT - GUANYLATE CYCLASE-C (GC-C) AGONISTS</b>            |      |                       |
| LINZESS 145 MCG CAP   | 2    | QL 30 / 30 DAYS<br>■  |
| LINZESS 290 MCG CAP   | 2    | QL 30 / 30 DAYS<br>■  |
| LINZESS 72 MCG CAP  | 2    | QL 30 / 30 DAYS<br>■  |
| <b>IBS AGENT - MU-OPIOID RECEPTOR AGONISTS</b>                    |      |                       |
| VIBERZI 100 MG TAB  | 3    | ■                     |
| VIBERZI 75 MG TAB   | 3    | ■                     |
| <b>IBS AGENT - SELECTIVE 5-HT3 RECEPTOR ANTAGONISTS</b>           |      |                       |
| <i>alosetron hcl tab 0.5 mg (base equiv)</i>                      | 2    | QL 60 / 30 DAYS       |
| <i>alosetron hcl tab 1 mg (base equiv)</i>                        | 2    | QL 60 / 30 DAYS       |
| <b>INFLAMMATORY BOWEL AGENTS</b>                                  |      |                       |
| <i>balsalazide disodium cap 750 mg</i>                            | 1    |                       |
| DIPENTUM 250 MG CAP   | 3    | ■                     |
| <i>mesalamine tab delayed release 1.2 gm</i>                      | 2    | QL 120 / 30 DAYS      |
| <i>mesalamine suppos 1000 mg</i>                                  | 2    | QL 30 / 30 DAYS       |
| <i>mesalamine enema 4 gm</i>                                      | 1    | QL 1680 / 28 DAYS     |
| MESALAMINE 400 MG CAP DR  | 1    | QL 6 / 1 day(s)       |
| <i>mesalamine cap dr 400 mg</i>                                   | 1    | QL 6 / 1 day(s)       |







| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS   |
|--|------|---|
| <i>mesalamine tab delayed release 800 mg</i>                   | 2    | QL 6 tab / 1 day(s)   |
| <i>mesalamine cap er 24hr 0.375 gm</i>                         | 2    | QL 4 / 1 day(s)   |
| <i>mesalamine cap er 500 mg</i>                                | 2    | QL 240 / 30 day(s)  |
| <i>*mesalamine rectal enema 4 gm &amp; cleanser wipe kit**</i> | 1    | QL 1 / 1 day(s)   |
| PENTASA 250 MG CAP ER  | 2    | QL 90 / 30 DAYS   |
| <i>sulfasalazine tab 500 mg</i>                                | 1    |   |
| <i>sulfasalazine tab delayed release 500 mg</i>                | 1    |   |
| INTERLEUKIN ANTAGONISTS  |      |   |
| OMVOH (300 MG DOSE) 100 MG/ML & 200 MG/2ML SOLN A-INJ          | 4    | <br>S Specialty Drug   |
| OMVOH (300 MG DOSE) 100 MG/ML & 200 MG/2ML SOLN PRSYR          | 4    | <br>S Specialty Drug   |
| OMVOH 100 MG/ML SOLN A-INJ                                     | 4    | <br>S Specialty Drug   |
| OMVOH 100 MG/ML SOLN PRSYR                                     | 4    | <br>S Specialty Drug |
| OMVOH 200 MG/2ML SOLN A-INJ                                    | 4    | <br>S Specialty Drug |
| OMVOH 200 MG/2ML SOLN PRSYR                                    | 4    | <br>S Specialty Drug |
| OMVOH 300 MG/15ML SOLUTION                                     | 4    | <br>S Specialty Drug |
| SKYRIZI 180 MG/1.2ML SOLN CART                                 | 4    | <br>S Specialty Drug |
| SKYRIZI 360 MG/2.4ML SOLN CART                                 | 4    | <br>S Specialty Drug |
| SKYRIZI 600 MG/10ML SOLUTION                                   | 4    | <br>S Specialty Drug |
















| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS   |
|--|------|---|
| TREMFYA 200 MG/2ML SOLN PRSYR                                    | 4    | <br> Specialty Drug   |
| TREMFYA PEN 200 MG/2ML SOLN A-INJ                                | 4    | <br> Specialty Drug   |
| TREMFYA-CD/UC INDUCTION 200 MG/2ML SOLN A-INJ                    | 4    | <br> Specialty Drug   |
| <b>INTESTINAL ACIDIFIERS</b>                                     |      |   |
| <i>lactulose (encephalopathy) solution 10 gm/15ml</i>            | 1    |   |
| <i>lactulose (encephalopathy) solution 10 gm/15ml</i>            | 1    |   |
| <i>lactulose (encephalopathy) solution 10 gm/15ml</i>            | 1    |   |
| <b>PERIPHERAL OPIOID RECEPTOR ANTAGONISTS</b>                    |      |   |
| MOVANTIK 12.5 MG TAB   | 2    |  30 / 30 DAYS<br>     |
| MOVANTIK 25 MG TAB   | 2    |  30 / 30 DAYS<br>    |
| SYMPROIC 0.2 MG TAB  | 3    |  30 / 30 DAYS<br> |
| <b>PHOSPHATE BINDER AGENTS</b>                                   |      |   |
| <i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i> | 1    |   |
| <i>calcium acetate (phosphate binder) tab 667 mg</i>             | 1    |   |
| <i>calcium acetate (phosphate binder) tab 667 mg</i>             | 1    |   |
| FOSRENOL 1000 MG PACKET  | 3    |    |
| FOSRENOL 750 MG PACKET   | 3    |    |
| <i>lanthanum carbonate chew tab 1000 mg (elemental)</i>          | 2    |   |
| <i>lanthanum carbonate chew tab 500 mg (elemental)</i>           | 1    |   |
| <i>lanthanum carbonate chew tab 750 mg (elemental)</i>           | 1    |   |
| PHOSLYRA 667 MG/5ML SOLUTION                                     | 3    |  Up to 8 yrs old   |
| <i>sevelamer carbonate packet 0.8 gm</i>                         | 1    |  Up to 8 yrs old   |
| <i>sevelamer carbonate packet 2.4 gm</i>                         | 1    |  Up to 8 yrs old   |
















| PRODUCT DESCRIPTION                        | TIER | LIMITS & RESTRICTIONS   |
|--|------|---|
| <i>sevelamer carbonate tab 800 mg</i>      | 1    |   |
| <i>sevelamer hcl tab 400 mg</i>            | 2    |   |
| <i>sevelamer hcl tab 800 mg</i>            | 2    |   |
| VELPHORO 500 MG CHEW TAB                   | 3    |    |
| TUMOR NECROSIS FACTOR ALPHA BLOCKERS       |      |   |
| CIMZIA (1 SYRINGE) 200 MG/ML PREF SY KT    | 4    | <br> Specialty Drug |
| CIMZIA (2 SYRINGE) 200 MG/ML PREF SY KT    | 4    | <br> Specialty Drug |
| CIMZIA 2 X 200 MG KIT                      | 4    | <br> Specialty Drug |
| CIMZIA-STARTER 200 MG/ML PREF SY KT        | 4    | <br> Specialty Drug |
| GENITOURINARY AGENTS - MISCELLANEOUS       |      |   |
| 5-ALPHA REDUCTASE INHIBITORS               |      |   |
| <i>dutasteride cap 0.5 mg</i>              | 1    |  30 / 30 DAYS  |
| <i>finasteride tab 5 mg</i>                | 1    |  1 / 1 day(s)  |
| ALPHA 1-ADRENOCEPTOR ANTAGONISTS           |      |   |
| <i>alfuzosin hcl tab er 24hr 10 mg</i>     | 1    |  60 / 30 DAYS  |
| CARDURA XL 4 MG TAB ER 24H                 | 3    |  30 / 30 DAYS  |
| CARDURA XL 8 MG TAB ER 24H                 | 3    |  30 / 30 DAYS  |
| <i>silodosin cap 4 mg</i>                  | 1    |  60 / 30 DAYS  |
| <i>silodosin cap 8 mg</i>                  | 1    |  30 / 30 DAYS  |
| <i>tamsulosin hcl cap 0.4 mg</i>           | 1    |  60 / 30 DAYS  |
| ANTI-INFECTIVE GENITOURINARY IRRIGANTS     |      |   |
| NEOMYCIN-POLYMYXIN B GU 40-200000 SOLUTION | 1    |   |
















| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS   |
|---|------|---|
| <b>CITRATES</b>   |      |   |
| CYTRA K CRYSTALS 3300-1002 MG PACKET                            | 1    |   |
| ORACIT 490-640 MG/5ML SOLUTION                                  | 3    | AL1 Up to 8 yrs old   |
| ORAL CITRATE 490-640 MG/5ML SOLUTION                            | 3    | AL1 Up to 8 yrs old   |
| POT & SOD CIT-CIT AC 550-500-334 MG/5ML SOLUTION                | 1    | AL1 Up to 8 yrs old   |
| <i>pot &amp; sod citrates w/ cit ac soln 550-500-334 mg/5ml</i> | 1    | AL1 Up to 8 yrs old   |
| <i>potassium citrate tab er 10 meq (1080 mg)</i>                | 1    |   |
| <i>potassium citrate tab er 15 meq (1620 mg)</i>                | 1    |   |
| <i>potassium citrate tab er 5 meq (540 mg)</i>                  | 1    |   |
| <i>potassium citrate &amp; citric acid soln 1100-334 mg/5ml</i> | 1    |   |
| POTASSIUM CITRATE-CITRIC ACID 1100-334 MG/5ML SOLUTION          | 1    |   |
| SOD CITRATE-CITRIC ACID 1.5-1 GM/15ML SOLUTION                  | 1    |   |
| <i>sodium citrate &amp; citric acid soln 500-334 mg/5ml</i>     | 1    |   |
| SOD CITRATE-CITRIC ACID 1500-1002 MG/15ML SOLUTION              | 1    |   |
| SOD CITRATE-CITRIC ACID 3-2 GM/30ML SOLUTION                    | 1    |   |
| <i>sodium citrate &amp; citric acid soln 500-334 mg/5ml</i>     | 1    |   |
| SOD CITRATE-CITRIC ACID 3000-2004 MG/30ML SOLUTION              | 1    |   |
| SOD CITRATE-CITRIC ACID 500-334 MG/5ML SOLUTION                 | 1    |   |
| <i>sodium citrate &amp; citric acid soln 500-334 mg/5ml</i>     | 1    |   |
| SODIUM CITRATE-CITRIC ACID 1500-1002 MG/15ML SOLUTION           | 1    |   |
| SODIUM CITRATE-CITRIC ACID 3000-2004 MG/30ML SOLUTION           | 1    |   |
| TRICITRATES 550-500-334 MG/5ML SOLUTION                         | 1    | AL1 Up to 8 yrs old   |
| <b>CYSTINOSIS AGENTS</b>  |      |   |
| CYSTAGON 150 MG CAP   | 4    | <br>S Specialty Drug |
| CYSTAGON 50 MG CAP  | 4    | <br>S Specialty Drug |
















| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS   |
|---|------|---|
| <b>GENITOURINARY IRRIGANTS</b>                                      |      |   |
| ARGYLE STERILE SALINE 0.9 % SOLUTION                                | 1    |   |
| CURITY STERILE SALINE 0.9 % SOLUTION                                | 1    |   |
| <i>glycine irrigation soln 1.5%</i>                                 | 1    |   |
| <i>glycine irrigation soln 1.5%</i>                                 | 1    |   |
| RENACIDIN SOLUTION  | 2    |   |
| SODIUM CHLORIDE 0.9 % SOLUTION                                      | 1    |   |
| <i>sodium chloride irrigation soln 0.9%</i>                         | 1    |   |
| SORBITOL 3 % SOLUTION   | 1    |   |
| SORBITOL-MANNITOL 2.7-0.54 GM/100ML SOLUTION                        | 3    |   |
| <b>IGAN AGENTS - ENDOTHELIN &amp; ANGIOTENSIN II RECEPTOR ANTAG</b> |      |   |
| FILSPARI 200 MG TAB   | 4    | <br> Specialty Drug     |
| FILSPARI 400 MG TAB   | 4    | <br> Specialty Drug     |
| <b>IGAN AGENTS - ENDOTHELIN RECEPTOR ANTAGONIST</b>                 |      |   |
| VANRAFIA 0.75 MG TAB  | 4    | <br> Specialty Drug |
| <b>INTERSTITIAL CYSTITIS AGENTS</b>                                 |      |   |
| ELMIRON 100 MG CAP  | 3    |    |
| <b>PHOSPHATES</b>   |      |   |
| K-PHOS NO 2 305-700 MG TAB  | 2    |   |
| <b>PROSTATIC HYPERTROPHY AGENT COMBINATIONS</b>                     |      |   |
| <i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>                    | 1    |    |
| <b>URINARY ANALGESICS</b>   |      |   |
| <i>phenazopyridine hcl tab 200 mg</i>                               | 1    |   |
| PHENAZOPYRIDINE HCL 100 MG TAB                                      | 1    |   |
| <i>phenazopyridine hcl tab 100 mg</i>                               | 1    |   |
| PHENAZOPYRIDINE HCL 200 MG TAB                                      | 1    |   |
















| PRODUCT DESCRIPTION                            | TIER | LIMITS & RESTRICTIONS  |
|--|------|--|
| <i>phenazopyridine hcl tab 200 mg</i>          | 1    |  |
| URINARY STONE AGENTS                           |      |  |
| LITHOSTAT 250 MG TAB                           | 3    |  |
| GOUT AGENTS                                    |      |  |
| GOUT AGENT COMBINATIONS                        |      |  |
| <i>colchicine w/ probenecid tab 0.5-500 mg</i> | 1    |  |
| <i>allopurinol tab 100 mg</i>                  | 1    |  |
| <i>allopurinol tab 300 mg</i>                  | 1    |  |
| <i>colchicine tab 0.6 mg</i>                   | 2    | QL 60 / 30 DAYS  |
| <i>febuxostat tab 40 mg</i>                    | 1    | QL 3 / 1 day(s)  |
| <i>febuxostat tab 80 mg</i>                    | 1    | QL 1.5 / 1 day(s)  |
| URICOSURICS                                    |      |  |
| <i>probenecid tab 500 mg</i>                   | 1    |  |
| HEMATOLOGICAL AGENTS - MISC.                   |      |  |
| ANTI-VON WILLEBRAND FACTOR AGENTS              |      |  |
| CABLIVI 11 MG KIT                              | 4    |  Specialty Drug |
| ANTIHEMOPHILIC PRODUCTS                        |      |  |
| ADVATE 1000 UNIT RECON SOLN                    | 4    |  Specialty Drug |
| ADVATE 1500 UNIT RECON SOLN                    | 4    |  Specialty Drug |
| ADVATE 2000 UNIT RECON SOLN                    | 4    |  Specialty Drug |
| ADVATE 250 UNIT RECON SOLN                     | 4    |  Specialty Drug |
| ADVATE 3000 UNIT RECON SOLN                    | 4    |  Specialty Drug |
















| PRODUCT DESCRIPTION            | TIER | LIMITS & RESTRICTIONS   |
|--------------------------------|------|---|
| ADVATE 4000 UNIT RECON SOLN    | 4    | <br>S Specialty Drug   |
| ADVATE 500 UNIT RECON SOLN     | 4    | <br>S Specialty Drug   |
| ADYNOVATE 1000 UNIT RECON SOLN | 4    | <br>S Specialty Drug   |
| ADYNOVATE 1500 UNIT RECON SOLN | 4    | <br>S Specialty Drug   |
| ADYNOVATE 2000 UNIT RECON SOLN | 4    | <br>S Specialty Drug   |
| ADYNOVATE 250 UNIT RECON SOLN  | 4    | <br>S Specialty Drug   |
| ADYNOVATE 3000 UNIT RECON SOLN | 4    | <br>S Specialty Drug   |
| ADYNOVATE 500 UNIT RECON SOLN  | 4    | <br>S Specialty Drug  |
| ADYNOVATE 750 UNIT RECON SOLN  | 4    | <br>S Specialty Drug |
| AFSTYLA 1000 UNIT KIT          | 4    | <br>S Specialty Drug |
| AFSTYLA 1500 UNIT KIT          | 4    | <br>S Specialty Drug |
| AFSTYLA 2000 UNIT KIT          | 4    | <br>S Specialty Drug |
| AFSTYLA 250 UNIT KIT           | 4    | <br>S Specialty Drug |
| AFSTYLA 2500 UNIT KIT          | 4    | <br>S Specialty Drug |
| AFSTYLA 3000 UNIT KIT          | 4    | <br>S Specialty Drug |
















| PRODUCT DESCRIPTION               | TIER | LIMITS & RESTRICTIONS   |
|-----------------------------------|------|---|
| AFSTYLA 500 UNIT KIT              | 4    | <br>S Specialty Drug   |
| ALPHANATE 1000 UNIT RECON SOLN    | 4    | <br>S Specialty Drug   |
| ALPHANATE 1500 UNIT RECON SOLN    | 4    | <br>S Specialty Drug   |
| ALPHANATE 2000 UNIT RECON SOLN    | 4    | <br>S Specialty Drug   |
| ALPHANATE 250 UNIT RECON SOLN     | 4    | <br>S Specialty Drug   |
| ALPHANATE 500 UNIT RECON SOLN     | 4    | <br>S Specialty Drug   |
| ALPHANINE SD 1000 UNIT RECON SOLN | 4    | <br>S Specialty Drug   |
| ALPHANINE SD 1500 UNIT RECON SOLN | 4    | <br>S Specialty Drug  |
| ALPHANINE SD 500 UNIT RECON SOLN  | 4    | <br>S Specialty Drug |
| ALPROLIX 1000 UNIT RECON SOLN     | 4    | <br>S Specialty Drug |
| ALPROLIX 2000 UNIT RECON SOLN     | 4    | <br>S Specialty Drug |
| ALPROLIX 250 UNIT RECON SOLN      | 4    | <br>S Specialty Drug |
| ALPROLIX 3000 UNIT RECON SOLN     | 4    | <br>S Specialty Drug |
| ALPROLIX 4000 UNIT RECON SOLN     | 4    | <br>S Specialty Drug |
| ALPROLIX 500 UNIT RECON SOLN      | 4    | <br>S Specialty Drug |
















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
















| PRODUCT DESCRIPTION                | TIER | LIMITS & RESTRICTIONS   |
|------------------------------------|------|---|
| ESPEROCT 1000 UNIT RECON SOLN      | 4    | <br>S Specialty Drug   |
| ESPEROCT 1500 UNIT RECON SOLN      | 4    | <br>S Specialty Drug   |
| ESPEROCT 2000 UNIT RECON SOLN      | 4    | <br>S Specialty Drug   |
| ESPEROCT 3000 UNIT RECON SOLN      | 4    | <br>S Specialty Drug   |
| ESPEROCT 4000 UNIT RECON SOLN      | 4    | <br>S Specialty Drug   |
| ESPEROCT 500 UNIT RECON SOLN       | 4    | <br>S Specialty Drug   |
| HEMOFIL M 1000 UNIT RECON SOLN     | 4    | <br>S Specialty Drug   |
| HEMOFIL M 1700 UNIT RECON SOLN     | 4    | <br>S Specialty Drug  |
| HEMOFIL M 250 UNIT RECON SOLN      | 4    | <br>S Specialty Drug |
| HEMOFIL M 500 UNIT RECON SOLN      | 4    | <br>S Specialty Drug |
| HUMATE-P 1000-2400 UNIT RECON SOLN | 4    | <br>S Specialty Drug |
| HUMATE-P 250-600 UNIT RECON SOLN   | 4    | <br>S Specialty Drug |
| HUMATE-P 500-1200 UNIT RECON SOLN  | 4    | <br>S Specialty Drug |
| IDELVION 1000 UNIT RECON SOLN      | 4    | <br>S Specialty Drug |
| IDELVION 2000 UNIT RECON SOLN      | 4    | <br>S Specialty Drug |

























| PRODUCT DESCRIPTION           | TIER | LIMITS & RESTRICTIONS   |
|-------------------------------|------|---|
| IDELVION 250 UNIT RECON SOLN  | 4    | <br>S Specialty Drug   |
| IDELVION 3500 UNIT RECON SOLN | 4    | <br>S Specialty Drug   |
| IDELVION 500 UNIT RECON SOLN  | 4    | <br>S Specialty Drug   |
| IXINITY 1000 UNIT RECON SOLN  | 4    | <br>S Specialty Drug   |
| IXINITY 1500 UNIT RECON SOLN  | 4    | <br>S Specialty Drug   |
| IXINITY 2000 UNIT RECON SOLN  | 4    | <br>S Specialty Drug   |
| IXINITY 250 UNIT RECON SOLN   | 4    | <br>S Specialty Drug   |
| IXINITY 3000 UNIT RECON SOLN  | 4    | <br>S Specialty Drug  |
| IXINITY 500 UNIT RECON SOLN   | 4    | <br>S Specialty Drug |
| JIVI 1000 UNIT RECON SOLN     | 4    | <br>S Specialty Drug |
| JIVI 2000 UNIT RECON SOLN     | 4    | <br>S Specialty Drug |
| JIVI 3000 UNIT RECON SOLN     | 4    | <br>S Specialty Drug |
| JIVI 4000 UNIT RECON SOLN     | 4    | <br>S Specialty Drug |
| JIVI 500 UNIT RECON SOLN      | 4    | <br>S Specialty Drug |
| KOATE 1000 UNIT RECON SOLN    | 4    | <br>S Specialty Drug |








| PRODUCT DESCRIPTION            | TIER | LIMITS & RESTRICTIONS  |
|--------------------------------|------|--|
| KOATE 250 UNIT RECON SOLN      | 4    |  Specialty Drug   |
| KOATE 500 UNIT RECON SOLN      | 4    |  Specialty Drug   |
| KOATE-DVI 1000 UNIT RECON SOLN | 4    |  Specialty Drug   |
| KOATE-DVI 500 UNIT RECON SOLN  | 4    |  Specialty Drug   |
| KOGENATE FS 1000 UNIT KIT      | 4    |  Specialty Drug   |
| KOGENATE FS 2000 UNIT KIT      | 4    |  Specialty Drug   |
| KOGENATE FS 250 UNIT KIT       | 4    |  Specialty Drug   |
| KOGENATE FS 3000 UNIT KIT      | 4    |  Specialty Drug  |
| KOGENATE FS 500 UNIT KIT       | 4    |  Specialty Drug |
| KOVALTRY 1000 UNIT RECON SOLN  | 4    |  Specialty Drug |
| KOVALTRY 2000 UNIT RECON SOLN  | 4    |  Specialty Drug |
| KOVALTRY 250 UNIT RECON SOLN   | 4    |  Specialty Drug |
| KOVALTRY 3000 UNIT RECON SOLN  | 4    |  Specialty Drug |
| KOVALTRY 500 UNIT RECON SOLN   | 4    |  Specialty Drug |
| NOVOEIGHT 1000 UNIT RECON SOLN | 4    |  Specialty Drug |

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













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
























| PRODUCT DESCRIPTION                  | TIER | LIMITS & RESTRICTIONS  |
|--------------------------------------|------|--|
| RECOMBINATE 801-1240 UNIT RECON SOLN | 4    |  Specialty Drug   |
| RIXUBIS 1000 UNIT RECON SOLN         | 4    |  Specialty Drug   |
| RIXUBIS 2000 UNIT RECON SOLN         | 4    |  Specialty Drug   |
| RIXUBIS 250 UNIT RECON SOLN          | 4    |  Specialty Drug   |
| RIXUBIS 3000 UNIT RECON SOLN         | 4    |  Specialty Drug   |
| RIXUBIS 500 UNIT RECON SOLN          | 4    |  Specialty Drug   |
| WILATE 1000-1000 UNIT KIT            | 4    |  Specialty Drug   |
| WILATE 500-500 UNIT KIT              | 4    |  Specialty Drug  |
| XYNTHA 1000 UNIT KIT                 | 4    |  Specialty Drug |
| XYNTHA 2000 UNIT KIT                 | 4    |  Specialty Drug |
| XYNTHA 250 UNIT KIT                  | 4    |  Specialty Drug |
| XYNTHA 500 UNIT KIT                  | 4    |  Specialty Drug |
| XYNTHA SOLOFUSE 1000 UNIT KIT        | 4    |  Specialty Drug |
| XYNTHA SOLOFUSE 2000 UNIT KIT        | 4    |  Specialty Drug |
| XYNTHA SOLOFUSE 250 UNIT KIT         | 4    |  Specialty Drug |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS   |
|---|------|---|
| XYNTHA SOLOFUSE 3000 UNIT KIT                                 | 4    | <br> Specialty Drug     |
| XYNTHA SOLOFUSE 500 UNIT KIT                                  | 4    | <br> Specialty Drug     |
| ANTIHEMOPHILIC PRODUCTS - MONOCLONAL ANTIBODIES               |      |   |
| HEMLIBRA 105 MG/0.7ML SOLUTION                                | 4    | <br> Specialty Drug     |
| HEMLIBRA 12 MG/0.4ML SOLUTION                                 | 4    | <br> Specialty Drug     |
| HEMLIBRA 150 MG/ML SOLUTION                                   | 4    | <br> Specialty Drug     |
| HEMLIBRA 30 MG/ML SOLUTION                                    | 4    | <br> Specialty Drug     |
| HEMLIBRA 300 MG/2ML SOLUTION                                  | 4    | <br> Specialty Drug    |
| HEMLIBRA 60 MG/0.4ML SOLUTION                                 | 4    | <br> Specialty Drug |
| BRADYKININ B2 RECEPTOR ANTAGONISTS                            |      |   |
| <i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i> | 4    | <br> Specialty Drug |
| C1 ESTERASE INHIBITORS  |      |   |
| BERINERT 500 UNIT KIT   | 4    | <br> Specialty Drug |
| HAEGARDA 2000 UNIT RECON SOLN                                 | 4    | <br> Specialty Drug |
| HAEGARDA 3000 UNIT RECON SOLN                                 | 4    | <br> Specialty Drug |

| PRODUCT DESCRIPTION                                | TIER | LIMITS & RESTRICTIONS   |
|--|------|---|
| <b>COMPLEMENT FACTOR B INHIBITORS</b>              |      |   |
| FABHALTA 200 MG CAP                                | 4    | <br>S Specialty Drug   |
| <b>DIRECT-ACTING P2Y12 INHIBITORS</b>              |      |   |
| <i>ticagrelor tab 60 mg</i>                        | 1    | QL 2 / 1 day(s)   |
| <i>ticagrelor tab 90 mg</i>                        | 1    | QL 2 tablets / 1 day(s)   |
| <b>HEMATORHEOLOGIC AGENTS</b>                      |      |   |
| <i>pentoxifylline tab er 400 mg</i>                | 1    |   |
| <b>PHOSPHODIESTERASE III INHIBITORS</b>            |      |   |
| <i>cilostazol tab 100 mg</i>                       | 1    | VAL Value Preventative List   |
| <i>cilostazol tab 50 mg</i>                        | 1    | VAL Value Preventative List   |
| <b>PLASMA KALLIKREIN INHIBITORS</b>                |      |   |
| ORLADEYO 108 MG PACKET                             | 4    | <br>S Specialty Drug   |
| ORLADEYO 110 MG CAP                                | 4    | <br>S Specialty Drug |
| ORLADEYO 132 MG PACKET                             | 4    | <br>S Specialty Drug |
| ORLADEYO 150 MG CAP                                | 4    | <br>S Specialty Drug |
| ORLADEYO 72 MG PACKET                              | 4    | <br>S Specialty Drug |
| ORLADEYO 96 MG PACKET                              | 4    | <br>S Specialty Drug |
| <b>PLATELET AGGREGATION INHIBITOR COMBINATIONS</b> |      |   |
| <i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>  | 2    |   |
| <b>PLATELET AGGREGATION INHIBITORS</b>             |      |   |
| <i>dipyridamole tab 25 mg</i>                      | 1    | VAL Value Preventative List   |



| PRODUCT DESCRIPTION                                       | TIER | LIMITS & RESTRICTIONS       |
|---|------|-----------------------------|
| <i>dipyridamole tab 50 mg</i>                             | 1    | VAL Value Preventative List |
| <i>dipyridamole tab 75 mg</i>                             | 1    | VAL Value Preventative List |
| PROTEASE-ACTIVATED RECEPTOR-1 (PAR-1) ANTAGONISTS         |      |                             |
| ZONTIVITY 2.08 MG TAB                                     | 3    | QL 30 / 30 DAYS             |
| QUINAZOLINE AGENTS  |      |                             |
| <i>anagrelide hcl cap 0.5 mg</i>                          | 1    |                             |
| <i>anagrelide hcl cap 1 mg</i>                            | 1    |                             |
| THIENOPYRIDINE DERIVATIVES                                |      |                             |
| <i>clopidogrel bisulfate tab 300 mg (base equiv)</i>      | 1    | VAL Value Preventative List |
| <i>clopidogrel bisulfate tab 75 mg (base equiv)</i>       | 1    | VAL Value Preventative List |
| <i>prasugrel hcl tab 10 mg (base equiv)</i>               | 1    | VAL Value Preventative List |
| <i>prasugrel hcl tab 5 mg (base equiv)</i>                | 1    | VAL Value Preventative List |
| HEMATOPOIETIC AGENTS                                      |      |                             |
| AGENTS FOR GAUCHER DISEASE                                |      |                             |
| CERDELGA 84 MG CAP  | 4    | Specialty Drug              |
| AMINO ACIDS   |      |                             |
| <i>glutamine (sickle cell) powd pack 5 gm</i>             | 2    |                             |
| COBALAMINS  |      |                             |
| <i>cyanocobalamin inj 1000 mcg/ml</i>                     | 1    |                             |
| <i>cyanocobalamin inj 1000 mcg/ml</i>                     | 1    |                             |
| HYDROXOCOBALAMIN ACETATE 1000 MCG/ML SOLUTION             | 1    |                             |
| CXCR4 RECEPTOR ANTAGONIST                                 |      |                             |
| MOZOBIL 24 MG/1.2ML SOLUTION                              | 4    | Specialty Drug              |
| <i>plerixafor subcutaneous inj 24 mg/1.2ml (20 mg/ml)</i> | 4    | Specialty Drug              |

| PRODUCT DESCRIPTION                             | TIER | LIMITS & RESTRICTIONS   |
|---|------|---|
| <b>CYTOTOXIC AGENTS</b>                         |      |   |
| DROXIA 200 MG CAP                               | 2    |   |
| DROXIA 300 MG CAP                               | 2    |   |
| DROXIA 400 MG CAP                               | 2    |   |
| XROMI 100 MG/ML SOLUTION                        | 2    | AL1 Up to 8 yrs old   |
| <b>ERYTHROPOIESIS-STIMULATING AGENTS (ESAS)</b> |      |   |
| ARANESP (ALBUMIN FREE) 10 MCG/0.4ML SOLN PRSYR  | 4    | <br>S Specialty Drug   |
| ARANESP (ALBUMIN FREE) 100 MCG/0.5ML SOLN PRSYR | 4    | <br>S Specialty Drug   |
| ARANESP (ALBUMIN FREE) 100 MCG/ML SOLUTION      | 4    | <br>S Specialty Drug   |
| ARANESP (ALBUMIN FREE) 150 MCG/0.3ML SOLN PRSYR | 4    | <br>S Specialty Drug   |
| ARANESP (ALBUMIN FREE) 200 MCG/0.4ML SOLN PRSYR | 4    | <br>S Specialty Drug  |
| ARANESP (ALBUMIN FREE) 200 MCG/ML SOLUTION      | 4    | <br>S Specialty Drug |
| ARANESP (ALBUMIN FREE) 25 MCG/0.42ML SOLN PRSYR | 4    | <br>S Specialty Drug |
| ARANESP (ALBUMIN FREE) 25 MCG/ML SOLUTION       | 4    | <br>S Specialty Drug |
| ARANESP (ALBUMIN FREE) 300 MCG/0.6ML SOLN PRSYR | 4    | <br>S Specialty Drug |
| ARANESP (ALBUMIN FREE) 40 MCG/0.4ML SOLN PRSYR  | 4    | <br>S Specialty Drug |
| ARANESP (ALBUMIN FREE) 40 MCG/ML SOLUTION       | 4    | <br>S Specialty Drug |
| ARANESP (ALBUMIN FREE) 500 MCG/ML SOLN PRSYR    | 4    | <br>S Specialty Drug |

| PRODUCT DESCRIPTION                            | TIER | LIMITS & RESTRICTIONS   |
|--|------|---|
| ARANESP (ALBUMIN FREE) 60 MCG/0.3ML SOLN PRSYR | 4    | <br> Specialty Drug     |
| ARANESP (ALBUMIN FREE) 60 MCG/ML SOLUTION      | 4    | <br> Specialty Drug     |
| MIRCERA 100 MCG/0.3ML SOLN PRSYR               | 4    |    |
| MIRCERA 120 MCG/0.3ML SOLN PRSYR               | 4    |    |
| MIRCERA 150 MCG/0.3ML SOLN PRSYR               | 4    |    |
| MIRCERA 200 MCG/0.3ML SOLN PRSYR               | 4    |    |
| MIRCERA 30 MCG/0.3ML SOLN PRSYR                | 4    |    |
| MIRCERA 50 MCG/0.3ML SOLN PRSYR                | 4    |    |
| MIRCERA 75 MCG/0.3ML SOLN PRSYR                | 4    |    |
| PROCRIT 10000 UNIT/ML SOLUTION                 | 4    |    |
| PROCRIT 2000 UNIT/ML SOLUTION                  | 4    |    |
| PROCRIT 20000 UNIT/ML SOLUTION                 | 4    |   |
| PROCRIT 3000 UNIT/ML SOLUTION                  | 4    |    |
| PROCRIT 4000 UNIT/ML SOLUTION                  | 4    |    |
| PROCRIT 40000 UNIT/ML SOLUTION                 | 4    |    |
| RETACRIT 10000 UNIT/ML SOLUTION                | 4    |    |
| RETACRIT 2000 UNIT/ML SOLUTION                 | 4    |    |
| RETACRIT 20000 UNIT/ML SOLUTION                | 4    | <br> Specialty Drug |
| RETACRIT 3000 UNIT/ML SOLUTION                 | 4    |    |
| RETACRIT 4000 UNIT/ML SOLUTION                 | 4    |    |
| FOLIC ACID/FOLATES                             |      |   |
| <i>folic acid tab 1 mg</i>                     | 1    |   |

| PRODUCT DESCRIPTION                            | TIER | LIMITS & RESTRICTIONS  |
|--|------|--|
| GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF) |      |  |
| FULPHILA 6 MG/0.6ML SOLN PRSYR                 | 2    | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">1.2 / 28 day(s)</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="margin-left: 5px;">Specialty Drug</div> </div> |
| FYLNETRA 6 MG/0.6ML SOLN PRSYR                 | 2    | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">1.2 / 28 day(s)</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="margin-left: 5px;">Specialty Drug</div> </div> |
| GRANIX 300 MCG/0.5ML SOLN PRSYR                | 2    | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">10 / 28 day(s)</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="margin-left: 5px;">Specialty Drug</div> </div>  |
| GRANIX 300 MCG/ML SOLUTION                     | 2    | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">20 / 28 day(s)</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="margin-left: 5px;">Specialty Drug</div> </div>  |
| GRANIX 480 MCG/0.8ML SOLN PRSYR                | 2    | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">16 / 28 day(s)</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="margin-left: 5px;">Specialty Drug</div> </div>  |
| GRANIX 480 MCG/1.6ML SOLUTION                  | 2    | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">32 / 28 day(s)</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="margin-left: 5px;">Specialty Drug</div> </div>  |
| NIVESTYM 300 MCG/0.5ML SOLN PRSYR              | 2    | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">10 / 28 day(s)</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="margin-left: 5px;">Specialty Drug</div> </div>  |
| NIVESTYM 300 MCG/ML SOLUTION                   | 2    | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">20 / 28 day(s)</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="margin-left: 5px;">Specialty Drug</div> </div>  |
| NIVESTYM 480 MCG/0.8ML SOLN PRSYR              | 2    | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">16 / 28 day(s)</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="margin-left: 5px;">Specialty Drug</div> </div>  |
| NIVESTYM 480 MCG/1.6ML SOLUTION                | 2    | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">32 / 28 day(s)</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="margin-left: 5px;">Specialty Drug</div> </div>  |
| NYPOZI 300 MCG/0.5ML SOLN PRSYR                | 2    | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">10 / 28 day(s)</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="margin-left: 5px;">Specialty Drug</div> </div>  |
| NYPOZI 480 MCG/0.8ML SOLN PRSYR                | 2    | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">16 / 28 day(s)</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="margin-left: 5px;">Specialty Drug</div> </div>  |
| NYVEPRIA 6 MG/0.6ML SOLN PRSYR                 | 2    | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">1.2 / 28 day(s)</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="margin-left: 5px;">Specialty Drug</div> </div> |
| RELEUKO 300 MCG/0.5ML SOLN PRSYR               | 2    | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">10 / 28 day(s)</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="margin-left: 5px;">Specialty Drug</div> </div>  |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS   |
|--|------|---|
| RELEUKO 300 MCG/ML SOLUTION  | 2    | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div style="margin-right: 5px;">20 / 28 day(s)</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; margin-right: 5px;">S</div> <div>Specialty Drug</div> </div>     |
| RELEUKO 480 MCG/0.8ML SOLN PRSYR                                   | 2    | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div style="margin-right: 5px;">16 / 28 day(s)</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; margin-right: 5px;">S</div> <div>Specialty Drug</div> </div>     |
| RELEUKO 480 MCG/1.6ML SOLUTION                                     | 2    | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div style="margin-right: 5px;">32 / 28 day(s)</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; margin-right: 5px;">S</div> <div>Specialty Drug</div> </div>     |
| UDENYCA 6 MG/0.6ML SOLN A-INJ                                      | 2    | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div style="margin-right: 5px;">1.2 / 28 day(s)</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; margin-right: 5px;">S</div> <div>Specialty Drug</div> </div>    |
| UDENYCA 6 MG/0.6ML SOLN PRSYR                                      | 2    | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div style="margin-right: 5px;">1.2 / 28 day(s)</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; margin-right: 5px;">S</div> <div>Specialty Drug</div> </div>    |
| UDENYCA ONBODY 6 MG/0.6ML SOLN PRSYR                               | 2    | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div style="margin-right: 5px;">1.2 ML / 28 day(s)</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; margin-right: 5px;">S</div> <div>Specialty Drug</div> </div> |
| ZARXIO 300 MCG/0.5ML SOLN PRSYR                                    | 2    | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div style="margin-right: 5px;">10 / 28 day(s)</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; margin-right: 5px;">S</div> <div>Specialty Drug</div> </div>     |
| ZARXIO 480 MCG/0.8ML SOLN PRSYR                                    | 2    | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div style="margin-right: 5px;">16 / 28 day(s)</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; margin-right: 5px;">S</div> <div>Specialty Drug</div> </div>     |
| ZIEXTENZO 6 MG/0.6ML SOLN PRSYR                                    | 2    | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div style="margin-right: 5px;">1.2 / 28 day(s)</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; margin-right: 5px;">S</div> <div>Specialty Drug</div> </div>    |
| <b>THROMBOPOIETIN (TPO) RECEPTOR AGONISTS</b>                      |      |   |
| <i>eltrombopag olamine powder pack for susp 12.5 mg (base eq)</i>  | 4    | <div style="display: flex; align-items: center;"> <div style="background-color: #8b4513; width: 20px; height: 10px; margin-right: 5px;"></div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; margin-right: 5px;">S</div> <div>Specialty Drug</div> </div>   |
| <i>eltrombopag olamine tab 12.5 mg (base equiv)</i>                | 4    | <div style="display: flex; align-items: center;"> <div style="background-color: #8b4513; width: 20px; height: 10px; margin-right: 5px;"></div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; margin-right: 5px;">S</div> <div>Specialty Drug</div> </div>   |
| <i>eltrombopag olamine powder pack for susp 25 mg (base equiv)</i> | 4    | <div style="display: flex; align-items: center;"> <div style="background-color: #8b4513; width: 20px; height: 10px; margin-right: 5px;"></div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; margin-right: 5px;">S</div> <div>Specialty Drug</div> </div>   |
| <i>eltrombopag olamine tab 25 mg (base equiv)</i>                  | 4    | <div style="display: flex; align-items: center;"> <div style="background-color: #8b4513; width: 20px; height: 10px; margin-right: 5px;"></div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; margin-right: 5px;">S</div> <div>Specialty Drug</div> </div>   |
| <i>eltrombopag olamine tab 50 mg (base equiv)</i>                  | 4    | <div style="display: flex; align-items: center;"> <div style="background-color: #8b4513; width: 20px; height: 10px; margin-right: 5px;"></div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; margin-right: 5px;">S</div> <div>Specialty Drug</div> </div>   |

| PRODUCT DESCRIPTION                               | TIER | LIMITS & RESTRICTIONS   |
|---|------|---|
| <i>eltrombopag olamine tab 75 mg (base equiv)</i> | 4    | <br> Specialty Drug |
| <b>HEMOSTATICS</b>                                |      |   |
| <b>HEMOSTATICS - SYSTEMIC</b>                     |      |   |
| <i>aminocaproic acid oral soln 0.25 gm/ml</i>     | 2    |   |
| <i>aminocaproic acid tab 1000 mg</i>              | 2    |   |
| <i>aminocaproic acid tab 500 mg</i>               | 2    |   |
| <i>tranexamic acid tab 650 mg</i>                 | 1    |   |
| <b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>  |      |   |
| <b>BARBITURATE HYPNOTICS</b>                      |      |   |
| PHENOBARBITAL 100 MG TAB                          | 1    |   |
| <i>phenobarbital tab 100 mg</i>                   | 1    |   |
| PHENOBARBITAL 15 MG TAB                           | 1    |   |
| <i>phenobarbital tab 15 mg</i>                    | 1    |   |
| PHENOBARBITAL 16.2 MG TAB                         | 1    |   |
| <i>phenobarbital tab 16.2 mg</i>                  | 1    |   |
| PHENOBARBITAL 20 MG/5ML ELIXIR                    | 1    |   |
| <i>phenobarbital elixir 20 mg/5ml</i>             | 1    |   |
| PHENOBARBITAL 30 MG TAB                           | 1    |   |
| <i>phenobarbital tab 30 mg</i>                    | 1    |   |
| PHENOBARBITAL 30 MG/7.5ML ELIXIR                  | 1    |   |
| PHENOBARBITAL 32.4 MG TAB                         | 1    |   |
| <i>phenobarbital tab 32.4 mg</i>                  | 1    |   |
| PHENOBARBITAL 60 MG TAB                           | 1    |   |
| <i>phenobarbital tab 60 mg</i>                    | 1    |   |
| PHENOBARBITAL 60 MG/15ML ELIXIR                   | 1    |   |
| PHENOBARBITAL 64.8 MG TAB                         | 1    |   |
| <i>phenobarbital tab 64.8 mg</i>                  | 1    |   |
| PHENOBARBITAL 97.2 MG TAB                         | 1    |   |
| <i>phenobarbital tab 97.2 mg</i>                  | 1    |   |

| PRODUCT DESCRIPTION                                     | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <b>BENZODIAZEPINE HYPNOTICS</b>                         |      |                       |
| <i>estazolam tab 1 mg</i>                               | 1    | QL 30 / 30 DAYS       |
| <i>estazolam tab 2 mg</i>                               | 1    | QL 30 / 30 DAYS       |
| FLURAZEPAM HCL 15 MG CAP                                | 1    | QL 30 / 30 DAYS       |
| FLURAZEPAM HCL 30 MG CAP                                | 1    | QL 30 / 30 DAYS       |
| <i>midazolam hcl inj pf 10 mg/2ml (base equivalent)</i> | 1    |                       |
| <i>midazolam hcl inj pf 5 mg/ml (base equivalent)</i>   | 1    |                       |
| <i>midazolam hcl inj 10 mg/2ml (base equivalent)</i>    | 1    |                       |
| <i>midazolam hcl syrup 2 mg/ml (base equivalent)</i>    | 1    | AL1 Up to 8 yrs old   |
| <i>midazolam hcl inj 25 mg/5ml (base equivalent)</i>    | 1    |                       |
| <i>midazolam hcl inj 5 mg/ml (base equivalent)</i>      | 1    |                       |
| <i>midazolam hcl inj 50 mg/10ml (base equivalent)</i>   | 1    |                       |
| QUAZEPAM 15 MG TAB                                      | 1    | QL 1 tab / 1 day(s)   |
| <i>temazepam cap 15 mg</i>                              | 1    | QL 30 / 30 DAYS       |
| <i>temazepam cap 22.5 mg</i>                            | 1    | QL 30 / 30 DAYS       |
| <i>temazepam cap 30 mg</i>                              | 1    | QL 30 / 30 DAYS       |
| <i>temazepam cap 7.5 mg</i>                             | 1    | QL 30 / 30 DAYS       |
| <i>triazolam tab 0.125 mg</i>                           | 1    | QL 30 / 30 DAYS       |
| <i>triazolam tab 0.25 mg</i>                            | 1    | QL 30 / 30 DAYS       |
| <b>HYPNOTICS - TRICYCLIC AGENTS</b>                     |      |                       |
| <i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>        | 1    |                       |
| <i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>        | 1    |                       |
| <b>NON-BENZODIAZEPINE - GABA-RECEPTOR MODULATORS</b>    |      |                       |
| EDLUAR 10 MG SL TAB                                     | 3    | QL 30 / 30 DAYS<br>ST |
| EDLUAR 5 MG SL TAB                                      | 3    | QL 30 / 30 DAYS<br>ST |
| <i>eszopiclone tab 1 mg</i>                             | 1    | QL 3 / 1 day(s)       |

| PRODUCT DESCRIPTION                     | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>eszopiclone tab 2 mg</i>             | 1    | QL 30 / 30 DAYS       |
| <i>eszopiclone tab 3 mg</i>             | 1    | QL 30 / 30 DAYS       |
| <i>zaleplon cap 10 mg</i>               | 1    | QL 60 / 30 DAYS       |
| <i>zaleplon cap 5 mg</i>                | 1    | QL 4 / 1 day(s)       |
| ZOLPIDEM TARTRATE 1.75 MG SL TAB        | 1    | QL 30 / 30 day(s)     |
| <i>zolpidem tartrate tab 10 mg</i>      | 1    | QL 30 / 30 DAYS       |
| ZOLPIDEM TARTRATE 3.5 MG SL TAB         | 1    | QL 30 / 30 day(s)     |
| <i>zolpidem tartrate tab 5 mg</i>       | 1    | QL 2 / 1 day(s)       |
| <i>zolpidem tartrate tab er 12.5 mg</i> | 1    | QL 30 / 30 DAYS       |
| <i>zolpidem tartrate tab er 6.25 mg</i> | 1    | QL 30 / 30 DAYS       |
| ZOLPIMIST 5 MG/ACT SOLUTION             | 3    |                       |
| OREXIN RECEPTOR ANTAGONISTS             |      |                       |
| BELSOMRA 10 MG TAB                      | 3    | QL 1 / 1 day(s)<br>ST |
| BELSOMRA 15 MG TAB                      | 3    | QL 1 / 1 day(s)<br>ST |
| BELSOMRA 20 MG TAB                      | 3    | QL 1 / 1 day(s)<br>ST |
| BELSOMRA 5 MG TAB                       | 3    | QL 1 / 1 day(s)<br>ST |
| DAYVIGO 10 MG TAB                       | 3    | QL 1 / 1 day(s)<br>ST |
| DAYVIGO 5 MG TAB                        | 3    | QL 1 / 1 day(s)<br>ST |
| SELECTIVE MELATONIN RECEPTOR AGONISTS   |      |                       |
| <i>ramelteon tab 8 mg</i>               | 1    | QL 30 / 30 DAYS       |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <b>LAXATIVES</b>  |      |                       |
| <b>BOWEL EVACUANT COMBINATIONS</b>                                  |      |                       |
| GAVILYTE-C 240 GM RECON SOLN  | 2    |                       |
| <i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>       | 1    | PREV Preventative     |
| <i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>                 | 1    | PREV Preventative     |
| <i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i> | 1    | QL 354 / 30 day(s)    |
| <i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>                 | 1    | PREV Preventative     |
| <i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>       | 1    | PREV Preventative     |
| PEG-PREP 5-210 MG-GM KIT  | 1    |                       |
| <b>LAXATIVES - MISCELLANEOUS</b>                                    |      |                       |
| <i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>             | 1    | PREV Preventative     |
| <i>lactulose solution 10 gm/15ml</i>                                | 1    |                       |
| <i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>             | 1    | PREV Preventative     |
| <i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>             | 1    | PREV Preventative     |
| <i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>             | 1    | PREV Preventative     |
| <i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>             | 1    | PREV Preventative     |
| <i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>             | 1    | PREV Preventative     |
| <i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>             | 1    | PREV Preventative     |
| <i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>             | 1    | PREV Preventative     |
| <i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>             | 1    | PREV Preventative     |
| <i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>             | 1    | PREV Preventative     |
| <i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>             | 1    | PREV Preventative     |
| <i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>             | 1    | PREV Preventative     |
| <i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>             | 1    | PREV Preventative     |
| <i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>             | 1    | PREV Preventative     |
| <i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>             | 1    | PREV Preventative     |
| <i>lactulose solution 10 gm/15ml</i>                                | 1    |                       |
| <i>lactulose solution 10 gm/15ml</i>                                | 1    |                       |
| <i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>             | 1    | PREV Preventative     |

| PRODUCT DESCRIPTION                                     | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>polyethylene glycol 3350 oral powder 17 gm/scoop</i> | 1    | PREV Preventative     |
| <i>polyethylene glycol 3350 oral powder 17 gm/scoop</i> | 1    | PREV Preventative     |
| <i>polyethylene glycol 3350 oral powder 17 gm/scoop</i> | 1    | PREV Preventative     |
| <i>polyethylene glycol 3350 oral powder 17 gm/scoop</i> | 1    | PREV Preventative     |
| <i>polyethylene glycol 3350 oral powder 17 gm/scoop</i> | 1    | PREV Preventative     |
| <i>polyethylene glycol 3350 oral powder 17 gm/scoop</i> | 1    | PREV Preventative     |
| <i>polyethylene glycol 3350 oral powder 17 gm/scoop</i> | 1    | PREV Preventative     |
| <i>polyethylene glycol 3350 oral powder 17 gm/scoop</i> | 1    | PREV Preventative     |
| <i>polyethylene glycol 3350 oral powder 17 gm/scoop</i> | 1    | PREV Preventative     |
| <i>polyethylene glycol 3350 oral powder 17 gm/scoop</i> | 1    | PREV Preventative     |
| <b>MACROLIDES</b>                                       |      |                       |
| <b>AZITHROMYCIN</b>                                     |      |                       |
| AZITHROMYCIN 1 GM PACKET                                | 3    | AL1 Up to 8 yrs old   |
| <i>azithromycin for susp 100 mg/5ml</i>                 | 1    | QL 30 / 5 DAYS        |
| <i>azithromycin for susp 200 mg/5ml</i>                 | 1    | QL 90 / 5 DAYS        |
| <i>azithromycin tab 250 mg</i>                          | 1    | QL 30 / 30 day(s)     |
| <i>azithromycin tab 500 mg</i>                          | 1    | QL 30 / 30 DAYS       |
| <i>azithromycin tab 600 mg</i>                          | 1    | QL 30 / 30 DAYS       |
| <b>CLARITHROMYCIN</b>                                   |      |                       |
| CLARITHROMYCIN 125 MG/5ML RECON SUSP                    | 1    |                       |
| <i>clarithromycin tab 250 mg</i>                        | 1    |                       |
| CLARITHROMYCIN 250 MG/5ML RECON SUSP                    | 2    |                       |
| <i>clarithromycin tab 500 mg</i>                        | 1    | QL 28 / 14 DAYS       |
| <i>clarithromycin tab er 24hr 500 mg</i>                | 1    | QL 28 / 14 DAYS       |
| <b>ERYTHROMYCINS</b>                                    |      |                       |
| <i>erythromycin tab delayed release 250 mg</i>          | 2    |                       |
| <i>erythromycin tab delayed release 500 mg</i>          | 2    |                       |

| PRODUCT DESCRIPTION                                    | TIER | LIMITS & RESTRICTIONS  |
|--|------|--|
| <i>erythromycin tab delayed release 250 mg</i>         | 2    |  |
| <i>erythromycin tab delayed release 500 mg</i>         | 2    |  |
| <i>erythromycin tab delayed release 250 mg</i>         | 2    |  |
| <i>erythromycin tab delayed release 500 mg</i>         | 2    |  |
| <i>erythromycin ethylsuccinate for susp 200 mg/5ml</i> | 2    |  |
| <b>FIDAXOMICIN</b>                                     |      |  |
| DIFICID 40 MG/ML RECON SUSP                            | 4    | <p>QL 10 ml / 1 day(s)</p> <p>ST</p> <p>MDS1 10 / 1 day(s)</p>     |
| <i>fidaxomicin tab 200 mg</i>                          | 4    | <p>QL 2 tablets / 1 day(s)</p> <p>ST</p> <p>MDS1 10 / 1 day(s)</p> |
| <b>MEDICAL DEVICES AND SUPPLIES</b>                    |      |  |
| <b>CERVICAL CAPS</b>                                   |      |  |
| FEMCAP 22 MM DEVICE                                    | 2    | PREV Preventative  |
| FEMCAP 26 MM DEVICE                                    | 2    | PREV Preventative  |
| FEMCAP 30 MM DEVICE                                    | 2    | PREV Preventative  |
| <b>DIAPHRAGMS</b>                                      |      |  |
| CAYA DIAPHRAGM   | 2    | PREV Preventative  |
| WIDE-SEAL DIAPHRAGM 60 2 % DIAPHRAGM                   | 2    | PREV Preventative  |
| WIDE-SEAL DIAPHRAGM 65 2 % DIAPHRAGM                   | 2    | PREV Preventative  |
| WIDE-SEAL DIAPHRAGM 70 2 % DIAPHRAGM                   | 2    | PREV Preventative  |
| WIDE-SEAL DIAPHRAGM 75 2 % DIAPHRAGM                   | 2    | PREV Preventative  |
| WIDE-SEAL DIAPHRAGM 80 2 % DIAPHRAGM                   | 2    | PREV Preventative  |
| WIDE-SEAL DIAPHRAGM 85 2 % DIAPHRAGM                   | 2    | PREV Preventative  |
| WIDE-SEAL DIAPHRAGM 90 2 % DIAPHRAGM                   | 2    | PREV Preventative  |
| WIDE-SEAL DIAPHRAGM 95 2 % DIAPHRAGM                   | 2    | PREV Preventative  |

| PRODUCT DESCRIPTION                 | TIER | LIMITS & RESTRICTIONS       |
|-------------------------------------|------|-----------------------------|
| GLUCOSE MONITORING TEST SUPPLIES    |      |                             |
| 1ST TIER UNILET COMFORTOUCH MISC    | 1    | VAL Value Preventative List |
| ACCU-CHEK AVIVA PLUS W/DEVICE KIT   | 2    | VAL Value Preventative List |
| ACCU-CHEK FASTCLIX LANCETS MISC     | 1    | VAL Value Preventative List |
| ACCU-CHEK GUIDE ME W/DEVICE KIT     | 2    | VAL Value Preventative List |
| ACCU-CHEK GUIDE W/DEVICE KIT        | 2    | VAL Value Preventative List |
| ACCU-CHEK SAFE-T PRO LANCETS MISC   | 1    | VAL Value Preventative List |
| ACCU-CHEK SOFTCLIX LANCETS MISC     | 1    | VAL Value Preventative List |
| ACTI-LANCE 28G MISC                 | 1    | VAL Value Preventative List |
| ACTI-LANCE LITE LANCETS 28G MISC    | 1    | VAL Value Preventative List |
| ACTI-LANCE SPECIAL LANCETS 17G MISC | 1    | VAL Value Preventative List |
| ACTI-LANCE UNIVERSAL 23G MISC       | 1    | VAL Value Preventative List |
| ADVANCED MOBILE LANCET MISC         | 1    | VAL Value Preventative List |
| ADVANTAGE SAFETY LANCETS 28G MISC   | 1    | VAL Value Preventative List |
| ADVOCATE LANCETS MISC               | 1    | VAL Value Preventative List |
| ADVOCATE LANCETS 30G MISC           | 1    | VAL Value Preventative List |
| ADVOCATE SAFETY LANCETS MISC        | 1    | VAL Value Preventative List |
| ADVOCATE SAFETY LANCETS 21G MISC    | 1    | VAL Value Preventative List |
| ADVOCATE SAFETY LANCETS 23G MISC    | 1    | VAL Value Preventative List |
| ADVOCATE SAFETY LANCETS 26G MISC    | 1    | VAL Value Preventative List |
| ADVOCATE SAFETY LANCETS 28G MISC    | 1    | VAL Value Preventative List |
| AGAMATRIX ULTRA-THIN LANCETS MISC   | 1    | VAL Value Preventative List |
| AIMSCO TWIST LANCETS 32G MISC       | 1    | VAL Value Preventative List |
| AIMSCO TWIST LANCETS 33G MISC       | 1    | VAL Value Preventative List |
| AQUALANCE LANCETS 30G MISC          | 1    | VAL Value Preventative List |
| ASSURE COMFORT LANCETS 28G MISC     | 1    | VAL Value Preventative List |

| PRODUCT DESCRIPTION                 | TIER | LIMITS & RESTRICTIONS       |
|-------------------------------------|------|-----------------------------|
| ASSURE LANCE LANCETS MISC           | 1    | VAL Value Preventative List |
| ASSURE LANCE LANCETS 21G MISC       | 1    | VAL Value Preventative List |
| ASSURE LANCE PLUS SAFETY 25G MISC   | 1    | VAL Value Preventative List |
| ASSURE LANCE PLUS SAFETY 30G MISC   | 1    | VAL Value Preventative List |
| ASSURE LANCE SAFETY LANCET 28G MISC | 1    | VAL Value Preventative List |
| AURORA LANCET SUPER THIN 30G MISC   | 1    | VAL Value Preventative List |
| AURORA LANCET THIN 23G MISC         | 1    | VAL Value Preventative List |
| BD MICROTAINER LANCETS MISC         | 1    | VAL Value Preventative List |
| CAREONE LANCET SUPER THIN 30G MISC  | 1    | VAL Value Preventative List |
| CAREONE LANCET THIN 23G MISC        | 1    | VAL Value Preventative List |
| CARESENS LANCETS MISC               | 1    | VAL Value Preventative List |
| CARESENS LANCETS 30G MISC           | 1    | VAL Value Preventative List |
| CARETOUCH SAFETY LANCETS MISC       | 1    | VAL Value Preventative List |
| CARETOUCH SAFETY LANCETS 26G MISC   | 1    | VAL Value Preventative List |
| CARETOUCH TWIST LANCETS 28G MISC    | 1    | VAL Value Preventative List |
| CARETOUCH TWIST LANCETS 30G MISC    | 1    | VAL Value Preventative List |
| CARETOUCH TWIST LANCETS 33G MISC    | 1    | VAL Value Preventative List |
| CARETOUCH TWIST MC LANCETS 30G MISC | 1    | VAL Value Preventative List |
| CHOSEN LANCETS 30G MISC             | 1    | VAL Value Preventative List |
| CHOSEN SAFETY LANCETS 28G MISC      | 1    | VAL Value Preventative List |
| CLEANLET LANCETS 28G MISC           | 1    | VAL Value Preventative List |
| CLEVER CHEK LANCETS MISC            | 1    | VAL Value Preventative List |
| CLEVER CHOICE COMFORT EZ MISC       | 1    | VAL Value Preventative List |
| CLEVER CHOICE LANCETS 21G MISC      | 1    | VAL Value Preventative List |
| CLEVER CHOICE LANCETS 23G MISC      | 1    | VAL Value Preventative List |

| PRODUCT DESCRIPTION                 | TIER | LIMITS & RESTRICTIONS       |
|-------------------------------------|------|-----------------------------|
| CLEVER CHOICE LANCETS 28G MISC      | 1    | VAL Value Preventative List |
| COAGUCHEK LANCETS MISC              | 1    | VAL Value Preventative List |
| COMFORT ASSURED LANCETS 28G MISC    | 1    | VAL Value Preventative List |
| COMFORT ASSURED LANCETS 33G MISC    | 1    | VAL Value Preventative List |
| COMFORT LANCETS MISC                | 1    | VAL Value Preventative List |
| COMFORT TOUCH LANCETS 31G MISC      | 1    | VAL Value Preventative List |
| COMFORT TOUCH PLUS LANCETS 28G MISC | 1    | VAL Value Preventative List |
| COMFORT TOUCH PLUS LANCETS 30G MISC | 1    | VAL Value Preventative List |
| COMFORT TOUCH TWIST LANCET 30G MISC | 1    | VAL Value Preventative List |
| CVS LANCETS 21G MISC                | 1    | VAL Value Preventative List |
| CVS LANCETS MICRO THIN 33G MISC     | 1    | VAL Value Preventative List |
| CVS LANCETS ORIGINAL MISC           | 1    | VAL Value Preventative List |
| CVS LANCETS THIN 26G MISC           | 1    | VAL Value Preventative List |
| CVS LANCETS ULTRA THIN 30G MISC     | 1    | VAL Value Preventative List |
| CVS LANCETS ULTRA-THIN 30G MISC     | 1    | VAL Value Preventative List |
| CVS ULTRA THIN LANCETS MISC         | 1    | VAL Value Preventative List |
|                                     |      | QL 1 / 365 day(s)           |
| DEXCOM G6 RECEIVER DEVICE           | 2    | VAL Value Preventative List |
|                                     |      | QL 3 / 30 day(s)            |
| DEXCOM G6 SENSOR MISC               | 2    | VAL Value Preventative List |
|                                     |      | QL 1 / 90 day(s)            |
| DEXCOM G6 TRANSMITTER MISC          | 2    | VAL Value Preventative List |
|                                     |      | QL 2 / 30 day(s)            |
| DEXCOM G7 15 DAY SENSOR MISC        | 2    | VAL Value Preventative List |

| PRODUCT DESCRIPTION                 | TIER | LIMITS & RESTRICTIONS                                       |
|-------------------------------------|------|---|
| DEXCOM G7 RECEIVER DEVICE           | 2    | <p>QL 1 / 365 day(s)</p> <p>VAL Value Preventative List</p> |
| DEXCOM G7 SENSOR MISC               | 2    | <p>QL 3 / 30 day(s)</p> <p>VAL Value Preventative List</p>  |
| DIATHRIVE LANCET ULTRA THIN 30 MISC | 1    | VAL Value Preventative List                                 |
| DIATHRIVE LANCETS MISC              | 1    | VAL Value Preventative List                                 |
| DROPLET LANCETS ULTRA THIN 30G MISC | 1    | VAL Value Preventative List                                 |
| DROPLET PERSONAL LANCETS 30G MISC   | 1    | VAL Value Preventative List                                 |
| DROPSAFE ACTI-LANCE 23G MISC        | 1    | VAL Value Preventative List                                 |
| DROPSAFE MEDLANCE LANCET 30G MISC   | 1    | VAL Value Preventative List                                 |
| DRUG MART LANCETS THIN 26G MISC     | 1    | VAL Value Preventative List                                 |
| DRUG MART ON-THE-GO LANCET 30G MISC | 1    | VAL Value Preventative List                                 |
| DRUG MART UNILET LANCETS 28G MISC   | 1    | VAL Value Preventative List                                 |
| DRUG MART UNILET LANCETS 30G MISC   | 1    | VAL Value Preventative List                                 |
| DRUG MART UNILET LANCETS 33G MISC   | 1    | VAL Value Preventative List                                 |
| E-Z JECT LANCET MICRO-THIN 33G MISC | 1    | VAL Value Preventative List                                 |
| E-Z JECT LANCET SUPER THIN 30G MISC | 1    | VAL Value Preventative List                                 |
| E-Z JECT LANCETS MISC               | 1    | VAL Value Preventative List                                 |
| E-Z JECT LANCETS 21G MISC           | 1    | VAL Value Preventative List                                 |
| E-Z JECT LANCETS THIN 26G MISC      | 1    | VAL Value Preventative List                                 |
| EASY COMFORT LANCETS MISC           | 1    | VAL Value Preventative List                                 |
| EASY COMFORT LANCETS TWIST TOP MISC | 1    | VAL Value Preventative List                                 |
| EASY TOUCH LANCETS 21G MISC         | 1    | VAL Value Preventative List                                 |
| EASY TOUCH LANCETS 23G MISC         | 1    | VAL Value Preventative List                                 |

| PRODUCT DESCRIPTION                 | TIER | LIMITS & RESTRICTIONS       |
|-------------------------------------|------|-----------------------------|
| EASY TOUCH LANCETS 26G MISC         | 1    | VAL Value Preventative List |
| EASY TOUCH LANCETS 28G MISC         | 1    | VAL Value Preventative List |
| EASY TOUCH LANCETS 28G/TWIST MISC   | 1    | VAL Value Preventative List |
| EASY TOUCH LANCETS 30G MISC         | 1    | VAL Value Preventative List |
| EASY TOUCH LANCETS 30G/TWIST MISC   | 1    | VAL Value Preventative List |
| EASY TOUCH LANCETS 32G MISC         | 1    | VAL Value Preventative List |
| EASY TOUCH LANCETS 32G/TWIST MISC   | 1    | VAL Value Preventative List |
| EASY TOUCH LANCETS 33G/TWIST MISC   | 1    | VAL Value Preventative List |
| EASY TOUCH SAFETY LANCETS 21G MISC  | 1    | VAL Value Preventative List |
| EASY TOUCH SAFETY LANCETS 23G MISC  | 1    | VAL Value Preventative List |
| EASY TOUCH SAFETY LANCETS 26G MISC  | 1    | VAL Value Preventative List |
| EASY TOUCH SAFETY LANCETS 28G MISC  | 1    | VAL Value Preventative List |
| EMBRACE LANCETS ULTRA THIN 30G MISC | 1    | VAL Value Preventative List |
| EMBRACE PRESSURE ACTIVATED 21G MISC | 1    | VAL Value Preventative List |
| EMBRACE PRESSURE ACTIVATED 28G MISC | 1    | VAL Value Preventative List |
| EQL COLOR LANCETS 21G MISC          | 1    | VAL Value Preventative List |
| EQL COLOR LANCETS MICRO 33G MISC    | 1    | VAL Value Preventative List |
| EQL SUPER THIN LANCETS 30G MISC     | 1    | VAL Value Preventative List |
| EQL THIN LANCETS 26G MISC           | 1    | VAL Value Preventative List |
| EZ-LETS LANCETS 21G MISC            | 1    | VAL Value Preventative List |
| EZ-LETS LANCETS 26G MISC            | 1    | VAL Value Preventative List |
| EZ-LETS LANCETS 28G MISC            | 1    | VAL Value Preventative List |
| EZ-LETS LANCETS 30G MISC            | 1    | VAL Value Preventative List |
| FIFTY50 SAFETY SEAL LANCETS MISC    | 1    | VAL Value Preventative List |
| FIFTY50 UNILET LANCETS 33G MISC     | 1    | VAL Value Preventative List |

| PRODUCT DESCRIPTION                  | TIER | LIMITS & RESTRICTIONS                                   |
|--------------------------------------|------|---|
| FINE 30 MISC                         | 1    | VAL Value Preventative List                             |
| FINGERSTIX LANCETS MISC              | 1    | VAL Value Preventative List                             |
| FONDCIRCLE SINGLE USE LANCETS MISC   | 1    | VAL Value Preventative List                             |
| FORA LANCETS MISC                    | 1    | VAL Value Preventative List                             |
| FREDS PHARMACY UNILET LANC 28G MISC  | 1    | VAL Value Preventative List                             |
| FREDS PHARMACY UNILET LANC 30G MISC  | 1    | VAL Value Preventative List                             |
| FREESTYLE FREEDOM LITE W/DEVICE KIT  | 2    | VAL Value Preventative List                             |
| FREESTYLE LANCETS MISC               | 1    | VAL Value Preventative List                             |
| FREESTYLE LIBRE 14 DAY READER DEVICE | 2    | QL 1 / 365 day(s)<br>VAL Value Preventative List        |
| FREESTYLE LIBRE 14 DAY SENSOR MISC   | 2    | QL 2 / 28 day(s)<br>VAL Value Preventative List         |
| FREESTYLE LIBRE 2 PLUS SENSOR MISC   | 2    | QL 2 / 28 day(s)<br>VAL Value Preventative List         |
| FREESTYLE LIBRE 2 READER DEVICE      | 2    | QL 1 / 365 day(s)<br>VAL Value Preventative List        |
| FREESTYLE LIBRE 2 SENSOR MISC        | 2    | QL 2 / 28 day(s)<br>VAL Value Preventative List         |
| FREESTYLE LIBRE 3 PLUS SENSOR MISC   | 2    | QL 2 sensors / 30 day(s)<br>VAL Value Preventative List |
| FREESTYLE LIBRE 3 READER DEVICE      | 2    | QL 1 / 365 day(s)<br>VAL Value Preventative List        |

| PRODUCT DESCRIPTION                 | TIER | LIMITS & RESTRICTIONS  |
|-------------------------------------|------|--|
| FREESTYLE LIBRE 3 SENSOR MISC       | 2    | <div style="display: flex; align-items: center;"> <div style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div style="margin-right: 5px;">2 / 28 day(s)</div> </div> <div style="background-color: #8b4513; width: 15px; height: 15px; margin: 5px 0;"></div> <div style="background-color: #2e7d32; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAL</div> <div>Value Preventative List</div>  |
| FREESTYLE LIBRE READER DEVICE       | 2    | <div style="display: flex; align-items: center;"> <div style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div style="margin-right: 5px;">1 / 365 day(s)</div> </div> <div style="background-color: #8b4513; width: 15px; height: 15px; margin: 5px 0;"></div> <div style="background-color: #2e7d32; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAL</div> <div>Value Preventative List</div> |
| FREESTYLE LITE DEVICE               | 2    | <div style="background-color: #2e7d32; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAL</div> <div>Value Preventative List</div>  |
| FREESTYLE LITE W/DEVICE KIT         | 2    | <div style="background-color: #2e7d32; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAL</div> <div>Value Preventative List</div>  |
| FREESTYLE UNISTICK II LANCETS MISC  | 1    | <div style="background-color: #2e7d32; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAL</div> <div>Value Preventative List</div>  |
| GENTEEL BUTTERFLY TOUCH LANCET MISC | 1    | <div style="background-color: #2e7d32; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAL</div> <div>Value Preventative List</div>  |
| GENTLE-LET GP LANCETS MISC          | 1    | <div style="background-color: #2e7d32; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAL</div> <div>Value Preventative List</div>  |
| GENTLE-LET LANCETS MISC             | 1    | <div style="background-color: #2e7d32; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAL</div> <div>Value Preventative List</div>  |
| GLOBAL INJECT EASE LANCETS 28G MISC | 1    | <div style="background-color: #2e7d32; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAL</div> <div>Value Preventative List</div>  |
| GLOBAL INJECT EASE LANCETS 30G MISC | 1    | <div style="background-color: #2e7d32; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAL</div> <div>Value Preventative List</div>  |
| GLUCOCOM LANCETS 28G MISC           | 1    | <div style="background-color: #2e7d32; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAL</div> <div>Value Preventative List</div>  |
| GLUCOCOM LANCETS 30G MISC           | 1    | <div style="background-color: #2e7d32; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAL</div> <div>Value Preventative List</div>  |
| GLUCOCOM LANCETS 33G MISC           | 1    | <div style="background-color: #2e7d32; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAL</div> <div>Value Preventative List</div>  |
| GNP LANCETS 21G MISC                | 1    | <div style="background-color: #2e7d32; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAL</div> <div>Value Preventative List</div>  |
| GNP LANCETS THIN 26G MISC           | 1    | <div style="background-color: #2e7d32; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAL</div> <div>Value Preventative List</div>  |
| GNP STERILE LANCETS 28G MISC        | 1    | <div style="background-color: #2e7d32; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAL</div> <div>Value Preventative List</div>  |
| GNP STERILE LANCETS 30G MISC        | 1    | <div style="background-color: #2e7d32; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAL</div> <div>Value Preventative List</div>  |
| GNP STERILE LANCETS 33G MISC        | 1    | <div style="background-color: #2e7d32; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAL</div> <div>Value Preventative List</div>  |
| GOJJI STERILE LANCETS MISC          | 1    | <div style="background-color: #2e7d32; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAL</div> <div>Value Preventative List</div>  |
| GOODSENSE COLOR LANCETS 33G MISC    | 1    | <div style="background-color: #2e7d32; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAL</div> <div>Value Preventative List</div>  |
| GOODSENSE LANCETS 26G UNIV MISC     | 1    | <div style="background-color: #2e7d32; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAL</div> <div>Value Preventative List</div>  |
| GOODSENSE LANCETS 30G MISC          | 1    | <div style="background-color: #2e7d32; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAL</div> <div>Value Preventative List</div>  |

| PRODUCT DESCRIPTION                 | TIER | LIMITS & RESTRICTIONS       |
|-------------------------------------|------|-----------------------------|
| GOODSENSE LANCETS 30G UNIV MISC     | 1    | VAL Value Preventative List |
| GOODSENSE LANCETS 33G MISC          | 1    | VAL Value Preventative List |
| GOODSENSE LANCETS 33G UNIV MISC     | 1    | VAL Value Preventative List |
| H-E-B INCONTROL LANCETS 28G MISC    | 1    | VAL Value Preventative List |
| H-E-B INCONTROL LANCETS 30G MISC    | 1    | VAL Value Preventative List |
| H-E-B INCONTROL LANCETS 33G MISC    | 1    | VAL Value Preventative List |
| HAEMOLANCE MISC                     | 1    | VAL Value Preventative List |
| HAEMOLANCE LOW FLOW LANCETS MISC    | 1    | VAL Value Preventative List |
| HAEMOLANCE PLUS MISC                | 1    | VAL Value Preventative List |
| HAEMOLANCE PLUS HIGH FLOW MISC      | 1    | VAL Value Preventative List |
| HAEMOLANCE PLUS LOW FLOW MISC       | 1    | VAL Value Preventative List |
| HAEMOLANCE PLUS MAX FLOW MISC       | 1    | VAL Value Preventative List |
| HAEMOLANCE PLUS PEDIATRIC FLOW MISC | 1    | VAL Value Preventative List |
| HEALTHY ACCENTS UNILET LANCETS MISC | 1    | VAL Value Preventative List |
| HY-VEE LANCETS MISC                 | 1    | VAL Value Preventative List |
| HY-VEE THIN LANCETS MISC            | 1    | VAL Value Preventative List |
| IN TOUCH STERILE LANCETS 30G MISC   | 1    | VAL Value Preventative List |
| KINNEY LANCETS MISC                 | 1    | VAL Value Preventative List |
| KINNEY THIN LANCETS MISC            | 1    | VAL Value Preventative List |
| KROGER HEALTHPRO LANCET 26G MISC    | 1    | VAL Value Preventative List |
| KROGER LANCETS MISC                 | 1    | VAL Value Preventative List |
| KROGER LANCETS 21G MISC             | 1    | VAL Value Preventative List |
| KROGER LANCETS MICRO THIN 33G MISC  | 1    | VAL Value Preventative List |
| KROGER LANCETS SUPER THIN MISC      | 1    | VAL Value Preventative List |
| KROGER LANCETS THIN MISC            | 1    | VAL Value Preventative List |

| PRODUCT DESCRIPTION                 | TIER | LIMITS & RESTRICTIONS       |
|-------------------------------------|------|-----------------------------|
| KROGER LANCETS THIN 26G MISC        | 1    | VAL Value Preventative List |
| KROGER LANCETS ULTRATHIN 30G MISC   | 1    | VAL Value Preventative List |
| LANCETS MISC                        | 1    | VAL Value Preventative List |
| LANCETS 28G THIN MISC               | 1    | VAL Value Preventative List |
| LANCETS 30G MISC                    | 1    | VAL Value Preventative List |
| LANCETS 33G MISC                    | 1    | VAL Value Preventative List |
| LANCETS MICRO THIN 33G MISC         | 1    | VAL Value Preventative List |
| LANCETS SUPER THIN MISC             | 1    | VAL Value Preventative List |
| LANCETS SUPER THIN 28G MISC         | 1    | VAL Value Preventative List |
| LANCETS THIN MISC                   | 1    | VAL Value Preventative List |
| LANCETS ULTRA THIN MISC             | 1    | VAL Value Preventative List |
| LANCETS ULTRA THIN 30G MISC         | 1    | VAL Value Preventative List |
| LIBERTY MEDICAL LANCETS MISC        | 1    | VAL Value Preventative List |
| LITE TOUCH LANCETS MISC             | 1    | VAL Value Preventative List |
| LITETOUCH LANCETS MISC              | 1    | VAL Value Preventative List |
| LIVE BETTER LANCET SUPER THIN MISC  | 1    | VAL Value Preventative List |
| LIVE BETTER LANCET ULTRA THIN MISC  | 1    | VAL Value Preventative List |
| LONGS LANCETS STANDARD MISC         | 1    | VAL Value Preventative List |
| LONGS LANCETS THIN MISC             | 1    | VAL Value Preventative List |
| LONGS LANCETS ULTRA THIN MISC       | 1    | VAL Value Preventative List |
| MEDICHOICE SAFETY LANCET MISC       | 1    | VAL Value Preventative List |
| MEDICHOICE SAFETY LANCET EXTRA MISC | 1    | VAL Value Preventative List |
| MEDICHOICE SAFETY LANCET NORM MISC  | 1    | VAL Value Preventative List |
| MEDLANCE EXTRA 21G MISC             | 1    | VAL Value Preventative List |
| MEDLANCE LITE 25G MISC              | 1    | VAL Value Preventative List |

| PRODUCT DESCRIPTION               | TIER | LIMITS & RESTRICTIONS       |
|-----------------------------------|------|-----------------------------|
| MEDLANCE PLUS EXTRA 21G MISC      | 1    | VAL Value Preventative List |
| MEDLANCE PLUS LANCETS MISC        | 1    | VAL Value Preventative List |
| MEDLANCE PLUS LITE 25G MISC       | 1    | VAL Value Preventative List |
| MEDLANCE PLUS SPECIAL 0.8MM MISC  | 1    | VAL Value Preventative List |
| MEDLANCE PLUS SUPERLITE 30G MISC  | 1    | VAL Value Preventative List |
| MEDLANCE PLUS UNIVERSAL 21G MISC  | 1    | VAL Value Preventative List |
| MEDLANCE UNIVERSAL 21G MISC       | 1    | VAL Value Preventative List |
| MEIJER LANCETS MISC               | 1    | VAL Value Preventative List |
| MEIJER LANCETS THIN MISC          | 1    | VAL Value Preventative List |
| MEIJER LANCETS UNIVERSAL 21G MISC | 1    | VAL Value Preventative List |
| MEIJER LANCETS UNIVERSAL 30G MISC | 1    | VAL Value Preventative List |
| MEIJER LANCETS UNIVERSAL 33G MISC | 1    | VAL Value Preventative List |
| MEIJER SUPER THIN LANCETS MISC    | 1    | VAL Value Preventative List |
| MICROLET LANCETS MISC             | 1    | VAL Value Preventative List |
| MICROLET NEXT LANCETS MISC        | 1    | VAL Value Preventative List |
| MM TWIST LANCETS MISC             | 1    | VAL Value Preventative List |
| MOBILE LANCETS 30G MISC           | 1    | VAL Value Preventative List |
| MONOLET LANCETS MISC              | 1    | VAL Value Preventative List |
| MONOLET OPD LANCETS MISC          | 1    | VAL Value Preventative List |
| MONOLETTOR SAFETY LANCETS MISC    | 1    | VAL Value Preventative List |
| MPD SAFETY LANCET 21G MISC        | 1    | VAL Value Preventative List |
| MPD SAFETY LANCET 23G MISC        | 1    | VAL Value Preventative List |
| MPD SAFETY LANCET 28G MISC        | 1    | VAL Value Preventative List |
| MPD SAFETY LANCET 30G MISC        | 1    | VAL Value Preventative List |
| MYGLUCOHEALTH LANCETS 30G MISC    | 1    | VAL Value Preventative List |

| PRODUCT DESCRIPTION                 | TIER | LIMITS & RESTRICTIONS       |
|-------------------------------------|------|-----------------------------|
| NOVA SAFETY LANCETS 23G MISC        | 1    | VAL Value Preventative List |
| NOVA SAFETY LANCETS 28G MISC        | 1    | VAL Value Preventative List |
| NOVA SUREFLEX LANCETS MISC          | 1    | VAL Value Preventative List |
| ONETOUCH DELICA PLUS LANCET30G MISC | 1    | VAL Value Preventative List |
| ONETOUCH DELICA PLUS LANCET33G MISC | 1    | VAL Value Preventative List |
| ONETOUCH DELICA PLUS LANCING MISC   | 2    | VAL Value Preventative List |
| ONETOUCH SURESOFT LANCING DEV MISC  | 2    | VAL Value Preventative List |
| ONETOUCH ULTRASOFT 2 LANCETS MISC   | 1    | VAL Value Preventative List |
| ONETOUCH ULTRASOFT LANCETS MISC     | 1    | VAL Value Preventative List |
| PC LANCETS SUPER THIN 30G MISC      | 1    | VAL Value Preventative List |
| PERFECT LANCETS 28G MISC            | 1    | VAL Value Preventative List |
| PERFECT LANCETS 30G MISC            | 1    | VAL Value Preventative List |
| PERFECT POINT SAFETY LANCETS MISC   | 1    | VAL Value Preventative List |
| PHARMACIST CHOICE LANCETS MISC      | 1    | VAL Value Preventative List |
| PHARMACY COUNTER LANCETS MISC       | 1    | VAL Value Preventative List |
| PIP LANCETS 28G MISC                | 1    | VAL Value Preventative List |
| PIP LANCETS 30G MISC                | 1    | VAL Value Preventative List |
| PRECISION THINS GP LANCETS MISC     | 1    | VAL Value Preventative List |
| PREFERRED PLUS LANCETS COLORED MISC | 1    | VAL Value Preventative List |
| PREFERRED PLUS LANCETS THIN MISC    | 1    | VAL Value Preventative List |
| PRO COMFORT LANCETS 30G MISC        | 1    | VAL Value Preventative List |
| PRO COMFORT LANCETS 31G MISC        | 1    | VAL Value Preventative List |
| PRO COMFORT SAFETY LANCETS 30G MISC | 1    | VAL Value Preventative List |
| PRODIGY LANCETS 28G MISC            | 1    | VAL Value Preventative List |
| PRODIGY SAFETY LANCETS 26G MISC     | 1    | VAL Value Preventative List |

| PRODUCT DESCRIPTION                 | TIER | LIMITS & RESTRICTIONS       |
|-------------------------------------|------|-----------------------------|
| PRODIGY TWIST TOP LANCETS 28G MISC  | 1    | VAL Value Preventative List |
| PSS SELECT GP LANCETS MISC          | 1    | VAL Value Preventative List |
| PSS SELECT SAFETY LANCETS MISC      | 1    | VAL Value Preventative List |
| PURE COMFORT LANCETS 30G MISC       | 1    | VAL Value Preventative List |
| PURE COMFORT SAFETY LANCET 30G MISC | 1    | VAL Value Preventative List |
| PX LANCETS MICROTHIN 33G MISC       | 1    | VAL Value Preventative List |
| PX LANCETS ULTRA THIN MISC          | 1    | VAL Value Preventative List |
| PX LANCETS ULTRA THIN 28G MISC      | 1    | VAL Value Preventative List |
| QC LANCETS SUPER THIN 30G MISC      | 1    | VAL Value Preventative List |
| QC LANCETS ULTRA THIN MISC          | 1    | VAL Value Preventative List |
| QC UNILET LANCETS 28G MISC          | 1    | VAL Value Preventative List |
| QC UNILET LANCETS MICRO THIN MISC   | 1    | VAL Value Preventative List |
| RA E-ZJECT LANCETS 28G MISC         | 1    | VAL Value Preventative List |
| RA E-ZJECT LANCETS THIN 26G MISC    | 1    | VAL Value Preventative List |
| RA E-ZJECT LANCETS THIN 28G MISC    | 1    | VAL Value Preventative List |
| RA E-ZJECT LANCETS ULTRA THIN MISC  | 1    | VAL Value Preventative List |
| READYLANCE SAFETY LANCETS MISC      | 1    | VAL Value Preventative List |
| REALITY LANCETS MISC                | 1    | VAL Value Preventative List |
| REALITY TRIGGER LANCETS MISC        | 1    | VAL Value Preventative List |
| RELION LANCETS MICRO-THIN 33G MISC  | 1    | VAL Value Preventative List |
| RELION LANCETS THIN 26G MISC        | 1    | VAL Value Preventative List |
| RELION LANCETS ULTRA-THIN 30G MISC  | 1    | VAL Value Preventative List |
| RELION ULTRA THIN LANCETS 30G MISC  | 1    | VAL Value Preventative List |
| RELION ULTRA THIN PLUS LANCETS MISC | 1    | VAL Value Preventative List |
| REXALL LANCETS ULTRA THIN 30G MISC  | 1    | VAL Value Preventative List |

| PRODUCT DESCRIPTION                 | TIER | LIMITS & RESTRICTIONS       |
|-------------------------------------|------|-----------------------------|
| RIGHTEST GL300 LANCETS MISC         | 1    | VAL Value Preventative List |
| SAFE-T-LANCE MISC                   | 1    | VAL Value Preventative List |
| SAFE-T-LANCE PLUS MISC              | 1    | VAL Value Preventative List |
| SAFETY LANCET 30G/PRESSURE ACT MISC | 1    | VAL Value Preventative List |
| SAFETY LANCETS MISC                 | 1    | VAL Value Preventative List |
| SAFETY LANCETS 21G MISC             | 1    | VAL Value Preventative List |
| SAFETY LANCETS 23G MISC             | 1    | VAL Value Preventative List |
| SAFETY LANCETS 28G MISC             | 1    | VAL Value Preventative List |
| SAPS HEALTH PLUS LANCETS MISC       | 1    | VAL Value Preventative List |
| SAPS HEALTH TWIST TOP LANCETS MISC  | 1    | VAL Value Preventative List |
| SAPS TWIST TOP LANCETS MISC         | 1    | VAL Value Preventative List |
| SAPSCARE TWIST TOP LANCETS MISC     | 1    | VAL Value Preventative List |
| SB LANCETS THIN MISC                | 1    | VAL Value Preventative List |
| SB LANCETS ULTRA THIN MISC          | 1    | VAL Value Preventative List |
| SENSILANCE SAFETY LANCETS 21G MISC  | 1    | VAL Value Preventative List |
| SENSILANCE SAFETY LANCETS 26G MISC  | 1    | VAL Value Preventative List |
| SENSILANCE SAFETY LANCETS 28G MISC  | 1    | VAL Value Preventative List |
| SHOPKO ON-THE-GO LANCETS 30G MISC   | 1    | VAL Value Preventative List |
| SHOPKO UNILET LANCETS 28G MISC      | 1    | VAL Value Preventative List |
| SHOPKO UNILET LANCETS 30G MISC      | 1    | VAL Value Preventative List |
| SINGLE-LET MISC                     | 1    | VAL Value Preventative List |
| SM LANCETS 33G MISC                 | 1    | VAL Value Preventative List |
| SMART SENSE COLOR LANCETS 33G MISC  | 1    | VAL Value Preventative List |
| SMART SENSE STANDARD LANCETS MISC   | 1    | VAL Value Preventative List |
| SMART SENSE SUPER THIN LANCETS MISC | 1    | VAL Value Preventative List |

| PRODUCT DESCRIPTION                 | TIER | LIMITS & RESTRICTIONS       |
|-------------------------------------|------|-----------------------------|
| SMART SENSE THIN LANCETS 26G MISC   | 1    | VAL Value Preventative List |
| SMARTEST LANCETS 28G MISC           | 1    | VAL Value Preventative List |
| SOLUS V2 LANCETS 28G MISC           | 1    | VAL Value Preventative List |
| SOLUS V2 TWIST LANCETS 30G MISC     | 1    | VAL Value Preventative List |
| STERILANCE TL MISC                  | 1    | VAL Value Preventative List |
| SUPER THIN LANCETS MISC             | 1    | VAL Value Preventative List |
| SURE COMFORT LANCETS 18G MISC       | 1    | VAL Value Preventative List |
| SURE COMFORT LANCETS 21G MISC       | 1    | VAL Value Preventative List |
| SURE COMFORT LANCETS 23G MISC       | 1    | VAL Value Preventative List |
| SURE COMFORT LANCETS 28G MISC       | 1    | VAL Value Preventative List |
| SURE COMFORT LANCETS 30G MISC       | 1    | VAL Value Preventative List |
| SURELITE LANCETS MISC               | 1    | VAL Value Preventative List |
| TECHLITE AST LANCETS MISC           | 1    | VAL Value Preventative List |
| TECHLITE LANCETS MISC               | 1    | VAL Value Preventative List |
| TECHLITE LANCETS 26G MISC           | 1    | VAL Value Preventative List |
| TGT LANCET MICRO THIN 33G MISC      | 1    | VAL Value Preventative List |
| TGT LANCET THIN 26G MISC            | 1    | VAL Value Preventative List |
| TGT LANCET ULTRA THIN 30G MISC      | 1    | VAL Value Preventative List |
| THINLETS GP LANCETS MISC            | 1    | VAL Value Preventative List |
| TODAYS HEALTH THIN LANCETS 28G MISC | 1    | VAL Value Preventative List |
| TODAYS HEALTH THIN LANCETS 30G MISC | 1    | VAL Value Preventative List |
| TOPCARE LANCETS MICRO-THIN 33G MISC | 1    | VAL Value Preventative List |
| TRAVEL LANCETS MISC                 | 1    | VAL Value Preventative List |
| TRAVEL LANCETS ADVANCED 28G MISC    | 1    | VAL Value Preventative List |
| TRUE COMFORT SAFETY LANCETS MISC    | 1    | VAL Value Preventative List |

| PRODUCT DESCRIPTION                 | TIER | LIMITS & RESTRICTIONS       |
|-------------------------------------|------|-----------------------------|
| TRUE COMFORT TWIST TOP LANCETS MISC | 1    | VAL Value Preventative List |
| TRUEPLUS LANCETS 26G MISC           | 1    | VAL Value Preventative List |
| TRUEPLUS LANCETS 28G MISC           | 1    | VAL Value Preventative List |
| TRUEPLUS LANCETS 30G MISC           | 1    | VAL Value Preventative List |
| TRUEPLUS LANCETS 33G MISC           | 1    | VAL Value Preventative List |
| TRUEPLUS SAFETY LANCETS 28G MISC    | 1    | VAL Value Preventative List |
| TWIST TOP LANCETS 30G MISC          | 1    | VAL Value Preventative List |
| ULTILET CLASSIC LANCETS MISC        | 1    | VAL Value Preventative List |
| ULTILET LANCETS MISC                | 1    | VAL Value Preventative List |
| ULTILET SAFETY LANCETS MISC         | 1    | VAL Value Preventative List |
| ULTILET SAFETY LANCETS 23G MISC     | 1    | VAL Value Preventative List |
| ULTRA THIN LANCETS 31G MISC         | 1    | VAL Value Preventative List |
| ULTRA-CARE LANCETS 30G MISC         | 1    | VAL Value Preventative List |
| ULTRA-CARE SAFETY LANCETS 30G MISC  | 1    | VAL Value Preventative List |
| ULTRA-THIN II AUTO LANCET MISC      | 1    | VAL Value Preventative List |
| ULTRA-THIN II LANCETS MISC          | 1    | VAL Value Preventative List |
| UNILET COMFORTOUCH LANCET MISC      | 1    | VAL Value Preventative List |
| UNILET EXCELITE MISC                | 1    | VAL Value Preventative List |
| UNILET EXCELITE II MISC             | 1    | VAL Value Preventative List |
| UNILET G.P. LANCET MISC             | 1    | VAL Value Preventative List |
| UNILET G.P. SUPERLITE LANCET MISC   | 1    | VAL Value Preventative List |
| UNILET GP 28 ULTRA THIN MISC        | 1    | VAL Value Preventative List |
| UNILET LANCET MISC                  | 1    | VAL Value Preventative List |
| UNILET MICRO-THIN 33G MISC          | 1    | VAL Value Preventative List |
| UNILET SUPER-THIN 30G MISC          | 1    | VAL Value Preventative List |

| PRODUCT DESCRIPTION                 | TIER | LIMITS & RESTRICTIONS       |
|-------------------------------------|------|-----------------------------|
| UNILET SUPERLITE LANCET MISC        | 1    | VAL Value Preventative List |
| UNILET ULTRA-THIN 28G MISC          | 1    | VAL Value Preventative List |
| UNISTIK 3 GENTLE MISC               | 1    | VAL Value Preventative List |
| UNISTIK PRO SAFETY LANCET MISC      | 1    | VAL Value Preventative List |
| UNISTIK SAFETY LANCETS 28G MISC     | 1    | VAL Value Preventative List |
| UNISTIK SAFETY LANCETS 30G MISC     | 1    | VAL Value Preventative List |
| UNISTIK TOUCH SAFETY LANC 21G MISC  | 1    | VAL Value Preventative List |
| UNISTIK TOUCH SAFETY LANC 23G MISC  | 1    | VAL Value Preventative List |
| UNISTIK TOUCH SAFETY LANC 28G MISC  | 1    | VAL Value Preventative List |
| UNISTIK TOUCH SAFETY LANC 30G MISC  | 1    | VAL Value Preventative List |
| UNIVERSAL 1 LANCETS THIN 26G MISC   | 1    | VAL Value Preventative List |
| UNIVERSAL 1 LANCETS THIN 33G MISC   | 1    | VAL Value Preventative List |
| UNIVERSAL 1 LANCETS ULTRA THIN MISC | 1    | VAL Value Preventative List |
| VALUE PLUS LANCET STANDARD 21G MISC | 1    | VAL Value Preventative List |
| VALUE PLUS LANCETS SUPER THIN MISC  | 1    | VAL Value Preventative List |
| VALUE PLUS LANCETS THIN 26G MISC    | 1    | VAL Value Preventative List |
| VALUMARK LANCET SUPER THIN 30G MISC | 1    | VAL Value Preventative List |
| VALUMARK LANCET ULTRA THIN 28G MISC | 1    | VAL Value Preventative List |
| VERIFINE SAFE LANCET MINI 21G MISC  | 1    | VAL Value Preventative List |
| VERIFINE SAFE LANCET MINI 23G MISC  | 1    | VAL Value Preventative List |
| VERIFINE SAFE LANCET MINI 28G MISC  | 1    | VAL Value Preventative List |
| VERIFINE SAFE LANCET MINI 30G MISC  | 1    | VAL Value Preventative List |
| VERIFINE UNIVERSAL LANCETS 28G MISC | 1    | VAL Value Preventative List |
| VERIFINE UNIVERSAL LANCETS 30G MISC | 1    | VAL Value Preventative List |
| VERIFINE UNIVERSAL LANCETS 33G MISC | 1    | VAL Value Preventative List |

| PRODUCT DESCRIPTION                      | TIER | LIMITS & RESTRICTIONS       |
|--|------|-----------------------------|
| VIDA MIA UNILET LANCETS 28G MISC         | 1    | VAL Value Preventative List |
| VIDA MIA UNILET LANCETS 30G MISC         | 1    | VAL Value Preventative List |
| VIVAGUARD LANCETS MISC                   | 1    | VAL Value Preventative List |
| VIVAGUARD LANCETS 30G MISC               | 1    | VAL Value Preventative List |
| VIVAGUARD SAFETY LANCETS 28G MISC        | 1    | VAL Value Preventative List |
| WALGREENS ADV TRAVEL LANCETS MISC        | 1    | VAL Value Preventative List |
| WALGREENS LANCETS MISC                   | 1    | VAL Value Preventative List |
| WALGREENS LANCETS MICRO THIN MISC        | 1    | VAL Value Preventative List |
| WALGREENS LANCETS SUPER THIN MISC        | 1    | VAL Value Preventative List |
| WALGREENS THIN LANCETS MISC              | 1    | VAL Value Preventative List |
| WALGREENS ULTRA THIN LANCETS MISC        | 1    | VAL Value Preventative List |
| ZEVRX TWIST TOP LANCETS 30G MISC         | 1    | VAL Value Preventative List |
| INSULIN ADMINISTRATION SUPPLIES          |      |                             |
| OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT        | 2    |                             |
| OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC        | 2    |                             |
| OMNIPOD 5 G7 INTRO (GEN 5) KIT           | 2    |                             |
| OMNIPOD 5 G7 PODS (GEN 5) MISC           | 2    |                             |
| OMNIPOD 5 LIBRE2 G6 INTRO GEN5 KIT       | 2    |                             |
| OMNIPOD 5 LIBRE2 PLUS G6 PODS MISC       | 2    |                             |
| OMNIPOD CLASSIC PDM (GEN 3) KIT          | 2    |                             |
| OMNIPOD CLASSIC PODS (GEN 3) MISC        | 2    |                             |
| OMNIPOD DASH INTRO (GEN 4) KIT           | 2    |                             |
| OMNIPOD DASH PDM (GEN 4) KIT             | 2    |                             |
| OMNIPOD DASH PODS (GEN 4) MISC           | 2    |                             |
| NEEDLES & SYRINGES                       |      |                             |
| 1ST TIER UNIFINE PENTIPS 31G X 5 MM MISC | 1    | VAL Value Preventative List |
| 1ST TIER UNIFINE PENTIPS 31G X 6 MM MISC | 1    | VAL Value Preventative List |

| PRODUCT DESCRIPTION                              | TIER | LIMITS & RESTRICTIONS       |
|--|------|-----------------------------|
| 1ST TIER UNIFINE PENTIPS 31G X 8 MM MISC         | 1    | VAL Value Preventative List |
| 1ST TIER UNIFINE PENTIPS 32G X 4 MM MISC         | 1    | VAL Value Preventative List |
| 1ST TIER UNIFINE PENTIPS 32G X 6 MM MISC         | 1    | VAL Value Preventative List |
| 1ST TIER UNIFINE PENTIPS PLUS 31G X 5 MM MISC    | 1    | VAL Value Preventative List |
| 1ST TIER UNIFINE PENTIPS PLUS 31G X 6 MM MISC    | 1    | VAL Value Preventative List |
| 1ST TIER UNIFINE PENTIPS PLUS 31G X 8 MM MISC    | 1    | VAL Value Preventative List |
| 1ST TIER UNIFINE PENTIPS PLUS 32G X 4 MM MISC    | 1    | VAL Value Preventative List |
| ABOUTTIME PEN NEEDLE 31G X 5 MM MISC             | 1    | VAL Value Preventative List |
| ABOUTTIME PEN NEEDLE 31G X 8 MM MISC             | 1    | VAL Value Preventative List |
| ABOUTTIME PEN NEEDLE 32G X 4 MM MISC             | 1    | VAL Value Preventative List |
| ADVOCATE INSULIN PEN NEEDLE 32G X 4 MM MISC      | 1    | VAL Value Preventative List |
| ADVOCATE INSULIN PEN NEEDLES 31G X 5 MM MISC     | 1    | VAL Value Preventative List |
| ADVOCATE INSULIN PEN NEEDLES 31G X 8 MM MISC     | 1    | VAL Value Preventative List |
| ADVOCATE INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC | 1    | VAL Value Preventative List |
| ADVOCATE INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC | 1    | VAL Value Preventative List |
| ADVOCATE INSULIN SYRINGE 31G X 5/16" 1 ML MISC   | 1    | VAL Value Preventative List |
| AQ INSULIN SYRINGE 29G X 1/2" 1 ML MISC          | 1    | VAL Value Preventative List |
| AQ INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC       | 1    | VAL Value Preventative List |
| AQ INSULIN SYRINGE 31G X 5/16" 1 ML MISC         | 1    |                             |
| AQINJECT PEN NEEDLE 31G X 5 MM MISC              | 1    | VAL Value Preventative List |
| AQINJECT PEN NEEDLE 32G X 4 MM MISC              | 1    | VAL Value Preventative List |
| ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM MISC    | 1    | VAL Value Preventative List |
| AUM INSULIN SAFETY PEN NEEDLE 31G X 5 MM MISC    | 1    | VAL Value Preventative List |
| AUM MINI INSULIN PEN NEEDLE 32G X 4 MM MISC      | 1    | VAL Value Preventative List |
| AUM MINI INSULIN PEN NEEDLE 32G X 6 MM MISC      | 1    | VAL Value Preventative List |
| AUM PEN NEEDLE 32G X 4 MM MISC                   | 1    | VAL Value Preventative List |

| PRODUCT DESCRIPTION                                     | TIER | LIMITS & RESTRICTIONS       |
|---|------|-----------------------------|
| AUM PEN NEEDLE 32G X 6 MM MISC                          | 1    | VAL Value Preventative List |
| AUM READYGARD DUO PEN NEEDLE 32G X 4 MM MISC            | 1    | VAL Value Preventative List |
| AUM SAFETY PEN NEEDLE 31G X 5 MM MISC                   | 1    | VAL Value Preventative List |
| AURORA PEN NEEDLES 31G X 6 MM MISC                      | 1    | VAL Value Preventative List |
| AURORA PEN NEEDLES 31G X 8 MM MISC                      | 1    | VAL Value Preventative List |
| AURORA UNIFINE PENTIPS 31G X 5 MM MISC                  | 1    | VAL Value Preventative List |
| AURORA UNIFINE PENTIPS 32G X 4 MM MISC                  | 1    | VAL Value Preventative List |
| BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ML MISC     | 1    | VAL Value Preventative List |
| BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.5 ML MISC     | 1    | VAL Value Preventative List |
| BD INSULIN SYRINGE HALF-UNIT 31G X 5/16" 0.3 ML MISC    | 1    | VAL Value Preventative List |
| BD INSULIN SYRINGE MICROFINE 28G X 1/2" 1 ML MISC       | 1    |                             |
| BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML MISC          | 1    |                             |
| BD INSULIN SYRINGE U/F 1/2UNIT 31G X 5/16" 0.3 ML MISC  | 1    | VAL Value Preventative List |
| BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.3 ML MISC     | 1    | VAL Value Preventative List |
| BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 0.3 ML MISC    | 1    | VAL Value Preventative List |
| BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 0.5 ML MISC    | 1    | VAL Value Preventative List |
| BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 1 ML MISC      | 1    | VAL Value Preventative List |
| BD PEN NEEDLE MICRO ULTRAFINE 32G X 6 MM MISC           | 1    | VAL Value Preventative List |
| BD PEN NEEDLE MINI ULTRAFINE 31G X 5 MM MISC            | 1    | VAL Value Preventative List |
| BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM MISC              | 1    | VAL Value Preventative List |
| BD PEN NEEDLE NANO ULTRAFINE 32G X 4 MM MISC            | 1    | VAL Value Preventative List |
| BD PEN NEEDLE SHORT ULTRAFINE 31G X 8 MM MISC           | 1    | VAL Value Preventative List |
| BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.3 ML MISC | 1    | VAL Value Preventative List |
| BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.5 ML MISC | 1    | VAL Value Preventative List |
| BD SAFETYGLIDE INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC  | 1    | VAL Value Preventative List |

| PRODUCT DESCRIPTION                                   | TIER | LIMITS & RESTRICTIONS       |
|---|------|-----------------------------|
| BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.5 ML MISC | 1    | VAL Value Preventative List |
| CAREFINE PEN NEEDLES 31G X 6 MM MISC                  | 1    | VAL Value Preventative List |
| CAREFINE PEN NEEDLES 31G X 8 MM MISC                  | 1    | VAL Value Preventative List |
| CAREFINE PEN NEEDLES 32G X 4 MM MISC                  | 1    | VAL Value Preventative List |
| CAREFINE PEN NEEDLES 32G X 6 MM MISC                  | 1    | VAL Value Preventative List |
| CAREONE INSULIN SYRINGE 30G X 1/2" 0.3 ML MISC        | 1    | VAL Value Preventative List |
| CAREONE INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC       | 1    | VAL Value Preventative List |
| CAREONE INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC       | 1    | VAL Value Preventative List |
| CAREONE INSULIN SYRINGE 31G X 5/16" 1 ML MISC         | 1    | VAL Value Preventative List |
| CAREONE UNIFINE PENTIPS 31G X 5 MM MISC               | 1    | VAL Value Preventative List |
| CAREONE UNIFINE PENTIPS 31G X 6 MM MISC               | 1    | VAL Value Preventative List |
| CAREONE UNIFINE PENTIPS 31G X 8 MM MISC               | 1    | VAL Value Preventative List |
| CAREONE UNIFINE PENTIPS 32G X 4 MM MISC               | 1    | VAL Value Preventative List |
| CAREONE UNIFINE PENTIPS PLUS 31G X 5 MM MISC          | 1    | VAL Value Preventative List |
| CAREONE UNIFINE PENTIPS PLUS 31G X 6 MM MISC          | 1    | VAL Value Preventative List |
| CAREONE UNIFINE PENTIPS PLUS 31G X 8 MM MISC          | 1    | VAL Value Preventative List |
| CAREONE UNIFINE PENTIPS PLUS 32G X 4 MM MISC          | 1    | VAL Value Preventative List |
| CARETOUCH INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC     | 1    | VAL Value Preventative List |
| CARETOUCH INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC     | 1    | VAL Value Preventative List |
| CARETOUCH INSULIN SYRINGE 31G X 5/16" 1 ML MISC       | 1    | VAL Value Preventative List |
| CARETOUCH PEN NEEDLES 31G X 5 MM MISC                 | 1    | VAL Value Preventative List |
| CARETOUCH PEN NEEDLES 31G X 6 MM MISC                 | 1    | VAL Value Preventative List |
| CARETOUCH PEN NEEDLES 31G X 8 MM MISC                 | 1    | VAL Value Preventative List |
| CARETOUCH PEN NEEDLES 32G X 4 MM MISC                 | 1    | VAL Value Preventative List |
| CLICKFINE PEN NEEDLES 31G X 5 MM MISC                 | 1    | VAL Value Preventative List |

| PRODUCT DESCRIPTION                                    | TIER | LIMITS & RESTRICTIONS       |
|--|------|-----------------------------|
| CLICKFINE PEN NEEDLES 31G X 6 MM MISC                  | 1    | VAL Value Preventative List |
| CLICKFINE PEN NEEDLES 31G X 8 MM MISC                  | 1    | VAL Value Preventative List |
| CLICKFINE PEN NEEDLES 32G X 4 MM MISC                  | 1    | VAL Value Preventative List |
| COMFORT ASSIST INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC | 1    | VAL Value Preventative List |
| COMFORT EZ INSULIN SYRINGE 30G X 1/2" 0.3 ML MISC      | 1    | VAL Value Preventative List |
| COMFORT EZ INSULIN SYRINGE 31G X 15/64" 0.5 ML MISC    | 1    | VAL Value Preventative List |
| COMFORT EZ INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC     | 1    | VAL Value Preventative List |
| COMFORT EZ INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC     | 1    | VAL Value Preventative List |
| COMFORT EZ INSULIN SYRINGE 31G X 5/16" 1 ML MISC       | 1    | VAL Value Preventative List |
| COMFORT EZ MICRO PEN NEEDLES 32G X 4 MM MISC           | 1    | VAL Value Preventative List |
| COMFORT EZ PEN NEEDLES 31G X 5 MM MISC                 | 1    | VAL Value Preventative List |
| COMFORT EZ PEN NEEDLES 31G X 6 MM MISC                 | 1    | VAL Value Preventative List |
| COMFORT EZ PEN NEEDLES 31G X 8 MM MISC                 | 1    | VAL Value Preventative List |
| COMFORT EZ PEN NEEDLES 32G X 4 MM MISC                 | 1    | VAL Value Preventative List |
| COMFORT EZ PEN NEEDLES 32G X 6 MM MISC                 | 1    | VAL Value Preventative List |
| COMFORT EZ PRO PEN NEEDLES 31G X 5 MM MISC             | 1    | VAL Value Preventative List |
| COMFORT EZ SHORT PEN NEEDLES 31G X 8 MM MISC           | 1    | VAL Value Preventative List |
| COMFORT TOUCH INSULIN PEN NEED 31G X 5 MM MISC         | 1    | VAL Value Preventative List |
| COMFORT TOUCH INSULIN PEN NEED 31G X 6 MM MISC         | 1    | VAL Value Preventative List |
| COMFORT TOUCH INSULIN PEN NEED 31G X 8 MM MISC         | 1    | VAL Value Preventative List |
| COMFORT TOUCH INSULIN PEN NEED 32G X 4 MM MISC         | 1    | VAL Value Preventative List |
| COMFORT TOUCH INSULIN PEN NEED 32G X 6 MM MISC         | 1    | VAL Value Preventative List |
| DIATHRIVE PEN NEEDLE 31G X 5 MM MISC                   | 1    | VAL Value Preventative List |
| DIATHRIVE PEN NEEDLE 31G X 6 MM MISC                   | 1    | VAL Value Preventative List |
| DIATHRIVE PEN NEEDLE 31G X 8 MM MISC                   | 1    | VAL Value Preventative List |

| PRODUCT DESCRIPTION                                     | TIER | LIMITS & RESTRICTIONS       |
|---|------|-----------------------------|
| DIATHRIVE PEN NEEDLE 32G X 4 MM MISC                    | 1    | VAL Value Preventative List |
| DROPLET INSULIN SYRINGE 30G X 1/2" 0.3 ML MISC          | 1    | VAL Value Preventative List |
| DROPLET INSULIN SYRINGE 31G X 15/64" 0.5 ML MISC        | 1    | VAL Value Preventative List |
| DROPLET INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC         | 1    | VAL Value Preventative List |
| DROPLET INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC         | 1    | VAL Value Preventative List |
| DROPLET INSULIN SYRINGE 31G X 5/16" 1 ML MISC           | 1    | VAL Value Preventative List |
| DROPLET PEN NEEDLES 31G X 5 MM MISC                     | 1    | VAL Value Preventative List |
| DROPLET PEN NEEDLES 31G X 6 MM MISC                     | 1    | VAL Value Preventative List |
| DROPLET PEN NEEDLES 31G X 8 MM MISC                     | 1    | VAL Value Preventative List |
| DROPLET PEN NEEDLES 32G X 4 MM MISC                     | 1    | VAL Value Preventative List |
| DROPLET PEN NEEDLES 32G X 6 MM MISC                     | 1    | VAL Value Preventative List |
| DROPSAFE AUTOPROTECT DUO 31G X 5 MM MISC                | 1    | VAL Value Preventative List |
| DROPSAFE AUTOPROTECT DUO 31G X 8 MM MISC                | 1    | VAL Value Preventative List |
| DROPSAFE SAFETY PEN NEEDLES 31G X 5 MM MISC             | 1    | VAL Value Preventative List |
| DROPSAFE SAFETY PEN NEEDLES 31G X 6 MM MISC             | 1    | VAL Value Preventative List |
| DROPSAFE SAFETY PEN NEEDLES 31G X 8 MM MISC             | 1    | VAL Value Preventative List |
| DROPSAFE SAFETY SYRINGE/NEEDLE 29G X 1/2" 1 ML MISC     | 1    | VAL Value Preventative List |
| DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 0.3 ML MISC | 1    | VAL Value Preventative List |
| DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 0.5 ML MISC | 1    | VAL Value Preventative List |
| DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 1 ML MISC   | 1    | VAL Value Preventative List |
| DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 0.3 ML MISC  | 1    | VAL Value Preventative List |
| DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 0.5 ML MISC  | 1    | VAL Value Preventative List |
| DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 1 ML MISC    | 1    |                             |

| PRODUCT DESCRIPTION                                  | TIER | LIMITS & RESTRICTIONS       |
|--|------|-----------------------------|
| DRUG MART UNIFINE PENTIPS 31G X 5 MM MISC            | 1    | VAL Value Preventative List |
| DRUG MART UNIFINE PENTIPS 31G X 6 MM MISC            | 1    | VAL Value Preventative List |
| DRUG MART UNIFINE PENTIPS 31G X 8 MM MISC            | 1    | VAL Value Preventative List |
| DRUG MART UNIFINE PENTIPS 32G X 4 MM MISC            | 1    | VAL Value Preventative List |
| DRUG MART UNIFINE PENTIPS PLUS 32G X 4 MM MISC       | 1    | VAL Value Preventative List |
| EASY COMFORT INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC | 1    | VAL Value Preventative List |
| EASY COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC | 1    | VAL Value Preventative List |
| EASY COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML MISC   | 1    | VAL Value Preventative List |
| EASY COMFORT PEN NEEDLES 31G X 5 MM MISC             | 1    | VAL Value Preventative List |
| EASY COMFORT PEN NEEDLES 31G X 6 MM MISC             | 1    | VAL Value Preventative List |
| EASY COMFORT PEN NEEDLES 31G X 8 MM MISC             | 1    | VAL Value Preventative List |
| EASY COMFORT PEN NEEDLES 32G X 4 MM MISC             | 1    | VAL Value Preventative List |
| EASY TOUCH FLIPLOCK INSULIN SY 31G X 5/16" 1 ML MISC | 1    | VAL Value Preventative List |
| EASY TOUCH INSULIN SYRINGE 30G X 1/2" 0.3 ML MISC    | 1    | VAL Value Preventative List |
| EASY TOUCH INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC   | 1    | VAL Value Preventative List |
| EASY TOUCH INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC   | 1    | VAL Value Preventative List |
| EASY TOUCH INSULIN SYRINGE 31G X 5/16" 1 ML MISC     | 1    | VAL Value Preventative List |
| EASY TOUCH PEN NEEDLES 31G X 5 MM MISC               | 1    | VAL Value Preventative List |
| EASY TOUCH PEN NEEDLES 31G X 6 MM MISC               | 1    | VAL Value Preventative List |
| EASY TOUCH PEN NEEDLES 31G X 8 MM MISC               | 1    | VAL Value Preventative List |
| EASY TOUCH PEN NEEDLES 32G X 4 MM MISC               | 1    | VAL Value Preventative List |
| EASY TOUCH PEN NEEDLES 32G X 6 MM MISC               | 1    | VAL Value Preventative List |
| EASY TOUCH SHEATHLOCK SYRINGE 31G X 5/16" 1 ML MISC  | 1    | VAL Value Preventative List |
| EMBECTA INS SYR U/F 1/2 UNIT 31G X 5/16" 0.3 ML MISC | 1    | VAL Value Preventative List |

| PRODUCT DESCRIPTION                                  | TIER | LIMITS & RESTRICTIONS       |
|--|------|-----------------------------|
| EMBECTA INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC       | 1    |                             |
| EMBECTA INSULIN SYRINGE 28G X 1/2" 1 ML MISC         | 1    |                             |
| EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ML MISC  | 1    |                             |
| EMBECTA INSULIN SYRINGE U/F 30G X 1/2" 0.3 ML MISC   | 1    | VAL Value Preventative List |
| EMBECTA INSULIN SYRINGE U/F 31G X 15/64" 0.5 ML MISC | 1    | VAL Value Preventative List |
| EMBECTA INSULIN SYRINGE U/F 31G X 5/16" 0.3 ML MISC  | 1    | VAL Value Preventative List |
| EMBECTA INSULIN SYRINGE U/F 31G X 5/16" 0.5 ML MISC  | 1    | VAL Value Preventative List |
| EMBECTA INSULIN SYRINGE U/F 31G X 5/16" 1 ML MISC    | 1    | VAL Value Preventative List |
| EMBECTA PEN NEEDLE NANO 2 GEN 32G X 4 MM MISC        | 1    | VAL Value Preventative List |
| EMBECTA PEN NEEDLE NANO 32G X 4 MM MISC              | 1    | VAL Value Preventative List |
| EMBECTA PEN NEEDLE ULTRAFINE 31G X 5 MM MISC         | 1    | VAL Value Preventative List |
| EMBECTA PEN NEEDLE ULTRAFINE 31G X 8 MM MISC         | 1    | VAL Value Preventative List |
| EMBECTA PEN NEEDLE ULTRAFINE 32G X 6 MM MISC         | 1    | VAL Value Preventative List |
| EMBRACE PEN NEEDLES 31G X 6 MM MISC                  | 1    | VAL Value Preventative List |
| EMBRACE PEN NEEDLES 31G X 8 MM MISC                  | 1    | VAL Value Preventative List |
| EMBRACE PEN NEEDLES 32G X 4 MM MISC                  | 1    | VAL Value Preventative List |
| EQL INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC          | 1    | VAL Value Preventative List |
| EQL INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC          | 1    | VAL Value Preventative List |
| EQL INSULIN SYRINGE 31G X 5/16" 1 ML MISC            | 1    | VAL Value Preventative List |
| EXEL COMFORT POINT PEN NEEDLE 31G X 6 MM MISC        | 1    | VAL Value Preventative List |
| EXEL COMFORT POINT PEN NEEDLE 31G X 8 MM MISC        | 1    | VAL Value Preventative List |
| FIFTY50 PEN NEEDLES 31G X 5 MM MISC                  | 1    | VAL Value Preventative List |
| FIFTY50 PEN NEEDLES 31G X 8 MM MISC                  | 1    | VAL Value Preventative List |
| FIFTY50 PEN NEEDLES 32G X 4 MM MISC                  | 1    | VAL Value Preventative List |
| FIFTY50 PEN NEEDLES 32G X 6 MM MISC                  | 1    | VAL Value Preventative List |

| PRODUCT DESCRIPTION                                    | TIER | LIMITS & RESTRICTIONS       |
|--|------|-----------------------------|
| FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 0.3 ML MISC   | 1    | VAL Value Preventative List |
| FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 0.5 ML MISC   | 1    | VAL Value Preventative List |
| FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 1 ML MISC     | 1    | VAL Value Preventative List |
| FREDS PHARMACY UNIFINE PENTIP+ 31G X 5 MM MISC         | 1    | VAL Value Preventative List |
| FREDS PHARMACY UNIFINE PENTIP+ 31G X 8 MM MISC         | 1    | VAL Value Preventative List |
| FREDS PHARMACY UNIFINE PENTIPS 32G X 4 MM MISC         | 1    | VAL Value Preventative List |
| GLOBAL EASE INJECT PEN NEEDLES 31G X 5 MM MISC         | 1    | VAL Value Preventative List |
| GLOBAL EASE INJECT PEN NEEDLES 31G X 8 MM MISC         | 1    | VAL Value Preventative List |
| GLOBAL EASE INJECT PEN NEEDLES 32G X 4 MM MISC         | 1    | VAL Value Preventative List |
| GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 0.5 ML MISC | 1    | VAL Value Preventative List |
| GLOBAL EASY GLIDE INSULIN SYR 31G X 5/16" 0.3 ML MISC  | 1    | VAL Value Preventative List |
| GLOBAL EASY GLIDE PEN NEEDLES 32G X 4 MM MISC          | 1    | VAL Value Preventative List |
| GLOBAL INJECT EASE INSULIN SYR 30G X 1/2" 0.3 ML MISC  | 1    | VAL Value Preventative List |
| GLOBAL INJECT EASE INSULIN SYR 31G X 5/16" 0.3 ML MISC | 1    | VAL Value Preventative List |
| GLOBAL INJECT EASE INSULIN SYR 31G X 5/16" 0.5 ML MISC | 1    | VAL Value Preventative List |
| GLOBAL INJECT EASE INSULIN SYR 31G X 5/16" 1 ML MISC   | 1    | VAL Value Preventative List |
| GLOBAL INSULIN SYRINGES 30G X 1/2" 0.3 ML MISC         | 1    | VAL Value Preventative List |
| GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ML MISC        | 1    | VAL Value Preventative List |
| GLUCOPRO INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC       | 1    | VAL Value Preventative List |
| GLUCOPRO INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC       | 1    | VAL Value Preventative List |
| GLUCOPRO INSULIN SYRINGE 31G X 5/16" 1 ML MISC         | 1    | VAL Value Preventative List |
| GNP CLICKFINE PEN NEEDLES 31G X 6 MM MISC              | 1    | VAL Value Preventative List |
| GNP CLICKFINE PEN NEEDLES 31G X 8 MM MISC              | 1    | VAL Value Preventative List |

| PRODUCT DESCRIPTION                                    | TIER | LIMITS & RESTRICTIONS       |
|--|------|-----------------------------|
| GNP INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC            | 1    | VAL Value Preventative List |
| GNP INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC            | 1    | VAL Value Preventative List |
| GNP INSULIN SYRINGE 31G X 5/16" 1 ML MISC              | 1    | VAL Value Preventative List |
| GNP INSULIN SYRINGES 31GX5/16" 31G X 5/16" 0.3 ML MISC | 1    | VAL Value Preventative List |
| GNP PEN NEEDLES 31G X 5 MM MISC                        | 1    | VAL Value Preventative List |
| GNP PEN NEEDLES 31G X 8 MM MISC                        | 1    | VAL Value Preventative List |
| GNP PEN NEEDLES 32G X 4 MM MISC                        | 1    | VAL Value Preventative List |
| GNP PEN NEEDLES 32G X 6 MM MISC                        | 1    | VAL Value Preventative List |
| GNP ULTICARE PEN NEEDLES 31G X 5 MM MISC               | 1    | VAL Value Preventative List |
| GNP ULTICARE PEN NEEDLES 31G X 8 MM MISC               | 1    | VAL Value Preventative List |
| GNP ULTICARE PEN NEEDLES 32G X 4 MM MISC               | 1    | VAL Value Preventative List |
| GNP ULTICARE PEN NEEDLES 32G X 6 MM MISC               | 1    | VAL Value Preventative List |
| GNP ULTIGUARD SAFEPACK NEEDLE 31G X 5 MM MISC          | 1    | VAL Value Preventative List |
| GNP ULTIGUARD SAFEPACK NEEDLE 31G X 8 MM MISC          | 1    | VAL Value Preventative List |
| GNP ULTIGUARD SAFEPACK NEEDLE 32G X 4 MM MISC          | 1    | VAL Value Preventative List |
| GNP ULTIGUARD SAFEPACK NEEDLE 32G X 6 MM MISC          | 1    | VAL Value Preventative List |
| GOODSENSE CLICKFINE PEN NEEDLE 31G X 5 MM MISC         | 1    | VAL Value Preventative List |
| GOODSENSE PEN NEEDLE PENFINE 31G X 5 MM MISC           | 1    | VAL Value Preventative List |
| GOODSENSE PEN NEEDLE PENFINE 31G X 8 MM MISC           | 1    | VAL Value Preventative List |
| GOODSENSE PEN NEEDLE PENFINE 32G X 4 MM MISC           | 1    | VAL Value Preventative List |
| GOODSENSE PEN NEEDLE PENFINE 32G X 6 MM MISC           | 1    | VAL Value Preventative List |
| H-E-B INCONTROL PEN NEEDLES 31G X 5 MM MISC            | 1    | VAL Value Preventative List |
| H-E-B INCONTROL PEN NEEDLES 31G X 6 MM MISC            | 1    | VAL Value Preventative List |
| H-E-B INCONTROL PEN NEEDLES 31G X 8 MM MISC            | 1    | VAL Value Preventative List |
| H-E-B INCONTROL PEN NEEDLES 32G X 4 MM MISC            | 1    | VAL Value Preventative List |

| PRODUCT DESCRIPTION                                   | TIER | LIMITS & RESTRICTIONS       |
|---|------|-----------------------------|
| H-E-B INCONTROL UNIFINE PENTIP 31G X 5 MM MISC        | 1    | VAL Value Preventative List |
| H-E-B INCONTROL UNIFINE PENTIP 31G X 6 MM MISC        | 1    | VAL Value Preventative List |
| H-E-B INCONTROL UNIFINE PENTIP 31G X 8 MM MISC        | 1    | VAL Value Preventative List |
| H-E-B INCONTROL UNIFINE PENTIP 32G X 4 MM MISC        | 1    | VAL Value Preventative List |
| HEALTHWISE INSULIN SYR/NEEDLE 31G X 5/16" 0.3 ML MISC | 1    | VAL Value Preventative List |
| HEALTHWISE INSULIN SYR/NEEDLE 31G X 5/16" 0.5 ML MISC | 1    | VAL Value Preventative List |
| HEALTHWISE INSULIN SYR/NEEDLE 31G X 5/16" 1 ML MISC   | 1    | VAL Value Preventative List |
| HEALTHWISE MICRON PEN NEEDLES 32G X 4 MM MISC         | 1    | VAL Value Preventative List |
| HEALTHWISE MINI PEN NEEDLES 31G X 6 MM MISC           | 1    | VAL Value Preventative List |
| HEALTHWISE SHORT PEN NEEDLES 31G X 5 MM MISC          | 1    | VAL Value Preventative List |
| HEALTHWISE SHORT PEN NEEDLES 31G X 8 MM MISC          | 1    | VAL Value Preventative List |
| HEALTHWISE UNIFINE PENTIPS 32G X 4 MM MISC            | 1    | VAL Value Preventative List |
| HEALTHY ACCENTS UNIFINE PENTIP 31G X 5 MM MISC        | 1    | VAL Value Preventative List |
| HEALTHY ACCENTS UNIFINE PENTIP 31G X 6 MM MISC        | 1    | VAL Value Preventative List |
| HEALTHY ACCENTS UNIFINE PENTIP 31G X 8 MM MISC        | 1    | VAL Value Preventative List |
| HEALTHY ACCENTS UNIFINE PENTIP 32G X 4 MM MISC        | 1    | VAL Value Preventative List |
| HM ULTICARE INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC   | 1    | VAL Value Preventative List |
| HM ULTICARE MINI PEN NEEDLES 31G X 5 MM MISC          | 1    | VAL Value Preventative List |
| HM ULTICARE SHORT PEN NEEDLES 31G X 8 MM MISC         | 1    | VAL Value Preventative List |
| INCONTROL ULTICARE PEN NEEDLES 31G X 6 MM MISC        | 1    | VAL Value Preventative List |
| INCONTROL ULTICARE PEN NEEDLES 31G X 8 MM MISC        | 1    | VAL Value Preventative List |
| INCONTROL ULTICARE PEN NEEDLES 32G X 4 MM MISC        | 1    | VAL Value Preventative List |
| INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC               | 1    | VAL Value Preventative List |
| INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC               | 1    | VAL Value Preventative List |
| INSULIN SYRINGE 31G X 5/16" 1 ML MISC                 | 1    | VAL Value Preventative List |

| PRODUCT DESCRIPTION                                  | TIER | LIMITS & RESTRICTIONS       |
|--|------|-----------------------------|
| INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 0.5 ML MISC  | 1    |                             |
| INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 1 ML MISC    | 1    |                             |
| INSULIN SYRINGE-NEEDLE U-100 28G X 1/2" 0.5 ML MISC  | 1    |                             |
| INSULIN SYRINGE-NEEDLE U-100 28G X 1/2" 1 ML MISC    | 1    |                             |
| INSULIN SYRINGE-NEEDLE U-100 29G X 1/2" 0.5 ML MISC  | 1    |                             |
| INSULIN SYRINGE-NEEDLE U-100 29G X 1/2" 1 ML MISC    | 1    | VAL Value Preventative List |
| INSULIN SYRINGE-NEEDLE U-100 30G X 1/2" 1 ML MISC    | 1    |                             |
| INSULIN SYRINGE-NEEDLE U-100 30G X 5/16" 0.5 ML MISC | 1    | VAL Value Preventative List |
| INSULIN SYRINGE-NEEDLE U-100 31G X 5/16" 0.3 ML MISC | 1    | VAL Value Preventative List |
| INSULIN SYRINGE-NEEDLE U-100 31G X 5/16" 0.5 ML MISC | 1    | VAL Value Preventative List |
| INSULIN SYRINGE-NEEDLE U-100 31G X 5/16" 1 ML MISC   | 1    | VAL Value Preventative List |
| INSUPEN PEN NEEDLES 31G X 5 MM MISC                  | 1    | VAL Value Preventative List |
| INSUPEN PEN NEEDLES 31G X 8 MM MISC                  | 1    | VAL Value Preventative List |
| INSUPEN PEN NEEDLES 32G X 4 MM MISC                  | 1    | VAL Value Preventative List |
| INSUPEN SENSITIVE 32G X 6 MM MISC                    | 1    | VAL Value Preventative List |
| INSUPEN ULTRAFIN 31G X 6 MM MISC                     | 1    | VAL Value Preventative List |
| INSUPEN ULTRAFIN 31G X 8 MM MISC                     | 1    | VAL Value Preventative List |
| INSUPEN32G EXTR3ME 32G X 6 MM MISC                   | 1    | VAL Value Preventative List |
| J-TIP KIT W/VIAL ADAPTERS KIT                        | 2    |                             |
| KINRAY INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC       | 1    | VAL Value Preventative List |
| KINRAY INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC       | 1    | VAL Value Preventative List |
| KINRAY INSULIN SYRINGE 31G X 5/16" 1 ML MISC         | 1    | VAL Value Preventative List |
| KROGER INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC       | 1    | VAL Value Preventative List |
| KROGER INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC       | 1    | VAL Value Preventative List |
| KROGER INSULIN SYRINGE 31G X 5/16" 1 ML MISC         | 1    | VAL Value Preventative List |
| KROGER PEN NEEDLES 31G X 5 MM MISC                   | 1    | VAL Value Preventative List |
| KROGER PEN NEEDLES 31G X 6 MM MISC                   | 1    | VAL Value Preventative List |

| PRODUCT DESCRIPTION                                 | TIER | LIMITS & RESTRICTIONS       |
|---|------|-----------------------------|
| KROGER PEN NEEDLES 31G X 8 MM MISC                  | 1    | VAL Value Preventative List |
| KROGER PEN NEEDLES 32G X 4 MM MISC                  | 1    | VAL Value Preventative List |
| LEADER INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC      | 1    | VAL Value Preventative List |
| LEADER INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC      | 1    | VAL Value Preventative List |
| LEADER INSULIN SYRINGE 31G X 5/16" 1 ML MISC        | 1    | VAL Value Preventative List |
| LEADER UNIFINE PENTIPS 31G X 5 MM MISC              | 1    | VAL Value Preventative List |
| LEADER UNIFINE PENTIPS 32G X 4 MM MISC              | 1    | VAL Value Preventative List |
| LEADER UNIFINE PENTIPS PLUS 31G X 5 MM MISC         | 1    | VAL Value Preventative List |
| LEADER UNIFINE PENTIPS PLUS 31G X 8 MM MISC         | 1    | VAL Value Preventative List |
| LEADER UNIFINE PENTIPS PLUS 32G X 4 MM MISC         | 1    | VAL Value Preventative List |
| LITETOUCH INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC   | 1    | VAL Value Preventative List |
| LITETOUCH INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC   | 1    | VAL Value Preventative List |
| LITETOUCH INSULIN SYRINGE 31G X 5/16" 1 ML MISC     | 1    | VAL Value Preventative List |
| LITETOUCH PEN NEEDLES 31G X 5 MM MISC               | 1    | VAL Value Preventative List |
| LITETOUCH PEN NEEDLES 31G X 6 MM MISC               | 1    | VAL Value Preventative List |
| LITETOUCH PEN NEEDLES 31G X 8 MM MISC               | 1    | VAL Value Preventative List |
| LITETOUCH PEN NEEDLES 32G X 4 MM MISC               | 1    | VAL Value Preventative List |
| LONGS INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC       | 1    | VAL Value Preventative List |
| MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.3 ML MISC  | 1    |                             |
| MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.5 ML MISC  | 1    |                             |
| MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 1 ML MISC    | 1    | VAL Value Preventative List |
| MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 0.3 ML MISC | 1    | VAL Value Preventative List |
| MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 0.5 ML MISC | 1    | VAL Value Preventative List |
| MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 1 ML MISC   | 1    | VAL Value Preventative List |
| MARATHON MEDICAL PENTIPS 29G X 12MM MISC            | 1    | VAL Value Preventative List |
| MARATHON MEDICAL PENTIPS 31G X 5 MM MISC            | 1    | VAL Value Preventative List |

| PRODUCT DESCRIPTION                               | TIER | LIMITS & RESTRICTIONS       |
|---|------|-----------------------------|
| MARATHON MEDICAL PENTIPS 31G X 8 MM MISC          | 1    | VAL Value Preventative List |
| MARATHON MEDICAL PENTIPS 32G X 4 MM MISC          | 1    | VAL Value Preventative List |
| MAXICOMFORT II PEN NEEDLE 31G X 6 MM MISC         | 1    | VAL Value Preventative List |
| MEDICINE SHOPPE PEN NEEDLES 31G X 6 MM MISC       | 1    | VAL Value Preventative List |
| MEDICINE SHOPPE PEN NEEDLES 31G X 8 MM MISC       | 1    | VAL Value Preventative List |
| MEIJER PEN NEEDLES 31G X 6 MM MISC                | 1    | VAL Value Preventative List |
| MEIJER PEN NEEDLES 31G X 8 MM MISC                | 1    | VAL Value Preventative List |
| MICRODOT PEN NEEDLE 31G X 6 MM MISC               | 1    | VAL Value Preventative List |
| MICRODOT PEN NEEDLE 32G X 4 MM MISC               | 1    | VAL Value Preventative List |
| MM INSULIN SYRINGE/NEEDLE 31G X 5/16" 0.3 ML MISC | 1    | VAL Value Preventative List |
| MM INSULIN SYRINGE/NEEDLE 31G X 5/16" 0.5 ML MISC | 1    | VAL Value Preventative List |
| MM INSULIN SYRINGE/NEEDLE 31G X 5/16" 1 ML MISC   | 1    | VAL Value Preventative List |
| MM PEN NEEDLES 31G X 5 MM MISC                    | 1    | VAL Value Preventative List |
| MM PEN NEEDLES 31G X 6 MM MISC                    | 1    | VAL Value Preventative List |
| MM PEN NEEDLES 31G X 8 MM MISC                    | 1    | VAL Value Preventative List |
| MM PEN NEEDLES 32G X 4 MM MISC                    | 1    | VAL Value Preventative List |
| MONOJECT INSULIN SYRINGE 27G X 1/2" 1 ML MISC     | 1    |                             |
| MONOJECT INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC   | 1    |                             |
| MONOJECT INSULIN SYRINGE 28G X 1/2" 1 ML MISC     | 1    |                             |
| MONOJECT INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC   | 1    |                             |
| MONOJECT INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC   | 1    |                             |
| MONOJECT INSULIN SYRINGE 29G X 1/2" 1 ML MISC     | 1    | VAL Value Preventative List |
| MONOJECT INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC  | 1    | VAL Value Preventative List |
| MONOJECT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC  | 1    | VAL Value Preventative List |
| MONOJECT INSULIN SYRINGE 30G X 5/16" 1 ML MISC    | 1    | VAL Value Preventative List |
| MONOJECT INSULIN SYRINGE 31G X 5/16" 1 ML MISC    | 1    | VAL Value Preventative List |

| PRODUCT DESCRIPTION                                    | TIER | LIMITS & RESTRICTIONS       |
|--|------|-----------------------------|
| MONOJECT INSULIN SYRINGE U-100 1 ML MISC               | 1    |                             |
| MONOJECT INTRODUCER NEEDLE 18G X 1-1/4" MISC           | 2    |                             |
| MONOJECT MAGELLAN SAFETY NDL 21G X 5/8" MISC           | 2    |                             |
| MONOJECT MAGELLAN SAFETY NDL 23G X 5/8" MISC           | 2    |                             |
| MONOJECT MAGELLAN SYRINGE 18G X 1" 6 ML MISC           | 2    |                             |
| MONOJECT MAGELLAN SYRINGE 21G X 1" 12 ML MISC          | 2    |                             |
| MONOJECT MAGELLAN SYRINGE 22G X 1-1/2" 12 ML MISC      | 2    |                             |
| MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML MISC  | 1    |                             |
| MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 1 ML MISC    | 1    |                             |
| MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.3 ML MISC | 1    | VAL Value Preventative List |
| MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.5 ML MISC | 1    | VAL Value Preventative List |
| MONOJECT ULTRA COMFORT SYRINGE 31G X 5/16" 0.3 ML MISC | 1    | VAL Value Preventative List |
| MONOJECT ULTRA COMFORT SYRINGE 31G X 5/16" 0.5 ML MISC | 1    | VAL Value Preventative List |
| MS INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC             | 1    | VAL Value Preventative List |
| MS INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC             | 1    | VAL Value Preventative List |
| MS INSULIN SYRINGE 31G X 5/16" 1 ML MISC               | 1    | VAL Value Preventative List |
| NOVOFINE PEN NEEDLE 32G X 6 MM MISC                    | 1    | VAL Value Preventative List |
| NOVOFINE PLUS PEN NEEDLE 32G X 4 MM MISC               | 1    | VAL Value Preventative List |
| PC UNIFINE PENTIPS 31G X 5 MM MISC                     | 1    | VAL Value Preventative List |
| PC UNIFINE PENTIPS 31G X 6 MM MISC                     | 1    | VAL Value Preventative List |
| PC UNIFINE PENTIPS 31G X 8 MM MISC                     | 1    | VAL Value Preventative List |
| PEN NEEDLE/5-BEVEL TIP 31G X 8 MM MISC                 | 1    | VAL Value Preventative List |
| PEN NEEDLE/5-BEVEL TIP 32G X 4 MM MISC                 | 1    | VAL Value Preventative List |
| PEN NEEDLES 31G X 5 MM MISC                            | 1    | VAL Value Preventative List |
| PEN NEEDLES 31G X 6 MM MISC                            | 1    | VAL Value Preventative List |

| PRODUCT DESCRIPTION                            | TIER | LIMITS & RESTRICTIONS       |
|--|------|-----------------------------|
| PEN NEEDLES 31G X 8 MM MISC                    | 1    | VAL Value Preventative List |
| PEN NEEDLES 32G X 4 MM MISC                    | 1    | VAL Value Preventative List |
| PEN NEEDLES 32G X 6 MM MISC                    | 1    | VAL Value Preventative List |
| PEN NEEDLES 5/16" 31G X 8 MM MISC              | 1    | VAL Value Preventative List |
| PENTIPS 29G X 12MM MISC                        | 1    | VAL Value Preventative List |
| PENTIPS 31G X 5 MM MISC                        | 1    | VAL Value Preventative List |
| PENTIPS 31G X 6 MM MISC                        | 1    | VAL Value Preventative List |
| PENTIPS 31G X 8 MM MISC                        | 1    | VAL Value Preventative List |
| PENTIPS 32G X 4 MM MISC                        | 1    | VAL Value Preventative List |
| PENTIPS 32G X 6 MM MISC                        | 1    | VAL Value Preventative List |
| PENTIPS GENERIC PEN NEEDLES 31G X 5 MM MISC    | 1    | VAL Value Preventative List |
| PENTIPS GENERIC PEN NEEDLES 31G X 6 MM MISC    | 1    | VAL Value Preventative List |
| PENTIPS GENERIC PEN NEEDLES 31G X 8 MM MISC    | 1    | VAL Value Preventative List |
| PENTIPS GENERIC PEN NEEDLES 32G X 4 MM MISC    | 1    | VAL Value Preventative List |
| PENTIPS GENERIC PEN NEEDLES 32G X 6 MM MISC    | 1    | VAL Value Preventative List |
| PIP PEN NEEDLES 31G X 5MM 31G X 5 MM MISC      | 1    | VAL Value Preventative List |
| PIP PEN NEEDLES 32G X 4MM 32G X 4 MM MISC      | 1    | VAL Value Preventative List |
| PREFERRED PLUS UNIFINE PENTIPS 31G X 5 MM MISC | 1    | VAL Value Preventative List |
| PREFERRED PLUS UNIFINE PENTIPS 31G X 6 MM MISC | 1    | VAL Value Preventative List |
| PREFERRED PLUS UNIFINE PENTIPS 31G X 8 MM MISC | 1    | VAL Value Preventative List |
| PREFERRED PLUS UNIFINE PENTIPS 32G X 4 MM MISC | 1    | VAL Value Preventative List |
| PREVENT DROPSAFE PEN NEEDLES 31G X 6 MM MISC   | 1    | VAL Value Preventative List |
| PREVENT DROPSAFE PEN NEEDLES 31G X 8 MM MISC   | 1    | VAL Value Preventative List |
| PREVENT SAFETY PEN NEEDLES 31G X 6 MM MISC     | 1    | VAL Value Preventative List |
| PREVENT SAFETY PEN NEEDLES 31G X 8 MM MISC     | 1    | VAL Value Preventative List |

| PRODUCT DESCRIPTION                                 | TIER | LIMITS & RESTRICTIONS       |
|---|------|-----------------------------|
| PRO COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC | 1    | VAL Value Preventative List |
| PRO COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML MISC   | 1    | VAL Value Preventative List |
| PRO COMFORT PEN NEEDLES 32G X 4 MM MISC             | 1    | VAL Value Preventative List |
| PRO COMFORT PEN NEEDLES 32G X 5 MM MISC             | 1    | VAL Value Preventative List |
| PRO COMFORT PEN NEEDLES 32G X 6 MM MISC             | 1    | VAL Value Preventative List |
| PRODIGY INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC     | 1    | VAL Value Preventative List |
| PRODIGY INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC     | 1    | VAL Value Preventative List |
| PURE COMFORT PEN NEEDLE 32G X 4 MM MISC             | 1    | VAL Value Preventative List |
| PURE COMFORT PEN NEEDLE 32G X 6 MM MISC             | 1    | VAL Value Preventative List |
| PURE COMFORT SAFETY PEN NEEDLE 31G X 5 MM MISC      | 1    | VAL Value Preventative List |
| PURE COMFORT SAFETY PEN NEEDLE 31G X 6 MM MISC      | 1    | VAL Value Preventative List |
| PURE COMFORT SAFETY PEN NEEDLE 32G X 4 MM MISC      | 1    | VAL Value Preventative List |
| PX EXTRA SHORT PEN NEEDLES 31G X 6 MM MISC          | 1    | VAL Value Preventative List |
| PX MINI PEN NEEDLES 31G X 5 MM MISC                 | 1    | VAL Value Preventative List |
| PX PEN NEEDLE 31G X 8 MM MISC                       | 1    | VAL Value Preventative List |
| PX SHORTLENGTH PEN NEEDLES 31G X 8 MM MISC          | 1    | VAL Value Preventative List |
| QC PEN NEEDLES 31G X 6 MM MISC                      | 1    | VAL Value Preventative List |
| QC PEN NEEDLES 31G X 8 MM MISC                      | 1    | VAL Value Preventative List |
| QC UNIFINE PENTIPS 32G X 4 MM MISC                  | 1    | VAL Value Preventative List |
| QUICK TOUCH INSULIN PEN NEEDLE 31G X 5 MM MISC      | 1    | VAL Value Preventative List |
| QUICK TOUCH INSULIN PEN NEEDLE 31G X 6 MM MISC      | 1    | VAL Value Preventative List |
| QUICK TOUCH INSULIN PEN NEEDLE 31G X 8 MM MISC      | 1    | VAL Value Preventative List |
| QUICK TOUCH INSULIN PEN NEEDLE 32G X 4 MM MISC      | 1    | VAL Value Preventative List |
| QUICK TOUCH INSULIN PEN NEEDLE 32G X 6 MM MISC      | 1    | VAL Value Preventative List |
| RA PEN NEEDLES 31G X 5 MM MISC                      | 1    | VAL Value Preventative List |

| PRODUCT DESCRIPTION                                  | TIER | LIMITS & RESTRICTIONS       |
|--|------|-----------------------------|
| RA PEN NEEDLES 31G X 8 MM MISC                       | 1    | VAL Value Preventative List |
| RAYA SURE PEN NEEDLE 31G X 5 MM MISC                 | 1    | VAL Value Preventative List |
| RAYA SURE PEN NEEDLE 31G X 6 MM MISC                 | 1    | VAL Value Preventative List |
| RAYA SURE PEN NEEDLE 31G X 8 MM MISC                 | 1    | VAL Value Preventative List |
| RELION INSULIN SYRINGE 31G X 15/64" 0.5 ML MISC      | 1    | VAL Value Preventative List |
| RELION INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC       | 1    | VAL Value Preventative List |
| RELION INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC       | 1    | VAL Value Preventative List |
| RELION INSULIN SYRINGE 31G X 5/16" 1 ML MISC         | 1    | VAL Value Preventative List |
| RELION MINI PEN NEEDLES 31G X 6 MM MISC              | 1    | VAL Value Preventative List |
| RELION PEN NEEDLES 31G X 6 MM MISC                   | 1    | VAL Value Preventative List |
| RELION PEN NEEDLES 31G X 8 MM MISC                   | 1    | VAL Value Preventative List |
| RELION PEN NEEDLES 32G X 4 MM MISC                   | 1    | VAL Value Preventative List |
| RELION SHORT PEN NEEDLES 31G X 8 MM MISC             | 1    | VAL Value Preventative List |
| SB INSULIN SYRINGE 31G X 5/16" 1 ML MISC             | 1    | VAL Value Preventative List |
| SHOPKO UNIFINE PENTIPS 31G X 5 MM MISC               | 1    | VAL Value Preventative List |
| SHOPKO UNIFINE PENTIPS 31G X 8 MM MISC               | 1    | VAL Value Preventative List |
| SHOPKO UNIFINE PENTIPS 32G X 4 MM MISC               | 1    | VAL Value Preventative List |
| SHOPKO UNIFINE PENTIPS PLUS 31G X 5 MM MISC          | 1    | VAL Value Preventative List |
| SHOPKO UNIFINE PENTIPS PLUS 31G X 8 MM MISC          | 1    | VAL Value Preventative List |
| SHOPKO UNIFINE PENTIPS PLUS 32G X 4 MM MISC          | 1    | VAL Value Preventative List |
| SURE COMFORT INSULIN SYRINGE 30G X 1/2" 0.3 ML MISC  | 1    | VAL Value Preventative List |
| SURE COMFORT INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC | 1    | VAL Value Preventative List |
| SURE COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC | 1    | VAL Value Preventative List |
| SURE COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML MISC   | 1    | VAL Value Preventative List |

| PRODUCT DESCRIPTION                                   | TIER | LIMITS & RESTRICTIONS       |
|---|------|-----------------------------|
| SURE COMFORT PEN NEEDLES 31G X 5 MM MISC              | 1    | VAL Value Preventative List |
| SURE COMFORT PEN NEEDLES 31G X 6 MM MISC              | 1    | VAL Value Preventative List |
| SURE COMFORT PEN NEEDLES 31G X 8 MM MISC              | 1    | VAL Value Preventative List |
| SURE COMFORT PEN NEEDLES 32G X 4 MM MISC              | 1    | VAL Value Preventative List |
| SURE COMFORT PEN NEEDLES 32G X 6 MM MISC              | 1    | VAL Value Preventative List |
| TECHLITE INSULIN SYRINGE 31G X 15/64" 0.5 ML MISC     | 1    | VAL Value Preventative List |
| TECHLITE INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC      | 1    | VAL Value Preventative List |
| TECHLITE INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC      | 1    | VAL Value Preventative List |
| TECHLITE INSULIN SYRINGE 31G X 5/16" 1 ML MISC        | 1    | VAL Value Preventative List |
| TECHLITE PEN NEEDLES 31G X 5 MM MISC                  | 1    | VAL Value Preventative List |
| TECHLITE PEN NEEDLES 31G X 8 MM MISC                  | 1    | VAL Value Preventative List |
| TECHLITE PEN NEEDLES 32G X 4 MM MISC                  | 1    | VAL Value Preventative List |
| TECHLITE PEN NEEDLES 32G X 6 MM MISC                  | 1    | VAL Value Preventative List |
| TECHLITE PLUS PEN NEEDLES 32G X 4 MM MISC             | 1    | VAL Value Preventative List |
| TODAYS HEALTH MINI PEN NEEDLES 31G X 6 MM MISC        | 1    | VAL Value Preventative List |
| TODAYS HEALTH SHORT PEN NEEDLE 31G X 8 MM MISC        | 1    | VAL Value Preventative List |
| TOPCARE CLICKFINE PEN NEEDLES 31G X 6 MM MISC         | 1    | VAL Value Preventative List |
| TOPCARE CLICKFINE PEN NEEDLES 31G X 8 MM MISC         | 1    | VAL Value Preventative List |
| TOPCARE ULTRA COMFORT INS SYR 31G X 5/16" 0.3 ML MISC | 1    | VAL Value Preventative List |
| TOPCARE ULTRA COMFORT INS SYR 31G X 5/16" 0.5 ML MISC | 1    | VAL Value Preventative List |
| TOPCARE ULTRA COMFORT INS SYR 31G X 5/16" 1 ML MISC   | 1    | VAL Value Preventative List |
| TRUE COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC  | 1    | VAL Value Preventative List |
| TRUE COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML MISC    | 1    | VAL Value Preventative List |
| TRUE COMFORT PEN NEEDLES 31G X 5 MM MISC              | 1    | VAL Value Preventative List |

| PRODUCT DESCRIPTION                                  | TIER | LIMITS & RESTRICTIONS       |
|--|------|-----------------------------|
| TRUE COMFORT PEN NEEDLES 31G X 6 MM MISC             | 1    | VAL Value Preventative List |
| TRUE COMFORT PEN NEEDLES 31G X 8 MM MISC             | 1    | VAL Value Preventative List |
| TRUE COMFORT PEN NEEDLES 32G X 4 MM MISC             | 1    | VAL Value Preventative List |
| TRUE COMFORT PEN NEEDLES 32G X 6 MM MISC             | 1    | VAL Value Preventative List |
| TRUE COMFORT PRO INSULIN SYR 31G X 5/16" 0.5 ML MISC | 1    | VAL Value Preventative List |
| TRUE COMFORT PRO INSULIN SYR 31G X 5/16" 1 ML MISC   | 1    | VAL Value Preventative List |
| TRUE COMFORT PRO PEN NEEDLES 31G X 5 MM MISC         | 1    | VAL Value Preventative List |
| TRUE COMFORT PRO PEN NEEDLES 31G X 6 MM MISC         | 1    | VAL Value Preventative List |
| TRUE COMFORT PRO PEN NEEDLES 31G X 8 MM MISC         | 1    | VAL Value Preventative List |
| TRUE COMFORT PRO PEN NEEDLES 32G X 4 MM MISC         | 1    | VAL Value Preventative List |
| TRUE COMFORT SAFETY PEN NEEDLE 31G X 5 MM MISC       | 1    | VAL Value Preventative List |
| TRUE COMFORT SAFETY PEN NEEDLE 31G X 6 MM MISC       | 1    | VAL Value Preventative List |
| TRUE COMFORT SAFETY PEN NEEDLE 32G X 4 MM MISC       | 1    | VAL Value Preventative List |
| TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 5 MM MISC         | 1    | VAL Value Preventative List |
| TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 6 MM MISC         | 1    | VAL Value Preventative List |
| TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 8 MM MISC         | 1    | VAL Value Preventative List |
| TRUEPLUS 5-BEVEL PEN NEEDLES 32G X 4 MM MISC         | 1    | VAL Value Preventative List |
| TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC     | 1    | VAL Value Preventative List |
| TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC     | 1    | VAL Value Preventative List |
| TRUEPLUS INSULIN SYRINGE 31G X 5/16" 1 ML MISC       | 1    | VAL Value Preventative List |
| TRUEPLUS PEN NEEDLES 31G X 5 MM MISC                 | 1    | VAL Value Preventative List |
| TRUEPLUS PEN NEEDLES 31G X 6 MM MISC                 | 1    | VAL Value Preventative List |
| TRUEPLUS PEN NEEDLES 31G X 8 MM MISC                 | 1    | VAL Value Preventative List |
| TRUEPLUS PEN NEEDLES 32G X 4 MM MISC                 | 1    | VAL Value Preventative List |
| ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ML MISC   | 1    |                             |














| PRODUCT DESCRIPTION                                   | TIER | LIMITS & RESTRICTIONS       |
|---|------|-----------------------------|
| ULTICARE INSULIN SAFETY SYR 29G X 1/2" 1 ML MISC      | 1    | VAL Value Preventative List |
| ULTICARE INSULIN SYRINGE 30G X 1/2" 0.3 ML MISC       | 1    | VAL Value Preventative List |
| ULTICARE INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC      | 1    | VAL Value Preventative List |
| ULTICARE INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC      | 1    | VAL Value Preventative List |
| ULTICARE INSULIN SYRINGE 31G X 5/16" 1 ML MISC        | 1    | VAL Value Preventative List |
| ULTICARE MICRO PEN NEEDLES 31G X 6 MM MISC            | 1    | VAL Value Preventative List |
| ULTICARE MICRO PEN NEEDLES 31G X 8 MM MISC            | 1    | VAL Value Preventative List |
| ULTICARE MICRO PEN NEEDLES 32G X 4 MM MISC            | 1    | VAL Value Preventative List |
| ULTICARE MINI PEN NEEDLES 31G X 6 MM MISC             | 1    | VAL Value Preventative List |
| ULTICARE MINI PEN NEEDLES 32G X 6 MM MISC             | 1    | VAL Value Preventative List |
| ULTICARE PEN NEEDLES 31G X 5 MM MISC                  | 1    | VAL Value Preventative List |
| ULTICARE SHORT PEN NEEDLES 31G X 8 MM MISC            | 1    | VAL Value Preventative List |
| ULTIGUARD SAFEPACK PEN NEEDLE 31G X 5 MM MISC         | 1    | VAL Value Preventative List |
| ULTIGUARD SAFEPACK PEN NEEDLE 31G X 6 MM MISC         | 1    | VAL Value Preventative List |
| ULTIGUARD SAFEPACK PEN NEEDLE 31G X 8 MM MISC         | 1    | VAL Value Preventative List |
| ULTIGUARD SAFEPACK PEN NEEDLE 32G X 4 MM MISC         | 1    | VAL Value Preventative List |
| ULTIGUARD SAFEPACK PEN NEEDLE 32G X 6 MM MISC         | 1    | VAL Value Preventative List |
| ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.3 ML MISC  | 1    | VAL Value Preventative List |
| ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 0.3 ML MISC | 1    | VAL Value Preventative List |
| ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 0.5 ML MISC | 1    | VAL Value Preventative List |
| ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 1 ML MISC   | 1    | VAL Value Preventative List |
| ULTILET PEN NEEDLE 31G X 5 MM MISC                    | 1    | VAL Value Preventative List |
| ULTILET PEN NEEDLE 31G X 8 MM MISC                    | 1    | VAL Value Preventative List |
| ULTILET PEN NEEDLE 32G X 4 MM MISC                    | 1    | VAL Value Preventative List |

| PRODUCT DESCRIPTION                                    | TIER | LIMITS & RESTRICTIONS       |
|--|------|-----------------------------|
| ULTRA FLO INSULIN PEN NEEDLES 31G X 5 MM MISC          | 1    | VAL Value Preventative List |
| ULTRA FLO INSULIN PEN NEEDLES 31G X 8 MM MISC          | 1    | VAL Value Preventative List |
| ULTRA FLO INSULIN PEN NEEDLES 32G X 4 MM MISC          | 1    | VAL Value Preventative List |
| ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 1/2" 0.3 ML MISC  | 1    | VAL Value Preventative List |
| ULTRA FLO INSULIN SYR 1/2 UNIT 31G X 5/16" 0.3 ML MISC | 1    | VAL Value Preventative List |
| ULTRA FLO INSULIN SYRINGE 30G X 1/2" 0.3 ML MISC       | 1    | VAL Value Preventative List |
| ULTRA FLO INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC      | 1    | VAL Value Preventative List |
| ULTRA FLO INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC      | 1    | VAL Value Preventative List |
| ULTRA FLO INSULIN SYRINGE 31G X 5/16" 1 ML MISC        | 1    | VAL Value Preventative List |
| ULTRA THIN PEN NEEDLES 32G X 4 MM MISC                 | 1    | VAL Value Preventative List |
| ULTRA-THIN II INS SYR SHORT 31G X 5/16" 0.3 ML MISC    | 1    | VAL Value Preventative List |
| ULTRA-THIN II INS SYR SHORT 31G X 5/16" 0.5 ML MISC    | 1    | VAL Value Preventative List |
| ULTRA-THIN II INS SYR SHORT 31G X 5/16" 1 ML MISC      | 1    | VAL Value Preventative List |
| ULTRA-THIN II MINI PEN NEEDLE 31G X 5 MM MISC          | 1    | VAL Value Preventative List |
| ULTRA-THIN II PEN NEEDLE SHORT 31G X 8 MM MISC         | 1    | VAL Value Preventative List |
| ULTRACARE INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC      | 1    | VAL Value Preventative List |
| ULTRACARE INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC      | 1    | VAL Value Preventative List |
| ULTRACARE INSULIN SYRINGE 31G X 5/16" 1 ML MISC        | 1    | VAL Value Preventative List |
| ULTRACARE PEN NEEDLES 31G X 5 MM MISC                  | 1    | VAL Value Preventative List |
| ULTRACARE PEN NEEDLES 31G X 6 MM MISC                  | 1    | VAL Value Preventative List |
| ULTRACARE PEN NEEDLES 31G X 8 MM MISC                  | 1    | VAL Value Preventative List |
| ULTRACARE PEN NEEDLES 32G X 4 MM MISC                  | 1    | VAL Value Preventative List |
| ULTRACARE PEN NEEDLES 32G X 6 MM MISC                  | 1    | VAL Value Preventative List |
| UNIFINE OTC PEN NEEDLES 31G X 5 MM MISC                | 1    | VAL Value Preventative List |
| UNIFINE OTC PEN NEEDLES 32G X 4 MM MISC                | 1    | VAL Value Preventative List |

| PRODUCT DESCRIPTION                            | TIER | LIMITS & RESTRICTIONS       |
|--|------|-----------------------------|
| UNIFINE PEN NEEDLES 32G X 4 MM MISC            | 1    | VAL Value Preventative List |
| UNIFINE PENTIPS 31G X 5 MM MISC                | 1    | VAL Value Preventative List |
| UNIFINE PENTIPS 31G X 6 MM MISC                | 1    | VAL Value Preventative List |
| UNIFINE PENTIPS 31G X 8 MM MISC                | 1    | VAL Value Preventative List |
| UNIFINE PENTIPS 32G X 4 MM MISC                | 1    | VAL Value Preventative List |
| UNIFINE PENTIPS 32G X 6 MM MISC                | 1    | VAL Value Preventative List |
| UNIFINE PENTIPS PLUS 31G X 5 MM MISC           | 1    | VAL Value Preventative List |
| UNIFINE PENTIPS PLUS 31G X 6 MM MISC           | 1    | VAL Value Preventative List |
| UNIFINE PENTIPS PLUS 31G X 8 MM MISC           | 1    | VAL Value Preventative List |
| UNIFINE PENTIPS PLUS 32G X 4 MM MISC           | 1    | VAL Value Preventative List |
| UNIFINE PROTECT PEN NEEDLE 32G X 4 MM MISC     | 1    | VAL Value Preventative List |
| UNIFINE SAFECONTROL PEN NEEDLE 31G X 5 MM MISC | 1    | VAL Value Preventative List |
| UNIFINE SAFECONTROL PEN NEEDLE 31G X 6 MM MISC | 1    | VAL Value Preventative List |
| UNIFINE SAFECONTROL PEN NEEDLE 31G X 8 MM MISC | 1    | VAL Value Preventative List |
| UNIFINE SAFECONTROL PEN NEEDLE 32G X 4 MM MISC | 1    | VAL Value Preventative List |
| UNIFINE ULTRA PEN NEEDLE 31G X 5 MM MISC       | 1    | VAL Value Preventative List |
| UNIFINE ULTRA PEN NEEDLE 31G X 6 MM MISC       | 1    | VAL Value Preventative List |
| UNIFINE ULTRA PEN NEEDLE 31G X 8 MM MISC       | 1    | VAL Value Preventative List |
| UNIFINE ULTRA PEN NEEDLE 32G X 4 MM MISC       | 1    | VAL Value Preventative List |
| VALUMARK PEN NEEDLES 31G X 6 MM MISC           | 1    | VAL Value Preventative List |
| VALUMARK PEN NEEDLES 31G X 8 MM MISC           | 1    | VAL Value Preventative List |
| VERIFINE INSULIN PEN NEEDLE 31G X 5 MM MISC    | 1    | VAL Value Preventative List |
| VERIFINE INSULIN PEN NEEDLE 31G X 8 MM MISC    | 1    | VAL Value Preventative List |
| VERIFINE INSULIN PEN NEEDLE 32G X 4 MM MISC    | 1    | VAL Value Preventative List |
| VERIFINE INSULIN PEN NEEDLE 32G X 6 MM MISC    | 1    | VAL Value Preventative List |

| PRODUCT DESCRIPTION                              | TIER | LIMITS & RESTRICTIONS       |
|--|------|-----------------------------|
| VERIFINE INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC | 1    | VAL Value Preventative List |
| VERIFINE INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC | 1    | VAL Value Preventative List |
| VERIFINE INSULIN SYRINGE 31G X 5/16" 1 ML MISC   | 1    | VAL Value Preventative List |
| VERIFINE PLUS PEN NEEDLE 31G X 5 MM MISC         | 1    | VAL Value Preventative List |
| VERIFINE PLUS PEN NEEDLE 31G X 8 MM MISC         | 1    | VAL Value Preventative List |
| VERIFINE PLUS PEN NEEDLE 32G X 4 MM MISC         | 1    | VAL Value Preventative List |
| VIDA MIA UNIFINE PENTIPS 31G X 6 MM MISC         | 1    | VAL Value Preventative List |
| VIDA MIA UNIFINE PENTIPS 31G X 8 MM MISC         | 1    | VAL Value Preventative List |
| VIDA MIA UNIFINE PENTIPS 32G X 4 MM MISC         | 1    | VAL Value Preventative List |
| WEGMANS UNIFINE PENTIPS PLUS 31G X 5 MM MISC     | 1    | VAL Value Preventative List |
| WEGMANS UNIFINE PENTIPS PLUS 31G X 6 MM MISC     | 1    | VAL Value Preventative List |
| WEGMANS UNIFINE PENTIPS PLUS 31G X 8 MM MISC     | 1    | VAL Value Preventative List |
| WEGMANS UNIFINE PENTIPS PLUS 32G X 4 MM MISC     | 1    | VAL Value Preventative List |
| ZEV RX PEN NEEDLES 31G X 5 MM MISC               | 1    | VAL Value Preventative List |
| ZEV RX PEN NEEDLES 31G X 6 MM MISC               | 1    | VAL Value Preventative List |
| ZEV RX PEN NEEDLES 31G X 8 MM MISC               | 1    | VAL Value Preventative List |
| ZEV RX PEN NEEDLES 32G X 4 MM MISC               | 1    | VAL Value Preventative List |
| SPACER/AEROSOL-HOLDING CHAMBERS & SUPPLIES       |      |                             |
| AEROCHAMBER HOLDING CHAMBER DEVICE               | 2    |                             |
| AEROCHAMBER MINI CHAMBER DEVICE                  | 2    |                             |
| AEROCHAMBER MV MISC                              | 2    |                             |
| AEROCHAMBER PLS FLOVU MTHPIECE DEVICE            | 2    |                             |
| AEROCHAMBER PLUS FLO-VU MISC                     | 2    |                             |
| AEROCHAMBER PLUS FLO-VU INTERM DEVICE            | 2    |                             |
| AEROCHAMBER PLUS FLO-VU LARGE DEVICE             | 2    |                             |
| AEROCHAMBER PLUS FLO-VU LARGE MISC               | 2    |                             |
| AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE            | 2    |                             |










| PRODUCT DESCRIPTION                   | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------|------|-----------------------|
| AEROCHAMBER PLUS FLO-VU MEDIUM MISC   | 2    |                       |
| AEROCHAMBER PLUS FLO-VU SMALL DEVICE  | 2    |                       |
| AEROCHAMBER PLUS FLO-VU SMALL MISC    | 2    |                       |
| AEROCHAMBER PLUS FLO-VU W/MASK MISC   | 2    |                       |
| AEROCHAMBER PLUS FLOW VU MISC         | 2    |                       |
| AEROCHAMBER W/FLOWSIGNAL MISC         | 2    |                       |
| AEROCHAMBER Z-STAT PLUS MISC          | 2    |                       |
| AEROCHAMBER Z-STAT PLUS CHAMBR MISC   | 2    |                       |
| AEROCHAMBER Z-STAT PLUS/LARGE MISC    | 2    |                       |
| AEROCHAMBER Z-STAT PLUS/MEDIUM MISC   | 2    |                       |
| AEROCHAMBER Z-STAT PLUS/SMALL MISC    | 2    |                       |
| AEROCHAMBER2GO ANTI-STATIC DEVICE     | 2    |                       |
| COMPACT SPACE CHAMBER DEVICE          | 2    |                       |
| COMPACT SPACE CHAMBER/LG MASK DEVICE  | 2    |                       |
| COMPACT SPACE CHAMBER/MED MASK DEVICE | 2    |                       |
| COMPACT SPACE CHAMBER/SM MASK DEVICE  | 2    |                       |
| EASIVENT MISC                         | 2    |                       |
| EASIVENT MASK LARGE MISC              | 2    |                       |
| EASIVENT MASK MEDIUM MISC             | 2    |                       |
| EASIVENT MASK SMALL MISC              | 2    |                       |
| MICROCHAMBER MISC                     | 2    |                       |
| MICROSPACER MISC                      | 2    |                       |
| OPTICHAMBER DIAMOND MISC              | 2    |                       |
| OPTICHAMBER DIAMOND-LG MASK DEVICE    | 2    |                       |
| OPTICHAMBER DIAMOND-MD MASK MISC      | 2    |                       |
| OPTICHAMBER DIAMOND-SM MASK MISC      | 2    |                       |
| PROCHAMBER VHC DEVICE                 | 2    |                       |









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

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS  |
|---|------|------------------------|
| <i>dihydroergotamine mesylate inj 1 mg/ml</i>                       | 2    | QL 24 / 30 DAYS        |
| <i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>               | 2    | QL 16 / 30 DAYS<br>ST  |
| ERGOMAR 2 MG SL TAB   | 3    | QL 10 / 30 DAYS        |
| SELECTIVE SEROTONIN AGONISTS 5-HT(1)                                |      |                        |
| <i>almotriptan malate tab 12.5 mg</i>                               | 1    | QL 9 / 28 DAYS         |
| <i>almotriptan malate tab 6.25 mg</i>                               | 1    | QL 9 / 28 DAYS         |
| <i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>          | 1    | QL 9 / 28 DAYS         |
| <i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>          | 1    | QL 9 / 28 DAYS         |
| <i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>          | 1    | QL 9 / 28 DAYS         |
| <i>naratriptan hcl tab 1 mg (base equiv)</i>                        | 1    | QL 9 / 28 DAYS         |
| <i>naratriptan hcl tab 2.5 mg (base equiv)</i>                      | 1    | QL 9 / 28 DAYS         |
| <i>rizatriptan benzoate tab 10 mg (base equivalent)</i>             | 1    | QL 9 / 28 DAYS         |
| <i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i> | 1    | QL 9 / 28 DAYS         |
| <i>rizatriptan benzoate tab 5 mg (base equivalent)</i>              | 1    | QL 9 / 28 DAYS         |
| <i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>  | 1    | QL 9 / 28 DAYS         |
| <i>sumatriptan nasal spray 20 mg/act</i>                            | 2    | QL 6 / 28 day(s)       |
| <i>sumatriptan nasal spray 5 mg/act</i>                             | 1    | QL 6 / 28 day(s)       |
| <i>sumatriptan succinate tab 100 mg</i>                             | 1    | QL 9 / 28 DAYS         |
| <i>sumatriptan succinate tab 25 mg</i>                              | 1    | QL 9 / 28 DAYS         |
| <i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>      | 2    | QL 2 / 28 day(s)       |
| <i>sumatriptan succinate tab 50 mg</i>                              | 1    | QL 9 / 28 DAYS         |
| <i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>      | 2    | QL 2 / 28 day(s)       |
| <i>sumatriptan succinate inj 6 mg/0.5ml</i>                         | 1    | QL 5 / 28 day(s)       |
| ZOLMITRIPTAN 2.5 MG SOLUTION  | 3    | QL 6 / 30 day(s)<br>ST |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS  |
|--|------|------------------------|
| <i>zolmitriptan tab 2.5 mg</i>                               | 1    | QL 12 / 30 DAYS        |
| <i>zolmitriptan orally disintegrating tab 2.5 mg</i>         | 1    | QL 9 / 30 DAYS         |
| <i>zolmitriptan nasal spray 5 mg/spray unit</i>              | 3    | QL 6 / 30 day(s)<br>ST |
| <i>zolmitriptan tab 5 mg</i>                                 | 1    | QL 9 / 30 DAYS         |
| <i>zolmitriptan orally disintegrating tab 5 mg</i>           | 1    | QL 9 / 30 DAYS         |
| ZOMIG 2.5 MG SOLUTION  | 3    | QL 6 / 30 day(s)<br>ST |
| <i>zolmitriptan tab 2.5 mg</i>                               | 1    | QL 12 / 30 DAYS        |
| <i>zolmitriptan tab 5 mg</i>                                 | 1    | QL 9 / 30 DAYS         |
| SELECTIVE SEROTONIN AGONISTS 5-HT(1F)                        |      |                        |
| REYVOW 100 MG TAB  | 3    | QL 4 / 30 day(s)<br>ST |
| REYVOW 50 MG TAB   | 3    | QL 4 / 30 day(s)<br>ST |
| MINERALS & ELECTROLYTES                                      |      |                        |
| BICARBONATES   |      |                        |
| SODIUM BICARBONATE 8.4 % SOLUTION                            | 3    |                        |
| <i>sodium bicarbonate iv soln 8.4%</i>                       | 3    |                        |
| FLUORIDE   |      |                        |
| <i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>     | 1    | PREV Preventative      |
| SODIUM FLUORIDE 0.55 (0.25 F) MG CHEW TAB                    | 1    | PREV Preventative      |
| <i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i> | 1    | PREV Preventative      |
| SODIUM FLUORIDE 1.1 (0.5 F) MG CHEW TAB                      | 1    | PREV Preventative      |
| <i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>   | 1    | PREV Preventative      |
| SODIUM FLUORIDE 1.1 (0.5 F) MG/ML SOLUTION                   | 1    | PREV Preventative      |
| SODIUM FLUORIDE 2.2 (1 F) MG CHEW TAB                        | 1    | PREV Preventative      |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>                | 1    | PREV Preventative     |
| <b>PHOSPHATE</b>  |      |                       |
| PHOSPHA 250 NEUTRAL 155-852-130 MG TAB                                  | 1    |                       |
| PHOSPHO-TRIN 250 NEUTRAL 155-852-130 MG TAB                             | 1    |                       |
| PHOSPHO-TRIN K500 500 MG TAB  | 1    |                       |
| PHOSPHOROUS 155-852-130 MG TAB  | 1    |                       |
| <i>pot phos monobasic w/sod phos di &amp; monobas tab 155-852-130mg</i> | 1    |                       |
| <b>POTASSIUM</b>  |      |                       |
| EFFER-K 25 MEQ EFFER TAB  | 1    |                       |
| <i>potassium bicarbonate effer tab 25 meq</i>                           | 1    |                       |
| KLOR-CON 10 10 MEQ TAB ER   | 1    |                       |
| <i>potassium chloride tab er 10 meq</i>                                 | 1    |                       |
| KLOR-CON 8 MEQ TAB ER   | 2    |                       |
| <i>potassium chloride microencapsulated crys er tab 10 meq</i>          | 1    |                       |
| <i>potassium chloride microencapsulated crys er tab 15 meq</i>          | 1    |                       |
| <i>potassium chloride microencapsulated crys er tab 20 meq</i>          | 1    |                       |
| <i>potassium bicarbonate effer tab 25 meq</i>                           | 1    |                       |
| <i>potassium chloride oral soln 10% (20 meq/15ml)</i>                   | 1    |                       |
| <i>potassium chloride powder packet 20 meq</i>                          | 2    |                       |
| <i>potassium chloride oral soln 10% (20 meq/15ml)</i>                   | 1    |                       |
| <i>potassium chloride oral soln 20% (40 meq/15ml)</i>                   | 1    |                       |
| <i>potassium chloride microencapsulated crys er tab 10 meq</i>          | 1    |                       |
| <i>potassium chloride microencapsulated crys er tab 15 meq</i>          | 1    |                       |
| <i>potassium chloride microencapsulated crys er tab 20 meq</i>          | 1    |                       |
| <i>potassium chloride cap er 10 meq</i>                                 | 1    |                       |
| <i>potassium chloride tab er 10 meq</i>                                 | 1    |                       |
| <i>potassium chloride tab er 20 meq (1500 mg)</i>                       | 1    |                       |
| <i>potassium chloride cap er 8 meq</i>                                  | 1    |                       |
| <i>potassium chloride tab er 8 meq (600 mg)</i>                         | 1    |                       |

| PRODUCT DESCRIPTION                                    | TIER | LIMITS & RESTRICTIONS   |
|--|------|---|
| POTASSIUM CHLORIDE ER 8 MEQ TAB ER                     | 1    |   |
| SODIUM   |      |   |
| <i>sodium chloride preservative free (pf) inj 0.9%</i> | 1    |   |
| MISCELLANEOUS THERAPEUTIC CLASSES                      |      |   |
| ANTILEPTOTICS  |      |   |
| THALOMID 100 MG CAP                                    | 4    | <br>S Specialty Drug   |
| THALOMID 150 MG CAP                                    | 4    | <br>S Specialty Drug   |
| THALOMID 200 MG CAP                                    | 4    | <br>S Specialty Drug   |
| THALOMID 50 MG CAP                                     | 4    | <br>S Specialty Drug   |
| B-LYMPHOCYTE STIMULATOR (BLYS)-SPECIFIC INHIBITORS     |      |   |
| BENLYSTA 200 MG/ML SOLN A-INJ                          | 4    | <br>S Specialty Drug  |
| BENLYSTA 200 MG/ML SOLN PRSYR                          | 4    | <br>S Specialty Drug |
| CHELATING AGENTS                                       |      |   |
| <i>penicillamine cap 250 mg</i>                        | 4    | <br>S Specialty Drug |
| <i>penicillamine tab 250 mg</i>                        | 4    | <br>S Specialty Drug |
| <i>trientine hcl cap 250 mg</i>                        | 4    | <br>S Specialty Drug |
| CYCLOSPORINE ANALOGS                                   |      |   |
| <i>cyclosporine cap 100 mg</i>                         | 2    |   |
| <i>cyclosporine cap 25 mg</i>                          | 2    |   |
| <i>cyclosporine modified cap 100 mg</i>                | 1    | QL 4 / 1 day(s)   |

| PRODUCT DESCRIPTION                              | TIER | LIMITS & RESTRICTIONS  |
|--|------|--|
| <i>cyclosporine modified oral soln 100 mg/ml</i> | 1    | QL 90 / 30 DAYS  |
| <i>cyclosporine modified cap 25 mg</i>           | 1    | QL 4 / 1 day(s)  |
| <i>cyclosporine modified cap 50 mg</i>           | 2    | QL 120 / 30 DAYS   |
| <i>cyclosporine modified cap 100 mg</i>          | 1    | QL 4 / 1 day(s)  |
| <i>cyclosporine modified oral soln 100 mg/ml</i> | 1    | QL 90 / 30 DAYS  |
| <i>cyclosporine modified cap 25 mg</i>           | 1    | QL 4 / 1 day(s)  |
| LUPKYNIS 7.9 MG CAP                              | 4    | <br>S Specialty Drug                      |
| ENZYMES  |      |  |
| XIAFLEX 0.9 MG RECON SOLN                        | 4    | <br>S Specialty Drug                      |
| IMMUNOMODULATORS - BTK INHIBITORS                |      |  |
| RHAPSIDO 25 MG TAB                               | 4    | <br>S Specialty Drug                      |
| IMMUNOMODULATORS FOR MYELODYSPLASTIC SYNDROMES   |      |  |
| <i>lenalidomide cap 10 mg</i>                    | 4    | QL 1 / 1 day(s)<br><br>S Specialty Drug |
| <i>lenalidomide cap 15 mg</i>                    | 4    | QL 1 / 1 day(s)<br><br>S Specialty Drug |
| <i>lenalidomide caps 2.5 mg</i>                  | 4    | <br>S Specialty Drug                    |
| <i>lenalidomide cap 20 mg</i>                    | 4    | <br>S Specialty Drug                    |
| <i>lenalidomide cap 25 mg</i>                    | 4    | QL 1 / 1 day(s)<br><br>S Specialty Drug |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS  |
|---|------|--|
| <i>lenalidomide cap 5 mg</i>  | 4    | <div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>1 / 1 day(s)</div> </div> <div style="background-color: #8e44ad; width: 20px; height: 15px; margin: 2px 0;"></div> <div style="background-color: #e74c3c; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div>Specialty Drug</div> |
| <b>INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS</b>               |      |  |
| <i>mycophenolate mofetil for oral susp 200 mg/ml</i>                | 2    | <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">AL1</div> <div>Up to 8 yrs old</div>   |
| <i>mycophenolate mofetil cap 250 mg</i>                             | 1    |  |
| <i>mycophenolate mofetil tab 500 mg</i>                             | 1    |  |
| <i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i> | 2    |  |
| <i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i> | 2    |  |
| <i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i> | 2    |  |
| <i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i> | 2    |  |
| <b>IRRIGATION SOLUTIONS</b>   |      |  |
| <i>lactated ringer's for irrigation</i>                             | 1    |  |
| <i>ringer's solution for irrigation</i>                             | 1    |  |
| RINGERS IRRIGATION SOLUTION   | 1    |  |
| <i>water for irrigation, sterile irrigation soln</i>                | 3    |  |
| <i>ringer's solution for irrigation</i>                             | 1    |  |
| <i>water for irrigation, sterile irrigation soln</i>                | 3    |  |
| <b>MACROLIDE IMMUNOSUPPRESSANTS</b>                                 |      |  |
| ASTAGRAF XL 0.5 MG CAP ER 24H                                       | 3    | <div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>2 / 1 day(s)</div> </div> <div style="background-color: #8e44ad; width: 20px; height: 15px; margin: 2px 0;"></div>   |
| ASTAGRAF XL 1 MG CAP ER 24H   | 3    | <div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>2 / 1 day(s)</div> </div> <div style="background-color: #8e44ad; width: 20px; height: 15px; margin: 2px 0;"></div>   |
| ASTAGRAF XL 5 MG CAP ER 24H   | 3    | <div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>2 / 1 day(s)</div> </div> <div style="background-color: #8e44ad; width: 20px; height: 15px; margin: 2px 0;"></div>   |
| ENVARUSUS XR 0.75 MG TAB ER 24H                                     | 3    | <div style="background-color: #8e44ad; width: 20px; height: 15px; margin: 2px 0;"></div>   |
| ENVARUSUS XR 1 MG TAB ER 24H  | 3    | <div style="background-color: #8e44ad; width: 20px; height: 15px; margin: 2px 0;"></div>   |





| PRODUCT DESCRIPTION                          | TIER | LIMITS & RESTRICTIONS                   |
|--|------|---|
| ENVARUSUS XR 4 MG TAB ER 24H                 | 3    |   |
| everolimus tab 0.25 mg                       | 2    | QL 120 / 30 day(s)                      |
| everolimus tab 0.5 mg                        | 2    | QL 120 / 30 day(s)                      |
| everolimus tab 0.75 mg                       | 2    | QL 60 / 30 day(s)                       |
| everolimus tab 1 mg                          | 2    | QL 60 / 30 day(s)                       |
| sirolimus tab 0.5 mg                         | 2    | QL 1 / 1 day(s)                         |
| sirolimus tab 1 mg                           | 2    | QL 1 / 1 day(s)                         |
| sirolimus oral soln 1 mg/ml                  | 4    | AL1 Up to 8 yrs old<br>S Specialty Drug |
| sirolimus tab 2 mg                           | 2    |   |
| tacrolimus cap 0.5 mg                        | 1    |   |
| tacrolimus cap 1 mg                          | 1    |   |
| tacrolimus cap 5 mg                          | 1    |   |
| tacrolimus cap er 24hr 0.5 mg                | 2    | QL 2 / 1 day(s)                         |
| tacrolimus cap er 24hr 1 mg                  | 2    | QL 2 / 1 day(s)                         |
| tacrolimus cap er 24hr 5 mg                  | 2    | QL 2 / 1 day(s)                         |
| MONOCLONAL ANTIBODIES                        |      |   |
| ENSPRYNG 120 MG/ML SOLN PRSYR                | 4    | S Specialty Drug                        |
| POTASSIUM REMOVING AGENTS                    |      |   |
| sodium polystyrene sulfonate susp 15 gm/60ml | 1    |   |
| LOKELMA 10 GM PACKET                         | 3    |   |
| LOKELMA 5 GM PACKET                          | 3    |   |
| *sodium polystyrene sulfonate powder**       | 1    |   |



| PRODUCT DESCRIPTION                                  | TIER | LIMITS & RESTRICTIONS        |
|--|------|------------------------------|
| <i>sodium polystyrene sulfonate susp 15 gm/60ml</i>  | 1    |                              |
| <i>sodium polystyrene sulfonate susp 15 gm/60ml</i>  | 1    |                              |
| SPS (SODIUM POLYSTYRENE SULF) 30 GM/120ML SUSPENSION | 1    |                              |
| VELTASSA 1 GM PACKET                                 | 3    | QL 4 packets / 1 day(s)<br>■ |
| VELTASSA 16.8 GM PACKET                              | 3    | QL 30 / 30 DAYS<br>■         |
| VELTASSA 25.2 GM PACKET                              | 3    | QL 30 / 30 DAYS<br>■         |
| VELTASSA 8.4 GM PACKET                               | 3    | QL 60 / 28 DAYS<br>■         |
| PURINE ANALOGS                                       |      |                              |
| <i>azathioprine tab 50 mg</i>                        | 1    |                              |
| ROCK INHIBITORS                                      |      |                              |
| REZUROCK 200 MG TAB                                  | 4    | ■<br>S Specialty Drug        |
| MOUTH/THROAT/DENTAL AGENTS                           |      |                              |
| ANESTHETICS TOPICAL ORAL                             |      |                              |
| LIDOCAINE HCL 4 % SOLUTION                           | 1    |                              |
| <i>lidocaine hcl viscous soln 2%</i>                 | 1    |                              |
| ANTI-INFECTIVES - THROAT                             |      |                              |
| <i>clotrimazole troche 10 mg</i>                     | 1    |                              |
| NYSTATIN 100000 UNIT/ML SUSPENSION                   | 1    |                              |
| <i>nystatin susp 100000 unit/ml</i>                  | 1    |                              |
| ORAVIG 50 MG TAB                                     | 3    | QL 14 / 14 DAYS<br>■         |
| ANTISEPTIC COMBINATIONS - MOUTH/THROAT               |      |                              |
| DEBACTEROL 30-50 % SOLUTION                          | 3    |                              |
| DEBACTEROL 30-50 % SOLUTION                          | 3    |                              |

| PRODUCT DESCRIPTION                              | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <b>ANTISEPTICS - MOUTH/THROAT</b>                |      |                       |
| <i>chlorhexidine gluconate soln 0.12%</i>        | 1    |                       |
| <i>chlorhexidine gluconate soln 0.12%</i>        | 1    |                       |
| <b>PROTECTANTS - MOUTH/THROAT</b>                |      |                       |
| EPISIL LIQUID                                    | 3    |                       |
| <b>SALIVA STIMULANTS</b>                         |      |                       |
| <i>cevimeline hcl cap 30 mg</i>                  | 1    |                       |
| <i>pilocarpine hcl tab 5 mg</i>                  | 1    |                       |
| <i>pilocarpine hcl tab 7.5 mg</i>                | 1    |                       |
| <b>STEROIDS - MOUTH/THROAT/DENTAL</b>            |      |                       |
| <i>triamcinolone acetonide dental paste 0.1%</i> | 1    |                       |
| <i>triamcinolone acetonide dental paste 0.1%</i> | 1    |                       |
| <i>triamcinolone acetonide dental paste 0.1%</i> | 1    |                       |
| <b>MULTIVITAMINS</b>                             |      |                       |
| <b>PRENATAL MV &amp; MIN W/FE-FA</b>             |      |                       |
| CO-NATAL FA TAB                                  | 1    | PREV Preventative     |
| COMPLETENATE 29-1 MG CHEW TAB                    | 2    |                       |
| M-NATAL PLUS 27-1 MG TAB                         | 1    |                       |
| MATRONEX 27-1 MG TAB                             | 1    |                       |
| NEONATAL COMPLETE 27-1 MG TAB                    | 1    |                       |
| NEONATAL COMPLETE 29-1 MG TAB                    | 1    | PREV Preventative     |
| NEONATAL PLUS 27-1 MG TAB                        | 1    |                       |
| NIVA-PLUS 27-1 MG TAB                            | 1    |                       |
| OB COMPLETE/DHA 30-10-1-200 MG CAP               | 2    |                       |
| ONE VITE WOMENS PLUS 27-1 MG TAB                 | 1    |                       |
| PNV 27-CA/FE/FA 60-1 MG TAB                      | 2    |                       |
| PRENATABS FA 29-1 MG TAB                         | 1    | PREV Preventative     |
| PRENATAL 19 29-1 MG CHEW TAB                     | 2    |                       |
| PRENATAL 19 29-1 MG TAB                          | 1    |                       |

| PRODUCT DESCRIPTION                                | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| PRENATAL 27-1 MG TAB                               | 1    |                       |
| PRENATAL PLUS 27-1 MG TAB                          | 1    |                       |
| PRENATAL PLUS VITAMIN/MINERAL 27-1 MG TAB          | 1    |                       |
| PRENATAL VITAMIN PLUS LOW IRON 27-1 MG TAB         | 1    |                       |
| PREPLUS 27-1 MG TAB                                | 1    |                       |
| PROVIDA OB 20-20-1.25 MG CAP                       | 1    |                       |
| SE-NATAL 19 29-1 MG TAB                            | 2    |                       |
| TRICARE TAB  | 1    |                       |
| TRINATAL RX 1 60-1 MG TAB                          | 2    |                       |
| VINATE ONE 60-1 MG TAB                             | 2    |                       |
| VITATHELY WITH GINGER 27-1 MG TAB                  | 1    |                       |
| WESTAB PLUS 27-1 MG TAB                            | 1    |                       |
| PRENATAL MV & MIN W/FE-FA-CA-OMEGA 3 FISH OIL      |      |                       |
| COMPLETE NATAL DHA 29-1-200 & 200 MG MISC          | 2    |                       |
| WESNATAL DHA COMPLETE 29-1-200 & 200 MG MISC       | 2    |                       |
| PRENATAL MV & MIN W/FE-FA-DHA                      |      |                       |
| PNV-DHA+DOCUSATE 27-1.25-300 MG CAP                | 2    |                       |
| VITAFOL-OB+DHA 65-1 & 250 MG MISC                  | 2    |                       |
| VITAMEDMD ONE RX/QUATREFOLIC 30-0.6-0.4-200 MG CAP | 2    |                       |
| PRENATAL VITAMINS                                  |      |                       |
| VITAMEDMD REDICHEW RX 1.4 MG CHEW TAB              | 2    |                       |
| VITAMINS A & D                                     |      |                       |
| COD LIVER OIL OIL                                  | 3    |                       |
| MUSCULOSKELETAL THERAPY AGENTS                     |      |                       |
| CENTRAL MUSCLE RELAXANTS                           |      |                       |
| <i>baclofen tab 10 mg</i>                          | 1    | QL 8 / 1 day(s)       |
| <i>baclofen oral soln 10 mg/5ml</i>                | 2    |                       |
| <i>baclofen tab 20 mg</i>                          | 1    | QL 6 / 1 day(s)       |
| <i>baclofen susp 25 mg/5ml</i>                     | 2    |                       |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>baclofen tab 5 mg</i>  | 1    | QL 16 / 1 day(s)      |
| BACLOFEN 5 MG/5ML SOLUTION  | 2    |                       |
| <i>baclofen oral soln 5 mg/5ml</i>                                | 2    |                       |
| <i>chlorzoxazone tab 500 mg</i>                                   | 1    |                       |
| <i>cyclobenzaprine hcl tab 10 mg</i>                              | 1    |                       |
| <i>cyclobenzaprine hcl tab 5 mg</i>                               | 1    |                       |
| <i>metaxalone tab 800 mg</i>                                      | 1    | QL 90 / 30 DAYS       |
| <i>methocarbamol tab 500 mg</i>                                   | 1    |                       |
| <i>methocarbamol tab 750 mg</i>                                   | 1    |                       |
| <i>orphenadrine citrate inj 30 mg/ml</i>                          | 1    |                       |
| <i>orphenadrine citrate tab er 12hr 100 mg</i>                    | 1    |                       |
| <i>tizanidine hcl cap 2 mg (base equivalent)</i>                  | 1    |                       |
| <i>tizanidine hcl tab 2 mg (base equivalent)</i>                  | 1    |                       |
| <i>tizanidine hcl cap 4 mg (base equivalent)</i>                  | 1    |                       |
| <i>tizanidine hcl tab 4 mg (base equivalent)</i>                  | 1    |                       |
| <i>tizanidine hcl cap 6 mg (base equivalent)</i>                  | 1    |                       |
| DIRECT MUSCLE RELAXANTS   |      |                       |
| <i>dantrolene sodium cap 100 mg</i>                               | 1    |                       |
| <i>dantrolene sodium cap 25 mg</i>                                | 1    |                       |
| <i>dantrolene sodium cap 50 mg</i>                                | 1    |                       |
| NASAL AGENTS - SYSTEMIC AND TOPICAL                               |      |                       |
| ANTIHISTAMINE-STEROID   |      |                       |
| <i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i> | 2    |                       |
| NASAL ANTICHOLINERGICS  |      |                       |
| <i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>        | 1    | QL 30 / 28 DAYS       |
| <i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>        | 1    | QL 15 / 14 DAYS       |
| NASAL ANTIHISTAMINES  |      |                       |
| <i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>            | 1    | QL 30 / 25 DAYS       |
| <i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>         | 1    | QL 30 / 25 DAYS       |






| PRODUCT DESCRIPTION                                    | TIER | LIMITS & RESTRICTIONS   |
|--|------|---|
| <i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i> | 1    | QL 30 / 25 DAYS   |
| <i>olopatadine hcl nasal soln 0.6%</i>                 | 1    | QL 30.5 / 30 DAYS   |
| NASAL STEROIDS   |      |   |
| BECONASE AQ 42 MCG/SPRAY SUSPENSION                    | 3    | QL 25 / 23 DAYS<br>ST   |
| <i>flunisolide nasal soln 25 mcg/act (0.025%)</i>      | 1    | QL 25 / 25 day(s)   |
| <i>fluticasone propionate nasal susp 50 mcg/act</i>    | 1    | QL 16 / 30 DAYS   |
| <i>mometasone furoate nasal susp 50 mcg/act</i>        | 1    | QL 34 / 30 DAYS   |
| OMNARIS 50 MCG/ACT SUSPENSION                          | 3    | QL 12.5 / 30 DAYS<br>ST   |
| QNASL 80 MCG/ACT AERO SOLN                             | 3    | QL 10.6 / 30 DAYS   |
| QNASL CHILDRENS 40 MCG/ACT AERO SOLN                   | 3    | QL 4.9 / 30 DAYS  |
| XHANCE 93 MCG/ACT EXHU                                 | 2    |   |
| NEUROMUSCULAR AGENTS                                   |      |   |
| ALS AGENTS - MISCELLANEOUS                             |      |   |
| RADICAVA ORS 105 MG/5ML SUSPENSION                     | 4    | <br>S Specialty Drug |
| RADICAVA ORS STARTER KIT 105 MG/5ML SUSPENSION         | 4    | <br>S Specialty Drug |
| BENZATHIAZOLES   |      |   |
| <i>riluzole tab 50 mg</i>                              | 1    |   |
| SPINAL MUSCULAR ATROPHY-SMN2 SPLICING MODIFIERS        |      |   |
| EVRYSDI 0.75 MG/ML RECON SOLN                          | 4    | <br>S Specialty Drug |
| EVRYSDI 5 MG TAB                                       | 4    | <br>S Specialty Drug |



| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS   |
|--|------|---|
| NUTRIENTS  |      |   |
| LIPIDS   |      |   |
| DOJOLVI 100 % LIQUID   | 4    | <br>S Specialty Drug |
| LIPOTROPIC COMBINATIONS  |      |   |
| LECITHIN GRANULES  | 3    | AL1 Up to 8 yrs old   |
| OPHTHALMIC AGENTS  |      |   |
| ALPHA ADRENERGIC AGONIST & CARBONIC ANHYDRASE INHIB COMB           |      |   |
| SIMBRINZA 1-0.2 % SUSPENSION                                       | 3    |   |
| ARTIFICIAL TEAR INSERTS  |      |   |
| LACRISERT 5 MG INSERT  | 3    |                      |
| BETA-BLOCKERS - OPHTHALMIC   |      |   |
| BETAXOLOL HCL 0.5 % SOLUTION                                       | 1    |   |
| <i>betaxolol hcl ophth soln 0.5%</i>                               | 1    |   |
| BETIMOL 0.25 % SOLUTION  | 3    |   |
| BETOPTIC-S 0.25 % SUSPENSION                                       | 3    |   |
| CARTEOLOL HCL 1 % SOLUTION   | 1    |   |
| LEVOBUNOLOL HCL 0.5 % SOLUTION                                     | 1    |   |
| <i>timolol ophth soln 0.5%</i>                                     | 2    |   |
| <i>timolol maleate ophth gel forming soln 0.25%</i>                | 1    |   |
| <i>timolol maleate ophth soln 0.25%</i>                            | 1    |   |
| <i>timolol maleate ophth gel forming soln 0.5%</i>                 | 1    |   |
| <i>timolol maleate ophth soln 0.5%</i>                             | 1    |   |
| BETA-BLOCKERS - OPHTHALMIC COMBINATIONS                            |      |   |
| <i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>    | 1    |   |
| <i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>           | 1    |   |
| <i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>   | 1    |   |
| <i>dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf</i> | 1    |   |
| <i>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%</i>        | 1    |   |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <b>CYCLOPLEGIC MYDRIATIC COMBINATIONS</b>                           |      |                       |
| CYCLOMYDRIL 0.2-1 % SOLUTION  | 3    |                       |
| <b>CYCLOPLEGIC MYDRIATICS</b>                                       |      |                       |
| ALTAFRIN 10 % SOLUTION  | 1    |                       |
| ALTAFRIN 2.5 % SOLUTION   | 1    |                       |
| ATROPINE SULFATE 1 % SOLUTION                                       | 1    |                       |
| <i>atropine sulfate ophth soln 1%</i>                               | 1    |                       |
| <i>cyclopentolate hcl ophth soln 0.5%</i>                           | 1    |                       |
| <i>cyclopentolate hcl ophth soln 1%</i>                             | 1    |                       |
| <i>cyclopentolate hcl ophth soln 2%</i>                             | 1    |                       |
| HOMATROPAIRE 5 % SOLUTION   | 1    |                       |
| <i>phenylephrine hcl ophth soln 10%</i>                             | 1    |                       |
| <i>phenylephrine hcl ophth soln 2.5%</i>                            | 1    |                       |
| <i>tropicamide ophth soln 0.5%</i>                                  | 1    |                       |
| <i>tropicamide ophth soln 1%</i>                                    | 1    |                       |
| <b>LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG</b>       |      |                       |
| XIIDRA 5 % SOLUTION   | 2    |                       |
| <b>MIOTICS - DIRECT ACTING</b>                                      |      |                       |
| <i>pilocarpine hcl ophth soln 1%</i>                                | 1    |                       |
| <i>pilocarpine hcl ophth soln 2%</i>                                | 1    |                       |
| <i>pilocarpine hcl ophth soln 4%</i>                                | 1    |                       |
| <b>OPHTHALMIC ANTI-INFECTIVE COMBINATIONS</b>                       |      |                       |
| <i>bacitracin-polymyxin b ophth oint</i>                            | 1    |                       |
| BACITRACIN-POLYMYXIN B 500-10000 UNIT/GM OINTMENT                   | 1    |                       |
| <i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i> | 1    |                       |
| <i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i> | 1    |                       |
| NEOMYCIN-BACITRACIN ZN-POLYMYX 5-400-10000 OINTMENT                 | 1    |                       |
| <i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i> | 1    |                       |








| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| NEOMYCIN-POLYMYXIN-GRAMICIDIN 1.75-10000-.025 SOLUTION        | 1    |                       |
| <i>bacitracin-polymyxin b ophth oint</i>                      | 1    |                       |
| <i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i> | 1    |                       |
| OPHTHALMIC ANTIALLERGIC                                       |      |                       |
| ALOCRIAL 2 % SOLUTION   | 2    |                       |
| ALOMIDE 0.1 % SOLUTION  | 2    |                       |
| <i>azelastine hcl ophth soln 0.05%</i>                        | 1    |                       |
| <i>bepotastine besilate ophth soln 1.5%</i>                   | 2    | QL 10 / 30 day(s)     |
| CROMOLYN SODIUM 4 % SOLUTION                                  | 1    |                       |
| <i>cromolyn sodium ophth soln 4%</i>                          | 1    |                       |
| <i>epinastine hcl ophth soln 0.05%</i>                        | 1    |                       |
| <i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>      | 1    |                       |
| OPHTHALMIC ANTIBIOTICS  |      |                       |
| AZASITE 1 % SOLUTION  | 3    |                       |
| BACITRACIN 500 UNIT/GM OINTMENT                               | 1    |                       |
| BESIFLOXACIN HCL 0.6 % SUSPENSION                             | 3    |                       |
| CILOXAN 0.3 % OINTMENT  | 2    |                       |
| <i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>    | 1    |                       |
| ERYTHROMYCIN 5 MG/GM OINTMENT                                 | 1    |                       |
| <i>erythromycin ophth oint 5 mg/gm</i>                        | 1    |                       |
| <i>gatifloxacin ophth soln 0.5%</i>                           | 1    | QL 2.5 / 30 DAYS      |
| GENTAK 0.3 % OINTMENT   | 1    |                       |
| <i>gentamicin sulfate ophth soln 0.3%</i>                     | 1    |                       |
| LEVOFLOXACIN 0.5 % SOLUTION                                   | 1    |                       |
| <i>levofloxacin ophth soln 0.5%</i>                           | 1    |                       |
| LEVOFLOXACIN 1.5 % SOLUTION                                   | 2    |                       |
| MOXIFLOXACIN HCL (2X DAY) 0.5 % SOLUTION                      | 1    |                       |
| <i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>          | 1    |                       |
| <i>ofloxacin ophth soln 0.3%</i>                              | 1    |                       |









| PRODUCT DESCRIPTION                             | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>tobramycin ophth soln 0.3%</i>               | 1    |                       |
| TOBREX 0.3 % OINTMENT                           | 3    |                       |
| OPHTHALMIC ANTIFUNGAL                           |      |                       |
| NATACYN 5 % SUSPENSION                          | 3    |                       |
| OPHTHALMIC ANTISEPTICS                          |      |                       |
| BETADINE OPHTHALMIC PREP 5 % SOLUTION           | 3    |                       |
| POVIDONE-IODINE 5 % SOLUTION                    | 3    |                       |
| OPHTHALMIC ANTIVIRALS                           |      |                       |
| TRIFLURIDINE 1 % SOLUTION                       | 1    |                       |
| ZIRGAN 0.15 % GEL                               | 3    |                       |
| OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS        |      |                       |
| <i>brinzolamide ophth susp 1%</i>               | 2    |                       |
| <i>dorzolamide hcl ophth soln 2%</i>            | 1    |                       |
| OPHTHALMIC DIAGNOSTIC PRODUCTS                  |      |                       |
| FLUORESCEIN-PROPARACAINE 0.25-0.5 % SOLUTION    | 1    |                       |
| PAREMYD 1-0.25 % SOLUTION                       | 3    |                       |
| PROPARACAINE-FLUORESCEIN 0.5-0.25 % SOLUTION    | 1    |                       |
| OPHTHALMIC IMMUNOMODULATORS                     |      |                       |
| <i>cyclosporine (ophth) emulsion 0.05% (pf)</i> | 2    |                       |
| OPHTHALMIC KINASE INHIBITORS - COMBINATIONS     |      |                       |
| ROCKLATAN 0.02-0.005 % SOLUTION                 | 3    | ST                    |
| OPHTHALMIC LOCAL ANESTHETICS                    |      |                       |
| AKTEN 3.5 % GEL                                 | 3    |                       |
| ALTACAINE 0.5 % SOLUTION                        | 1    |                       |
| ALTACAINE 0.5 % SOLUTION                        | 1    |                       |
| <i>proparacaine hcl ophth soln 0.5%</i>         | 1    |                       |
| TETRACAINE HCL 0.5 % SOLUTION                   | 1    |                       |
| <i>tetracaine hcl ophth soln 0.5%</i>           | 1    |                       |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS   |
|--|------|---|
| <b>OPHTHALMIC NERVE GROWTH FACTORS</b>                             |      |   |
| OXERVATE 0.002 % SOLUTION  | 4    | <br> Specialty Drug |
| <b>OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS</b>            |      |   |
| ACUVAIL 0.45 % SOLUTION  | 3    |  30 / 30 DAYS  |
| <i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i> | 1    |  3.4 / 30 DAYS   |
| <i>diclofenac sodium ophth soln 0.1%</i>                           | 1    |   |
| FLURBIPROFEN SODIUM 0.03 % SOLUTION                                | 1    |   |
| ILEVRO 0.3 % SUSPENSION  | 3    |   |
| KETOROLAC TROMETHAMINE 0.4 % SOLUTION                              | 1    |   |
| <i>ketorolac tromethamine ophth soln 0.5%</i>                      | 1    |   |
| NEVANAC 0.1 % SUSPENSION   | 3    |   |
| <b>OPHTHALMIC RHO KINASE INHIBITORS</b>                            |      |   |
| RHOPRESSA 0.02 % SOLUTION  | 3    |    |
| <b>OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS</b>              |      |   |
| APRACLONIDINE HCL 0.5 % SOLUTION                                   | 1    |   |
| <i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>         | 1    |   |
| <i>brimonidine tartrate ophth soln 0.2%</i>                        | 1    |   |
| IOPIDINE 1 % SOLUTION  | 3    |   |
| <b>OPHTHALMIC STEROID COMBINATIONS</b>                             |      |   |
| BACITRA-NEOMYCIN-POLYMYXIN-HC 1 % OINTMENT                         | 1    |   |
| <i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>              | 1    |   |
| BLEPHAMIDE S.O.P. 10-0.2 % OINTMENT                                | 3    |   |
| <i>loteprednol etabonate-tobramycin ophth susp 0.5-0.3%</i>        | 3    |   |
| <i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>              | 1    |   |
| <i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>            | 1    |   |
| <i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>            | 1    |   |
| <i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>            | 1    |   |
| NEOMYCIN-POLYMYXIN-HC 3.5-10000-1 SUSPENSION                       | 1    |   |

| PRODUCT DESCRIPTION                                 | TIER | LIMITS & RESTRICTIONS   |
|---|------|---|
| PRED-G 0.3-1 % SUSPENSION                           | 3    |   |
| PRED-G S.O.P. 0.3-0.6 % OINTMENT                    | 3    |   |
| SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION       | 1    |   |
| TOBRADEX 0.3-0.1 % OINTMENT                         | 2    |   |
| TOBRADEX ST 0.3-0.05 % SUSPENSION                   | 3    | QL 5 / 30 DAYS  |
| <i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i> | 1    |   |
| OPHTHALMIC STEROIDS                                 |      |   |
| DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION       | 1    |   |
| <i>difluprednate ophth emulsion 0.05%</i>           | 1    | QL 5 / 30 day(s)  |
| FLAREX 0.1 % SUSPENSION                             | 3    |   |
| <i>fluorometholone ophth susp 0.1%</i>              | 1    |   |
| FML 0.1 % OINTMENT                                  | 2    |   |
| FML FORTE 0.25 % SUSPENSION                         | 2    |   |
| LOTEMAX 0.5 % OINTMENT                              | 3    | ST  |
| <i>loteprednol etabonate ophth susp 0.2%</i>        | 2    | ST  |
| <i>loteprednol etabonate ophth gel 0.5%</i>         | 1    |   |
| <i>loteprednol etabonate ophth susp 0.5%</i>        | 1    | QL 15 / 30 DAYS   |
| MAXIDEX 0.1 % SUSPENSION                            | 3    |   |
| PRED MILD 0.12 % SUSPENSION                         | 2    |   |
| <i>prednisolone acetate ophth susp 1%</i>           | 1    | QL 15 / 30 day(s)   |
| PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION          | 1    |   |
| OPHTHALMIC SULFONAMIDES                             |      |   |
| SULFACETAMIDE SODIUM 10 % OINTMENT                  | 1    |   |
| SULFACETAMIDE SODIUM 10 % SOLUTION                  | 1    |   |
| <i>sulfacetamide sodium ophth soln 10%</i>          | 1    |   |
| OPHTHALMICS - CYSTINOSIS AGENTS                     |      |   |
| CYSTADROPS 0.37 % SOLUTION                          | 4    | <br>S Specialty Drug |
| CYSTARAN 0.44 % SOLUTION                            | 4    | <br>S Specialty Drug |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <b>PROSTAGLANDINS - OPHTHALMIC</b>                                 |      |                       |
| <i>bimatoprost ophth soln 0.03%</i>                                | 1    |                       |
| <i>latanoprost ophth soln 0.005%</i>                               | 1    | QL 5 / 30 DAYS        |
| LUMIGAN 0.01 % SOLUTION  | 2    | QL 7 / 30 day(s)      |
| <i>tafluprost preservative free (pf) ophth soln 0.0015%</i>        | 2    | QL 1 / 1 day(s)       |
| <i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i> | 2    | QL 5 / 30 day(s)      |
| <b>OTIC AGENTS</b>   |      |                       |
| <b>OTIC AGENTS - MISCELLANEOUS</b>                                 |      |                       |
| <i>acetic acid otic soln 2%</i>                                    | 1    |                       |
| <b>OTIC ANTI-INFECTIVES</b>  |      |                       |
| <i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>          | 1    |                       |
| <i>ofloxacin otic soln 0.3%</i>                                    | 1    |                       |
| <b>OTIC STEROID-ANTI-INFECTIVE COMBINATIONS</b>                    |      |                       |
| CIPRO HC 0.2-1 % SUSPENSION  | 2    |                       |
| <i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>              | 1    |                       |
| <i>ciprofloxacin-hydrocortisone otic susp 0.2-1%</i>               | 2    |                       |
| CORTISPORIN-TC 3.3-3-10-0.5 MG/ML SUSPENSION                       | 3    |                       |
| <i>neomycin-polymyxin-hc otic soln 1%</i>                          | 1    |                       |
| <i>neomycin-polymyxin-hc otic soln 1%</i>                          | 1    |                       |
| <i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>  | 1    |                       |
| <b>OTIC STEROIDS</b>   |      |                       |
| <i>fluocinolone acetonide (otic) oil 0.01%</i>                     | 1    |                       |
| <i>fluocinolone acetonide (otic) oil 0.01%</i>                     | 1    |                       |
| <i>hydrocortisone w/ acetic acid otic soln 1-2%</i>                | 1    |                       |
| <b>OXYTOCICS</b>   |      |                       |
| <b>ABORTIFACIENTS/CERVICAL RIPENING - PROSTAGLANDINS</b>           |      |                       |
| CERVIDIL 10 MG INSERT  | 4    |                       |
| <i>methylergonovine maleate tab 0.2 mg</i>                         | 2    | QL 28 / 30 DAYS       |

| PRODUCT DESCRIPTION                        | TIER | LIMITS & RESTRICTIONS   |
|--|------|---|
| <i>methylergonovine maleate tab 0.2 mg</i> | 2    | QL 28 / 30 DAYS   |
| PASSIVE IMMUNIZING AND TREATMENT AGENTS    |      |   |
| ANTIVIRAL MONOCLONAL ANTIBODIES            |      |   |
| BEYFORTUS 100 MG/ML SOLN PRSYR             | 2    | QL 1 / 0 day(s)<br>AL1 Up to 0.67 yrs old<br>MFL 1 / 365 day(s)<br>PREV Preventative                      |
| BEYFORTUS 50 MG/0.5ML SOLN PRSYR           | 2    | QL 0.5 / 0 day(s)<br>AL1 Up to 0.67 yrs old<br>MFL 1 / 365 day(s)<br>PREV Preventative                    |
| ENFLONZIA 105 MG/0.7ML SOLN PRSYR          | 2    | QL 0.7 / day(s)<br>AL1 At least 0.67 yrs old<br>MFL 1 / 365 day(s)<br>PREV Preventative                   |
| SYNAGIS 100 MG/ML SOLUTION                 | 4    | <br>S Specialty Drug  |
| SYNAGIS 50 MG/0.5ML SOLUTION               | 4    | <br>S Specialty Drug |
| IMMUNE SERUMS                              |      |   |
| HIZENTRA 1 GM/5ML SOLN PRSYR               | 4    | <br>S Specialty Drug |
| HIZENTRA 1 GM/5ML SOLUTION                 | 4    | <br>S Specialty Drug |
| HIZENTRA 10 GM/50ML SOLN PRSYR             | 4    | <br>S Specialty Drug |
| HIZENTRA 10 GM/50ML SOLUTION               | 4    | <br>S Specialty Drug |
| HIZENTRA 2 GM/10ML SOLN PRSYR              | 4    | <br>S Specialty Drug |

| PRODUCT DESCRIPTION                                 | TIER | LIMITS & RESTRICTIONS  |
|---|------|--|
| HIZENTRA 2 GM/10ML SOLUTION                         | 4    |  Specialty Drug   |
| HIZENTRA 4 GM/20ML SOLN PRSYR                       | 4    |  Specialty Drug   |
| HIZENTRA 4 GM/20ML SOLUTION                         | 4    |  Specialty Drug   |
| PASSIVE IMMUNIZING AGENTS - COMBINATIONS            |      |  |
| HYQVIA 10 GM/100ML KIT                              | 4    |  Specialty Drug   |
| HYQVIA 2.5 GM/25ML KIT                              | 4    |  Specialty Drug   |
| HYQVIA 20 GM/200ML KIT                              | 4    |  Specialty Drug   |
| HYQVIA 30 GM/300ML KIT                              | 4    |  Specialty Drug   |
| HYQVIA 5 GM/50ML KIT                                | 4    |  Specialty Drug |
| PENICILLINS   |      |  |
| AMINOPENICILLINS                                    |      |  |
| AMOXICILLIN 125 MG CHEW TAB                         | 1    |  |
| <i>amoxicillin (trihydrate) for susp 125 mg/5ml</i> | 1    |  |
| <i>amoxicillin (trihydrate) for susp 200 mg/5ml</i> | 1    |  |
| <i>amoxicillin (trihydrate) cap 250 mg</i>          | 1    |  |
| AMOXICILLIN 250 MG CHEW TAB                         | 1    |  |
| <i>amoxicillin (trihydrate) for susp 250 mg/5ml</i> | 1    |  |
| <i>amoxicillin (trihydrate) for susp 400 mg/5ml</i> | 1    |  |
| <i>amoxicillin (trihydrate) cap 500 mg</i>          | 1    |  |
| <i>amoxicillin (trihydrate) tab 500 mg</i>          | 1    |  |
| <i>amoxicillin (trihydrate) tab 875 mg</i>          | 1    |  |


| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>ampicillin cap 500 mg</i>                                    | 1    |                       |
| NATURAL PENICILLINS   |      |                       |
| PENICILLIN V POTASSIUM 125 MG/5ML RECON SOLN                    | 1    |                       |
| <i>penicillin v potassium tab 250 mg</i>                        | 1    |                       |
| PENICILLIN V POTASSIUM 250 MG/5ML RECON SOLN                    | 1    |                       |
| <i>penicillin v potassium tab 500 mg</i>                        | 1    |                       |
| PENICILLIN COMBINATIONS   |      |                       |
| AMOXICILLIN-POT CLAVULANATE 200-28.5 MG CHEW TAB                | 1    |                       |
| <i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i> | 1    |                       |
| <i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>           | 1    |                       |
| <i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i> | 1    |                       |
| AMOXICILLIN-POT CLAVULANATE 400-57 MG CHEW TAB                  | 1    |                       |
| <i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>   | 1    |                       |
| <i>amoxicillin &amp; k clavulanate tab 500-125 mg</i>           | 1    |                       |
| <i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i> | 1    |                       |
| <i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>           | 1    |                       |
| AUGMENTIN 125-31.25 MG/5ML RECON SUSP                           | 3    | AL1 Up to 8 yrs old   |
| PENICILLINASE-RESISTANT PENICILLINS                             |      |                       |
| <i>dicloxacillin sodium cap 250 mg</i>                          | 1    |                       |
| <i>dicloxacillin sodium cap 500 mg</i>                          | 1    |                       |
| PHARMACEUTICAL ADJUVANTS  |      |                       |
| COLORING AGENTS   |      |                       |
| FOOD COLOR BLUE LIQUID  | 3    | AL1 Up to 8 yrs old   |
| EXTERNAL VEHICLES   |      |                       |
| COLLODION FLEXIBLE LIQUID                                       | 3    |                       |
| FOAMIL LIQUID   | 3    |                       |
| RHEOSPRAY LIQUID  | 3    |                       |
| TRICHOSOL SOLUTION  | 3    |                       |

| PRODUCT DESCRIPTION            | TIER | LIMITS & RESTRICTIONS |
|--------------------------------|------|-----------------------|
| MISC. VEHICLES                 |      |                       |
| MULTI-PEPTIDE SERUM LIQUID     | 3    |                       |
| SERAQUA LIQUID                 | 3    |                       |
| SOLYDRA LIQUID                 | 3    |                       |
| ORAL VEHICLES                  |      |                       |
| CHERRY SYRUP                   | 3    | AL1 Up to 8 yrs old   |
| FLAVOR SWEET SYRUP             | 3    | AL1 Up to 8 yrs old   |
| FLAVOR SWEET DYE FREE SYRUP    | 3    | AL1 Up to 8 yrs old   |
| FLAVOR SWEET SF DYE FREE SYRUP | 3    | AL1 Up to 8 yrs old   |
| ORA-BLEND SUSPENSION           | 3    | AL1 Up to 8 yrs old   |
| ORA-BLEND SF SUSPENSION        | 3    | AL1 Up to 8 yrs old   |
| ORA-PLUS LIQUID                | 3    | AL1 Up to 8 yrs old   |
| ORA-SWEET SYRUP                | 3    | AL1 Up to 8 yrs old   |
| ORA-SWEET SF SYRUP             | 3    | AL1 Up to 8 yrs old   |
| PCCA ACACIA SYRUP BASE SYRUP   | 3    | AL1 Up to 8 yrs old   |
| PCCA SWEET-SF SYRUP            | 3    | AL1 Up to 8 yrs old   |
| PCCA SYRUP VEHICLE SYRUP       | 3    | AL1 Up to 8 yrs old   |
| PCCA-PLUS SUSPENSION           | 3    | AL1 Up to 8 yrs old   |
| PURIFIED WATER LIQUID          | 3    |                       |
| SIMPLE SYRUP SYRUP             | 3    | AL1 Up to 8 yrs old   |
| SUSPENSION VEHICLE SUSPENSION  | 3    | AL1 Up to 8 yrs old   |
| SYRPALTA SYRUP                 | 3    | AL1 Up to 8 yrs old   |
| SYRPALTA (RED) SYRUP           | 3    | AL1 Up to 8 yrs old   |
| SYRUP VEHICLE SYRUP            | 3    | AL1 Up to 8 yrs old   |
| SYRUP VEHICLE SF SYRUP         | 3    | AL1 Up to 8 yrs old   |
| VERSAFREE SYRUP                | 3    | AL1 Up to 8 yrs old   |

| PRODUCT DESCRIPTION                  | TIER | LIMITS & RESTRICTIONS |
|--------------------------------------|------|-----------------------|
| VERSAPLUS SYRUP                      | 3    | AL1 Up to 8 yrs old   |
| PARENTERAL VEHICLES                  |      |                       |
| STERILE WATER FOR INJECTION SOLUTION | 1    |                       |
| <i>water for injection</i>           | 1    |                       |
| SEMI SOLID VEHICLES                  |      |                       |
| 1ST BASE CREAM                       | 3    |                       |
| ALPAWASH OINTMENT                    | 3    |                       |
| ALTADERM CREAM                       | 3    |                       |
| ATREVIS HYDROGEL CREAM               | 3    |                       |
| AUXIPRO VANISHING CREAM              | 3    |                       |
| BASE W301 CREAM                      | 3    |                       |
| CHRYSADERM DAY CREAM                 | 3    |                       |
| CHRYSADERM NIGHT CREAM               | 3    |                       |
| CREAM BASE CREAM                     | 3    |                       |
| CREAM BASE WITH LIPOSOME CREAM       | 3    |                       |
| CREAM CONCENTRATE CREAM              | 3    |                       |
| CUTIS PLUS CREAM                     | 3    |                       |
| DURABASE CREAM                       | 3    |                       |
| DURABASE ADVANCED CREAM              | 3    |                       |
| EMOLIVAN CREAM                       | 3    |                       |
| EMOLLIENT BASE CREAM                 | 3    |                       |
| FAGRON LS PLUS CREAM                 | 3    |                       |
| FAGRON SUPREME CREAM                 | 3    |                       |
| FITALITE CREAM                       | 3    |                       |
| KRISGEL 100 GEL                      | 3    |                       |
| LANOLIN ANHYDROUS OINTMENT           | 3    |                       |
| LIOPEN ABSORPTION ENHANCING CREAM    | 3    |                       |
| LIPO CREAM BASE CREAM                | 3    |                       |
| LIPOCREAM BASE CREAM                 | 3    |                       |
| LIPOLAYER CREAM                      | 3    |                       |




| PRODUCT DESCRIPTION                 | TIER | LIMITS & RESTRICTIONS |
|-------------------------------------|------|-----------------------|
| LIOPEN ULTRA BASE CREAM             | 3    |                       |
| LIPOSOMAL HEAVY CREAM               | 3    |                       |
| LIPOSOMAL REGULAR CREAM             | 3    |                       |
| LIPOZYME CREAM                      | 3    |                       |
| MEDIDERM CREAM                      | 3    |                       |
| MULTIBASE CREAM                     | 3    |                       |
| NOURILITE CREAM                     | 3    |                       |
| NOURIVAN ANTIOX BASE CREAM          | 3    |                       |
| OCCLUVAN OINTMENT                   | 3    |                       |
| OMNIBASE CREAM                      | 3    |                       |
| P-SILOXAN DS CREAM                  | 3    |                       |
| PCCA ALADERM BASE CREAM             | 3    |                       |
| PCCA ANHYDROUS LIPODERM BASE CREAM  | 3    |                       |
| PCCA BIOPEPTIDE BASE CREAM          | 3    |                       |
| PCCA COBASE #1 OINTMENT             | 3    |                       |
| PCCA COSMETIC HRT BASE CREAM        | 3    |                       |
| PCCA CUSTOM LIPO-MAX CREAM          | 3    |                       |
| PCCA LIPODERM BASE CREAM            | 3    |                       |
| PCCA LIPOSOMIC BASE DRY CREAM       | 3    |                       |
| PCCA LIPOSOMIC BASE NORMAL CREAM    | 3    |                       |
| PCCA LIPOSOMIC BASE OILY CREAM      | 3    |                       |
| PCCA LIPOSOMIC BASE SENSITIVE CREAM | 3    |                       |
| PCCA MVC BASE CREAM                 | 3    |                       |
| PCCA NATACREAM CREAM                | 3    |                       |
| PCCA POLYPEG BASE OINTMENT          | 3    |                       |
| PCCA PRACASIL TM-PLUS BASE CREAM    | 3    |                       |
| PCCA VANISHING CREAM BASE CREAM     | 3    |                       |
| PCCA VANISHING CREAM LIGHT CREAM    | 3    |                       |
| PCCA VANPEN BASE CREAM              | 3    |                       |
| PEG OINTMENT BASE OINTMENT          | 3    |                       |

| PRODUCT DESCRIPTION                           | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| PENCREAM CREAM                                | 3    |                       |
| PENDERM CREAM                                 | 3    |                       |
| PENSOMAL CREAM                                | 3    |                       |
| PETROLATUM WHITE OINTMENT                     | 3    |                       |
| PHARMABASE HEAVY CREAM                        | 3    |                       |
| PLO GEL - MEDIFLO KIT                         | 3    |                       |
| PLO GEL - MEDIFLO 30 KIT                      | 3    |                       |
| POLYETHYLENE GLYCOL 8000 OINTMENT             | 3    |                       |
| SA3 DERM CREAM                                | 3    |                       |
| SALT DURABLE CREAM CREAM                      | 3    |                       |
| SALT STABLE LS ADVANCED CREAM                 | 3    |                       |
| SALTSTABLE LO CREAM                           | 3    |                       |
| SANARE ADVANCED SCAR THERAPY CREAM            | 3    |                       |
| SANARE SCAR THERAPY CREAM                     | 3    |                       |
| SILPROTEX PLUS CREAM                          | 3    |                       |
| SKYY DERM CREAM                               | 3    |                       |
| TERODERM CREAM                                | 3    |                       |
| TERODERM-PLUS CREAM                           | 3    |                       |
| VANISH-PEN CREAM                              | 3    |                       |
| VANISHING CREAM                               | 3    |                       |
| VANISHING CREAM BOTANICAL BASE CREAM          | 3    |                       |
| VERSAPRO CREAM                                | 3    |                       |
| VERSATILE CREAM BASE CREAM                    | 3    |                       |
| VERSATILE RICH BASE CREAM                     | 3    |                       |
| WHITE PETROLATUM OINTMENT                     | 3    |                       |
| XEMATOP BASE CREAM                            | 3    |                       |
| <b>PROGESTINS</b>                             |      |                       |
| <i>norethindrone acetate tab 5 mg</i>         | 1    |                       |
| <i>medroxyprogesterone acetate tab 10 mg</i>  | 1    |                       |
| <i>medroxyprogesterone acetate tab 2.5 mg</i> | 1    |                       |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS  |
|--|------|--|
| <i>medroxyprogesterone acetate tab 5 mg</i>                    | 1    |  |
| MEGESTROL ACETATE 625 MG/5ML SUSPENSION                        | 1    |  |
| <i>megestrol acetate susp 625 mg/5ml</i>                       | 1    |  |
| <i>norethindrone acetate tab 5 mg</i>                          | 1    |  |
| <i>progesterone cap 100 mg</i>                                 | 1    |  |
| <i>progesterone cap 200 mg</i>                                 | 1    |  |
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.              |      |  |
| ALCOHOL DETERRENTS   |      |  |
| <i>acamprosate calcium tab delayed release 333 mg</i>          | 1    |  |
| <i>disulfiram tab 250 mg</i>                                   | 1    |  |
| <i>disulfiram tab 500 mg</i>                                   | 2    |  |
| ANTIDEMENTIA AGENT COMBINATIONS                                |      |  |
| NAMZARIC 7-10 MG CAP ER 24H                                    | 3    | QL 30 / 30 DAYS<br> |
| BENZODIAZEPINES & TRICYCLIC AGENTS                             |      |  |
| CHLORDIAZEPOXIDE-AMITRIPTYLINE 10-25 MG TAB                    | 1    |  |
| CHLORDIAZEPOXIDE-AMITRIPTYLINE 5-12.5 MG TAB                   | 1    |  |
| CHOLINOMIMETICS - ACHE INHIBITORS                              |      |  |
| <i>donepezil hydrochloride tab 10 mg</i>                       | 1    | QL 30 / 30 DAYS  |
| <i>donepezil hydrochloride orally disintegrating tab 10 mg</i> | 1    | QL 30 / 30 DAYS  |
| <i>donepezil hydrochloride tab 23 mg</i>                       | 1    | QL 30 / 30 DAYS  |
| <i>donepezil hydrochloride tab 5 mg</i>                        | 1    | QL 30 / 30 DAYS  |
| <i>donepezil hydrochloride orally disintegrating tab 5 mg</i>  | 1    | QL 30 / 30 DAYS  |
| <i>galantamine hydrobromide tab 12 mg</i>                      | 1    | QL 60 / 30 DAYS  |
| <i>galantamine hydrobromide tab 4 mg</i>                       | 1    | QL 60 / 30 DAYS  |
| GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION                      | 1    | QL 180 / 30 DAYS   |
| <i>galantamine hydrobromide tab 8 mg</i>                       | 1    | QL 60 / 30 DAYS  |
| <i>galantamine hydrobromide cap er 24hr 16 mg</i>              | 1    | QL 30 / 30 DAYS  |

| PRODUCT DESCRIPTION                                       | TIER | LIMITS & RESTRICTIONS  |
|---|------|------------------------|
| <i>galantamine hydrobromide cap er 24hr 24 mg</i>         | 1    | QL 30 / 30 DAYS        |
| <i>galantamine hydrobromide cap er 24hr 8 mg</i>          | 1    | QL 30 / 30 DAYS        |
| <i>rivastigmine td patch 24hr 13.3 mg/24hr</i>            | 1    | QL 30 / 30 DAYS        |
| <i>rivastigmine td patch 24hr 4.6 mg/24hr</i>             | 1    | QL 30 / 30 DAYS        |
| <i>rivastigmine td patch 24hr 9.5 mg/24hr</i>             | 1    | QL 30 / 30 DAYS        |
| <i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i> | 1    | QL 60 / 30 DAYS        |
| <i>rivastigmine tartrate cap 3 mg (base equivalent)</i>   | 1    | QL 60 / 30 DAYS        |
| <i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i> | 1    | QL 60 / 30 DAYS        |
| <i>rivastigmine tartrate cap 6 mg (base equivalent)</i>   | 1    | QL 60 / 30 DAYS        |
| FIBROMYALGIA AGENT - SNRIS                                |      |                        |
| SAVELLA 100 MG TAB  | 3    | QL 60 / 30 day(s)<br>■ |
| SAVELLA 12.5 MG TAB                                       | 3    | QL 60 / 30 day(s)<br>■ |
| SAVELLA 25 MG TAB   | 3    | QL 60 / 30 day(s)<br>■ |
| SAVELLA 50 MG TAB   | 3    | QL 60 / 30 day(s)<br>■ |
| SAVELLA TITRATION PACK 12.5 & 25 & 50 MG MISC             | 3    | QL 60 / 30 day(s)<br>■ |
| MOVEMENT DISORDER DRUG THERAPY                            |      |                        |
| <i>tetrabenazine tab 12.5 mg</i>                          | 2    | QL 3 / 1 day(s)        |
| <i>tetrabenazine tab 25 mg</i>                            | 2    | QL 3 / 1 day(s)        |
| MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS               |      |                        |
| <i>teriflunomide tab 14 mg</i>                            | 4    | ■<br>S Specialty Drug  |
| <i>teriflunomide tab 7 mg</i>                             | 4    | ■<br>S Specialty Drug  |

| PRODUCT DESCRIPTION                                       | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <b>MULTIPLE SCLEROSIS AGENTS</b>                          |      |                       |
| <i>glatiramer acetate soln prefilled syringe 20 mg/ml</i> | 4    | QL 30 / 30 day(s)     |
| <i>glatiramer acetate soln prefilled syringe 40 mg/ml</i> | 4    | QL 12 / 28 day(s)     |
| <b>MULTIPLE SCLEROSIS AGENTS - ANTIMETABOLITES</b>        |      |                       |
| <i>cladribine tab therapy pack 10 mg (10 tabs)</i>        | 4    | Specialty Drug        |
| <i>cladribine tab therapy pack 10 mg (4 tabs)</i>         | 4    | Specialty Drug        |
| <i>cladribine tab therapy pack 10 mg (5 tabs)</i>         | 4    | Specialty Drug        |
| <i>cladribine tab therapy pack 10 mg (6 tabs)</i>         | 4    | Specialty Drug        |
| <i>cladribine tab therapy pack 10 mg (7 tabs)</i>         | 4    | Specialty Drug        |
| <i>cladribine tab therapy pack 10 mg (8 tabs)</i>         | 4    | Specialty Drug        |
| <i>cladribine tab therapy pack 10 mg (9 tabs)</i>         | 4    | Specialty Drug        |
| <b>MULTIPLE SCLEROSIS AGENTS - INTERFERONS</b>            |      |                       |
| BETASERON 0.3 MG KIT                                      | 4    | Specialty Drug        |
| REBIF 22 MCG/0.5ML SOLN PRSYR                             | 4    | Specialty Drug        |
| REBIF 44 MCG/0.5ML SOLN PRSYR                             | 4    | Specialty Drug        |
| REBIF REBIDOSE 22 MCG/0.5ML SOLN A-INJ                    | 4    | Specialty Drug        |
| REBIF REBIDOSE 44 MCG/0.5ML SOLN A-INJ                    | 4    | Specialty Drug        |

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

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS                                     |
|---|------|---|
| PERPHENAZINE-AMITRIPTYLINE 4-50 MG TAB                      | 1    |   |
| PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS - SSRIS       |      |   |
| FLUOXETINE HCL (PMDD) 10 MG TAB                             | 1    | <p>QL 90 / 30 DAYS</p> <p>VAL Value Preventative List</p> |
| FLUOXETINE HCL (PMDD) 20 MG TAB                             | 1    | <p>QL 90 / 30 DAYS</p> <p>VAL Value Preventative List</p> |
| PSEUDOBULBAR AFFECT AGENT COMBINATIONS                      |      |   |
| NUEDEXTA 20-10 MG CAP                                       | 2    |   |
| ERGOLOID MESYLATES 1 MG TAB                                 | 1    |   |
| <i>pimozide tab 1 mg</i>                                    | 1    | QL 1 / 1 day(s)   |
| <i>pimozide tab 2 mg</i>                                    | 1    | QL 2 / 1 day(s)   |
| SMOKING DETERRENTS  |      |   |
| APO-VARENICLINE 0.5 MG TAB                                  | 2    | <p>QL 60 / 30 day(s)</p> <p>PREV Preventative</p>         |
| APO-VARENICLINE 1 MG TAB                                    | 2    | <p>QL 60 / 30 day(s)</p> <p>PREV Preventative</p>         |
| <i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i> | 1    | <p>QL 3 / 1 day(s)</p> <p>PREV Preventative</p>           |
| CHANTIX 0.5 MG TAB  | 2    | <p>QL 60 / 30 day(s)</p> <p>PREV Preventative</p>         |
| CHANTIX 1 MG TAB  | 2    | <p>QL 60 / 30 day(s)</p> <p>PREV Preventative</p>         |
| CHANTIX CONTINUING MONTH PAK 1 MG TAB                       | 2    | <p>QL 60 / 30 day(s)</p> <p>PREV Preventative</p>         |
| CHANTIX STARTING MONTH PAK 0.5 MG X 11 & 1 MG X 42 TAB THPK | 2    | <p>QL 53 / 0 day(s)</p> <p>MFL 1 / 365 day(s)</p>         |
| <i>nicotine td patch 24hr 14 mg/24hr</i>                    | 1    | PREV Preventative   |
| <i>nicotine polacrilex gum 2 mg</i>                         | 1    | PREV Preventative   |




























| PRODUCT DESCRIPTION                      | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>nicotine polacrilex lozenge 2 mg</i>  | 1    | PREV Preventative     |
| <i>nicotine td patch 24hr 21 mg/24hr</i> | 1    | PREV Preventative     |
| <i>nicotine polacrilex gum 4 mg</i>      | 1    | PREV Preventative     |
| <i>nicotine td patch 24hr 7 mg/24hr</i>  | 1    | PREV Preventative     |
| <i>nicotine polacrilex gum 2 mg</i>      | 1    | PREV Preventative     |
| <i>nicotine polacrilex lozenge 2 mg</i>  | 1    | PREV Preventative     |
| <i>nicotine polacrilex gum 4 mg</i>      | 1    | PREV Preventative     |
| <i>nicotine polacrilex lozenge 4 mg</i>  | 1    | PREV Preventative     |
| <i>nicotine td patch 24hr 14 mg/24hr</i> | 1    | PREV Preventative     |
| <i>nicotine td patch 24hr 21 mg/24hr</i> | 1    | PREV Preventative     |
| <i>nicotine polacrilex gum 4 mg</i>      | 1    | PREV Preventative     |
| <i>nicotine polacrilex lozenge 4 mg</i>  | 1    | PREV Preventative     |
| <i>nicotine polacrilex gum 2 mg</i>      | 1    | PREV Preventative     |
| <i>nicotine polacrilex lozenge 2 mg</i>  | 1    | PREV Preventative     |
| <i>nicotine polacrilex gum 4 mg</i>      | 1    | PREV Preventative     |
| <i>nicotine polacrilex lozenge 4 mg</i>  | 1    | PREV Preventative     |
| <i>nicotine td patch 24hr 7 mg/24hr</i>  | 1    | PREV Preventative     |
| <i>nicotine polacrilex lozenge 2 mg</i>  | 1    | PREV Preventative     |
| <i>nicotine polacrilex lozenge 4 mg</i>  | 1    | PREV Preventative     |
| <i>nicotine td patch 24hr 14 mg/24hr</i> | 1    | PREV Preventative     |
| <i>nicotine polacrilex gum 2 mg</i>      | 1    | PREV Preventative     |
| <i>nicotine polacrilex lozenge 2 mg</i>  | 1    | PREV Preventative     |
| <i>nicotine td patch 24hr 21 mg/24hr</i> | 1    | PREV Preventative     |
| <i>nicotine polacrilex gum 4 mg</i>      | 1    | PREV Preventative     |
| <i>nicotine polacrilex lozenge 4 mg</i>  | 1    | PREV Preventative     |















| PRODUCT DESCRIPTION                      | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>nicotine td patch 24hr 7 mg/24hr</i>  | 1    | PREV Preventative     |
| <i>nicotine polacrilex lozenge 2 mg</i>  | 1    | PREV Preventative     |
| <i>nicotine polacrilex lozenge 4 mg</i>  | 1    | PREV Preventative     |
| <i>nicotine td patch 24hr 14 mg/24hr</i> | 1    | PREV Preventative     |
| <i>nicotine polacrilex gum 2 mg</i>      | 1    | PREV Preventative     |
| <i>nicotine td patch 24hr 21 mg/24hr</i> | 1    | PREV Preventative     |
| <i>nicotine polacrilex gum 4 mg</i>      | 1    | PREV Preventative     |
| <i>nicotine td patch 24hr 7 mg/24hr</i>  | 1    | PREV Preventative     |
| <i>nicotine polacrilex lozenge 2 mg</i>  | 1    | PREV Preventative     |
| <i>nicotine polacrilex lozenge 4 mg</i>  | 1    | PREV Preventative     |
| <i>nicotine polacrilex gum 2 mg</i>      | 1    | PREV Preventative     |
| <i>nicotine polacrilex lozenge 2 mg</i>  | 1    | PREV Preventative     |
| <i>nicotine polacrilex gum 4 mg</i>      | 1    | PREV Preventative     |
| <i>nicotine polacrilex lozenge 4 mg</i>  | 1    | PREV Preventative     |
| <i>nicotine polacrilex gum 2 mg</i>      | 1    | PREV Preventative     |
| <i>nicotine polacrilex lozenge 2 mg</i>  | 1    | PREV Preventative     |
| <i>nicotine polacrilex gum 4 mg</i>      | 1    | PREV Preventative     |
| <i>nicotine polacrilex lozenge 4 mg</i>  | 1    | PREV Preventative     |
| <i>nicotine polacrilex gum 2 mg</i>      | 1    | PREV Preventative     |
| <i>nicotine polacrilex lozenge 2 mg</i>  | 1    | PREV Preventative     |
| <i>nicotine polacrilex gum 4 mg</i>      | 1    | PREV Preventative     |
| <i>nicotine polacrilex lozenge 4 mg</i>  | 1    | PREV Preventative     |
| <i>nicotine polacrilex gum 4 mg</i>      | 1    | PREV Preventative     |
| <i>nicotine td patch 24hr 21 mg/24hr</i> | 1    | PREV Preventative     |
| <i>nicotine td patch 24hr 14 mg/24hr</i> | 1    | PREV Preventative     |
| <i>nicotine td patch 24hr 21 mg/24hr</i> | 1    | PREV Preventative     |
| <i>nicotine td patch 24hr 7 mg/24hr</i>  | 1    | PREV Preventative     |
| <i>nicotine polacrilex gum 2 mg</i>      | 1    | PREV Preventative     |
| <i>nicotine polacrilex lozenge 2 mg</i>  | 1    | PREV Preventative     |










| PRODUCT DESCRIPTION                      | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>nicotine polacrilex gum 4 mg</i>      | 1    | PREV Preventative     |
| <i>nicotine polacrilex lozenge 4 mg</i>  | 1    | PREV Preventative     |
| <i>nicotine polacrilex gum 2 mg</i>      | 1    | PREV Preventative     |
| <i>nicotine polacrilex lozenge 2 mg</i>  | 1    | PREV Preventative     |
| <i>nicotine polacrilex gum 4 mg</i>      | 1    | PREV Preventative     |
| <i>nicotine polacrilex lozenge 4 mg</i>  | 1    | PREV Preventative     |
| <i>nicotine td patch 24hr 14 mg/24hr</i> | 1    | PREV Preventative     |
| <i>nicotine td patch 24hr 21 mg/24hr</i> | 1    | PREV Preventative     |
| <i>nicotine td patch 24hr 7 mg/24hr</i>  | 1    | PREV Preventative     |
| <i>nicotine polacrilex gum 2 mg</i>      | 1    | PREV Preventative     |
| <i>nicotine polacrilex lozenge 2 mg</i>  | 1    | PREV Preventative     |
| NICORETTE 4 MG GUM                       | 1    | PREV Preventative     |
| <i>nicotine polacrilex gum 4 mg</i>      | 1    | PREV Preventative     |
| <i>nicotine polacrilex lozenge 4 mg</i>  | 1    | PREV Preventative     |
| <i>nicotine polacrilex lozenge 2 mg</i>  | 1    | PREV Preventative     |
| NICORETTE MINI 4 MG LOZENGE              | 1    | PREV Preventative     |
| <i>nicotine polacrilex lozenge 4 mg</i>  | 1    | PREV Preventative     |
| NICORETTE STARTER KIT 2 MG GUM           | 1    | PREV Preventative     |
| <i>nicotine polacrilex gum 2 mg</i>      | 1    | PREV Preventative     |
| <i>nicotine polacrilex gum 4 mg</i>      | 1    | PREV Preventative     |
| <i>nicotine td patch 24hr 14 mg/24hr</i> | 1    | PREV Preventative     |
| <i>nicotine td patch 24hr 21 mg/24hr</i> | 1    | PREV Preventative     |
| NICOTINE 21-14-7 MG/24HR KIT             | 1    | PREV Preventative     |
| <i>nicotine td patch 24hr 7 mg/24hr</i>  | 1    | PREV Preventative     |
| <i>nicotine polacrilex lozenge 2 mg</i>  | 1    | PREV Preventative     |

| PRODUCT DESCRIPTION                      | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>nicotine polacrilex lozenge 4 mg</i>  | 1    | PREV Preventative     |
| <i>nicotine polacrilex gum 2 mg</i>      | 1    | PREV Preventative     |
| <i>nicotine polacrilex lozenge 2 mg</i>  | 1    | PREV Preventative     |
| <i>nicotine polacrilex gum 4 mg</i>      | 1    | PREV Preventative     |
| <i>nicotine polacrilex lozenge 4 mg</i>  | 1    | PREV Preventative     |
| <i>nicotine polacrilex lozenge 2 mg</i>  | 1    | PREV Preventative     |
| <i>nicotine td patch 24hr 21 mg/24hr</i> | 1    | PREV Preventative     |
| <i>nicotine td patch 24hr 14 mg/24hr</i> | 1    | PREV Preventative     |
| <i>nicotine td patch 24hr 7 mg/24hr</i>  | 1    | PREV Preventative     |
| NICOTROL 10 MG INHALER                   | 2    | PREV Preventative     |
| NICOTROL NS 10 MG/ML SOLUTION            | 2    | PREV Preventative     |
| <i>nicotine polacrilex gum 2 mg</i>      | 1    | PREV Preventative     |
| <i>nicotine polacrilex lozenge 2 mg</i>  | 1    | PREV Preventative     |
| <i>nicotine polacrilex gum 4 mg</i>      | 1    | PREV Preventative     |
| <i>nicotine polacrilex lozenge 4 mg</i>  | 1    | PREV Preventative     |
| <i>nicotine td patch 24hr 14 mg/24hr</i> | 1    | PREV Preventative     |
| <i>nicotine td patch 24hr 21 mg/24hr</i> | 1    | PREV Preventative     |
| <i>nicotine polacrilex lozenge 2 mg</i>  | 1    | PREV Preventative     |
| <i>nicotine polacrilex lozenge 4 mg</i>  | 1    | PREV Preventative     |
| <i>nicotine td patch 24hr 14 mg/24hr</i> | 1    | PREV Preventative     |
| <i>nicotine polacrilex gum 2 mg</i>      | 1    | PREV Preventative     |
| <i>nicotine td patch 24hr 21 mg/24hr</i> | 1    | PREV Preventative     |
| <i>nicotine polacrilex gum 4 mg</i>      | 1    | PREV Preventative     |
| <i>nicotine polacrilex gum 2 mg</i>      | 1    | PREV Preventative     |
| <i>nicotine polacrilex gum 4 mg</i>      | 1    | PREV Preventative     |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS   |
|--|------|---|
| <i>nicotine polacrilex lozenge 2 mg</i>                                | 1    | PREV Preventative   |
| <i>nicotine polacrilex lozenge 4 mg</i>                                | 1    | PREV Preventative   |
| <i>nicotine td patch 24hr 14 mg/24hr</i>                               | 1    | PREV Preventative   |
| <i>nicotine polacrilex lozenge 2 mg</i>                                | 1    | PREV Preventative   |
| <i>nicotine td patch 24hr 21 mg/24hr</i>                               | 1    | PREV Preventative   |
| <i>nicotine polacrilex gum 4 mg</i>                                    | 1    | PREV Preventative   |
| <i>nicotine td patch 24hr 7 mg/24hr</i>                                | 1    | PREV Preventative   |
| <i>nicotine polacrilex gum 2 mg</i>                                    | 1    | PREV Preventative   |
| <i>nicotine polacrilex lozenge 2 mg</i>                                | 1    | PREV Preventative   |
| <i>nicotine polacrilex gum 4 mg</i>                                    | 1    | PREV Preventative   |
| <i>nicotine polacrilex lozenge 4 mg</i>                                | 1    | PREV Preventative   |
| <i>nicotine polacrilex gum 2 mg</i>                                    | 1    | PREV Preventative   |
| <i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i> | 2    | QL 53 / 0 day(s)  |
|  |      | MFL 1 / 365 day(s)  |
|  |      | PREV Preventative   |
| <i>varenicline tartrate tab 0.5 mg (base equiv)</i>                    | 2    | QL 60 / 30 day(s)   |
|  |      | PREV Preventative   |
| <i>varenicline tartrate tab 1 mg (base equiv)</i>                      | 2    | QL 60 / 30 day(s)   |
|  |      | PREV Preventative   |
| <i>varenicline tartrate tab 1 mg (base equiv)</i>                      | 2    | QL 60 / 30 day(s)   |
|  |      | PREV Preventative   |
| SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS                      |      |   |
| <i>ingolimod hcl cap 0.5 mg (base equiv)</i>                           | 1    | QL 1 / 1 day(s)   |
| GILENYA 0.25 MG CAP  | 4    | <br>S Specialty Drug |
| MAYZENT 0.25 MG TAB  | 4    | <br>S Specialty Drug |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS   |
|---|------|---|
| MAYZENT 1 MG TAB  | 4    | <br> Specialty Drug     |
| MAYZENT 2 MG TAB  | 4    | <br> Specialty Drug     |
| MAYZENT STARTER PACK 12 X 0.25 MG TAB THPK                  | 4    | <br> Specialty Drug     |
| MAYZENT STARTER PACK 7 X 0.25 MG TAB THPK                   | 4    | <br> Specialty Drug     |
| PONVORY 20 MG TAB   | 4    | <br> Specialty Drug     |
| PONVORY STARTER PACK 2-3-4-5-6-7-8-9 & 10 MG TAB THPK       | 4    | <br> Specialty Drug     |
| ZEPOSIA 0.92 MG CAP   | 4    | <br> Specialty Drug     |
| ZEPOSIA 7-DAY STARTER PACK 4 X 0.23MG & 3 X 0.46MG CAP THPK | 4    | <br> Specialty Drug  |
| ZEPOSIA STARTER KIT 0.23MG & 0.46MG & 0.92MG CAP THPK       | 4    | <br> Specialty Drug |
| ZEPOSIA STARTER KIT 0.23MG & 0.46MG 0.92MG(21) CAP THPK     | 4    | <br> Specialty Drug |
| VASOMOTOR SYMPTOM AGENTS - SSRIS                            |      |   |
| <i>paroxetine mesylate cap 7.5 mg (base equiv)</i>          | 1    |  30 / 30 DAYS  |
| RESPIRATORY AGENTS - MISC.                                  |      |   |
| CFTR POTENTIATORS   |      |   |
| KALYDECO 13.4 MG PACKET                                     | 4    | <br> Specialty Drug |
| KALYDECO 150 MG TAB   | 4    | <br> Specialty Drug |
| KALYDECO 25 MG PACKET                                       | 4    | <br> Specialty Drug |

| PRODUCT DESCRIPTION                   | TIER | LIMITS & RESTRICTIONS   |
|---------------------------------------|------|---|
| KALYDECO 5.8 MG PACKET                | 4    | <br>S Specialty Drug   |
| KALYDECO 50 MG PACKET                 | 4    | <br>S Specialty Drug   |
| KALYDECO 75 MG PACKET                 | 4    | <br>S Specialty Drug   |
| CYSTIC FIBROSIS AGENT - COMBINATIONS  |      |   |
| ORKAMBI 100-125 MG PACKET             | 4    | <br>S Specialty Drug   |
| ORKAMBI 100-125 MG TAB                | 4    | <br>S Specialty Drug   |
| ORKAMBI 150-188 MG PACKET             | 4    | <br>S Specialty Drug   |
| ORKAMBI 200-125 MG TAB                | 4    | <br>S Specialty Drug   |
| ORKAMBI 75-94 MG PACKET               | 4    | <br>S Specialty Drug |
| SYMDEKO 100-150 & 150 MG TAB THPK     | 4    | <br>S Specialty Drug |
| SYMDEKO 50-75 & 75 MG TAB THPK        | 4    | <br>S Specialty Drug |
| TRIKAFTA 100-50-75 & 150 MG TAB THPK  | 4    | <br>S Specialty Drug |
| TRIKAFTA 100-50-75 & 75 MG THER PACK  | 4    | <br>S Specialty Drug |
| TRIKAFTA 50-25-37.5 & 75 MG TAB THPK  | 4    | <br>S Specialty Drug |
| TRIKAFTA 80-40-60 & 59.5 MG THER PACK | 4    | <br>S Specialty Drug |

| PRODUCT DESCRIPTION                                   | TIER | LIMITS & RESTRICTIONS   |
|---|------|---|
| <b>HYDROLYTIC ENZYMES</b>                             |      |   |
| PULMOZYME 2.5 MG/2.5ML SOLUTION                       | 4    | <br> Specialty Drug |
| <b>PULMONARY FIBROSIS AGENTS</b>                      |      |   |
| <i>pirfenidone cap 267 mg</i>                         | 2    |   |
| <i>pirfenidone tab 267 mg</i>                         | 2    |   |
| <i>pirfenidone tab 801 mg</i>                         | 2    |   |
| <b>PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS</b>  |      |   |
| OFEV 100 MG CAP                                       | 4    | <br> Specialty Drug |
| OFEV 150 MG CAP                                       | 4    | <br> Specialty Drug |
| <b>SULFONAMIDES</b>                                   |      |   |
| <i>sulfadiazine tab 500 mg</i>                        | 1    |   |
| <b>TETRACYCLINES</b>                                  |      |   |
| <i>doxycycline monohydrate tab 100 mg</i>             | 1    |   |
| <i>minocycline hcl tab er 24hr 135 mg</i>             | 2    |  30 / 30 DAYS  |
| <i>minocycline hcl tab er 24hr 45 mg</i>              | 2    |  30 / 30 DAYS  |
| <i>minocycline hcl tab er 24hr 90 mg</i>              | 2    |  30 / 30 DAYS  |
| <i>demeclocycline hcl tab 150 mg</i>                  | 1    |   |
| <i>demeclocycline hcl tab 300 mg</i>                  | 1    |   |
| <i>doxycycline hyclate cap 100 mg</i>                 | 1    |   |
| <i>doxycycline hyclate tab 100 mg</i>                 | 1    |   |
| <i>doxycycline hyclate tab delayed release 100 mg</i> | 2    |   |
| <i>doxycycline hyclate tab delayed release 150 mg</i> | 2    |   |
| <i>doxycycline hyclate tab 20 mg</i>                  | 1    |   |
| <i>doxycycline hyclate cap 50 mg</i>                  | 1    |   |
| <i>doxycycline hyclate tab delayed release 50 mg</i>  | 2    |   |
| <i>doxycycline hyclate tab delayed release 75 mg</i>  | 2    |   |

| PRODUCT DESCRIPTION                               | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>doxycycline monohydrate cap 100 mg</i>         | 1    |                       |
| <i>doxycycline monohydrate tab 100 mg</i>         | 1    |                       |
| <i>doxycycline monohydrate tab 150 mg</i>         | 1    |                       |
| <i>doxycycline monohydrate for susp 25 mg/5ml</i> | 1    | AL1 Up to 8 yrs old   |
| <i>doxycycline monohydrate cap 50 mg</i>          | 1    |                       |
| <i>doxycycline monohydrate tab 50 mg</i>          | 1    |                       |
| <i>doxycycline monohydrate tab 75 mg</i>          | 1    |                       |
| <i>doxycycline hyclate tab 100 mg</i>             | 1    |                       |
| <i>minocycline hcl cap 100 mg</i>                 | 1    |                       |
| <i>minocycline hcl tab 100 mg</i>                 | 1    |                       |
| <i>minocycline hcl cap 50 mg</i>                  | 1    |                       |
| <i>minocycline hcl tab 50 mg</i>                  | 1    |                       |
| <i>minocycline hcl cap 75 mg</i>                  | 1    |                       |
| <i>minocycline hcl tab er 24hr 105 mg</i>         | 2    |                       |
| <i>minocycline hcl tab er 24hr 115 mg</i>         | 2    | QL 30 / 30 DAYS       |
| <i>minocycline hcl tab er 24hr 135 mg</i>         | 2    | QL 30 / 30 DAYS       |
| MINOCYCLINE HCL ER 135 MG TAB ER 24H              | 2    | QL 30 / 30 day(s)     |
| <i>minocycline hcl tab er 24hr 45 mg</i>          | 2    | QL 30 / 30 DAYS       |
| MINOCYCLINE HCL ER 45 MG TAB ER 24H               | 2    | QL 30 / 30 day(s)     |
| <i>minocycline hcl tab er 24hr 55 mg</i>          | 2    | QL 30 / 30 DAYS       |
| <i>minocycline hcl tab er 24hr 65 mg</i>          | 2    | QL 30 / 30 DAYS       |
| <i>minocycline hcl tab er 24hr 80 mg</i>          | 2    |                       |
| <i>minocycline hcl tab er 24hr 90 mg</i>          | 2    | QL 30 / 30 DAYS       |
| MINOCYCLINE HCL ER 90 MG TAB ER 24H               | 2    | QL 30 / 30 day(s)     |
| <i>doxycycline monohydrate cap 100 mg</i>         | 1    |                       |
| <i>tetracycline hcl cap 250 mg</i>                | 1    |                       |
| <i>tetracycline hcl cap 500 mg</i>                | 1    |                       |

| PRODUCT DESCRIPTION                     | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| THYROID AGENTS                          |      |                       |
| ANTITHYROID AGENTS                      |      |                       |
| <i>methimazole tab 10 mg</i>            | 1    |                       |
| <i>methimazole tab 5 mg</i>             | 1    |                       |
| <i>propylthiouracil tab 50 mg</i>       | 1    |                       |
| THYROID HORMONES                        |      |                       |
| ARMOUR THYROID 120 MG TAB               | 2    |                       |
| ARMOUR THYROID 15 MG TAB                | 2    |                       |
| ARMOUR THYROID 180 MG TAB               | 2    |                       |
| ARMOUR THYROID 240 MG TAB               | 2    |                       |
| ARMOUR THYROID 30 MG TAB                | 2    |                       |
| ARMOUR THYROID 300 MG TAB               | 2    |                       |
| ARMOUR THYROID 60 MG TAB                | 2    |                       |
| ARMOUR THYROID 90 MG TAB                | 2    |                       |
| <i>levothyroxine sodium tab 100 mcg</i> | 1    |                       |
| <i>levothyroxine sodium tab 112 mcg</i> | 1    |                       |
| <i>levothyroxine sodium tab 125 mcg</i> | 1    |                       |
| <i>levothyroxine sodium tab 137 mcg</i> | 1    |                       |
| <i>levothyroxine sodium tab 150 mcg</i> | 1    |                       |
| <i>levothyroxine sodium tab 175 mcg</i> | 1    |                       |
| <i>levothyroxine sodium tab 200 mcg</i> | 1    |                       |
| <i>levothyroxine sodium tab 25 mcg</i>  | 1    |                       |
| <i>levothyroxine sodium tab 50 mcg</i>  | 1    |                       |
| <i>levothyroxine sodium tab 75 mcg</i>  | 1    |                       |
| <i>levothyroxine sodium tab 88 mcg</i>  | 1    |                       |
| EVEXITHROID 120 MG TAB                  | 2    |                       |
| EVEXITHROID 15 MG TAB                   | 2    |                       |
| EVEXITHROID 180 MG TAB                  | 2    |                       |
| EVEXITHROID 30 MG TAB                   | 2    |                       |
| EVEXITHROID 45 MG TAB                   | 2    |                       |

| PRODUCT DESCRIPTION                     | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| EVEXITHROID 60 MG TAB                   | 2    |                       |
| EVEXITHROID 75 MG TAB                   | 2    |                       |
| EVEXITHROID 90 MG TAB                   | 2    |                       |
| <i>levothyroxine sodium tab 100 mcg</i> | 1    |                       |
| <i>levothyroxine sodium tab 112 mcg</i> | 1    |                       |
| <i>levothyroxine sodium tab 125 mcg</i> | 1    |                       |
| <i>levothyroxine sodium tab 137 mcg</i> | 1    |                       |
| <i>levothyroxine sodium tab 150 mcg</i> | 1    |                       |
| <i>levothyroxine sodium tab 175 mcg</i> | 1    |                       |
| <i>levothyroxine sodium tab 200 mcg</i> | 1    |                       |
| <i>levothyroxine sodium tab 25 mcg</i>  | 1    |                       |
| <i>levothyroxine sodium tab 300 mcg</i> | 1    |                       |
| <i>levothyroxine sodium tab 50 mcg</i>  | 1    |                       |
| <i>levothyroxine sodium tab 75 mcg</i>  | 1    |                       |
| <i>levothyroxine sodium tab 88 mcg</i>  | 1    |                       |
| LEVOTHYROXINE SODIUM 100 MCG CAP        | 2    |                       |
| <i>levothyroxine sodium tab 100 mcg</i> | 1    |                       |
| LEVOTHYROXINE SODIUM 112 MCG CAP        | 2    |                       |
| <i>levothyroxine sodium tab 112 mcg</i> | 1    |                       |
| LEVOTHYROXINE SODIUM 125 MCG CAP        | 2    |                       |
| <i>levothyroxine sodium tab 125 mcg</i> | 1    |                       |
| LEVOTHYROXINE SODIUM 13 MCG CAP         | 2    |                       |
| LEVOTHYROXINE SODIUM 137 MCG CAP        | 2    |                       |
| <i>levothyroxine sodium tab 137 mcg</i> | 1    |                       |
| LEVOTHYROXINE SODIUM 150 MCG CAP        | 2    |                       |
| <i>levothyroxine sodium tab 150 mcg</i> | 1    |                       |
| LEVOTHYROXINE SODIUM 175 MCG CAP        | 2    |                       |
| <i>levothyroxine sodium tab 175 mcg</i> | 1    |                       |
| LEVOTHYROXINE SODIUM 200 MCG CAP        | 2    |                       |
| <i>levothyroxine sodium tab 200 mcg</i> | 1    |                       |

| PRODUCT DESCRIPTION                     | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| LEVOTHYROXINE SODIUM 25 MCG CAP         | 2    |                       |
| <i>levothyroxine sodium tab 25 mcg</i>  | 1    |                       |
| <i>levothyroxine sodium tab 300 mcg</i> | 1    |                       |
| LEVOTHYROXINE SODIUM 50 MCG CAP         | 2    |                       |
| <i>levothyroxine sodium tab 50 mcg</i>  | 1    |                       |
| LEVOTHYROXINE SODIUM 75 MCG CAP         | 2    |                       |
| <i>levothyroxine sodium tab 75 mcg</i>  | 1    |                       |
| LEVOTHYROXINE SODIUM 88 MCG CAP         | 2    |                       |
| <i>levothyroxine sodium tab 88 mcg</i>  | 1    |                       |
| <i>levothyroxine sodium tab 100 mcg</i> | 1    |                       |
| <i>levothyroxine sodium tab 112 mcg</i> | 1    |                       |
| <i>levothyroxine sodium tab 125 mcg</i> | 1    |                       |
| <i>levothyroxine sodium tab 137 mcg</i> | 1    |                       |
| <i>levothyroxine sodium tab 150 mcg</i> | 1    |                       |
| <i>levothyroxine sodium tab 175 mcg</i> | 1    |                       |
| <i>levothyroxine sodium tab 200 mcg</i> | 1    |                       |
| <i>levothyroxine sodium tab 25 mcg</i>  | 1    |                       |
| <i>levothyroxine sodium tab 50 mcg</i>  | 1    |                       |
| <i>levothyroxine sodium tab 75 mcg</i>  | 1    |                       |
| <i>levothyroxine sodium tab 88 mcg</i>  | 1    |                       |
| <i>liothyronine sodium tab 25 mcg</i>   | 1    |                       |
| <i>liothyronine sodium tab 5 mcg</i>    | 1    |                       |
| <i>liothyronine sodium tab 50 mcg</i>   | 1    |                       |
| <i>liothyronine sodium tab 25 mcg</i>   | 1    |                       |
| <i>liothyronine sodium tab 5 mcg</i>    | 1    |                       |
| <i>liothyronine sodium tab 50 mcg</i>   | 1    |                       |
| NIVA THYROID 120 MG TAB                 | 1    |                       |
| NIVA THYROID 15 MG TAB                  | 1    |                       |
| NIVA THYROID 30 MG TAB                  | 1    |                       |
| NIVA THYROID 60 MG TAB                  | 1    |                       |

| PRODUCT DESCRIPTION    | TIER | LIMITS & RESTRICTIONS |
|------------------------|------|-----------------------|
| NIVA THYROID 90 MG TAB | 1    |                       |
| NP THYROID 120 MG TAB  | 1    |                       |
| NP THYROID 15 MG TAB   | 1    |                       |
| NP THYROID 30 MG TAB   | 1    |                       |
| NP THYROID 60 MG TAB   | 1    |                       |
| NP THYROID 90 MG TAB   | 1    |                       |
| RENTHYROID 120 MG TAB  | 1    |                       |
| RENTHYROID 15 MG TAB   | 1    |                       |
| RENTHYROID 30 MG TAB   | 1    |                       |
| RENTHYROID 45 MG TAB   | 2    |                       |
| RENTHYROID 60 MG TAB   | 1    |                       |
| RENTHYROID 75 MG TAB   | 2    |                       |
| RENTHYROID 90 MG TAB   | 1    |                       |
| SYNTHROID 100 MCG TAB  | 2    |                       |
| SYNTHROID 112 MCG TAB  | 2    |                       |
| SYNTHROID 125 MCG TAB  | 2    |                       |
| SYNTHROID 137 MCG TAB  | 2    |                       |
| SYNTHROID 150 MCG TAB  | 2    |                       |
| SYNTHROID 175 MCG TAB  | 2    |                       |
| SYNTHROID 200 MCG TAB  | 2    |                       |
| SYNTHROID 25 MCG TAB   | 2    |                       |
| SYNTHROID 300 MCG TAB  | 2    |                       |
| SYNTHROID 50 MCG TAB   | 2    |                       |
| SYNTHROID 75 MCG TAB   | 2    |                       |
| SYNTHROID 88 MCG TAB   | 2    |                       |
| THYROID 120 MG TAB     | 1    |                       |
| THYROID 15 MG TAB      | 1    |                       |
| THYROID 30 MG TAB      | 1    |                       |
| THYROID 60 MG TAB      | 1    |                       |
| THYROID 90 MG TAB      | 1    |                       |

| PRODUCT DESCRIPTION                                     | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>levothyroxine sodium tab 100 mcg</i>                 | 1    |                       |
| <i>levothyroxine sodium tab 112 mcg</i>                 | 1    |                       |
| <i>levothyroxine sodium tab 125 mcg</i>                 | 1    |                       |
| <i>levothyroxine sodium tab 137 mcg</i>                 | 1    |                       |
| <i>levothyroxine sodium tab 150 mcg</i>                 | 1    |                       |
| <i>levothyroxine sodium tab 175 mcg</i>                 | 1    |                       |
| <i>levothyroxine sodium tab 200 mcg</i>                 | 1    |                       |
| <i>levothyroxine sodium tab 25 mcg</i>                  | 1    |                       |
| <i>levothyroxine sodium tab 300 mcg</i>                 | 1    |                       |
| <i>levothyroxine sodium tab 50 mcg</i>                  | 1    |                       |
| <i>levothyroxine sodium tab 75 mcg</i>                  | 1    |                       |
| <i>levothyroxine sodium tab 88 mcg</i>                  | 1    |                       |
| TOXOIDS   |      |                       |
| TOXOID COMBINATIONS                                     |      |                       |
| ADACEL 5-2-15.5 LF-MCG/0.5 SUSP PRSYR                   | 2    | PREV Preventative     |
| ADACEL 5-2-15.5 LF-MCG/0.5 SUSPENSION                   | 2    | PREV Preventative     |
| BOOSTRIX 5-2.5-18.5 LF-MCG/0.5 SUSP PRSYR               | 2    | PREV Preventative     |
| BOOSTRIX 5-2.5-18.5 LF-MCG/0.5 SUSPENSION               | 2    | PREV Preventative     |
| DAPTACEL 23-15-5 SUSPENSION                             | 2    | PREV Preventative     |
| DIPHTHERIA-TETANUS TOXOIDS DT 25-5 LFU/0.5ML SUSPENSION | 2    | PREV Preventative     |
| INFANRIX 25-58-10 SUSPENSION                            | 2    | PREV Preventative     |
| KINRIX 0.5 ML SUSP PRSYR                                | 2    | PREV Preventative     |
| PEDIARIX SUSP PRSYR                                     | 2    | PREV Preventative     |
| PENTACEL RECON SUSP                                     | 2    | PREV Preventative     |
| QUADRACEL SUSPENSION                                    | 2    | PREV Preventative     |
| QUADRACEL 0.5 ML SUSP PRSYR                             | 2    | PREV Preventative     |
| TDVAX 2-2 LF/0.5ML SUSPENSION                           | 2    | PREV Preventative     |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| TENIVAC 5-2 LF/0.5ML SUSPENSION                            | 2    | PREV Preventative     |
| TETANUS-DIPHTHERIA TOXOIDS TD 2-2 LF/0.5ML SUSPENSION      | 2    | PREV Preventative     |
| VAXELIS SUSP PRSYR   | 2    | PREV Preventative     |
| VAXELIS SUSPENSION   | 2    | PREV Preventative     |
| ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS                |      |                       |
| ANTICHOLINERGIC COMBINATIONS                               |      |                       |
| BELLADONNA ALKALOIDS-OPIUM 16.2-30 MG SUPPOS               | 1    |                       |
| BELLADONNA ALKALOIDS-OPIUM 16.2-60 MG SUPPOS               | 1    |                       |
| <i>chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg</i> | 1    |                       |
| CHLORDIAZEPOXIDE-CLIDINIUM 5-2.5 MG CAP                    | 1    |                       |
| ANTISPASMODICS   |      |                       |
| <i>dicyclomine hcl cap 10 mg</i>                           | 1    |                       |
| <i>dicyclomine hcl oral soln 10 mg/5ml</i>                 | 1    | AL1 Up to 8 yrs old   |
| <i>dicyclomine hcl inj 10 mg/ml</i>                        | 1    |                       |
| <i>dicyclomine hcl tab 20 mg</i>                           | 1    |                       |
| BELLADONNA ALKALOIDS                                       |      |                       |
| HYOSCYAMINE SULFATE 0.125 MG SL TAB                        | 1    |                       |
| <i>hyoscyamine sulfate sl tab 0.125 mg</i>                 | 1    |                       |
| HYOSCYAMINE SULFATE 0.125 MG TAB                           | 1    |                       |
| <i>hyoscyamine sulfate tab 0.125 mg</i>                    | 1    |                       |
| HYOSCYAMINE SULFATE 0.125 MG TAB DISP                      | 1    |                       |
| <i>hyoscyamine sulfate tab disint 0.125 mg</i>             | 1    |                       |
| HYOSCYAMINE SULFATE 0.125 MG/5ML ELIXIR                    | 1    | AL1 Up to 8 yrs old   |
| <i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>             | 1    | AL1 Up to 8 yrs old   |
| <i>hyoscyamine sulfate tab er 12hr 0.375 mg</i>            | 1    |                       |
| HYOSCYAMINE SULFATE ER 0.375 MG TAB ER 12H                 | 1    |                       |
| HYOSCYAMINE SULFATE SL 0.125 MG SL TAB                     | 1    |                       |
| OSCIMIN 0.125 MG SL TAB                                    | 1    |                       |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS                     |
|---|------|---|
| OSCIMIN 0.125 MG TAB  | 1    |   |
| H-2 ANTAGONISTS   |      |   |
| <i>cimetidine tab 200 mg</i>  | 1    |   |
| <i>cimetidine tab 300 mg</i>  | 1    |   |
| <i>cimetidine tab 400 mg</i>  | 1    |   |
| <i>cimetidine tab 800 mg</i>  | 1    |   |
| CIMETIDINE HCL 300 MG/5ML SOLUTION                                  | 1    | AL1 Up to 8 yrs old                       |
| <i>cimetidine hcl soln 300 mg/5ml</i>                               | 1    | AL1 Up to 8 yrs old                       |
| <i>famotidine tab 20 mg</i>   | 1    |   |
| <i>famotidine tab 40 mg</i>   | 1    |   |
| <i>famotidine for susp 40 mg/5ml</i>                                | 1    |   |
| MISC. ANTI-ULCER  |      |   |
| <i>sucralfate tab 1 gm</i>  | 1    |   |
| <i>sucralfate susp 1 gm/10ml</i>                                    | 2    | AL1 Up to 12 yrs old                      |
| PROTON PUMP INHIBITOR-ANTACID COMBINATIONS                          |      |   |
| KONVOMEF 2-84 MG/ML RECON SUSP                                      | 3    | QL 300 / 30 day(s)<br>AL1 Up to 8 yrs old |
| <i>omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg</i>  | 2    | QL 30 / 30 DAYS<br>AL1 Up to 8 yrs old    |
| <i>omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg</i>  | 1    | QL 30 / 30 DAYS<br>AL1 Up to 8 yrs old    |
| PROTON PUMP INHIBITORS  |      |   |
| <i>dexlansoprazole cap delayed release 30 mg</i>                    | 2    | QL 1 / 1 day(s)<br>ST                     |
| <i>dexlansoprazole cap delayed release 60 mg</i>                    | 2    | QL 30 / 30 day(s)<br>ST                   |
| <i>esomeprazole magnesium for delayed release susp packet 10 mg</i> | 2    | AL1 Up to 8 yrs old                       |
| <i>esomeprazole magnesium for delayed release susp pack 2.5 mg</i>  | 2    | AL1 Up to 8 yrs old                       |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS                    |
|---|------|--|
| <i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>   | 1    | QL 60 / 30 DAYS                          |
| <i>esomeprazole magnesium for delayed release susp packet 20 mg</i> | 2    | AL1 Up to 8 yrs old                      |
| <i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>   | 1    | QL 60 / 30 DAYS                          |
| <i>esomeprazole magnesium for delayed release susp packet 40 mg</i> | 2    | AL1 Up to 8 yrs old                      |
| <i>esomeprazole magnesium for delayed release susp packet 5 mg</i>  | 2    | AL1 Up to 8 yrs old                      |
| FIRST-LANSOPRAZOLE 3 MG/ML SUSPENSION                               | 1    | QL 10 / 1 day(s)<br>AL1 Up to 8 yrs old  |
| FIRST-OMEPRAZOLE 2 MG/ML SUSPENSION                                 | 1    | QL 10 / 1 day(s)<br>AL1 Up to 8 yrs old  |
| <i>lansoprazole cap delayed release 15 mg</i>                       | 1    | QL 60 / 30 DAYS                          |
| <i>lansoprazole tab delayed release orally disintegrating 15 mg</i> | 2    | QL 60 / 30 day(s)<br>AL1 Up to 8 yrs old |
| <i>lansoprazole cap delayed release 30 mg</i>                       | 1    | QL 60 / 30 DAYS                          |
| <i>lansoprazole tab delayed release orally disintegrating 30 mg</i> | 2    | QL 60 / 30 day(s)<br>AL1 Up to 8 yrs old |
| <i>omeprazole cap delayed release 10 mg</i>                         | 1    | QL 60 / 30 DAYS                          |
| <i>omeprazole cap delayed release 20 mg</i>                         | 1    | QL 60 / 30 DAYS                          |
| <i>omeprazole cap delayed release 40 mg</i>                         | 1    | QL 60 / 30 DAYS                          |
| OMEPRAZOLE+SYRSPEND SF ALKA 2 MG/ML SUSPENSION                      | 1    | QL 10 / 1 day(s)<br>AL1 Up to 8 yrs old  |
| <i>pantoprazole sodium ec tab 20 mg (base equiv)</i>                | 1    | QL 60 / 30 DAYS                          |
| <i>pantoprazole sodium ec tab 40 mg (base equiv)</i>                | 1    | QL 60 / 30 DAYS                          |
| PRILOSEC 10 MG PACKET   | 3    | AL1 Up to 8 yrs old                      |
| PRILOSEC 2.5 MG PACKET  | 3    | AL1 Up to 8 yrs old                      |
| <i>rabeprazole sodium ec tab 20 mg</i>                              | 1    | QL 60 / 30 DAYS                          |

| PRODUCT DESCRIPTION   | TIER | LIMITS & RESTRICTIONS                  |
|---|------|--|
| <b>QUATERNARY ANTICHOLINERGICS</b>                              |      |  |
| <i>glycopyrrolate inj 0.2 mg/ml</i>                             | 1    |  |
| GLYCOPYRROLATE +RFID 0.6 MG/3ML SOLN PRSYR                      | 1    |  |
| <i>glycopyrrolate inj 0.2 mg/ml</i>                             | 1    |  |
| <i>glycopyrrolate inj 0.4 mg/2ml (0.2 mg/ml)</i>                | 1    |  |
| GLYCOPYRROLATE 0.6 MG/3ML SOLN PRSYR                            | 1    |  |
| <i>glycopyrrolate tab 1 mg</i>                                  | 1    |  |
| GLYCOPYRROLATE 1 MG/5ML SOLN PRSYR                              | 1    |  |
| <i>glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)</i>                  | 1    |  |
| <i>glycopyrrolate oral soln 1 mg/5ml</i>                        | 1    |  |
| <i>glycopyrrolate tab 2 mg</i>                                  | 1    |  |
| <i>glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)</i>                 | 1    |  |
| <i>methscopolamine bromide tab 2.5 mg</i>                       | 1    |  |
| <i>methscopolamine bromide tab 5 mg</i>                         | 1    |  |
| <b>ULCER ANTI-INFECTIVE W/ PROTON PUMP INHIBITORS</b>           |      |  |
| OMECLAMOX-PAK 500-500-20 MG MISC                                | 3    |  |
| <b>ULCER DRUGS - PROSTAGLANDINS</b>                             |      |  |
| <i>misoprostol tab 100 mcg</i>                                  | 1    |  |
| <i>misoprostol tab 200 mcg</i>                                  | 1    |  |
| <b>URINARY ANTISPASMODICS</b>                                   |      |  |
| <b>URINARY ANTISPASMODIC - ANTIMUSCARINIC (ANTICHOLINERGIC)</b> |      |  |
| <i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>  | 1    | QL 30 / 30 DAYS                        |
| <i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i> | 1    |  |
| <i>fesoterodine fumarate tab er 24hr 4 mg</i>                   | 1    | QL 30 / 30 day(s)                      |
| <i>fesoterodine fumarate tab er 24hr 8 mg</i>                   | 1    | QL 30 / 30 day(s)                      |
| GELNIQUE 10 % GEL   | 3    | QL 30 / 30 DAYS                        |
| OXYBUTYNIN CHLORIDE 2.5 MG TAB                                  | 2    | QL 1 / 1 day(s)<br>AL1 0 to 18 yrs old |
| <i>oxybutynin chloride tab 5 mg</i>                             | 1    | QL 120 / 30 DAYS                       |

| PRODUCT DESCRIPTION                                 | TIER | LIMITS & RESTRICTIONS                         |
|---|------|---|
| <i>oxybutynin chloride solution 5 mg/5ml</i>        | 1    | QL 20 mL / 1 day(s)                           |
| <i>oxybutynin chloride tab er 24hr 10 mg</i>        | 1    |   |
| <i>oxybutynin chloride tab er 24hr 15 mg</i>        | 1    |   |
| <i>oxybutynin chloride tab er 24hr 5 mg</i>         | 1    |   |
| OXYTROL 3.9 MG/24HR PATCH TW                        | 3    | QL 8 / 28 DAYS                                |
| <i>solifenacin succinate tab 10 mg</i>              | 2    | QL 30 / 30 DAYS                               |
| <i>solifenacin succinate tab 5 mg</i>               | 2    | QL 30 / 30 DAYS                               |
| <i>tolterodine tartrate tab 1 mg</i>                | 1    | QL 60 / 30 DAYS                               |
| <i>tolterodine tartrate tab 2 mg</i>                | 1    | QL 60 / 30 DAYS                               |
| <i>tolterodine tartrate cap er 24hr 2 mg</i>        | 1    | QL 30 / 30 DAYS                               |
| <i>tolterodine tartrate cap er 24hr 4 mg</i>        | 1    | QL 30 / 30 DAYS                               |
| <i>trospium chloride tab 20 mg</i>                  | 1    | QL 60 / 30 DAYS                               |
| <i>trospium chloride cap er 24hr 60 mg</i>          | 1    |   |
| VESICARE LS 5 MG/5ML SUSPENSION                     | 3    | AL1 Up to 8 yrs old                           |
| URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS |      |   |
| <i>mirabegron tab er 24 hr 25 mg</i>                | 2    | QL 30 / 30 day(s)<br>ST                       |
| <i>mirabegron tab er 24 hr 50 mg</i>                | 2    | QL 30 / 30 day(s)<br>ST                       |
| MYRBETRIQ 8 MG/ML SRER                              | 3    | QL 10 / 1 day(s)<br>ST<br>AL1 Up to 8 yrs old |
| URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS       |      |   |
| <i>bethanechol chloride tab 10 mg</i>               | 1    |   |
| <i>bethanechol chloride tab 25 mg</i>               | 1    |   |
| <i>bethanechol chloride tab 5 mg</i>                | 1    |   |
| <i>bethanechol chloride tab 50 mg</i>               | 1    |   |

| PRODUCT DESCRIPTION                              | TIER | LIMITS & RESTRICTIONS                |
|--|------|--------------------------------------|
| URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS |      |                                      |
| <i>flavoxate hcl tab 100 mg</i>                  | 1    |                                      |
| VACCINES   |      |                                      |
| BACTERIAL VACCINES                               |      |                                      |
| ACTHIB RECON SOLN                                | 2    | PREV Preventative                    |
| BEXSERO SUSP PRSYR                               | 2    | PREV Preventative                    |
| CAPVAXIVE 0.5 ML SOLN PRSYR                      | 2    | PREV Preventative                    |
| HIBERIX 10 MCG RECON SOLN                        | 2    | PREV Preventative                    |
| MENACTRA SOLUTION                                | 2    | PREV Preventative                    |
| MENQUADFI SOLUTION                               | 2    | PREV Preventative                    |
| MENQUADFI 0.5 ML SOLUTION                        | 2    | PREV Preventative                    |
| MENVEO RECON SOLN                                | 2    | PREV Preventative                    |
| MENVEO SOLUTION                                  | 2    | PREV Preventative                    |
| PEDVAX HIB 7.5 MCG/0.5ML SUSPENSION              | 2    | PREV Preventative                    |
| PENBRAYA RECON SUSP                              | 2    | PREV Preventative                    |
| PENMENVY RECON SUSP                              | 2    | PREV Preventative                    |
| PNEUMOVAX 23 25 MCG/0.5ML SOLN PRSYR             | 2    | PREV Preventative                    |
| PNEUMOVAX 23 25 MCG/0.5ML SOLUTION               | 2    | PREV Preventative                    |
| PREVNAR 13 SUSPENSION                            | 2    | PREV Preventative                    |
| PREVNAR 20 0.5 ML SUSP PRSYR                     | 2    | PREV Preventative                    |
| TRUMENBA SUSP PRSYR                              | 2    | QL 0.5 / 0 DAYS<br>PREV Preventative |
| VAXNEUVANCE 0.5 ML SUSP PRSYR                    | 2    | PREV Preventative                    |
| VIRAL VACCINE COMBINATIONS                       |      |                                      |
| M-M-R II RECON SOLN                              | 2    | PREV Preventative                    |
| PRIORIX RECON SUSP                               | 2    | PREV Preventative                    |

| PRODUCT DESCRIPTION                          | TIER | LIMITS & RESTRICTIONS                        |
|--|------|--|
| PROQUAD RECON SUSP                           | 2    | PREV Preventative                            |
| TWINRIX 720-20 ELU-MCG/ML SUSP PRSYR         | 2    | PREV Preventative                            |
| VIRAL VACCINES                               |      |  |
| ABRYSVO 120 MCG/0.5ML RECON SOLN             | 2    | PREV Preventative                            |
| ACAM2000 RECON SOLN                          | 2    | PREV Preventative                            |
| AFLURIA SUSPENSION                           | 2    | QL 0.5 / 0 DAYS<br>PREV Preventative         |
| AFLURIA PRESERVATIVE FREE 0.5 ML SUSP PRSYR  | 2    | QL 0.5 / 0 DAYS<br>PREV Preventative         |
| AFLURIA QUADRIVALENT SUSPENSION              | 2    | QL 0.5 / 0 DAYS<br>PREV Preventative         |
| AFLURIA QUADRIVALENT 0.25 ML SUSP PRSYR      | 2    | QL 0.5 / 0 DAYS<br>PREV Preventative         |
| AFLURIA QUADRIVALENT 0.5 ML SUSP PRSYR       | 2    | QL 0.5 / 0 DAYS<br>PREV Preventative         |
| AREXVY 120 MCG/0.5ML RECON SUSP              | 2    | AL1 At least 18 yrs old<br>PREV Preventative |
| AUDENZ EMULSION                              | 2    | QL 1 / 0 day(s)                              |
| AUDENZ 0.5 ML PRSYR                          | 2    | QL 1 / 0 day(s)                              |
| COMIRNATY 30 MCG/0.3ML SUSP PRSYR            | 2    | MFL 3 / 1 year(s)<br>PREV Preventative       |
| COMIRNATY 30 MCG/0.3ML SUSPENSION            | 2    | MFL 3 / 1 year(s)<br>PREV Preventative       |
| COMIRNATY 5-11 YEARS 10 MCG/0.3ML SUSPENSION | 2    | MFL 3 / 1 year(s)<br>PREV Preventative       |
| ENGERIX-B 10 MCG/0.5ML SUSP PRSYR            | 2    | PREV Preventative                            |
| ENGERIX-B 20 MCG/ML SUSP PRSYR               | 2    | PREV Preventative                            |
| ENGERIX-B 20 MCG/ML SUSPENSION               | 2    | PREV Preventative                            |



| PRODUCT DESCRIPTION                      | TIER | LIMITS & RESTRICTIONS  |
|--|------|--|
| FLUAD 0.5 ML SUSP PRSYR                  | 2    | <p>QL 0.5 / 0 DAYS</p> <p>PREV Preventative</p>                                  |
| FLUAD QUADRIVALENT 0.5 ML PRSYR          | 2    | <p>MFL 1 / 365 day(s)</p> <p>PREV Preventative</p>                               |
| FLUARIX 0.5 ML SUSP PRSYR                | 2    | <p>QL 0.5 / 0 DAYS</p> <p>PREV Preventative</p>                                  |
| FLUARIX QUADRIVALENT 0.5 ML SUSP PRSYR   | 2    | <p>QL 0.5 / 0 DAYS</p> <p>PREV Preventative</p>                                  |
| FLUBLOK 0.5 ML SOLN PRSYR                | 2    | <p>QL 0.5 mL / 0 day(s)</p> <p>PREV Preventative</p>                             |
| FLUBLOK QUADRIVALENT 0.5 ML SOLN PRSYR   | 2    | <p>QL 0.5 / 0 day(s)</p> <p>AL1 At least 18 yrs old</p> <p>PREV Preventative</p> |
| FLUCELVAX SUSPENSION                     | 2    | <p>QL 0.5 ml / 0 day(s)</p> <p>PREV Preventative</p>                             |
| FLUCELVAX 0.5 ML SUSP PRSYR              | 2    | <p>QL 0.5 ml / 0 day(s)</p> <p>PREV Preventative</p>                             |
| FLUCELVAX QUADRIVALENT SUSPENSION        | 2    | <p>QL 0.5 / 0 DAYS</p> <p>PREV Preventative</p>                                  |
| FLUCELVAX QUADRIVALENT 0.5 ML SUSP PRSYR | 2    | <p>QL 0.5 / 0 DAYS</p> <p>PREV Preventative</p>                                  |
| FLULAVAL 0.5 ML SUSP PRSYR               | 2    | <p>QL 0.5 / 0 DAYS</p> <p>PREV Preventative</p>                                  |
| FLULAVAL QUADRIVALENT 0.5 ML SUSP PRSYR  | 2    | <p>QL 0.5 / 0 DAYS</p> <p>PREV Preventative</p>                                  |
| FLUMIST LIQUID                           | 2    | <p>MFL 1 / 365 day(s)</p> <p>PREV Preventative</p>                               |
| FLUMIST QUADRIVALENT SUSPENSION          | 2    | <p>QL 0.5 / 0 DAYS</p> <p>PREV Preventative</p>                                  |

| PRODUCT DESCRIPTION                                    | TIER | LIMITS & RESTRICTIONS                               |
|--|------|---|
| FLUZONE SUSPENSION                                     | 2    | <p>QL 0.5 / 0 DAYS</p> <p>PREV Preventative</p>     |
| FLUZONE 0.5 ML SUSP PRSYR                              | 2    | <p>QL 0.5 / 0 DAYS</p> <p>PREV Preventative</p>     |
| FLUZONE HIGH-DOSE 0.5 ML SUSP PRSYR                    | 2    | <p>QL 0.5 / 0 DAYS</p> <p>PREV Preventative</p>     |
| FLUZONE HIGH-DOSE QUADRIVALENT 0.7 ML SUSP PRSYR       | 2    | <p>PREV Preventative</p>                            |
| FLUZONE QUADRIVALENT SUSPENSION                        | 2    | <p>QL 0.5 / 0 DAYS</p> <p>PREV Preventative</p>     |
| FLUZONE QUADRIVALENT 0.5 ML SUSP PRSYR                 | 2    | <p>QL 0.5 / 0 DAYS</p> <p>PREV Preventative</p>     |
| FLUZONE QUADRIVALENT 0.5 ML SUSPENSION                 | 2    | <p>QL 0.5 / 0 DAYS</p> <p>PREV Preventative</p>     |
| GARDASIL 9 SUSPENSION                                  | 2    | <p>AL1 9 to 45 yrs old</p> <p>PREV Preventative</p> |
| GARDASIL 9 0.5 ML SUSP PRSYR                           | 2    | <p>AL1 9 to 45 yrs old</p> <p>PREV Preventative</p> |
| HAVRIX 1440 EL U/ML SUSP PRSYR                         | 2    | <p>PREV Preventative</p>                            |
| HAVRIX 720 EL U/0.5ML SUSP PRSYR                       | 2    | <p>PREV Preventative</p>                            |
| HAVRIX 720 EL U/0.5ML SUSPENSION                       | 2    | <p>PREV Preventative</p>                            |
| HEPLISAV-B 20 MCG/0.5ML SOLN PRSYR                     | 2    | <p>PREV Preventative</p>                            |
| IPOL SUSPENSION  | 2    | <p>PREV Preventative</p>                            |
| JYNNEOS 0.5 ML SUSPENSION                              | 2    | <p>PREV Preventative</p>                            |
| MNEXSPIKE 10 MCG/0.2ML SUSP PRSYR                      | 2    | <p>MFL 3 / 1 year(s)</p> <p>PREV Preventative</p>   |
| MODERNA COVID-19 BIVAL 6M-5Y 10 MCG/0.2ML SUSPENSION   | 2    | <p>MFL 3 / 1 year(s)</p> <p>PREV Preventative</p>   |
| MODERNA COVID-19 BIVAL BOOSTER 50 MCG/0.5ML SUSPENSION | 2    | <p>MFL 3 / 1 year(s)</p> <p>PREV Preventative</p>   |

| PRODUCT DESCRIPTION                                    | TIER | LIMITS & RESTRICTIONS                        |
|--|------|--|
| MODERNA COVID-19 BIVALENT 50 MCG/0.5ML SUSPENSION      | 2    | MFL 3 / 1 year(s)<br>PREV Preventative       |
| MODERNA COVID-19 VAC (BOOSTER) 50 MCG/0.5ML SUSPENSION | 2    | MFL 3 / 365 day(s)<br>PREV Preventative      |
| MODERNA COVID-19 VAC 6M-11Y 25 MCG/0.25ML SUSP PRSYR   | 2    | MFL 3 / 1 year(s)<br>PREV Preventative       |
| MODERNA COVID-19 VAC 6M-11Y 25 MCG/0.25ML SUSPENSION   | 2    | MFL 3 / 1 year(s)<br>PREV Preventative       |
| MODERNA COVID-19 VACC 6-11Y 50 MCG/0.5ML SUSPENSION    | 2    | MFL 3 / 1 year(s)<br>PREV Preventative       |
| MODERNA COVID-19 VACC 6M-5Y 25 MCG/0.25ML SUSPENSION   | 2    | MFL 3 / 1 year(s)<br>PREV Preventative       |
| MODERNA COVID-19 VACCINE 100 MCG/0.5ML SUSPENSION      | 2    | MFL 3 / 1 year(s)<br>PREV Preventative       |
| MRESVIA 50 MCG/0.5ML SUSP PRSYR                        | 2    | AL1 At least 18 yrs old<br>PREV Preventative |
| NOVAVAX COVID-19 VACCINE 5 MCG/0.5ML SUSP PRSYR        | 2    | MFL 3 / 1 year(s)<br>PREV Preventative       |
| NOVAVAX COVID-19 VACCINE 5 MCG/0.5ML SUSPENSION        | 2    | MFL 3 / 1 year(s)<br>PREV Preventative       |
| NUVAXOVID COVID-19 VACCINE 5 MCG/0.5ML SUSP PRSYR      | 2    | MFL 3 / 1 year(s)<br>PREV Preventative       |
| PFIZER COVID-19 BIVAL 6MO-4YR 3 MCG/0.2ML SUSPENSION   | 2    | MFL 3 / 1 year(s)<br>PREV Preventative       |
| PFIZER COVID-19 VAC BIVAL 5-11 10 MCG/0.2ML SUSPENSION | 2    | MFL 3 / 1 year(s)<br>PREV Preventative       |
| PFIZER COVID-19 VAC BIVALENT 30 MCG/0.3ML SUSPENSION   | 2    | MFL 3 / 1 year(s)<br>PREV Preventative       |
| PFIZER COVID-19 VAC-TRIS 5-11Y 10 MCG/0.2ML SUSPENSION | 2    | MFL 3 / 1 year(s)<br>PREV Preventative       |

| PRODUCT DESCRIPTION                                    | TIER | LIMITS & RESTRICTIONS                    |
|--|------|--|
| PFIZER COVID-19 VAC-TRIS 5-11Y 10 MCG/0.3ML SUSPENSION | 2    | MFL 3 / 1 year(s)<br>PREV Preventative   |
| PFIZER COVID-19 VAC-TRIS 6M-4Y 3 MCG/0.2ML SUSPENSION  | 2    | MFL 3 / 365 day(s)<br>PREV Preventative  |
| PFIZER COVID-19 VAC-TRIS 6M-4Y 3 MCG/0.3ML SUSPENSION  | 2    | MFL 3 / 1 year(s)<br>PREV Preventative   |
| PFIZER-BIONT COVID-19 VAC-TRIS 30 MCG/0.3ML SUSPENSION | 2    | MFL 3 / 1 year(s)<br>PREV Preventative   |
| PFIZER-BIONTECH COVID-19 VACC 30 MCG/0.3ML SUSPENSION  | 2    | MFL 3 / 1 year(s)<br>PREV Preventative   |
| PREHEVBRIO 10 MCG/ML SUSPENSION                        | 2    | PREV Preventative                        |
| RECOMBIVAX HB 10 MCG/ML SUSP PRSYR                     | 2    | PREV Preventative                        |
| RECOMBIVAX HB 10 MCG/ML SUSPENSION                     | 2    | PREV Preventative                        |
| RECOMBIVAX HB 40 MCG/ML SUSPENSION                     | 2    | PREV Preventative                        |
| RECOMBIVAX HB 5 MCG/0.5ML SUSP PRSYR                   | 2    | PREV Preventative                        |
| RECOMBIVAX HB 5 MCG/0.5ML SUSPENSION                   | 2    | PREV Preventative                        |
| ROTARIX RECON SUSP                                     | 2    | AL1 Up to 8 yrs old<br>PREV Preventative |
| ROTARIX SUSPENSION                                     | 2    | AL1 Up to 8 yrs old<br>PREV Preventative |
| ROTATEQ SOLUTION                                       | 2    | AL1 Up to 8 yrs old<br>PREV Preventative |
| SANOFI COVID-19 VAC (BOOSTER) 5 MCG/0.5ML EMULSION     | 2    | MFL 3 / 1 year(s)<br>PREV Preventative   |
| SHINGRIX 50 MCG/0.5ML RECON SUSP                       | 2    | PREV Preventative                        |
| SHINGRIX 50 MCG/0.5ML SUSP PRSYR                       | 2    | PREV Preventative                        |
| SPIKEVAX 50 MCG/0.5ML SUSP PRSYR                       | 2    | MFL 3 / 1 year(s)<br>PREV Preventative   |

| PRODUCT DESCRIPTION                                | TIER | LIMITS & RESTRICTIONS                   |
|--|------|---|
| SPIKEVAX 50 MCG/0.5ML SUSPENSION                   | 2    | MFL 3 / 365 day(s)<br>PREV Preventative |
| SPIKEVAX 6M-11Y 25 MCG/0.25ML SUSP PRSYR           | 2    | MFL 3 / 1 year(s)<br>PREV Preventative  |
| SPIKEVAX COVID-19 VACCINE 100 MCG/0.5ML SUSPENSION | 2    | MFL 3 / 1 year(s)<br>PREV Preventative  |
| VAQTA 25 UNIT/0.5ML SUSP PRSYR                     | 2    | PREV Preventative                       |
| VAQTA 25 UNIT/0.5ML SUSPENSION                     | 2    | PREV Preventative                       |
| VAQTA 50 UNIT/ML SUSP PRSYR                        | 2    | PREV Preventative                       |
| VAQTA 50 UNIT/ML SUSPENSION                        | 2    | PREV Preventative                       |
| VARIVAX 1350 PFU/0.5ML RECON SUSP                  | 2    | PREV Preventative                       |
| VAGINAL AND RELATED PRODUCTS                       |      |   |
| IMIDAZOLE-RELATED ANTIFUNGALS                      |      |   |
| GYNAZOLE-1 2 % CREAM                               | 3    |   |
| <i>terconazole vaginal cream 0.4%</i>              | 1    | QL 450 / 30 DAYS                        |
| <i>terconazole vaginal cream 0.8%</i>              | 1    | QL 450 / 30 DAYS                        |
| <i>terconazole vaginal suppos 80 mg</i>            | 1    | QL 3 / 3 DAYS                           |
| VAGINAL ANTI-INFECTIVES                            |      |   |
| CLEOCIN 100 MG SUPPOS                              | 3    |   |
| <i>clindamycin phosphate vaginal cream 2%</i>      | 1    |   |
| CLINDESSE 2 % CREAM                                | 3    |   |
| <i>metronidazole vaginal gel 0.75%</i>             | 1    |   |
| NUVESSA 1.3 % GEL                                  | 3    | QL 5 / 0 DAYS<br>MFL 1 / DAYS           |
| VANDAZOLE 0.75 % GEL                               | 1    |   |
| VAGINAL CONTRACEPTIVE PH MODULATOR - COMBINATIONS  |      |   |
| PHEXX 1.8-1-0.4 % GEL                              | 2    | QL 60 / 30 day(s)<br>PREV Preventative  |

| PRODUCT DESCRIPTION  | TIER | LIMITS & RESTRICTIONS   |
|--|------|---|
| PHEXXI 1.8-1-0.4 % GEL   | 2    | <span>QL</span> 60 / 30 day(s)<br><span>PREV</span> Preventative  |
| VAGINAL ESTROGENS  |      |   |
| <i>estradiol vaginal cream 0.01%</i>                             | 2    |   |
| <i>estradiol vaginal tab 10 mcg</i>                              | 1    |   |
| ESTRING 2 MG RING  | 2    | <span>QL</span> 1 / 90 DAYS   |
| ESTRING 7.5 MCG/24HR RING  | 2    | <span>QL</span> 1 / 90 DAYS   |
| FEMRING 0.05 MG/24HR RING  | 3    | <span>QL</span> 1 / 84 DAYS   |
| FEMRING 0.1 MG/24HR RING   | 3    | <span>QL</span> 1 / 84 DAYS   |
| PREMARIN 0.625 MG/GM CREAM                                       | 2    |   |
| <i>estradiol vaginal tab 10 mcg</i>                              | 1    |   |
| VAGINAL PROGESTINS   |      |   |
| CRINONE 4 % GEL  | 4    | <br><span>S</span> Specialty Drug  |
| CRINONE 8 % GEL  | 4    | <br><span>S</span> Specialty Drug |
| <i>progesterone vaginal insert 100 mg</i>                        | 2    |   |
| VASOPRESSORS   |      |   |
| ANAPHYLAXIS THERAPY AGENTS                                       |      |   |
| EPINEPHRINE 0.15 MG/0.15ML SOLN A-INJ                            | 1    | <span>QL</span> 4 / 365 day(s)  |
| <i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i> | 1    | <span>QL</span> 4 / 365 day(s)  |
| EPINEPHRINE 0.3 MG/0.3ML SOLN A-INJ                              | 1    | <span>QL</span> 4 / 365 day(s)  |
| <i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>  | 1    | <span>QL</span> 4 / 365 day(s)  |
| NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS                |      |   |
| <i>droxidopa cap 100 mg</i>                                      | 2    |   |
| <i>droxidopa cap 200 mg</i>                                      | 2    |   |
| <i>droxidopa cap 300 mg</i>                                      | 2    |   |
| EPINEPHRINE 1 MG/ML SOLUTION                                     | 1    | <span>QL</span> 120 / 365 day(s)  |

| PRODUCT DESCRIPTION                            | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>epinephrine inj 1 mg/ml</i>                 | 1    | QL 120 / 365 day(s)   |
| <i>midodrine hcl tab 10 mg</i>                 | 1    |                       |
| <i>midodrine hcl tab 2.5 mg</i>                | 1    |                       |
| <i>midodrine hcl tab 5 mg</i>                  | 1    |                       |
| VITAMINS                                       |      |                       |
| VITAMIN D                                      |      |                       |
| <i>ergocalciferol cap 1.25 mg (50000 unit)</i> | 1    | QL 4 / 28 day(s)      |
| <i>ergocalciferol cap 1.25 mg (50000 unit)</i> | 1    | QL 4 / 28 day(s)      |
| <i>ergocalciferol cap 1.25 mg (50000 unit)</i> | 1    | QL 4 / 28 day(s)      |
| VITAMIN K                                      |      |                       |
| <i>phytonadione tab 5 mg</i>                   | 2    | QL 5 / 30 DAYS        |



|  |         |  |         |
|--|---------|--|---------|
| AEROCHAMBER2GO ANTI-STATIC . . . . .   | 272     | ALTAFRIN . . . . .                                 | 287     |
| AFLURIA . . . . .                      | 325     | amantadine hcl . . . . .                           | 123     |
| AFLURIA PRESERVATIVE FREE . . . . .    | 325     | ambrisentan . . . . .                              | 153,154 |
| AFLURIA QUADRIVALENT . . . . .         | 325     | AMCINONIDE . . . . .                               | 180     |
| AFSTYLA . . . . .                      | 210,211 | amiloride & hydrochlorothiazide . . . . .          | 190     |
| AGAMATRIX ULTRA-THIN LANCETS . . . . . | 232     | amiloride hcl . . . . .                            | 191     |
| AIMOVIG . . . . .                      | 273     | AMILORIDE-HYDROCHLOROTHIAZIDE . . . . .            | 190     |
| AIMSCO TWIST LANCETS 32G . . . . .     | 232     | aminocaproic acid . . . . .                        | 226     |
| AIMSCO TWIST LANCETS 33G . . . . .     | 232     | amiodarone hcl . . . . .                           | 43      |
| AJOVY . . . . .                        | 273     | amitriptyline hcl . . . . .                        | 69      |
| AKEEGA . . . . .                       | 109     | amlodipine besylate . . . . .                      | 147     |
| AKTEN . . . . .                        | 289     | amlodipine besylate-atorvastatin calcium . . . . . | 151     |
| AKYNZEO . . . . .                      | 83      | amlodipine besylate-benazepril hcl . . . . .       | 91      |
| albendazole . . . . .                  | 36      | amlodipine besylate-olmesartan medoxomil . . . . . | 95      |
| albuterol sulfate . . . . .            | 45,46   | amlodipine besylate-valsartan . . . . .            | 95      |
| ALBUTEROL SULFATE . . . . .            | 45,46   | amlodipine-valsartan-hydrochlorothiazide . . . . . | 94      |
| ALBUTEROL SULFATE HFA . . . . .        | 46      | amoxapine . . . . .                                | 69      |
| alclometasone dipropionate . . . . .   | 180     | AMOXICILLIN . . . . .                              | 294     |
| ALCLOMETASONE DIPROPIONATE . . . . .   | 180     | amoxicillin . . . . .                              | 294     |
| ALECENSA . . . . .                     | 103     | amoxicillin & pot clavulanate . . . . .            | 295     |
| alendronate sodium . . . . .           | 192     | AMOXICILLIN-POT CLAVULANATE . . . . .              | 295     |
| alfuzosin hcl . . . . .                | 206     | amphetamine . . . . .                              | 4       |
| ALINIA . . . . .                       | 37      | amphetamine sulfate . . . . .                      | 4       |
| aliskiren fumarate . . . . .           | 100     | amphetamine-dextroamphetamine . . . . .            | 3,4     |
| ALKINDI SPRINKLE . . . . .             | 167     | ampicillin . . . . .                               | 295     |
| allopurinol . . . . .                  | 209     | ANACAINE . . . . .                                 | 184     |
| almotriptan malate . . . . .           | 274     | anagrelide hcl . . . . .                           | 221     |
| ALOCRIL . . . . .                      | 288     | ANALPRAM HC . . . . .                              | 35      |
| ALOGLIPTIN BENZOATE . . . . .          | 72      | ANALPRAM-HC . . . . .                              | 35      |
| ALOMIDE . . . . .                      | 288     | anastrozole . . . . .                              | 116     |
| ALORA . . . . .                        | 200     | ANGELIQ . . . . .                                  | 199     |
| alose tron hcl . . . . .               | 203     | ANNOVERA . . . . .                                 | 162     |
| ALPAWASH . . . . .                     | 297     | ANORO ELLIPTA . . . . .                            | 43      |
| ALPHANATE . . . . .                    | 211     | ANUCORT-HC . . . . .                               | 35      |
| ALPHANINE SD . . . . .                 | 211     | ANUSOL-HC . . . . .                                | 35      |
| alprazolam . . . . .                   | 40,41   | ANZUPGO . . . . .                                  | 179     |
| ALPRAZOLAM INTENSOL . . . . .          | 41      | APAP-CAFF-DIHYDROCODEINE . . . . .                 | 20      |
| ALPROLIX . . . . .                     | 211     | APO-VARENICLINE . . . . .                          | 304     |
| ALTABAX . . . . .                      | 174     | apomorphine hydrochloride . . . . .                | 124     |
| ALTACAINE . . . . .                    | 289     | APRACLONIDINE HCL . . . . .                        | 290     |
| ALTADERM . . . . .                     | 297     | apraclonidine hcl . . . . .                        | 290     |

|  |             |   |         |
|--|-------------|---|---------|
| aprepitant . . . . .                     | 84          | AUDENZ . . . . .                                | 325     |
| APRETUDE . . . . .                       | 137         | AUGMENTIN . . . . .                             | 295     |
| APTIVUS . . . . .                        | 138         | AUM INSULIN SAFETY PEN NEEDLE . . . . .         | 249     |
| AQ INSULIN SYRINGE . . . . .             | 249         | AUM MINI INSULIN PEN NEEDLE . . . . .           | 249     |
| AQINJECT PEN NEEDLE . . . . .            | 249         | AUM PEN NEEDLE . . . . .                        | 249,250 |
| AQUALANCE LANCETS 30G . . . . .          | 232         | AUM READYGARD DUO PEN NEEDLE . . . . .          | 250     |
| ARANELLE . . . . .                       | 166         | AUM SAFETY PEN NEEDLE . . . . .                 | 250     |
| ARANESP (ALBUMIN FREE) . . . . .         | 222,223     | AURORA LANCET SUPER THIN 30G . . . . .          | 233     |
| ARBLI . . . . .                          | 97          | AURORA LANCET THIN 23G . . . . .                | 233     |
| AREXVY . . . . .                         | 325         | AURORA PEN NEEDLES . . . . .                    | 250     |
| arformoterol tartrate . . . . .          | 46          | AURORA UNIFINE PENTIPS . . . . .                | 250     |
| ARGYLE STERILE SALINE . . . . .          | 208         | AUXIPRO VANISHING . . . . .                     | 297     |
| aripiprazole . . . . .                   | 132,133     | AVAR CLEANSER . . . . .                         | 172     |
| ARISTADA . . . . .                       | 133         | AVAR-E EMOLLIENT . . . . .                      | 172     |
| ARISTADA INITIO . . . . .                | 133         | AYVAKIT . . . . .                               | 113     |
| armodafinil . . . . .                    | 7           | AZASITE . . . . .                               | 288     |
| ARMOUR THYROID . . . . .                 | 314         | azathioprine . . . . .                          | 281     |
| ARNUITY ELLIPTA . . . . .                | 48          | azelaic acid . . . . .                          | 186     |
| ARZOL SILVER NIT APPLICATORS . . . . .   | 180         | azelastine hcl . . . . .                        | 284,285 |
| asenapine maleate . . . . .              | 129         | azelastine hcl (ophth) . . . . .                | 288     |
| aspirin . . . . .                        | 16,17,18,19 | azelastine hcl-fluticasone propionate . . . . . | 284     |
| aspirin-dipyridamole . . . . .           | 220         | AZELEX . . . . .                                | 173     |
| ASSURE COMFORT LANCETS 28G . . . . .     | 232         | AZITHROMYCIN . . . . .                          | 230     |
| ASSURE ID DUO PRO PEN NEEDLES . . . . .  | 249         | azithromycin . . . . .                          | 230     |
| ASSURE LANCE LANCETS . . . . .           | 233         |   |         |
| ASSURE LANCE LANCETS 21G . . . . .       | 233         | <b>B</b>  |         |
| ASSURE LANCE PLUS SAFETY 25G . . . . .   | 233         | BACITRA-NEOMYCIN-POLYMYXIN-HC . . . . .         | 290     |
| ASSURE LANCE PLUS SAFETY 30G . . . . .   | 233         | BACITRACIN . . . . .                            | 288     |
| ASSURE LANCE SAFETY LANCET 28G . . . . . | 233         | bacitracin-poly-neomycin-hc . . . . .           | 290     |
| ASTAGRAF XL . . . . .                    | 279         | BACITRACIN-POLYMYXIN B . . . . .                | 287     |
| atazanavir sulfate . . . . .             | 138         | bacitracin-polymyxin b (ophth) . . . . .        | 287,288 |
| atenolol . . . . .                       | 144         | baclofen . . . . .                              | 283,284 |
| atenolol & chlorthalidone . . . . .      | 99          | BACLOFEN . . . . .                              | 284     |
| atomoxetine hcl . . . . .                | 3           | balsalazide disodium . . . . .                  | 203     |
| atorvastatin calcium . . . . .           | 88          | BALVERSA . . . . .                              | 108     |
| atovaquone . . . . .                     | 37          | BAQSIMI ONE PACK . . . . .                      | 71      |
| atovaquone-proguanil hcl . . . . .       | 100         | BAQSIMI TWO PACK . . . . .                      | 71      |
| ATREVIS HYDROGEL . . . . .               | 297         | BARACLUDE . . . . .                             | 141     |
| ATROPINE SULFATE . . . . .               | 287         | BASE W301 . . . . .                             | 297     |
| atropine sulfate (ophthalmic) . . . . .  | 287         | BD HEPARIN POSIFLUSH . . . . .                  | 51      |
| ATROVENT HFA . . . . .                   | 47          | BD INSULIN SYR ULTRAFINE II . . . . .           | 250     |

|  |         |  |         |
|--|---------|--|---------|
| BD INSULIN SYRINGE HALF-UNIT . . . . .         | 250     | BETIMOL . . . . .                                  | 286     |
| BD INSULIN SYRINGE MICROFINE . . . . .         | 250     | BETOPTIC-S . . . . .                               | 286     |
| BD INSULIN SYRINGE U-500 . . . . .             | 250     | bexarotene . . . . .                               | 121     |
| BD INSULIN SYRINGE U/F 1/2UNIT . . . . .       | 250     | bexarotene (topical) . . . . .                     | 187     |
| BD INSULIN SYRINGE ULTRAFINE . . . . .         | 250     | BEXSERO . . . . .                                  | 324     |
| BD MICROTAINER LANCETS . . . . .               | 233     | BEYFORTUS . . . . .                                | 293     |
| BD PEN NEEDLE MICRO ULTRAFINE . . . . .        | 250     | bicalutamide . . . . .                             | 102     |
| BD PEN NEEDLE MINI ULTRAFINE . . . . .         | 250     | BIKTARVY . . . . .                                 | 134     |
| BD PEN NEEDLE NANO 2ND GEN . . . . .           | 250     | bimatoprost . . . . .                              | 292     |
| BD PEN NEEDLE NANO ULTRAFINE . . . . .         | 250     | BIMZELX . . . . .                                  | 177     |
| BD PEN NEEDLE SHORT ULTRAFINE . . . . .        | 250     | BINAXNOW COVID-19 AG CARD . . . . .                | 188     |
| BD SAFETYGLIDE INSULIN SYRINGE . . . . .       | 250     | bisoprolol & hydrochlorothiazide . . . . .         | 99      |
| BD VEO INSULIN SYR ULTRAFINE . . . . .         | 251     | bisoprolol fumarate . . . . .                      | 145     |
| BD VERITOR SYSTEM SARS-COV-2 . . . . .         | 188     | BLEPHAMIDE S.O.P. . . . .                          | 290     |
| BECONASE AQ . . . . .                          | 285     | BOOSTRIX . . . . .                                 | 318     |
| BELBUCA . . . . .                              | 32      | bosentan . . . . .                                 | 154     |
| BELLADONNA ALKALOIDS-OPIUM . . . . .           | 319     | BOSULIF . . . . .                                  | 104,105 |
| BELSOMRA . . . . .                             | 228     | BRAFTOVI . . . . .                                 | 106     |
| benazepril & hydrochlorothiazide . . . . .     | 93      | BREO ELLIPTA . . . . .                             | 43      |
| benazepril hcl . . . . .                       | 91,92   | BREXAFEMME . . . . .                               | 84      |
| BENEFIX . . . . .                              | 212     | BREZTRI AEROSPHERE . . . . .                       | 43      |
| BENLYSTA . . . . .                             | 277     | brimonidine tartrate . . . . .                     | 290     |
| BENZALKONIUM CHLORIDE . . . . .                | 134     | brimonidine tartrate (topical) . . . . .           | 186     |
| BENZOIN . . . . .                              | 186     | brimonidine tartrate-timolol maleate . . . . .     | 286     |
| benzonatate . . . . .                          | 169     | brinzolamide . . . . .                             | 289     |
| BENZONATATE . . . . .                          | 169     | brivaracetam . . . . .                             | 55      |
| benzoyl peroxide-erythromycin . . . . .        | 172     | BRIVIACT . . . . .                                 | 55      |
| benztropine mesylate . . . . .                 | 122,123 | BRIXADI . . . . .                                  | 33      |
| bepotastine besilate . . . . .                 | 288     | BRIXADI (WEEKLY) . . . . .                         | 33      |
| BERINERT . . . . .                             | 219     | bromfenac sodium (ophth) . . . . .                 | 290     |
| BESIFLOXACIN HCL . . . . .                     | 288     | bromocriptine mesylate . . . . .                   | 123     |
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| latanoprost . . . . .                                      | 292      | levothyroxine sodium . . . . .                      | 314,315,316,318 |
| LAVARE WOUND WASH . . . . .                                | 187      | LEVOTHYROXINE SODIUM . . . . .                      | 315,316,317,318 |
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| LEADER INSULIN SYRINGE . . . . .                           | 260      | LIBERTY MEDICAL LANCETS . . . . .                   | 240             |
| LEADER UNIFINE PENTIPS . . . . .                           | 260      | lidocaine . . . . .                                 | 184,185         |
| LEADER UNIFINE PENTIPS PLUS . . . . .                      | 260      | LIDOCAINE HCL . . . . .                             | 185,281         |
| LECITHIN . . . . .   | 286      | lidocaine hcl . . . . .                             | 185             |
| LEDERLE LEUCOVORIN . . . . .                               | 117      | lidocaine hcl (mouth-throat) . . . . .              | 281             |
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| lenalidomide . . . . .                                     | 278,279  | lidocaine-hydrocortisone acetate (rectal) . . . . . | 35              |
| LENVIMA (10 MG DAILY DOSE) . . . . .                       | 122      | lidocaine-prilocaine . . . . .                      | 186             |
| LENVIMA (12 MG DAILY DOSE) . . . . .                       | 122      | LIDOCORT . . . . .                                  | 35              |
| LENVIMA (14 MG DAILY DOSE) . . . . .                       | 122      | LIDOPIN . . . . .                                   | 185             |
| LENVIMA (18 MG DAILY DOSE) . . . . .                       | 122      | LILETTA (52 MG) . . . . .                           | 165             |
| LENVIMA (20 MG DAILY DOSE) . . . . .                       | 122      | linezolid . . . . .                                 | 38              |
| LENVIMA (24 MG DAILY DOSE) . . . . .                       | 122      | LINZESS . . . . .                                   | 203             |
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| leucovorin calcium . . . . .                               | 117      | LIPOLAYER . . . . .                                 | 297             |
| LEUKERAN . . . . .   | 119      | LIOPEN ULTRA BASE . . . . .                         | 298             |
| leuprolide acetate . . . . .                               | 118      | LIPOSOMAL HEAVY . . . . .                           | 298             |
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| levetiracetam . . . . .                                    | 58,59    | lisdexamphetamine dimesylate . . . . .              | 5               |
| LEVETIRACETAM . . . . .                                    | 58,59,60 | lisinopril . . . . .                                | 92              |
| LEVOBUNOLOL HCL . . . . .                                  | 286      | lisinopril & hydrochlorothiazide . . . . .          | 94              |
| levocarnitine (metabolic modifiers) . . . . .              | 193      | LITE TOUCH LANCETS . . . . .                        | 240             |
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| levofloxacin . . . . .                                     | 202      | LITETOUCH PEN NEEDLES . . . . .                     | 260             |
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| levonorgestrel & eth estradiol 157,158,159,160,161,162     |          | lithium carbonate . . . . .                         | 126             |
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| MEIJER LANCETS UNIVERSAL 30G . . . . .                            | 241     | methylphenidate . . . . .                  | 7       |
| MEIJER LANCETS UNIVERSAL 33G . . . . .                            | 241     | methylphenidate hcl . . . . .              | 7,8,9   |
| MEIJER PEN NEEDLES . . . . .                                      | 261     | METHYLPHENIDATE HCL ER . . . . .           | 8,9     |
| MEIJER SUPER THIN LANCETS . . . . .                               | 241     | METHYLPHENIDATE HCL ER(DIFFUS) . . . . .   | 9       |
| MEKINIST . . . . .  | 110     | methylprednisolone . . . . .               | 168     |
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| MELOXICAM . . . . .   | 14      | metoclopramide hcl . . . . .               | 203     |
| MELPHALAN . . . . .   | 119     | METOCLOPRAMIDE HCL . . . . .               | 203     |
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| MEMANTINE HCL . . . . .   | 303     | metoprolol & hydrochlorothiazide . . . . . | 99,100  |
| MENACTRA . . . . .  | 324     | metoprolol succinate . . . . .             | 145     |
| MENEST . . . . .  | 201     | metoprolol tartrate . . . . .              | 145     |
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| MENQUADFI . . . . .   | 324     | metronidazole (topical) . . . . .          | 186     |
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| meprobamate . . . . .   | 40      | mexiletine hcl . . . . .                   | 42      |
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| metformin hcl . . . . .   | 71      | MICROSPACER . . . . .                      | 272     |
| methadone hcl . . . . .   | 25,26   | midazolam hcl . . . . .                    | 227     |
| METHADONE HCL . . . . .   | 26      | midodrine hcl . . . . .                    | 332     |
| methazolamide . . . . .   | 190     | MIGLITOL . . . . .                         | 71      |
| methenamine hippurate . . . . .                                   | 38      | miglitol . . . . .                         | 71      |
| methenamine-hyosc-methylene blue-sod phos-phenyl<br>sal . . . . . | 38      | minocycline hcl . . . . .                  | 312,313 |
| methimazole . . . . .   | 314     | MINOCYCLINE HCL ER . . . . .               | 313     |
| methocarbamol . . . . .   | 284     | minoxidil . . . . .                        | 100     |
| methotrexate sodium . . . . .                                     | 103     | mirabegron . . . . .                       | 323     |
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| METHOXSALLEN RAPID . . . . .                                      | 177     | mirtazapine . . . . .                      | 64      |
| methscopolamine bromide . . . . .                                 | 322     | misoprostol . . . . .                      | 322     |
| methsuximide . . . . .  | 63      | MIUDELLA INTRAUTERINE COPPER . . . . .     | 163     |
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| modafinil . . . . .                      | 9        | MULTIBASE . . . . .                        | 298      |
| MODERNA COVID-19 BIVAL 6M-5Y . . . . .   | 327      | mupirocin . . . . .                        | 174      |
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| MODERNA COVID-19 VACC 6M-5Y . . . . .    | 328      | MYTESI . . . . .                           | 81       |
| MODERNA COVID-19 VACCINE . . . . .       | 328      |  |          |
| moexipril hcl . . . . .                  | 92       | <b>N</b>                                   |          |
| MOLINDONE HCL . . . . .                  | 131      | nabumetone . . . . .                       | 14,15    |
| mometasone furoate . . . . .             | 182      | nadolol . . . . .                          | 145,146  |
| mometasone furoate (nasal) . . . . .     | 285      | NAFTIFINE HCL . . . . .                    | 175      |
| MONOJECT INSULIN SYRINGE . . . . .       | 261,262  | naftifine hcl . . . . .                    | 175      |
| MONOJECT INTRODUCER NEEDLE . . . . .     | 262      | NALOXONE HCL . . . . .                     | 82,83    |
| MONOJECT MAGELLAN SAFETY ND . . . . .    | 262      | naloxone hcl . . . . .                     | 82       |
| MONOJECT MAGELLAN SYRINGE . . . . .      | 262      | naltrexone hcl . . . . .                   | 83       |
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| MONOLET LANCETS . . . . .                | 241      | naproxen . . . . .                         | 13,14,15 |
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| MONOLETTOR SAFETY LANCETS . . . . .      | 241      | naratriptan hcl . . . . .                  | 274      |
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