



# SWHP Standard and 4-Tier Specialty Formulary

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## Table of Contents

|                                                                                                      |   |
|------------------------------------------------------------------------------------------------------|---|
| What is my prescription drug coverage?.....                                                          | 3 |
| What is the Scott & White Health Plan formulary? .....                                               | 3 |
| How was the formulary created and how are new medications reviewed? .....                            | 4 |
| Does the formulary ever change? .....                                                                | 4 |
| How am I notified of changes to the formulary? .....                                                 | 4 |
| What are brand-name and generic drugs? .....                                                         | 4 |
| What is generic substitution? .....                                                                  | 5 |
| What are Specialty drugs? .....                                                                      | 5 |
| What are pharmaceutical management procedures? .....                                                 | 5 |
| Are there any restrictions on my coverage? .....                                                     | 5 |
| How do I request an exception to the SWHP formulary? .....                                           | 5 |
| What drugs are not covered by my prescription drug benefit? .....                                    | 6 |
| How much medication does my copayment cover and does my plan cover<br>maintenance medications? ..... | 6 |
| Maintenance Medications .....                                                                        | 6 |
| How can I save money on prescriptions? .....                                                         | 7 |
| Contraceptive Coverage .....                                                                         | 7 |
| Preventive Care Medications & Medications Covered Under Health Care Reform .....                     | 7 |
| Smoking Cessation Medication Coverage .....                                                          | 8 |
| Diabetic Supplies .....                                                                              | 8 |
| Oral Oncology Program .....                                                                          | 8 |

## What is my prescription drug coverage?

As part of your Scott and White Health Plan (SWHP) coverage, you may have a prescription drug benefit. This document will help you understand your prescription drug benefit and the SWHP formulary.

Not every prescription drug benefit is the same. The best way to figure out your prescription drug coverage is to review your *Evidence of Coverage* or call the SWHP Customer Service department.

## What is the Scott & White Health Plan formulary?

A formulary is a list of covered drugs selected by SWHP in consultation with a team of health care providers. The list represents the prescription drugs believed to be a necessary part of a quality treatment program. SWHP will generally cover the drugs listed on the formulary as long as the drug is medically necessary and plan rules are followed. The list contains both brand-name and generic medications and is updated regularly.

This SWHP formulary is an open formulary. This means that preferred drugs listed in this document are covered under your prescription benefit. Coverage for drugs not listed are considered Non-Formulary unless excluded by your plan benefit. Non-formulary drugs may require prior authorization or may be subject to clinical edits. Formularies continually change to reflect the most recent advances in drug therapy therefore; this list is not inclusive and does not guarantee coverage.

The formulary is tiered meaning there are different copayment levels for drugs on different levels.

**Tier 0 (T0):** zero cost share preventive medications

**Tier 1 (T1):** preferred generic medications

**Tier 2 (T2):** preferred brand medications

**Tier 3 (T3):** non-preferred brand and generic medications

**Specialty (SP1):** Tier 1 specialty medications

**Specialty (SP2):** Tier 2 specialty medications

**Specialty (SP3):** Tier 3 specialty medications

**Specialty (SP4):** Tier 4 specialty medications

**Non-formulary medications:** medications not listed on formulary but are allowed some coverage (unless excluded)

**Excluded:** medications not listed on formulary and member is responsible for the entire cost of the prescription

The formulary may change because we review new medical information regarding current drugs listed as well as new drugs recently approved by the FDA.

### **How was the formulary created and how are new medications reviewed?**

The SWHP Pharmacy and Therapeutics (P&T) Committee meets regularly to review new drugs approved by the FDA and new information regarding drugs that are already on the formulary. The Committee is primarily made up of physicians, pharmacists and nurses. It reviews information and scientific evidence concerning safety, effectiveness and current use in therapy.

### **Does the formulary ever change?**

Since the P&T Committee meets regularly and reviews new information, the formulary may change. Below are some possible reasons the formulary could change:

- Generic forms of the brand drug become available. The brand-name medication may be subject to a higher copayment and possibly a penalty. The generic medication may be covered at the lower copayment.
- New drugs may be added by the P&T Committee.
- A drug may be withdrawn from the market by the FDA.
- A drug becomes available without a prescription (becomes over-the-counter), then the drug may be removed from the formulary. Often, drugs available over-the-counter are not covered under the prescription benefit.

### **How am I notified of changes to the formulary?**

You can find the SWHP formularies on our website at [swhp.org](http://swhp.org), which are updated monthly. To view the changes that have been made to the formularies, refer to the monthly *Formulary Changes* document posted on the website. If you have any questions or wish to obtain a printed copy of the formularies or pharmaceutical management procedures, please contact SWHP Pharmacy Help Desk at 1-800-728-7947.

### **What are brand-name and generic drugs?**

SWHP covers both brand-name and generic drugs. A brand-name drug is one that is produced under the original manufacturer's brand name. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand-name drugs but the quality and effectiveness is the same. Generic drugs may differ from the brand-name drug in color, shape, flavor or inactive ingredients. Some brand-name drugs have a generic equivalent and others do not. If a generic form of a brand-name drug becomes available, the brand-name medication may be subject to a higher copayment and possibly a penalty. The generic medication may be covered at the lower copayment.

On the formulary, brand name drugs are capitalized (e.g. HUMALOG) and generic drugs are listed in lower-case italics (e.g., *simvastatin*).

**What is generic substitution?**

Generic substitution occurs when a pharmacist dispenses an FDA approved generic drug in place of a brand name drug. Generic substitution will automatically occur at SWHP Provider Pharmacies. Prescribers may choose to use a brand name product and not allow generic substitution by indicating on the prescription "brand necessary" or "brand medically necessary." Per state law, these statements must be handwritten by the prescriber.

**What are Specialty drugs?**

Specialty drugs are those drugs used to treat complex or chronic conditions, and which usually require close monitoring, such as multiple sclerosis, hepatitis, rheumatoid arthritis, cancer, and other conditions that are difficult to treat with traditional therapies. Specialty drugs may be self-administered in the home by injection (under the skin or into a muscle), by inhalation, by mouth, or on the skin. These drugs may also require special handling, special manufacturing processes, and may have limited prescribing or limited pharmacy availability.

**What are pharmaceutical management procedures?**

Pharmaceutical management procedures are processes that help manage the drug formulary in order to provide the most cost-effective therapy options. As part of such processes, restrictions (described in the following section) may be applied to certain drugs on the formulary.

**Are there any restrictions on my coverage?**

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include: quantity limits, prior authorization, step therapy, age limits, and others. Please refer to the legend for a complete listing of requirements.

**How do I request an exception to the SWHP formulary?**

Your physician can ask SWHP to make an exception to the formulary. There are several types of exceptions that can be requested:

- Exception to waive a coverage restriction.

- Exception to waive a limit on a drug (example: waive or increase a quantity limit).

To request an exception, your physician must submit a coverage exception form to SWHP. Both you and your physician will be notified of the approval by mail and the drug will be covered under the applicable copayment. If the request is denied, both you and your physician will be notified. You may still purchase the medication for the full price.

### **What drugs are not covered by my prescription drug benefit?**

Please refer to your *Evidence of Coverage* for complete plan coverage, limitations and exclusions specific to your prescription drug benefit.

Often, over-the-counter medications and herbal products are not covered under SWHP benefit plans.

### **How much medication does my copayment cover and does my plan cover maintenance medications?**

You can get up to a 30-day supply of medication for a single copayment. Some medications may have a quantity limit, restricting the amount of drug you can get per prescription or per copayment.

Maintenance medications (noted on the formulary by a “MN” next to the drug name) are used to treat chronic medical conditions. The prescription for the drug must be written for a three month supply of medication.

### **Maintenance Medications**

The following categories are considered maintenance eligible:

- Anticonvulsants
- Bupropion, bupropion SR, bupropion XL
- Cardiovascular Medications
- Estrogen and Progestin replacement medications
- Generic selective serotonin reuptake inhibitors (SSRIs) medications
- Lithium
- Medications to treat asthma
- Medications to treat diabetes and diabetic supplies
- Medications to treat glaucoma
- Medications to treat gout
- Medications to treat osteoporosis

- Medications to treat Parkinson's
- Potassium supplements
- Testosterone Cypionate
- Thyroid replacement medications
- Tricyclic antidepressant medications
- Urinary incontinence medications

**NOTE:** Not all drugs within the category are preferred to be maintenance eligible. Only those listed with an "MN" on formulary are maintenance eligible. Please refer to your *Evidence of Coverage* for complete plan coverage.

### **How can I save money on prescriptions?**

Medications on the SWHP formulary generally cost less than medications not listed. A generic medication will usually be the lowest copayment option. Ask the provider or pharmacist whether generic medications are appropriate.

Be sure to take this formulary with you to each visit so that the provider knows what medication is covered.

### **Contraceptive Coverage**

As specified by health care reform, women must have access to a full range of FDA-approved contraceptive methods and plans must cover without cost sharing at least one form of contraception in each of the FDA identified methods. However, plans can use reasonable medical management within each category to determine what birth control products are available at \$0 cost-share.

- Please refer to the formulary to determine which contraceptives are available at a \$0 cost-share. These are listed on the formulary at Tier 0 (preventive drugs).
- Certain over-the-counter (OTC) contraceptives for women may also be covered at a \$0 cost-share. These must be filled at a network pharmacy with a prescription prescribed by a health care professional.

Coverage may vary according to your plan. Please refer to applicable plan documents.

### **Preventive Care Medications & Medications Covered Under Health Care Reform**

Preventive care medications as well as other medications covered under Health Care Reform are covered according to your plan benefits. These medications are listed on the formulary at Tier 0 (preventive drugs). Please note this list is subject to change.

In order to obtain this benefit, you must fill at a network pharmacy with a prescription prescribed by a health care professional (includes prescription and over-the-counter medications).

### **Smoking Cessation Medication Coverage**

All FDA approved tobacco cessation medications, including prescription and over-the-counter medications, are allowed at \$0 cost-share per the Patient Protection and Affordable Care Act (PPACA). You are limited to two smoking cessation attempts per year, up to 180 days total. These medications are listed on the formulary at Tier 0 (preventive drugs).

In order to obtain this benefit, you must fill at a network pharmacy with a prescription prescribed by a health care professional (includes prescription and over-the-counter medications).

### **Diabetic Supplies**

The preferred diabetic testing supplies include all Roche Diagnostics (ACCU-CHEK®) Products.

### **Oral Oncology Program**

Prescriptions for drugs included in the oral oncology program will be restricted to a 14-day supply for the first 2 months of therapy. Please refer to applicable plan documents for additional information.

#### *Oral Oncology Program drugs include:*

|          |           |          |
|----------|-----------|----------|
| Bosulif  | Rubraca   | Votrient |
| Erivedge | Sprycel   | Xalkori  |
| Gleevec  | Sutent    | Xtandi   |
| Inlyta   | Tafinlar  | Zolinza  |
| Jakafi   | Tarceva   | Zykadia  |
| Nexavar  | Targretin | Zytiga   |

| LEGEND |                                               |                                                                                                                                                                      |
|--------|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TIER   | DESCRIPTION                                   |                                                                                                                                                                      |
| 0      | Preventive                                    |                                                                                                                                                                      |
| 1      | Preferred Generics                            |                                                                                                                                                                      |
| 2      | Preferred Brands                              |                                                                                                                                                                      |
| 3      | Non-Preferred Brands & Non-Preferred Generics |                                                                                                                                                                      |
| SP1    | Specialty                                     |                                                                                                                                                                      |
| SP2    | Specialty                                     |                                                                                                                                                                      |
| SP3    | Specialty                                     |                                                                                                                                                                      |
| SP4    | Specialty                                     |                                                                                                                                                                      |
| TYPE   | DESCRIPTION                                   |                                                                                                                                                                      |
| QL     | Quantity Limit                                | There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.                                                       |
| PA     | Prior Authorization                           | 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. |
| ST     | Step Therapy                                  | 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.                  |
| AL1    | Age Limit                                     | This prescription drug may only be covered if you meet the minimum or maximum age limit.                                                                             |
| MDD    | Max Daily Dose                                | There is a limit on the amount of this drug that is covered per day.                                                                                                 |
| C      | Custom                                        | This drug has unique restrictions.                                                                                                                                   |
| MN     | Maintenance Medication                        | Maintenance Medication.                                                                                                                                              |

| PRODUCT DESCRIPTION                                                                                                     | TIER | LIMITS & RESTRICTIONS |
|-------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| ANALGESICS                                                                                                              |      |                       |
| NONSTEROIDAL ANTI-INFLAMMATORY DRUGS                                                                                    |      |                       |
| <i>aspirin (81 mg tab chew, 81 mg tablet dr)</i>                                                                        | 0    | AL1 50 to 59 yrs old  |
| <i>butalbital/aspirin/caffeine</i>                                                                                      | 1    |                       |
| <i>celecoxib</i>                                                                                                        | 1    |                       |
| <i>choline salicylate/magnesium salicylate</i>                                                                          | 1    |                       |
| <i>diclofenac potassium</i>                                                                                             | 1    |                       |
| <i>diclofenac sodium (25 mg tablet dr, 50 mg tablet dr, 75 mg tablet dr, 100 mg tab er 24h)</i>                         | 1    |                       |
| <i>diflunisal</i>                                                                                                       | 1    |                       |
| <i>etodolac</i>                                                                                                         | 1    |                       |
| <i>fenoprofen calcium</i>                                                                                               | 1    |                       |
| <i>flurbiprofen</i>                                                                                                     | 1    |                       |
| <i>ibuprofen (400 mg tablet, 600 mg tablet, 800 mg tablet)</i>                                                          | 1    |                       |
| INDOCIN (25 MG/5 ML SUSPENSION, 50 MG SUPPOSITORY)                                                                      | 2    |                       |
| <i>indomethacin</i>                                                                                                     | 1    |                       |
| <i>ketoprofen</i>                                                                                                       | 1    |                       |
| <i>ketorolac tromethamine 10 mg tablet</i>                                                                              | 1    | QL 20 / 30 DAYS       |
| <i>meclofenamate sodium</i>                                                                                             | 1    |                       |
| <i>mefenamic acid</i>                                                                                                   | 3    |                       |
| <i>meloxicam (7.5 mg tablet, 7.5 mg/5ml oral susp, 15 mg tablet)</i>                                                    | 1    |                       |
| <i>nabumetone</i>                                                                                                       | 1    |                       |
| <i>naproxen (125 mg/5ml oral susp, 250 mg tablet, 375 mg tablet, 375 mg tablet dr, 500 mg tablet, 500 mg tablet dr)</i> | 1    |                       |
| <i>naproxen sodium (275 mg tablet, 550 mg tablet)</i>                                                                   | 1    |                       |
| <i>oxaprozin 600 mg tablet</i>                                                                                          | 1    |                       |
| <i>piroxicam</i>                                                                                                        | 1    |                       |
| <i>salsalate</i>                                                                                                        | 1    |                       |
| <i>sulindac</i>                                                                                                         | 1    |                       |

| PRODUCT DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TIER | LIMITS & RESTRICTIONS |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| <i>tolmetin sodium</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1    |                       |
| OPIOID ANALGESICS, LONG-ACTING                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |                       |
| <i>fentanyl (12 mcg/hr patch td72, 25 mcg/hr patch td72, 50mcg/hr patch td72, 75mcg/hr patch td72, 100 mcg/hr patch td72)</i>                                                                                                                                                                                                                                                                                                                                          | 1    |                       |
| <i>levorphanol tartrate</i>                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1    |                       |
| <i>methadone hcl (5 mg tablet, 5 mg/5 ml solution, 10 mg tablet, 10 mg/5 ml solution, 10 mg/ml oral conc, 40 mg tablet sol)</i>                                                                                                                                                                                                                                                                                                                                        | 1    |                       |
| <i>morphine sulfate (15 mg tablet er, 30 mg tablet er, 60 mg tablet er, 100 mg tablet er, 200 mg tablet er)</i>                                                                                                                                                                                                                                                                                                                                                        | 1    |                       |
| <i>oxycodone hcl (10 mg tab er 12h, 15 mg tab er 12h, 20 mg tab er 12h, 30 mg tab er 12h, 40 mg tab er 12h, 60 mg tab er 12h, 80 mg tab er 12h)</i>                                                                                                                                                                                                                                                                                                                    | 1    |                       |
| OXYCONTIN                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2    |                       |
| OPIOID ANALGESICS, SHORT-ACTING                                                                                                                                                                                                                                                                                                                                                                                                                                        |      |                       |
| <i>acetaminophen with codeine phosphate (120-12mg/5 solution, 300mg-15mg tablet, 300mg-30mg tablet, 300mg-60mg tablet)</i>                                                                                                                                                                                                                                                                                                                                             | 1    |                       |
| <i>butalbit/acetamin/caff/codeine 50-325-30 capsule</i>                                                                                                                                                                                                                                                                                                                                                                                                                | 1    |                       |
| <i>butorphanol tartrate 10 mg/ml spray</i>                                                                                                                                                                                                                                                                                                                                                                                                                             | 1    | QL 5 / 30 days        |
| CAPITAL W-CODEINE                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2    |                       |
| <i>carisoprodol/aspirin/codeine 200-325-16 tablet</i>                                                                                                                                                                                                                                                                                                                                                                                                                  | 1    |                       |
| <i>codeine sulfate</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1    |                       |
| <i>codeine/butalbital/asa/cafein 30-50-325 capsule</i>                                                                                                                                                                                                                                                                                                                                                                                                                 | 1    |                       |
| DEMEROL (100 MG/ML AMPUL, 100 MG/ML SYRINGE, 100 MG/ML VIAL)                                                                                                                                                                                                                                                                                                                                                                                                           | 2    |                       |
| <i>hydrocodone bitartrate/acetaminophen (hydrocodone/acetaminophen 2.5-108/5 solution, hydrocodone/acetaminophen 5 mg-300mg tablet, hydrocodone/acetaminophen 5 mg-325mg tablet, hydrocodone/acetaminophen 5-217mg/10 solution, hydrocodone/acetaminophen 7.5-300 mg tablet, hydrocodone/acetaminophen 7.5-325 mg tablet, hydrocodone/acetaminophen 7.5-325/15 solution, hydrocodone/acetaminophen 10mg-300mg tablet, hydrocodone/acetaminophen 10mg-325mg tablet)</i> | 1    |                       |
| <i>hydrocodone/ibuprofen 7.5-200 mg tablet</i>                                                                                                                                                                                                                                                                                                                                                                                                                         | 1    |                       |
| <i>hydromorphone hcl (1 mg/ml liquid, 2 mg tablet, 3 mg supp.rect, 4 mg tablet, 8 mg tablet)</i>                                                                                                                                                                                                                                                                                                                                                                       | 1    |                       |
| <i>meperidine hcl (50 mg tablet, 50 mg/5 ml solution, 100 mg tablet)</i>                                                                                                                                                                                                                                                                                                                                                                                               | 1    |                       |

| PRODUCT DESCRIPTION                                                                                                                                                                    | TIER | LIMITS & RESTRICTIONS                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------------------------------------------|
| <i>morphine sulfate (5 mg supp.rect, 10 mg supp.rect, 10 mg/5 ml solution, 15 mg tablet, 20 mg supp.rect, 20 mg/5 ml solution, 30 mg supp.rect, 30 mg tablet, 100 mg/5ml solution)</i> | 1    |                                          |
| <i>oxycodone hcl (5 mg capsule, 5 mg tablet, 5 mg/5 ml solution, 10 mg tablet, 15 mg tablet, 20 mg tablet, 20 mg/ml oral conc, 30 mg tablet)</i>                                       | 1    |                                          |
| <i>oxycodone hcl/acetaminophen (hcl/acetaminophen 5 mg-325mg tablet, hcl/acetaminophen 7.5-325 mg tablet, hcl/acetaminophen 10mg-325mg tablet)</i>                                     | 1    |                                          |
| <i>oxycodone hcl/aspirin 4.8355-325 tablet</i>                                                                                                                                         | 1    |                                          |
| <i>pentazocine hcl/naloxone hcl</i>                                                                                                                                                    | 1    |                                          |
| <i>tramadol hcl 50 mg tablet</i>                                                                                                                                                       | 1    |                                          |
| <i>tramadol hcl/acetaminophen</i>                                                                                                                                                      | 1    |                                          |
| ANESTHETICS                                                                                                                                                                            |      |                                          |
| LOCAL ANESTHETICS                                                                                                                                                                      |      |                                          |
| <i>lidocaine 5 % oint. (g)</i>                                                                                                                                                         | 1    | QL 120 / 30 days                         |
| <i>lidocaine hcl (2 % jel/pf app, 2 % jelly(ml), 2 % solution)</i>                                                                                                                     | 1    |                                          |
| <i>lidocaine/prilocaine 2.5 %-2.5% cream (g)</i>                                                                                                                                       | 1    | QL 120 / 30 days                         |
| ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS                                                                                                                                        |      |                                          |
| ALCOHOL DETERRENTS/ANTI-CRAVING                                                                                                                                                        |      |                                          |
| <i>acamprosate calcium</i>                                                                                                                                                             | 1    |                                          |
| <i>disulfiram</i>                                                                                                                                                                      | 1    |                                          |
| <i>naltrexone hcl 50 mg tablet</i>                                                                                                                                                     | 1    |                                          |
| OPIOID DEPENDENCE TREATMENTS                                                                                                                                                           |      |                                          |
| <i>buprenorphine hcl (2 mg tab subl, 8 mg tab subl)</i>                                                                                                                                | 1    |                                          |
| <i>buprenorphine hcl/naloxone hcl</i>                                                                                                                                                  | 1    |                                          |
| OPIOID REVERSAL AGENTS                                                                                                                                                                 |      |                                          |
| <i>naloxone hcl (0.4 mg/ml syringe, 0.4 mg/ml vial, 1 mg/ml syringe)</i>                                                                                                               | 1    |                                          |
| NARCAN                                                                                                                                                                                 | 3    |                                          |
| SMOKING CESSATION AGENTS                                                                                                                                                               |      |                                          |
| <i>bupropion hcl 150 mg tablet er</i>                                                                                                                                                  | 0    | C 6 months of treatment per 1 year<br>MN |

| PRODUCT DESCRIPTION                                                                                                             | TIER | LIMITS & RESTRICTIONS              |
|---------------------------------------------------------------------------------------------------------------------------------|------|------------------------------------|
| CHANTIX                                                                                                                         | 0    | C 6 months of treatment per 1 year |
| <i>nicotine (7mg/24hr patch td24, 14mg/24hr patch td24, 21 mg/24hr patch td24, 21-14-7mg patch dysq, 22 mg/24hr patch td24)</i> | 0    | C 6 months of treatment per 1 year |
| <i>nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)</i>                                                     | 0    | C 6 months of treatment per 1 year |
| NICOTROL                                                                                                                        | 0    | C 6 months of treatment per 1 year |
| NICOTROL NS                                                                                                                     | 0    | C 6 months of treatment per 1 year |
| ANTIBACTERIALS                                                                                                                  |      |                                    |
| AMINOGLYCOSIDES                                                                                                                 |      |                                    |
| <i>gentamicin sulfate (0.1 % cream (g), 0.1 % oint. (g), 0.3 % drops, 0.3 % oint. (g))</i>                                      | 1    |                                    |
| <i>neomycin sulfate</i>                                                                                                         | 1    |                                    |
| <i>tobramycin</i>                                                                                                               | 1    |                                    |
| TOBREX 0.3% EYE OINTMENT                                                                                                        | 2    |                                    |
| ANTIBACTERIALS, OTHER                                                                                                           |      |                                    |
| <i>bacitracin 500 unit/g oint. (g)</i>                                                                                          | 1    |                                    |
| BACTROBAN NASAL                                                                                                                 | 2    |                                    |
| BENZAMYCINPAK                                                                                                                   | 2    |                                    |
| CLEOCIN 100 MG VAGINAL OVULE                                                                                                    | 2    |                                    |
| <i>clindamycin hcl</i>                                                                                                          | 1    |                                    |
| <i>clindamycin palmitate hcl 75 mg/5 ml soln recon</i>                                                                          | 1    |                                    |
| <i>clindamycin phosphate (1 % gel (gram), 1 % lotion, 1 % med. swab, 1 % solution, 2 % cream/appl)</i>                          | 1    |                                    |
| <i>methenamine hippurate</i>                                                                                                    | 1    |                                    |
| <i>methenamine mandelate</i>                                                                                                    | 1    |                                    |
| <i>metronidazole (0.75 % gel w/appl, 250 mg tablet, 375 mg capsule, 500 mg tablet)</i>                                          | 1    |                                    |
| MONUROL                                                                                                                         | 3    |                                    |
| <i>mupirocin</i>                                                                                                                | 1    |                                    |
| <i>mupirocin calcium</i>                                                                                                        | 1    |                                    |
| <i>nitrofurantoin</i>                                                                                                           | 1    |                                    |

| PRODUCT DESCRIPTION                                                                                                                                                                                             | TIER | LIMITS & RESTRICTIONS |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| <i>nitrofurantoin macrocrystal</i>                                                                                                                                                                              | 1    |                       |
| <i>nitrofurantoin monohydrate/macrocrystals</i>                                                                                                                                                                 | 1    |                       |
| <i>trimethoprim</i>                                                                                                                                                                                             | 1    |                       |
| <i>vancomycin hcl (1 g vial, 1 g vial port, 125 mg capsule, 250 mg capsule, 500 mg vial, 500 mg vial port, 750 mg vial, 750 mg vial port)</i>                                                                   | 3    |                       |
| XIFAXAN                                                                                                                                                                                                         | 3    | PA                    |
| BETA-LACTAM, CEPHALOSPORINS                                                                                                                                                                                     |      |                       |
| <i>cefaclor (125 mg/5ml susp recon, 250 mg capsule, 250 mg/5ml susp recon, 375 mg/5ml susp recon, 500 mg capsule, 500 mg tab er 12h)</i>                                                                        | 1    |                       |
| <i>cefadroxil (1 g tablet, 250 mg/5ml susp recon, 500 mg capsule, 500 mg/5ml susp recon)</i>                                                                                                                    | 1    |                       |
| <i>cefdinir (125 mg/5ml susp recon, 250 mg/5ml susp recon, 300 mg capsule)</i>                                                                                                                                  | 1    |                       |
| <i>cefixime</i>                                                                                                                                                                                                 | 1    |                       |
| <i>cefepodoxime proxetil (50 mg/5 ml susp recon, 100 mg tablet, 100 mg/5ml susp recon, 200 mg tablet)</i>                                                                                                       | 1    |                       |
| <i>cefprozil (125 mg/5ml susp recon, 250 mg tablet, 250 mg/5ml susp recon, 500 mg tablet)</i>                                                                                                                   | 1    |                       |
| <i>ceftibuten 400 mg capsule</i>                                                                                                                                                                                | 1    |                       |
| CEFTIN (125 MG/5 ML ORAL SUSP, 250 MG/5 ML ORAL SUSP)                                                                                                                                                           | 2    |                       |
| <i>cefuroxime axetil</i>                                                                                                                                                                                        | 1    |                       |
| <i>cephalexin (125 mg/5ml susp recon, 250 mg capsule, 250 mg tablet, 250 mg/5ml susp recon, 500 mg capsule, 500 mg tablet)</i>                                                                                  | 1    |                       |
| SUPRAX (100 MG TABLET CHEWABLE, 200 MG TABLET CHEWABLE, 400 MG CAPSULE, 400 MG TABLET, 500 MG/5 ML SUSPENSION)                                                                                                  | 2    |                       |
| BETA-LACTAM, PENICILLINS                                                                                                                                                                                        |      |                       |
| <i>amoxicillin (125 mg tab chew, 125 mg/5ml susp recon, 200 mg/5ml susp recon, 250 mg capsule, 250 mg tab chew, 250 mg/5ml susp recon, 400 mg/5ml susp recon, 500 mg capsule, 500 mg tablet, 875 mg tablet)</i> | 1    |                       |

| PRODUCT DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                          | TIER | LIMITS & RESTRICTIONS |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| <i>amoxicillin/potassium clavulanate (amoxicillin/potassium 200-28.5/5 susp recon, amoxicillin/potassium 200-28.5mg tab chew, amoxicillin/potassium 250-125 mg tablet, amoxicillin/potassium 250-62.5/5 susp recon, amoxicillin/potassium 400-57mg tab chew, amoxicillin/potassium 400-57mg/5 susp recon, amoxicillin/potassium 500-125 mg tablet, amoxicillin/potassium 600-42.9/5 susp recon, amoxicillin/potassium 875-125 mg tablet)</i> | 1    |                       |
| <i>ampicillin trihydrate (125 mg/5ml susp recon, 250 mg capsule, 250 mg/5ml susp recon, 500 mg capsule)</i>                                                                                                                                                                                                                                                                                                                                  | 1    |                       |
| AUGMENTIN 125-31.25 MG/5 ML                                                                                                                                                                                                                                                                                                                                                                                                                  | 2    |                       |
| <i>dicloxacillin sodium</i>                                                                                                                                                                                                                                                                                                                                                                                                                  | 1    |                       |
| <i>penicillin v potassium (125 mg/5ml soln recon, 250 mg tablet, 250 mg/5ml soln recon, 500 mg tablet)</i>                                                                                                                                                                                                                                                                                                                                   | 1    |                       |
| MACROLIDES                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |                       |
| AKNE-MYCIN                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2    |                       |
| <i>azithromycin (1 g packet, 100 mg/5ml susp recon, 200 mg/5ml susp recon, 250 mg tablet, 500 mg tablet, 500 mg vial, 500 mg vial port, 600 mg tablet)</i>                                                                                                                                                                                                                                                                                   | 1    |                       |
| <i>clarithromycin (125 mg/5ml susp recon, 250 mg tablet, 250 mg/5ml susp recon, 500 mg tab er 24h, 500 mg tablet)</i>                                                                                                                                                                                                                                                                                                                        | 1    |                       |
| ERY-TAB                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2    |                       |
| ERYPED 400                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2    |                       |
| ERYTHROCIN STEARATE                                                                                                                                                                                                                                                                                                                                                                                                                          | 1    |                       |
| <i>erythromycin base (5 mg/g oint. (g), 250 mg capsule dr, 250 mg tablet, 500 mg tablet)</i>                                                                                                                                                                                                                                                                                                                                                 | 1    |                       |
| <i>erythromycin base/ethyl alcohol (base/ethanol 2 % gel (gram), base/ethanol 2 % med. swab, base/ethanol 2 % solution)</i>                                                                                                                                                                                                                                                                                                                  | 1    |                       |
| <i>erythromycin ethylsuccinate (200 mg/5ml susp recon, 400 mg tablet)</i>                                                                                                                                                                                                                                                                                                                                                                    | 1    |                       |
| QUINOLONES                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |                       |
| CILOXAN 0.3% OINTMENT                                                                                                                                                                                                                                                                                                                                                                                                                        | 2    |                       |
| <i>ciprofloxacin</i>                                                                                                                                                                                                                                                                                                                                                                                                                         | 1    |                       |
| <i>ciprofloxacin hcl (0.3 % drops, 100 mg tablet, 250 mg tablet, 500 mg tablet, 750 mg tablet)</i>                                                                                                                                                                                                                                                                                                                                           | 1    |                       |
| <i>gatifloxacin</i>                                                                                                                                                                                                                                                                                                                                                                                                                          | 1    |                       |
| <i>levofloxacin (250 mg tablet, 250mg/10ml solution, 500 mg tablet, 500mg/20ml solution, 750 mg tablet)</i>                                                                                                                                                                                                                                                                                                                                  | 1    |                       |

| PRODUCT DESCRIPTION                                                                                                                                                                                                                             | TIER | LIMITS & RESTRICTIONS |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| <i>moxifloxacin hcl</i>                                                                                                                                                                                                                         | 3    |                       |
| <i>ofloxacin 0.3 % drops</i>                                                                                                                                                                                                                    | 1    |                       |
| VIGAMOX                                                                                                                                                                                                                                         | 3    |                       |
| SULFONAMIDES                                                                                                                                                                                                                                    |      |                       |
| AVC                                                                                                                                                                                                                                             | 2    |                       |
| <i>silver sulfadiazine</i>                                                                                                                                                                                                                      | 1    |                       |
| <i>sulfacetamide sodium (10 % drops, 10 % oint. (g), 10 % suspension)</i>                                                                                                                                                                       | 1    |                       |
| <i>sulfadiazine</i>                                                                                                                                                                                                                             | 1    |                       |
| <i>sulfamethoxazole/trimethoprim (sulfamethoxazole/trimethoprim 200-40mg/5 oral susp, sulfamethoxazole/trimethoprim 400mg-80mg tablet, sulfamethoxazole/trimethoprim 800-160 mg tablet, sulfamethoxazole/trimethoprim 800-160/20 oral susp)</i> | 1    |                       |
| TETRACYCLINES                                                                                                                                                                                                                                   |      |                       |
| <i>demeclocycline hcl</i>                                                                                                                                                                                                                       | 3    |                       |
| <i>doxycycline hyclate (50 mg capsule, 100 mg capsule, 100 mg tablet)</i>                                                                                                                                                                       | 1    |                       |
| <i>doxycycline monohydrate (50 mg capsule, 50 mg tablet, 100 mg capsule, 100 mg tablet)</i>                                                                                                                                                     | 1    |                       |
| <i>minocycline hcl (50 mg capsule, 75 mg capsule, 100 mg capsule)</i>                                                                                                                                                                           | 1    |                       |
| <i>tetracycline hcl</i>                                                                                                                                                                                                                         | 1    |                       |
| VIBRAMYCIN 50 MG/5 ML SYRUP                                                                                                                                                                                                                     | 2    |                       |
| ANTICONVULSANTS                                                                                                                                                                                                                                 |      |                       |
| ANTICONVULSANTS, OTHER                                                                                                                                                                                                                          |      |                       |
| FYCOMPA (0.5 MG/ML ORAL SUSP, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)                                                                                                                                   | 3    | MN                    |
| KEPPRA (100 MG/ML ORAL SOLN, 250 MG TABLET, 500 MG TABLET, 750 MG TABLET, 1,000 MG TABLET)                                                                                                                                                      | 2    | MN                    |
| KEPPRA XR                                                                                                                                                                                                                                       | 2    | MN                    |
| <i>levetiracetam (100 mg/ml solution, 250 mg tablet, 500 mg tab er 24h, 500 mg tablet, 500 mg/5ml solution, 750 mg tab er 24h, 750 mg tablet, 1000 mg tablet)</i>                                                                               | 1    | MN                    |

| PRODUCT DESCRIPTION                                                                                                                                              | TIER | LIMITS & RESTRICTIONS |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| CALCIUM CHANNEL MODIFYING AGENTS                                                                                                                                 |      |                       |
| <i>ethosuximide (250 mg capsule, 250 mg/5ml solution)</i>                                                                                                        | 1    | MN                    |
| ZARONTIN (250 MG CAPSULE, 250 MG/5 ML SOLUTION)                                                                                                                  | 2    | MN                    |
| ZONEGRAN                                                                                                                                                         | 2    | MN                    |
| <i>zonisamide</i>                                                                                                                                                | 1    | MN                    |
| GAMMA-AMINO BUTYRIC ACID (GABA) AUGMENTING AGENTS                                                                                                                |      |                       |
| DEPAKENE (250 MG CAPSULE, 250 MG/5 ML SOLUTION)                                                                                                                  | 2    | MN                    |
| DEPAKOTE                                                                                                                                                         | 2    | MN                    |
| DEPAKOTE ER                                                                                                                                                      | 2    | MN                    |
| DEPAKOTE SPRINKLE                                                                                                                                                | 2    | MN                    |
| DIASTAT                                                                                                                                                          | 2    | QL 5 / 30 day(s)      |
| DIASTAT ACUDIAL                                                                                                                                                  | 2    | QL 5 / 30 day(s)      |
| <i>diazepam (2.5 mg kit, 5-7.5-10mg kit, 12.5-15-20 kit)</i>                                                                                                     | 1    | QL 5 / 30 DAYS        |
| <i>divalproex sodium</i>                                                                                                                                         | 1    | MN                    |
| <i>gabapentin (100 mg capsule, 250 mg/5ml solution, 300 mg capsule, 400 mg capsule, 600 mg tablet, 800 mg tablet)</i>                                            | 1    | MN                    |
| GABITRIL (12 MG TABLET, 16 MG TABLET)                                                                                                                            | 2    | MN                    |
| MYSOLINE                                                                                                                                                         | 2    | MN                    |
| NEURONTIN (100 MG CAPSULE, 250 MG/5 ML SOLN, 300 MG CAPSULE, 400 MG CAPSULE, 600 MG TABLET, 800 MG TABLET)                                                       | 2    | MN                    |
| ONFI (2.5 MG/ML SUSPENSION, 10 MG TABLET, 20 MG TABLET)                                                                                                          | 3    | PA<br>MN              |
| <i>phenobarbital (15 mg tablet, 16.2 mg tablet, 20 mg/5 ml elixir, 30 mg tablet, 32.4 mg tablet, 60 mg tablet, 64.8 mg tablet, 97.2mg tablet, 100 mg tablet)</i> | 1    | MN                    |
| <i>primidone</i>                                                                                                                                                 | 1    | MN                    |
| <i>tiagabine hcl</i>                                                                                                                                             | 1    | MN                    |
| <i>valproic acid</i>                                                                                                                                             | 1    | MN                    |
| <i>valproic acid (as sodium salt) 250 mg/5ml solution</i>                                                                                                        | 1    | MN                    |

| PRODUCT DESCRIPTION                                                                                                                                  | TIER | LIMITS & RESTRICTIONS |
|------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| GLUTAMATE REDUCING AGENTS                                                                                                                            |      |                       |
| <i>felbamate (400 mg tablet, 600 mg tablet, 600 mg/5ml oral susp)</i>                                                                                | 1    | MN                    |
| FELBATOL (400 MG TABLET, 600 MG TABLET, 600 MG/5 ML SUSP)                                                                                            | 2    | MN                    |
| LAMICTAL                                                                                                                                             | 2    | MN                    |
| <i>lamotrigine (5 mg tb chw dsp, 25 mg tablet, 25 mg tb chw dsp, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>                                    | 1    | MN                    |
| TOPAMAX                                                                                                                                              | 2    | MN                    |
| <i>topiramate (15 mg cap sprink, 25 mg cap sprink, 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>                                     | 1    | MN                    |
| SODIUM CHANNEL AGENTS                                                                                                                                |      |                       |
| APTIOM                                                                                                                                               | 3    | MN                    |
| BANZEL (40 MG/ML SUSPENSION, 200 MG TABLET, 400 MG TABLET)                                                                                           | SP4  | PA                    |
| <i>carbamazepine (100 mg cpmp 12hr, 100 mg tab chew, 100 mg tab er 12h, 100 mg/5ml oral susp, 200 mg cpmp 12hr, 200 mg tablet, 300 mg cpmp 12hr)</i> | 1    | MN                    |
| <i>carbamazepine (200 mg tab er 12h, 400 mg tab er 12h)</i>                                                                                          | 1    |                       |
| CARBATROL                                                                                                                                            | 2    | MN                    |
| DILANTIN (30 MG CAPSULE, 50 MG INFATAB, 100 MG CAPSULE)                                                                                              | 2    | MN                    |
| DILANTIN-125                                                                                                                                         | 2    | MN                    |
| <i>oxcarbazepine (150 mg tablet, 300 mg tablet, 300 mg/5ml oral susp, 600 mg tablet)</i>                                                             | 1    | MN                    |
| <i>phenytoin (50 mg tab chew, 100 mg/4ml oral susp, 125 mg/5ml oral susp)</i>                                                                        | 1    | MN                    |
| <i>phenytoin sodium extended 100 mg capsule</i>                                                                                                      | 1    | MN                    |
| TEGRETOL (100 MG/5 ML SUSP, 200 MG TABLET)                                                                                                           | 2    | MN                    |
| TEGRETOL XR                                                                                                                                          | 2    | MN                    |
| TRILEPTAL (150 MG TABLET, 300 MG TABLET, 300 MG/5 ML SUSP, 600 MG TABLET)                                                                            | 2    | MN                    |

| PRODUCT DESCRIPTION                                                                                                          | TIER | LIMITS & RESTRICTIONS |
|------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| ANTIDEMENTIA AGENTS                                                                                                          |      |                       |
| ANTIDEMENTIA AGENTS, OTHER                                                                                                   |      |                       |
| <i>ergoloid mesylates</i>                                                                                                    | 1    |                       |
| CHOLINESTERASE INHIBITORS                                                                                                    |      |                       |
| <i>donepezil hcl (5 mg tab rapdis, 5 mg tablet, 10 mg tab rapdis, 10 mg tablet)</i>                                          | 1    |                       |
| <i>rivastigmine</i>                                                                                                          | 1    |                       |
| <i>rivastigmine tartrate</i>                                                                                                 | 1    |                       |
| N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST                                                                              |      |                       |
| <i>memantine hcl (2 mg/ml solution, 5 mg tablet, 5 mg-10 mg tab ds pk, 10 mg tablet)</i>                                     | 1    |                       |
| NAMENDA XR                                                                                                                   | 2    |                       |
| ANTIDEPRESSANTS                                                                                                              |      |                       |
| ANTIDEPRESSANTS, OTHER                                                                                                       |      |                       |
| <i>amitriptyline hcl/chlordiazepoxide</i>                                                                                    | 1    |                       |
| <i>bupropion hcl (75 mg tablet, 100 mg tablet, 100 mg tablet er, 150 mg tab er 24h, 200 mg tablet er, 300 mg tab er 24h)</i> | 1    | MN                    |
| <i>mirtazapine</i>                                                                                                           | 1    |                       |
| MONOAMINE OXIDASE INHIBITORS                                                                                                 |      |                       |
| <i>phenelzine sulfate</i>                                                                                                    | 1    |                       |
| <i>tranylcypromine sulfate</i>                                                                                               | 1    |                       |
| SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITORS/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR                         |      |                       |
| <i>citalopram hydrobromide (10 mg tablet, 10 mg/5 ml solution, 20 mg tablet, 40 mg tablet)</i>                               | 1    | MN                    |
| <i>escitalopram oxalate (5 mg tablet, 5 mg/5 ml solution, 10 mg tablet, 20 mg tablet)</i>                                    | 1    | MN                    |
| <i>fluoxetine hcl (10 mg capsule, 10 mg tablet, 20 mg tablet, 20 mg/5 ml solution, 40 mg capsule, 60 mg tablet)</i>          | 1    | MN                    |
| <i>fluoxetine hcl 20 mg capsule</i>                                                                                          | 1    |                       |
| <i>paroxetine hcl (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>                                                             | 1    |                       |
| <i>paroxetine hcl (12.5 mg tab er 24h, 25 mg tab er 24h, 30 mg tablet)</i>                                                   | 1    | MN                    |
| PAXIL 10 MG/5 ML SUSPENSION                                                                                                  | 2    | MN                    |

| PRODUCT DESCRIPTION                                                                                                                                       | TIER | LIMITS & RESTRICTIONS |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| <i>sertraline hcl (25 mg tablet, 100 mg tablet)</i>                                                                                                       | 1    |                       |
| <i>sertraline hcl 20 mg/ml oral conc</i>                                                                                                                  | 1    | MN                    |
| <i>trazodone hcl</i>                                                                                                                                      | 1    |                       |
| TRINTELLIX                                                                                                                                                | 3    | ST                    |
| <i>venlafaxine hcl (25 mg tablet, 37.5 mg cap er 24h, 37.5 mg tablet, 50 mg tablet, 75 mg cap er 24h, 75 mg tablet, 100 mg tablet, 150 mg cap er 24h)</i> | 1    | MN                    |
| TRICYCLICS                                                                                                                                                |      |                       |
| <i>amitriptyline hcl</i>                                                                                                                                  | 1    | MN                    |
| <i>clomipramine hcl</i>                                                                                                                                   | 1    | MN                    |
| <i>desipramine hcl</i>                                                                                                                                    | 1    | MN                    |
| <i>doxepin hcl (10 mg capsule, 10 mg/ml oral conc, 25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule)</i>                       | 1    | MN                    |
| <i>imipramine hcl</i>                                                                                                                                     | 1    | MN                    |
| <i>nortriptyline hcl (10 mg capsule, 10 mg/5 ml solution, 25 mg capsule, 50 mg capsule, 75 mg capsule)</i>                                                | 1    | MN                    |
| <i>trimipramine maleate</i>                                                                                                                               | 1    | MN                    |
| ANTIEMETICS                                                                                                                                               |      |                       |
| ANTIEMETICS, OTHER                                                                                                                                        |      |                       |
| <i>metoclopramide hcl (5 mg tablet, 5 mg/5 ml solution, 10 mg tablet, 10 mg/10ml solution)</i>                                                            | 1    |                       |
| <i>prochlorperazine 25 mg supp.rect</i>                                                                                                                   | 1    |                       |
| <i>prochlorperazine edisylate 5 mg/ml vial</i>                                                                                                            | 1    |                       |
| <i>prochlorperazine maleate</i>                                                                                                                           | 1    |                       |
| <i>promethazine hcl (12.5 mg supp.rect, 25 mg supp.rect, 50 mg supp.rect, 50 mg tablet)</i>                                                               | 1    |                       |
| TRANSDERM-SCOP                                                                                                                                            | 2    |                       |
| <i>trimethobenzamide hcl</i>                                                                                                                              | 1    |                       |
| EMETOGENIC THERAPY ADJUNCTS                                                                                                                               |      |                       |
| <i>aprepitant</i>                                                                                                                                         | 3    | QL 3 / rx             |
| <i>dronabinol</i>                                                                                                                                         | 3    |                       |

| PRODUCT DESCRIPTION                                                                                                                                                                  | TIER | LIMITS & RESTRICTIONS |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| EMEND 125 MG POWDER PACKET                                                                                                                                                           | 3    | QL 3 / 1 rx           |
| <i>granisetron hcl 1 mg tablet</i>                                                                                                                                                   | 3    | QL 4 / 1 RX           |
| <i>ondansetron</i>                                                                                                                                                                   | 1    | QL 8 / 1 RX           |
| <i>ondansetron hcl (2 mg/ml vial, 4 mg/5 ml solution)</i>                                                                                                                            | 1    |                       |
| <i>ondansetron hcl (4 mg tablet, 8 mg tablet, 24 mg tablet)</i>                                                                                                                      | 1    | QL 8 / 1 RX           |
| <i>ondansetron hcl/pf (hcl/pf 4 mg/2 ml ampul, hcl/pf 4 mg/2 ml vial)</i>                                                                                                            | 1    |                       |
| ANTIFUNGALS                                                                                                                                                                          |      |                       |
| <i>ciclopirox</i>                                                                                                                                                                    | 1    |                       |
| <i>ciclopirox olamine</i>                                                                                                                                                            | 1    |                       |
| <i>clotrimazole 10 mg troche</i>                                                                                                                                                     | 1    |                       |
| <i>econazole nitrate</i>                                                                                                                                                             | 1    |                       |
| EXELDERM (CREAM, SOLUTION)                                                                                                                                                           | 2    |                       |
| <i>fluconazole (10 mg/ml susp recon, 40 mg/ml susp recon, 50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>                                                             | 1    |                       |
| <i>griseofulvin ultramicrosize</i>                                                                                                                                                   | 1    |                       |
| <i>griseofulvin, microsize (125 mg/5ml oral susp, 500 mg tablet)</i>                                                                                                                 | 1    |                       |
| <i>itraconazole</i>                                                                                                                                                                  | 1    |                       |
| <i>ketoconazole (2 % cream (g), 2 % shampoo, 200 mg tablet)</i>                                                                                                                      | 1    |                       |
| LAMISIL (125 MG GRANULES PACKET, 187.5 MG GRANULES PACK)                                                                                                                             | 2    |                       |
| <i>naftifine hcl</i>                                                                                                                                                                 | 1    |                       |
| NAFTIN (1% GEL, 2% GEL)                                                                                                                                                              | 2    |                       |
| NATACYN                                                                                                                                                                              | 3    |                       |
| NOXAFIL (40 MG/ML SUSPENSION, DR 100 MG TABLET)                                                                                                                                      | 2    | PA                    |
| <i>nystatin (50mm unit powder(ea), 150mm unit powder(ea), 500k unit tablet, 500mm unit powder(ea), 100000/g cream (g), 100000/g oint. (g), 100000/g powder, 100000/ml oral susp)</i> | 1    |                       |
| <i>nystatin/triamcinolone acetonide</i>                                                                                                                                              | 1    |                       |
| <i>oxiconazole nitrate</i>                                                                                                                                                           | 1    |                       |
| OXISTAT 1% LOTION                                                                                                                                                                    | 2    |                       |
| SPORANOX 10 MG/ML SOLUTION                                                                                                                                                           | 2    |                       |

| PRODUCT DESCRIPTION                                                                               | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------------------------------------------------------------------|------|-----------------------|
| <i>terbinafine hcl 250 mg tablet</i>                                                              | 1    |                       |
| <i>terconazole</i>                                                                                | 1    |                       |
| ANTIGOUT AGENTS                                                                                   |      |                       |
| <i>allopurinol</i>                                                                                | 1    | MN                    |
| <i>colchicine 0.6 mg tablet</i>                                                                   | 1    | MN                    |
| <i>probenecid</i>                                                                                 | 1    | MN                    |
| <i>probenecid/colchicine</i>                                                                      | 1    | MN                    |
| ULORIC                                                                                            | 3    | ST                    |
| ANTIMIGRAINE AGENTS                                                                               |      |                       |
| ERGOT ALKALOIDS                                                                                   |      |                       |
| <i>dihydroergotamine mesylate (1 mg/ml ampul, 1 mg/ml vial)</i>                                   | 1    |                       |
| <i>dihydroergotamine mesylate 0.5mg/spry spray/pump</i>                                           | 1    | QL 8 / 30 DAYS        |
| <i>ergotamine tartrate/cafeine</i>                                                                | 1    |                       |
| MIGRANAL                                                                                          | 2    | QL 8 / 30 day(s)      |
| SEROTONIN (5-HT) 1B/1D RECEPTOR AGONISTS                                                          |      |                       |
| <i>naratriptan hcl (1 mg tablet, 2.5 mg tablet)</i>                                               | 3    | QL 9 / 30 DAYS        |
| <i>rizatriptan benzoate (10 mg tab rapdis, 10 mg tablet)</i>                                      | 1    | QL 12 / 30 DAYS       |
| <i>rizatriptan benzoate (5 mg tab rapdis, 5 mg tablet)</i>                                        | 1    | QL 24 / 30 DAYS       |
| <i>sumatriptan</i>                                                                                | 1    | QL 6 / 30 DAYS        |
| <i>sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>                          | 1    | QL 18 / 30 DAYS       |
| <i>sumatriptan succinate (4 mg/0.5ml cartridge, 4 mg/0.5ml pen injctr, 6 mg/0.5ml pen injctr)</i> | 1    | QL 3 / 30 DAYS        |
| <i>sumatriptan succinate 6 mg/0.5ml cartridge</i>                                                 | 1    | QL 3 / 1 DAYS         |
| <i>sumatriptan succinate 6 mg/0.5ml vial</i>                                                      | 1    | QL 3 / 30 days        |
| ANTIMYASTHENIC AGENTS                                                                             |      |                       |
| PARASYMPATHOMIMETICS                                                                              |      |                       |
| MESTINON 60 MG/5 ML SYRUP                                                                         | 2    |                       |
| <i>pyridostigmine bromide</i>                                                                     | 1    |                       |

| PRODUCT DESCRIPTION                                                                | TIER | LIMITS & RESTRICTIONS |
|------------------------------------------------------------------------------------|------|-----------------------|
| ANTIMYCOBACTERIALS                                                                 |      |                       |
| ANTIMYCOBACTERIALS, OTHER                                                          |      |                       |
| <i>dapsone</i>                                                                     | 1    |                       |
| <i>rifabutin</i>                                                                   | 3    |                       |
| ANTITUBERCULARS                                                                    |      |                       |
| <i>ethambutol hcl</i>                                                              | 1    |                       |
| <i>isoniazid (50 mg/5 ml solution, 100 mg tablet, 300 mg tablet)</i>               | 1    |                       |
| <i>pyrazinamide</i>                                                                | 1    |                       |
| <i>rifampin (150 mg capsule, 300 mg capsule)</i>                                   | 1    |                       |
| ANTINEOPLASTICS                                                                    |      |                       |
| ALKYLATING AGENTS                                                                  |      |                       |
| ALKERAN 2 MG TABLET                                                                | 2    |                       |
| BENDEKA                                                                            | SP2  |                       |
| CEENU                                                                              | 2    |                       |
| <i>cyclophosphamide (25 mg capsule, 25 mg tablet, 50 mg capsule, 50 mg tablet)</i> | 1    |                       |
| GLEOSTINE (10 MG CAPSULE, 40 MG CAPSULE, 100 MG CAPSULE)                           | 2    |                       |
| GLEOSTINE 5 MG CAPSULE                                                             | SP1  | PA                    |
| HEXALEN                                                                            | SP1  | PA                    |
| LEUKERAN                                                                           | 2    |                       |
| LOMUSTINE                                                                          | 2    |                       |
| MYLERAN                                                                            | 2    |                       |
| TEMODAR                                                                            | SP1  |                       |
| <i>temozolomide</i>                                                                | SP1  |                       |
| TREANDA (25 MG VIAL, 45 MG/0.5 ML VIAL, 100 MG VIAL, 180 MG/2 ML VIAL)             | SP2  |                       |
| ANTIANDROGENS                                                                      |      |                       |
| <i>bicalutamide</i>                                                                | 1    |                       |
| <i>flutamide</i>                                                                   | 1    |                       |
| NILANDRON                                                                          | SP1  | PA                    |

| PRODUCT DESCRIPTION                                                                                         | TIER | LIMITS & RESTRICTIONS                                                                                                  |
|-------------------------------------------------------------------------------------------------------------|------|------------------------------------------------------------------------------------------------------------------------|
| <i>nilutamide</i>                                                                                           | SP1  | PA                                                                                                                     |
| XTANDI                                                                                                      | SP1  | PA                                                                                                                     |
| ZYTIGA                                                                                                      | SP1  | PA                                                                                                                     |
| ANTIANGIOGENIC AGENTS                                                                                       |      |                                                                                                                        |
| POMALYST                                                                                                    | SP1  | PA                                                                                                                     |
| REVLIMID                                                                                                    | SP1  |                                                                                                                        |
| THALOMID                                                                                                    | SP1  |                                                                                                                        |
| ANTIESTROGENS/MODIFIERS                                                                                     |      |                                                                                                                        |
| FARESTON                                                                                                    | 2    |                                                                                                                        |
| FASLODEX                                                                                                    | SP2  |                                                                                                                        |
| <i>tamoxifen citrate 10 mg tablet</i>                                                                       | 1    |                                                                                                                        |
| <i>tamoxifen citrate 20 mg tablet</i>                                                                       | 1    | C<br>Covered at \$0 preventive copay for women 35 years and older per ACA. All other members covered at generic copay. |
| ANTIMETABOLITES                                                                                             |      |                                                                                                                        |
| ALIMTA                                                                                                      | SP1  |                                                                                                                        |
| <i>capecitabine</i>                                                                                         | SP1  | PA                                                                                                                     |
| <i>fluorouracil (2 % solution, 5 % cream (g), 5 % solution)</i>                                             | 1    |                                                                                                                        |
| <i>gemcitabine hcl (1 g vial, 1 g/26.3ml vial, 2 g vial, 2 g/52.6ml vial, 200 mg vial, 200mg/5.26 vial)</i> | SP1  |                                                                                                                        |
| <i>hydroxyurea</i>                                                                                          | 1    |                                                                                                                        |
| LONSURF                                                                                                     | SP1  | PA                                                                                                                     |
| <i>mercaptopurine</i>                                                                                       | 1    |                                                                                                                        |
| PURIXAN                                                                                                     | SP1  | PA                                                                                                                     |
| XELODA                                                                                                      | SP1  | PA                                                                                                                     |
| ANTINEOPLASTICS, OTHER                                                                                      |      |                                                                                                                        |
| ABRAXANE                                                                                                    | SP3  |                                                                                                                        |
| <i>amifostine crystalline</i>                                                                               | SP1  |                                                                                                                        |
| <i>azacitidine</i>                                                                                          | SP2  |                                                                                                                        |

| PRODUCT DESCRIPTION                                                               | TIER | LIMITS & RESTRICTIONS     |
|-----------------------------------------------------------------------------------|------|---------------------------|
| BCG (TICE STRAIN)                                                                 | SP1  |                           |
| <i>carboplatin 10 mg/ml vial</i>                                                  | SP1  |                           |
| DACOGEN                                                                           | SP4  |                           |
| DOCEFREZ                                                                          | SP1  |                           |
| <i>docetaxel</i>                                                                  | SP1  |                           |
| DOXIL                                                                             | SP1  |                           |
| FARYDAK                                                                           | SP1  | PA                        |
| HALAVEN                                                                           | SP3  | PA                        |
| <i>irinotecan hcl</i>                                                             | SP1  |                           |
| IXEMPRA                                                                           | SP3  |                           |
| JEVTANA                                                                           | SP4  | PA                        |
| <i>leucovorin calcium (5 mg tablet, 10 mg tablet, 15 mg tablet, 25 mg tablet)</i> | 1    |                           |
| LYNPARZA                                                                          | SP1  | PA                        |
| <i>mitoxantrone hcl 2 mg/ml vial</i>                                              | SP2  |                           |
| <i>oxaliplatin (50 mg vial, 50 mg/10ml vial, 100 mg vial, 100mg/20ml vial)</i>    | SP1  |                           |
| PROLEUKIN                                                                         | SP2  |                           |
| PROVENGE                                                                          | SP4  | QL 750 / 1 lifetime<br>PA |
| RUBRACA                                                                           | SP1  | PA                        |
| THERACYS                                                                          | SP1  |                           |
| TRISENOX                                                                          | SP4  |                           |
| VELCADE                                                                           | SP1  |                           |
| VIDAZA                                                                            | SP2  |                           |
| ZALTRAP                                                                           | SP4  | PA                        |
| ZOLINZA                                                                           | SP1  | PA                        |
| AROMATASE INHIBITORS, 3RD GENERATION                                              |      |                           |
| <i>anastrozole</i>                                                                | 1    |                           |
| <i>exemestane</i>                                                                 | 1    |                           |
| <i>letrozole</i>                                                                  | 1    |                           |

| PRODUCT DESCRIPTION                              | TIER | LIMITS & RESTRICTIONS |
|--------------------------------------------------|------|-----------------------|
| ENZYME INHIBITORS                                |      |                       |
| <i>etoposide 50 mg capsule</i>                   | SP1  |                       |
| HYCAMTIN (0.25 MG CAPSULE, 1 MG CAPSULE)         | SP1  | PA                    |
| <i>topotecan hcl (4 mg vial, 4 mg/4 ml vial)</i> | SP2  |                       |
| MOLECULAR TARGET INHIBITORS                      |      |                       |
| AFINITOR                                         | SP1  | PA                    |
| AFINITOR DISPERZ                                 | SP1  | PA                    |
| ALECENSA                                         | SP1  | PA                    |
| BOSULIF                                          | SP1  | PA                    |
| CABOMETYX                                        | SP1  | PA                    |
| CAPRELSA                                         | SP1  | PA                    |
| COMETRIQ                                         | SP1  | PA                    |
| COTELLIC                                         | SP1  | PA                    |
| ERIVEDGE                                         | SP1  | PA                    |
| GILOTRIF                                         | SP1  | PA                    |
| GLEEVEC                                          | SP1  | PA                    |
| IBRANCE                                          | SP1  | PA                    |
| ICLUSIG                                          | SP1  | PA                    |
| <i>imatinib mesylate</i>                         | SP1  | PA                    |
| IMBRUVICA                                        | SP1  | PA                    |
| INLYTA                                           | SP1  | PA                    |
| IRESSA                                           | SP1  | PA                    |
| JAKAFI                                           | SP1  | PA                    |
| KISQALI                                          | SP1  | PA                    |
| LENVIMA                                          | SP1  | PA                    |
| MEKINIST                                         | SP1  | PA                    |
| NEXAVAR                                          | SP1  | PA                    |

| PRODUCT DESCRIPTION                     | TIER | LIMITS & RESTRICTIONS |
|-----------------------------------------|------|-----------------------|
| NINLARO                                 | SP1  | PA                    |
| ODOMZO                                  | SP1  | PA                    |
| SPRYCEL                                 | SP1  | PA                    |
| STIVARGA                                | SP1  | PA                    |
| SUTENT                                  | SP1  |                       |
| TAFINLAR                                | SP1  | PA                    |
| TAGRISSO                                | SP1  | PA                    |
| TARCEVA                                 | SP1  | PA                    |
| TASIGNA                                 | SP1  | PA                    |
| TORISEL                                 | SP3  |                       |
| TYKERB                                  | SP1  | PA                    |
| VENCLEXTA                               | SP1  | PA                    |
| VENCLEXTA STARTING PACK                 | SP1  | PA                    |
| VOTRIENT                                | SP1  | PA                    |
| XALKORI                                 | SP1  | PA                    |
| ZELBORAF                                | SP1  | PA                    |
| ZYDELIG                                 | SP1  | PA                    |
| ZYKADIA                                 | SP1  | PA                    |
| MONOCLONAL ANTIBODIES                   |      |                       |
| ARZERRA                                 | SP3  | PA                    |
| AVASTIN                                 | SP1  |                       |
| ERBITUX                                 | SP2  | PA                    |
| GAZYVA                                  | SP2  | PA                    |
| HERCEPTIN                               | SP1  |                       |
| KADCYLA                                 | SP1  | PA                    |
| KEYTRUDA (50 MG VIAL, 100 MG/4 ML VIAL) | SP4  | PA                    |
| PERJETA                                 | SP1  | PA                    |

| PRODUCT DESCRIPTION                                                   | TIER | LIMITS & RESTRICTIONS |
|-----------------------------------------------------------------------|------|-----------------------|
| RITUXAN                                                               | SP1  |                       |
| VECTIBIX                                                              | SP2  | PA                    |
| YERVOY                                                                | SP4  | PA                    |
| ZEVALIN                                                               | SP2  | PA                    |
| RETINOIDS                                                             |      |                       |
| <i>bexarotene</i>                                                     | SP1  | PA                    |
| TARGRETIN (75 MG CAPSULE, 75 MG SOFTGEL)                              | SP1  | PA                    |
| TARGRETIN 1% GEL                                                      | SP2  |                       |
| <i>tretinoin 10 mg capsule</i>                                        | SP1  |                       |
| ANTIPARASITICS                                                        |      |                       |
| ANTIHELMINTHICS                                                       |      |                       |
| ALBENZA                                                               | 2    |                       |
| <i>ivermectin</i>                                                     | 1    |                       |
| ANTIPROTOZOALS                                                        |      |                       |
| <i>atovaquone/proguanil hcl</i>                                       | 1    |                       |
| <i>chloroquine phosphate</i>                                          | 1    |                       |
| DARAPRIM                                                              | 2    |                       |
| <i>hydroxychloroquine sulfate</i>                                     | 1    |                       |
| <i>mefloquine hcl</i>                                                 | 1    |                       |
| NEBUPENT                                                              | 2    |                       |
| <i>primaquine phosphate</i>                                           | 2    |                       |
| PEDICULICIDES/SCABICIDES                                              |      |                       |
| EURAX                                                                 | 2    |                       |
| <i>lindane</i>                                                        | 2    |                       |
| <i>permethrin 5 % cream (g)</i>                                       | 1    |                       |
| ANTIPARKINSON AGENTS                                                  |      |                       |
| ANTICHOLINERGICS                                                      |      |                       |
| <i>benztropine mesylate (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i> | 1    | MN                    |
| <i>trihexyphenidyl hcl (2 mg/5 ml elixir, 5 mg tablet)</i>            | 1    | MN                    |

| PRODUCT DESCRIPTION                                                                                                                                                                                                            | TIER | LIMITS & RESTRICTIONS |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| <i>trihexyphenidyl hcl 2 mg tablet</i>                                                                                                                                                                                         | 1    |                       |
| ANTIPARKINSON AGENTS, OTHER                                                                                                                                                                                                    |      |                       |
| <i>amantadine hcl (50 mg/5 ml solution, 100 mg capsule, 100 mg tablet)</i>                                                                                                                                                     | 1    | MN                    |
| <i>entacapone</i>                                                                                                                                                                                                              | 3    | MN                    |
| DOPAMINE AGONISTS                                                                                                                                                                                                              |      |                       |
| <i>APOKYN</i>                                                                                                                                                                                                                  | SP3  |                       |
| <i>bromocriptine mesylate</i>                                                                                                                                                                                                  | 1    | MN                    |
| <i>pramipexole di-hcl (0.125 mg tablet, 0.25 mg tablet, 0.5 mg tablet, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet)</i>                                                                                                         | 1    | MN                    |
| <i>ropinirole hcl (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet)</i>                                                                                                         | 1    | MN                    |
| DOPAMINE PRECURSORS/L-AMINO ACID DECARBOXYLASE INHIBITORS                                                                                                                                                                      |      |                       |
| <i>carbidopa/levodopa (carbidopa/levodopa 10mg-100mg tablet, carbidopa/levodopa 25mg-100mg tablet, carbidopa/levodopa 25mg-100mg tablet er, carbidopa/levodopa 25mg-250mg tablet, carbidopa/levodopa 50mg-200mg tablet er)</i> | 1    | MN                    |
| MONOAMINE OXIDASE B (MAO-B) INHIBITORS                                                                                                                                                                                         |      |                       |
| <i>rasagiline mesylate</i>                                                                                                                                                                                                     | 3    | MN                    |
| <i>selegiline hcl</i>                                                                                                                                                                                                          | 1    | MN                    |
| ANTIPSYCHOTICS                                                                                                                                                                                                                 |      |                       |
| 1ST GENERATION/TYPICAL                                                                                                                                                                                                         |      |                       |
| <i>chlorpromazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>                                                                                                                             | 1    |                       |
| <i>fluphenazine hcl (1 mg tablet, 2.5 mg tablet, 2.5 mg/5ml elixir, 5 mg tablet, 5 mg/ml oral conc, 10 mg tablet)</i>                                                                                                          | 1    |                       |
| <i>haloperidol</i>                                                                                                                                                                                                             | 1    |                       |
| <i>haloperidol lactate (2 mg/ml oral conc, 5 mg/ml ampul, 5 mg/ml vial)</i>                                                                                                                                                    | 1    |                       |
| <i>loxapine succinate</i>                                                                                                                                                                                                      | 1    |                       |
| <i>pimozide</i>                                                                                                                                                                                                                | 1    |                       |
| <i>thioridazine hcl</i>                                                                                                                                                                                                        | 1    |                       |
| <i>thiothixene</i>                                                                                                                                                                                                             | 1    |                       |
| <i>trifluoperazine hcl</i>                                                                                                                                                                                                     | 1    |                       |

| PRODUCT DESCRIPTION                                                                                                                                                                                                                 | TIER | LIMITS & RESTRICTIONS |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| 2ND GENERATION/ATYPICAL                                                                                                                                                                                                             |      |                       |
| <i>aripiprazole (1 mg/ml solution, 2 mg tablet, 5 mg tablet, 10 mg tab rapdis, 10 mg tablet, 15 mg tab rapdis, 15 mg tablet, 20 mg tablet, 30 mg tablet)</i>                                                                        | 1    |                       |
| GEODON 20 MG/ML VIAL                                                                                                                                                                                                                | 3    |                       |
| <i>olanzapine (2.5 mg tablet, 5 mg tab rapdis, 5 mg tablet, 7.5 mg tablet, 10 mg tab rapdis, 10 mg tablet, 15 mg tab rapdis, 15 mg tablet, 20 mg tab rapdis, 20 mg tablet)</i>                                                      | 1    |                       |
| <i>quetiapine fumarate (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet, 300 mg tablet, 400 mg tablet)</i>                                                                                                                 | 1    |                       |
| RISPERDAL CONSTA                                                                                                                                                                                                                    | SP2  |                       |
| <i>risperidone (0.25 mg tab rapdis, 0.25 mg tablet, 0.5 mg tab rapdis, 0.5 mg tablet, 1 mg tab rapdis, 1 mg tablet, 1 mg/ml solution, 2 mg tab rapdis, 2 mg tablet, 3 mg tab rapdis, 3 mg tablet, 4 mg tab rapdis, 4 mg tablet)</i> | 1    |                       |
| <i>ziprasidone hcl</i>                                                                                                                                                                                                              | 3    |                       |
| TREATMENT-RESISTANT                                                                                                                                                                                                                 |      |                       |
| <i>clozapine (25 mg tablet, 100 mg tablet)</i>                                                                                                                                                                                      | 1    |                       |
| ANTISPASTICITY AGENTS                                                                                                                                                                                                               |      |                       |
| <i>baclofen</i>                                                                                                                                                                                                                     | 1    |                       |
| <i>dantrolene sodium (25 mg capsule, 50 mg capsule, 100 mg capsule)</i>                                                                                                                                                             | 3    |                       |
| <i>tizanidine hcl (2 mg tablet, 4 mg tablet)</i>                                                                                                                                                                                    | 1    |                       |
| ANTIVIRALS                                                                                                                                                                                                                          |      |                       |
| ANTI-CYTOMEGALOVIRUS (CMV) AGENTS                                                                                                                                                                                                   |      |                       |
| <i>valganciclovir hcl 450 mg tablet</i>                                                                                                                                                                                             | 1    |                       |
| ANTI-HEPATITIS B (HBV) AGENTS                                                                                                                                                                                                       |      |                       |
| BARACLUDE (0.05 MG/ML SOLUTION, 0.5 MG TABLET, 1 MG TABLET)                                                                                                                                                                         | SP3  |                       |
| <i>entecavir</i>                                                                                                                                                                                                                    | SP3  |                       |
| EPIVIR HBV 25 MG/5 ML SOLN                                                                                                                                                                                                          | 2    |                       |
| HEPSERA                                                                                                                                                                                                                             | SP2  |                       |
| <i>lamivudine 100 mg tablet</i>                                                                                                                                                                                                     | 1    |                       |

| PRODUCT DESCRIPTION                                                                                                      | TIER | LIMITS & RESTRICTIONS |
|--------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| ANTI-HEPATITIS C (HCV) AGENTS                                                                                            |      |                       |
| HARVONI                                                                                                                  | SP2  | PA                    |
| INFERGEN                                                                                                                 | SP3  |                       |
| INTRON A (10 MILLION UNITS VIL, 18 MILLION UNIT/3 ML, 18 MILLION UNITS VIL, 25 MILLION UNIT/2.5ML, 50 MILLION UNITS VIL) | SP1  |                       |
| PEGASYS (180 MCG/0.5 ML SYRINGE, 180 MCG/ML VIAL)                                                                        | SP1  |                       |
| PEGASYS PROCLICK                                                                                                         | SP1  |                       |
| PEGINTRON                                                                                                                | SP1  |                       |
| PEGINTRON REDIPEN                                                                                                        | SP1  |                       |
| <i>ribavirin (200 mg capsule, 200 mg tablet)</i>                                                                         | 1    |                       |
| SOVALDI                                                                                                                  | SP2  | PA                    |
| ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)                                                                            |      |                       |
| ISENTRESS 400 MG TABLET                                                                                                  | SP1  |                       |
| STRIBILD                                                                                                                 | SP1  |                       |
| ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)                                                 |      |                       |
| ATRIPLA                                                                                                                  | 2    |                       |
| COMPLERA                                                                                                                 | SP1  |                       |
| <i>nevirapine (50 mg/5 ml oral susp, 200 mg tablet, 400 mg tab er 24h)</i>                                               | 1    |                       |
| RESCRIPTOR                                                                                                               | 2    |                       |
| SUSTIVA                                                                                                                  | 2    |                       |
| ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)                                       |      |                       |
| <i>abacavir sulfate</i>                                                                                                  | 1    |                       |
| <i>abacavir sulfate/lamivudine/zidovudine</i>                                                                            | 3    |                       |
| <i>didanosine</i>                                                                                                        | 1    |                       |
| EMTRIVA (10 MG/ML SOLUTION, 200 MG CAPSULE)                                                                              | 2    |                       |
| EPIVIR 10 MG/ML ORAL SOLN                                                                                                | 2    |                       |
| <i>lamivudine (150 mg tablet, 300 mg tablet)</i>                                                                         | 1    |                       |
| <i>lamivudine/zidovudine</i>                                                                                             | 1    |                       |
| <i>stavudine (1 mg/ml soln recon, 15 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)</i>                        | 1    |                       |

| PRODUCT DESCRIPTION                                                                                  | TIER | LIMITS & RESTRICTIONS |
|------------------------------------------------------------------------------------------------------|------|-----------------------|
| TRUVADA                                                                                              | 2    |                       |
| VIDEX                                                                                                | 2    |                       |
| VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, 300 MG TABLET, POWDER)                          | 2    |                       |
| <i>zidovudine (10 mg/ml syrup, 100 mg capsule, 300 mg tablet)</i>                                    | 1    |                       |
| ANTI-HIV AGENTS, OTHER                                                                               |      |                       |
| SELZENTRY                                                                                            | 3    |                       |
| ANTI-HIV AGENTS, PROTEASE INHIBITORS                                                                 |      |                       |
| CRIXIVAN                                                                                             | 2    |                       |
| INVIRASE                                                                                             | 2    |                       |
| KALETRA (100-25 MG TABLET, 200-50 MG TABLET)                                                         | 2    |                       |
| <i>lopinavir/ritonavir</i>                                                                           | 1    |                       |
| NORVIR (80 MG/ML SOLUTION, 100 MG SOFTGEL CAP, 100 MG TABLET)                                        | 2    |                       |
| REYATAZ                                                                                              | 2    |                       |
| VIRACEPT                                                                                             | 2    |                       |
| ANTI-INFLUENZA AGENTS                                                                                |      |                       |
| <i>oseltamivir phosphate (30 mg capsule, 45 mg capsule)</i>                                          | 3    | QL 10 / 30 day(s)     |
| <i>oseltamivir phosphate 75 mg capsule</i>                                                           | 3    |                       |
| <i>rimantadine hcl</i>                                                                               | 1    |                       |
| TAMIFLU 6 MG/ML SUSPENSION                                                                           | 3    |                       |
| ANTIHERPETIC AGENTS                                                                                  |      |                       |
| <i>acyclovir (5 % oint. (g), 200 mg capsule, 200 mg/5ml oral susp, 400 mg tablet, 800 mg tablet)</i> | 1    |                       |
| <i>famciclovir</i>                                                                                   | 3    |                       |
| <i>trifluridine</i>                                                                                  | 1    |                       |
| <i>valacyclovir hcl</i>                                                                              | 3    |                       |
| ZOVIRAX 5% CREAM                                                                                     | 2    |                       |
| ANXIOLYTICS                                                                                          |      |                       |
| ANXIOLYTICS, OTHER                                                                                   |      |                       |
| <i>buspirone hcl</i>                                                                                 | 1    |                       |
| <i>meprobamate</i>                                                                                   | 1    |                       |

| PRODUCT DESCRIPTION                                                                                                                               | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| BENZODIAZEPINES                                                                                                                                   |      |                       |
| <i>alprazolam (0.25 mg tablet, 0.5 mg tab er 24h, 0.5 mg tablet, 1 mg tab er 24h, 1 mg tablet, 2 mg tab er 24h, 2 mg tablet, 3 mg tab er 24h)</i> | 1    |                       |
| <i>chlordiazepoxide hcl</i>                                                                                                                       | 1    |                       |
| <i>clonazepam</i>                                                                                                                                 | 1    | MN                    |
| <i>clorazepate dipotassium</i>                                                                                                                    | 1    |                       |
| <i>diazepam (2 mg tablet, 5 mg tablet, 5 mg/5 ml solution, 5 mg/ml oral conc, 10 mg tablet)</i>                                                   | 1    |                       |
| KLONOPIN                                                                                                                                          | 2    | MN                    |
| <i>lorazepam (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>                                                                                        | 1    |                       |
| <i>oxazepam</i>                                                                                                                                   | 1    |                       |
| BIPOLAR AGENTS                                                                                                                                    |      |                       |
| MOOD STABILIZERS                                                                                                                                  |      |                       |
| <i>lithium carbonate</i>                                                                                                                          | 1    | MN                    |
| <i>lithium citrate</i>                                                                                                                            | 1    | MN                    |
| BLOOD GLUCOSE REGULATORS                                                                                                                          |      |                       |
| ANTIDIABETIC AGENTS                                                                                                                               |      |                       |
| <i>acarbose</i>                                                                                                                                   | 1    | MN                    |
| BYDUREON                                                                                                                                          | 3    | MN                    |
| BYDUREON PEN                                                                                                                                      | 3    | MN                    |
| BYETTA                                                                                                                                            | 3    | MN                    |
| <i>chlorpropamide</i>                                                                                                                             | 1    | MN                    |
| <i>glimepiride</i>                                                                                                                                | 1    | MN                    |
| <i>glipizide (2.5 mg tab er 24, 5 mg tab er 24, 5 mg tablet, 10 mg tab er 24)</i>                                                                 | 1    | MN                    |
| <i>glipizide 10 mg tablet</i>                                                                                                                     | 1    |                       |
| <i>glipizide/metformin hcl</i>                                                                                                                    | 1    | MN                    |
| <i>glyburide</i>                                                                                                                                  | 1    | MN                    |
| <i>glyburide,micronized</i>                                                                                                                       | 1    | MN                    |

| PRODUCT DESCRIPTION                                                                                       | TIER | LIMITS & RESTRICTIONS |
|-----------------------------------------------------------------------------------------------------------|------|-----------------------|
| <i>glyburide/metformin hcl</i>                                                                            | 1    | MN                    |
| INVOKAMET                                                                                                 | 3    | MN                    |
| INVOKANA                                                                                                  | 3    | MN                    |
| JANUMET                                                                                                   | 2    | MN                    |
| JANUMET XR                                                                                                | 2    | MN                    |
| JANUVIA                                                                                                   | 2    | MN                    |
| JARDIANCE                                                                                                 | 3    | MN                    |
| JENTADUETO                                                                                                | 2    | MN                    |
| JENTADUETO XR                                                                                             | 2    | MN                    |
| <i>metformin hcl (500 mg tab er 24h, 500 mg tablet, 750 mg tab er 24h, 850 mg tablet, 1000 mg tablet)</i> | 1    | MN                    |
| <i>metformin hcl 500 mg tabergr24h</i>                                                                    | 1    |                       |
| <i>nateglinide</i>                                                                                        | 3    | MN                    |
| <i>pioglitazone hcl</i>                                                                                   | 1    | MN                    |
| <i>pioglitazone hcl/glimepiride</i>                                                                       | 3    | MN                    |
| <i>pioglitazone hcl/metformin hcl</i>                                                                     | 3    | MN                    |
| <i>repaglinide</i>                                                                                        | 3    | MN                    |
| SYNJARDY                                                                                                  | 3    | MN                    |
| <i>tolazamide</i>                                                                                         | 1    | MN                    |
| <i>tolbutamide</i>                                                                                        | 1    | MN                    |
| TRADJENTA                                                                                                 | 2    | MN                    |
| VICTOZA 2-PAK                                                                                             | 3    | MN                    |
| VICTOZA 3-PAK                                                                                             | 3    | MN                    |
| GLYCEMIC AGENTS                                                                                           |      |                       |
| GLUCAGEN (1 MG, 1 MG 2-PACK)                                                                              | 2    |                       |
| GLUCAGON EMERGENCY KIT                                                                                    | 2    | QL 2 / 25 DAYS        |
| PROGLYCEM                                                                                                 | 2    |                       |

| PRODUCT DESCRIPTION       | TIER | LIMITS & RESTRICTIONS |
|---------------------------|------|-----------------------|
| INSULINS                  |      |                       |
| APIDRA                    | 3    | MN                    |
| APIDRA SOLOSTAR           | 3    | MN                    |
| HUMALOG                   | 2    | MN                    |
| HUMALOG KWIKPEN U-100     | 2    | MN                    |
| HUMALOG KWIKPEN U-200     | 2    | MN                    |
| HUMALOG MIX 50-50         | 2    | MN                    |
| HUMALOG MIX 50-50 KWIKPEN | 2    | MN                    |
| HUMALOG MIX 75-25         | 2    | MN                    |
| HUMALOG MIX 75-25 KWIKPEN | 2    | MN                    |
| HUMULIN 70-30             | 2    | MN                    |
| HUMULIN 70/30 KWIKPEN     | 2    | MN                    |
| HUMULIN N                 | 2    | MN                    |
| HUMULIN N KWIKPEN         | 2    | MN                    |
| HUMULIN R                 | 2    | MN                    |
| HUMULIN R U-500           | 2    | MN                    |
| HUMULIN R U-500 KWIKPEN   | 2    | MN                    |
| LANTUS                    | 2    | MN                    |
| LANTUS SOLOSTAR           | 2    | MN                    |
| LEVEMIR                   | 2    | MN                    |
| LEVEMIR FLEXPEN           | 2    | MN                    |
| LEVEMIR FLEXTOUCH         | 2    | MN                    |
| NOVOLIN 70-30             | 2    | MN                    |
| NOVOLIN N                 | 2    | MN                    |
| NOVOLIN R                 | 2    | MN                    |
| NOVOLOG                   | 2    | MN                    |

| PRODUCT DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                              | TIER | LIMITS & RESTRICTIONS |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| NOVOLOG FLEXPEN                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2    | MN                    |
| NOVOLOG MIX 70-30                                                                                                                                                                                                                                                                                                                                                                                                                                | 2    | MN                    |
| NOVOLOG MIX 70-30 FLEXPEN                                                                                                                                                                                                                                                                                                                                                                                                                        | 2    | MN                    |
| TOUJEO SOLOSTAR                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2    | MN                    |
| TRESIBA FLEXTOUCH U-100                                                                                                                                                                                                                                                                                                                                                                                                                          | 2    | MN                    |
| TRESIBA FLEXTOUCH U-200                                                                                                                                                                                                                                                                                                                                                                                                                          | 2    | MN                    |
| BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS                                                                                                                                                                                                                                                                                                                                                                                                        |      |                       |
| ANTICOAGULANTS                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |                       |
| ARIXTRA                                                                                                                                                                                                                                                                                                                                                                                                                                          | SP2  |                       |
| COUMADIN                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2    | MN                    |
| ELIQUIS                                                                                                                                                                                                                                                                                                                                                                                                                                          | 2    | MN                    |
| <i>enoxaparin sodium</i>                                                                                                                                                                                                                                                                                                                                                                                                                         | 1    |                       |
| <i>fondaparinux sodium</i>                                                                                                                                                                                                                                                                                                                                                                                                                       | SP2  |                       |
| FRAGMIN                                                                                                                                                                                                                                                                                                                                                                                                                                          | SP3  |                       |
| <i>heparin sodium,porcine (10 unit/ml syringe, 10 unit/ml vial, 100/ml (1) syringe, 100/ml vial, 200/2 ml syringe, 300/3 ml syringe, 500/5 ml syringe, 1000/ml vial, 5000/ml vial, 5000/ml(1) cartridge, 10000/ml vial, 20000/ml vial)</i>                                                                                                                                                                                                       | 1    |                       |
| <i>heparin sodium,porcine in 0.9 % sodium chloride (sod,porcine/0.9 % 10 unit/ml kit, sod,porcine/0.9 % 100/ml kit)</i>                                                                                                                                                                                                                                                                                                                          | 1    |                       |
| <i>heparin sodium,porcine/pf (sodium,porcine/pf 1 unit/ml syringe, sodium,porcine/pf 10 unit/ml syringe, sodium,porcine/pf 10 unit/ml vial, sodium,porcine/pf 100/ml (1) syringe, sodium,porcine/pf 100/ml (1) vial, sodium,porcine/pf 200/2 ml syringe, sodium,porcine/pf 300/3 ml syringe, sodium,porcine/pf 500/5 ml syringe, sodium,porcine/pf 1000/10 ml syringe, sodium,porcine/pf 1000/ml vial, sodium,porcine/pf 5000/0.5ml syringe)</i> | 1    |                       |
| LOVENOX                                                                                                                                                                                                                                                                                                                                                                                                                                          | SP1  |                       |
| THROMBATE III                                                                                                                                                                                                                                                                                                                                                                                                                                    | SP1  |                       |
| <i>warfarin sodium (1 mg tablet, 2 mg tablet, 2.5 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet, 6 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>                                                                                                                                                                                                                                                                                                | 1    | MN                    |
| XARELTO (10 MG TABLET, STARTER PACK)                                                                                                                                                                                                                                                                                                                                                                                                             | 2    |                       |
| XARELTO (15 MG TABLET, 20 MG TABLET)                                                                                                                                                                                                                                                                                                                                                                                                             | 2    | MN                    |

| PRODUCT DESCRIPTION                                          | TIER | LIMITS & RESTRICTIONS                     |
|--------------------------------------------------------------|------|-------------------------------------------|
| BLOOD FORMATION MODIFIERS                                    |      |                                           |
| <i>anagrelide hcl</i>                                        | 1    |                                           |
| ARANESP                                                      | SP2  |                                           |
| EPOGEN                                                       | SP2  |                                           |
| LEUKINE                                                      | SP2  |                                           |
| MOZOBIL                                                      | SP2  | <div>QL 9.6 / 30 DAYS</div> <div>PA</div> |
| NEULASTA                                                     | SP1  |                                           |
| NEUMEGA                                                      | SP3  |                                           |
| NEUPOGEN                                                     | SP1  |                                           |
| PROCRIT                                                      | SP2  |                                           |
| PROMACTA                                                     | SP2  | PA                                        |
| COAGULANTS                                                   |      |                                           |
| ADVATE                                                       | SP1  |                                           |
| ALPHANATE                                                    | SP1  |                                           |
| ALPHANINE SD                                                 | SP1  |                                           |
| <i>aminocaproic acid (250 mg/ml solution, 500 mg tablet)</i> | 1    |                                           |
| BEBULIN                                                      | SP1  |                                           |
| BENEFIX (250 KIT, 500 KIT, 1,000 KIT, 2,000 KIT)             | SP1  |                                           |
| FEIBA NF                                                     | SP1  |                                           |
| HELIXATE FS                                                  | SP1  |                                           |
| HEMOFIL M                                                    | SP1  |                                           |
| HUMATE-P                                                     | SP1  |                                           |
| KOATE-DVI                                                    | SP1  |                                           |
| KOGENATE FS                                                  | SP1  |                                           |
| KOVALTRY                                                     | SP1  |                                           |
| MONOCLATE-P                                                  | SP1  |                                           |
| MONONINE                                                     | SP1  |                                           |
| NOVOSEVEN RT                                                 | SP1  |                                           |
| PROFILNINE                                                   | SP1  |                                           |
| RECOMBINATE                                                  | SP1  |                                           |

| PRODUCT DESCRIPTION                                                | TIER | LIMITS & RESTRICTIONS |
|--------------------------------------------------------------------|------|-----------------------|
| <i>tranexamic acid 650 mg tablet</i>                               | 1    |                       |
| PLATELET MODIFYING AGENTS                                          |      |                       |
| <i>aspirin/dipyridamole</i>                                        | 1    | MN                    |
| BRILINTA                                                           | 2    | MN                    |
| <i>cilostazol</i>                                                  | 1    | MN                    |
| <i>clopidogrel bisulfate</i>                                       | 1    | MN                    |
| <i>dipyridamole (25 mg tablet, 50 mg tablet, 75 mg tablet)</i>     | 1    | MN                    |
| EFFIENT                                                            | 2    | MN                    |
| <i>ticlopidine hcl</i>                                             | 1    | MN                    |
| CARDIOVASCULAR AGENTS                                              |      |                       |
| ALPHA-ADRENERGIC AGONISTS                                          |      |                       |
| <i>clonidine</i>                                                   | 1    | MN                    |
| <i>clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)</i> | 1    | MN                    |
| <i>guanfacine hcl (1 mg tablet, 2 mg tablet)</i>                   | 1    | MN                    |
| <i>methyldopa</i>                                                  | 1    | MN                    |
| ALPHA-ADRENERGIC BLOCKING AGENTS                                   |      |                       |
| <i>doxazosin mesylate (1 mg tablet, 2 mg tablet, 4 mg tablet)</i>  | 1    |                       |
| <i>doxazosin mesylate 8 mg tablet</i>                              | 1    | MN                    |
| <i>phenoxybenzamine hcl</i>                                        | 1    | MN                    |
| <i>prazosin hcl</i>                                                | 1    | MN                    |
| <i>terazosin hcl</i>                                               | 1    | MN                    |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS                                |      |                       |
| <i>candesartan cilexetil</i>                                       | 1    | MDD 1 per day<br>MN   |
| <i>irbesartan</i>                                                  | 1    |                       |
| <i>losartan potassium</i>                                          | 1    | MN                    |
| <i>valsartan (40 mg tablet, 80 mg tablet, 160 mg tablet)</i>       | 1    | MDD 1 per day<br>MN   |

| PRODUCT DESCRIPTION                                                            | TIER | LIMITS & RESTRICTIONS |
|--------------------------------------------------------------------------------|------|-----------------------|
| <i>valsartan 320 mg tablet</i>                                                 | 1    | MN                    |
| ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS                                 |      |                       |
| <i>benazepril hcl</i>                                                          | 1    | MN                    |
| <i>captopril</i>                                                               | 1    | MN                    |
| <i>enalapril maleate</i>                                                       | 1    | MN                    |
| <i>fosinopril sodium</i>                                                       | 1    | MN                    |
| <i>lisinopril</i>                                                              | 1    | MN                    |
| <i>quinapril hcl</i>                                                           | 1    | MN                    |
| <i>ramipril</i>                                                                | 1    | MN                    |
| ANTIARRHYTHMICS                                                                |      |                       |
| <i>amiodarone hcl (100 mg tablet, 200 mg tablet, 400 mg tablet)</i>            | 1    | MN                    |
| <i>disopyramide phosphate</i>                                                  | 1    | MN                    |
| <i>dofetilide</i>                                                              | 3    |                       |
| <i>flecainide acetate</i>                                                      | 1    | MN                    |
| <i>mexiletine hcl</i>                                                          | 1    | MN                    |
| MULTAQ                                                                         | 2    | MN                    |
| NORPACE CR                                                                     | 2    | MN                    |
| <i>propafenone hcl (150 mg tablet, 225 mg tablet, 300 mg tablet)</i>           | 1    | MN                    |
| <i>quinidine gluconate 324 mg tablet er</i>                                    | 1    | MN                    |
| <i>quinidine sulfate (200 mg tablet, 300 mg tablet)</i>                        | 1    | MN                    |
| <i>sotalol hcl (80 mg tablet, 120 mg tablet, 160 mg tablet, 240 mg tablet)</i> | 1    | MN                    |
| BETA-ADRENERGIC BLOCKING AGENTS                                                |      |                       |
| <i>acebutolol hcl</i>                                                          | 1    | MN                    |
| <i>atenolol</i>                                                                | 1    | MN                    |
| <i>betaxolol hcl (10 mg tablet, 20 mg tablet)</i>                              | 1    | MN                    |
| <i>bisoprolol fumarate</i>                                                     | 1    | MN                    |

| PRODUCT DESCRIPTION                                                                                                                                                                                                                                                                    | TIER | LIMITS & RESTRICTIONS |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| BYSTOLIC                                                                                                                                                                                                                                                                               | 3    | MN                    |
| carvedilol                                                                                                                                                                                                                                                                             | 1    | MN                    |
| labetalol hcl (100 mg tablet, 200 mg tablet, 300 mg tablet)                                                                                                                                                                                                                            | 1    | MN                    |
| metoprolol succinate (25 mg tab er 24h, 200 mg tab er 24h)                                                                                                                                                                                                                             | 1    | MN                    |
| metoprolol succinate (50 mg tab er 24h, 100 mg tab er 24h)                                                                                                                                                                                                                             | 1    |                       |
| metoprolol tartrate (25 mg tablet, 37.5 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet)                                                                                                                                                                                          | 1    | MN                    |
| nadolol                                                                                                                                                                                                                                                                                | 1    | MN                    |
| pindolol                                                                                                                                                                                                                                                                               | 1    | MN                    |
| propranolol hcl (10 mg tablet, 20 mg tablet, 20 mg/5 ml solution, 40 mg tablet, 40mg/5ml solution, 60 mg cap sa 24h, 60 mg tablet, 80 mg cap sa 24h, 80 mg tablet, 120 mg cap sa 24h, 160 mg cap sa 24h)                                                                               | 1    | MN                    |
| timolol maleate (5 mg tablet, 10 mg tablet, 20 mg tablet)                                                                                                                                                                                                                              | 1    | MN                    |
| CALCIUM CHANNEL BLOCKING AGENTS                                                                                                                                                                                                                                                        |      |                       |
| amlodipine besylate                                                                                                                                                                                                                                                                    | 1    | MN                    |
| diltiazem hcl (120 mg capsule er, 180 mg capsule er, 240 mg capsule er, 300 mg capsule er, 360 mg capsule er, 420 mg capsule er)                                                                                                                                                       | 1    |                       |
| diltiazem hcl (30 mg tablet, 60 mg cap er 12h, 60 mg tablet, 90 mg cap er 12h, 90 mg tablet, 120 mg cap er 12h, 120 mg cap er 24h, 120 mg cap er deg, 120 mg tablet, 180 mg cap er 24h, 180 mg cap er deg, 240 mg cap er 24h, 240 mg cap er deg, 300 mg cap er 24h, 360 mg cap er 24h) | 1    | MN                    |
| felodipine                                                                                                                                                                                                                                                                             | 3    | MN                    |
| nifedipine (10 mg capsule, 30 mg tab er 24, 30 mg tablet er, 60 mg tab er 24, 60 mg tablet er, 90 mg tab er 24, 90 mg tablet er)                                                                                                                                                       | 1    | MN                    |
| nimodipine                                                                                                                                                                                                                                                                             | 1    |                       |
| verapamil hcl (40 mg tablet, 80 mg tablet, 100 mg cap24h pct, 120 mg cap24h pel, 120 mg tablet, 120 mg tablet er, 180 mg cap24h pel, 180 mg tablet er, 200 mg cap24h pct, 240 mg cap24h pel, 300 mg cap24h pct, 360 mg cap24h pel)                                                     | 1    | MN                    |
| verapamil hcl 240 mg tablet er                                                                                                                                                                                                                                                         | 1    |                       |
| CARDIOVASCULAR AGENTS, OTHER                                                                                                                                                                                                                                                           |      |                       |
| ALDACTAZIDE 50-50 TABLET                                                                                                                                                                                                                                                               | 2    | MN                    |

| PRODUCT DESCRIPTION                                                                                                                                                                                     | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| <i>amiloride hcl/hydrochlorothiazide</i>                                                                                                                                                                | 1    | MN                    |
| <i>amlodipine besylate/benazepril hcl</i>                                                                                                                                                               | 1    | MN                    |
| <i>amlodipine besylate/valsartan</i>                                                                                                                                                                    | 3    | MDD 1 per day<br>MN   |
| <i>amlodipine besylate/valsartan/hydrochlorothiazide</i>                                                                                                                                                | 3    | MDD 1 per day<br>MN   |
| <i>atenolol/chlorthalidone</i>                                                                                                                                                                          | 1    | MN                    |
| <i>benazepril hcl/hydrochlorothiazide</i><br>(benazepril/hydrochlorothiazide 5-6.25mg tablet,<br>benazepril/hydrochlorothiazide 20 mg-25mg tablet,<br>benazepril/hydrochlorothiazide 20-12.5 mg tablet) | 1    | MN                    |
| <i>benazepril/hydrochlorothiazide 10-12.5mg tablet</i>                                                                                                                                                  | 1    |                       |
| <i>bisoprolol fumarate/hydrochlorothiazide</i>                                                                                                                                                          | 1    | MN                    |
| <i>candesartan cilexetil/hydrochlorothiazide</i>                                                                                                                                                        | 1    | MDD 1 per day<br>MN   |
| <i>captopril/hydrochlorothiazide</i>                                                                                                                                                                    | 1    | MN                    |
| <i>clonidine hcl/chlorthalidone</i>                                                                                                                                                                     | 1    | MN                    |
| CORLANOR                                                                                                                                                                                                | 3    | PA<br>MN              |
| <i>digoxin</i>                                                                                                                                                                                          | 1    |                       |
| <i>enalapril maleate/hydrochlorothiazide</i>                                                                                                                                                            | 1    | MN                    |
| ENTRESTO                                                                                                                                                                                                | 3    | PA<br>MN              |
| <i>fosinopril sodium/hydrochlorothiazide</i>                                                                                                                                                            | 1    | MN                    |
| <i>irbesartan/hydrochlorothiazide</i>                                                                                                                                                                   | 1    | MN                    |
| LANOXIN (125 MCG TABLET, 250 MCG TABLET)                                                                                                                                                                | 2    | MN                    |
| <i>lisinopril/hydrochlorothiazide</i>                                                                                                                                                                   | 1    | MN                    |
| <i>losartan potassium/hydrochlorothiazide</i>                                                                                                                                                           | 1    | MN                    |
| <i>mecamylamine hcl</i>                                                                                                                                                                                 | 3    |                       |
| <i>methyldopa/hydrochlorothiazide</i>                                                                                                                                                                   | 1    | MN                    |

| PRODUCT DESCRIPTION                                                                                | TIER | LIMITS & RESTRICTIONS |
|----------------------------------------------------------------------------------------------------|------|-----------------------|
| <i>metoprolol tartrate/hydrochlorothiazide</i>                                                     | 1    | MN                    |
| <i>nadolol/bendroflumethiazide</i>                                                                 | 1    | MN                    |
| <i>pentoxifylline</i>                                                                              | 1    |                       |
| <i>propranolol hcl/hydrochlorothiazide</i>                                                         | 1    | MN                    |
| <i>quinapril hcl/hydrochlorothiazide</i>                                                           | 1    | MN                    |
| RANEXA                                                                                             | 3    | MN                    |
| <i>reserpine</i>                                                                                   | 1    | MN                    |
| <i>spironolactone/hydrochlorothiazide</i>                                                          | 1    | MN                    |
| TEKTURNA                                                                                           | 3    | MN                    |
| TEKTURNA HCT                                                                                       | 3    | MN                    |
| <i>triamterene/hydrochlorothiazide</i>                                                             | 1    | MN                    |
| <i>valsartan/hydrochlorothiazide</i>                                                               | 1    | MN                    |
| DIURETICS, CARBONIC ANHYDRASE INHIBITORS                                                           |      |                       |
| <i>acetazolamide</i>                                                                               | 1    | MN                    |
| DIURETICS, LOOP                                                                                    |      |                       |
| <i>bumetanide (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>                                        | 1    | MN                    |
| <i>furosemide (10 mg/ml solution, 20 mg tablet, 40 mg tablet, 40mg/5ml solution, 80 mg tablet)</i> | 1    | MN                    |
| <i>torsemide 20 mg tablet</i>                                                                      | 1    | MN                    |
| DIURETICS, POTASSIUM-SPARING                                                                       |      |                       |
| <i>amiloride hcl</i>                                                                               | 1    | MN                    |
| <i>spironolactone</i>                                                                              | 1    | MN                    |
| DIURETICS, THIAZIDE                                                                                |      |                       |
| <i>chlorothiazide</i>                                                                              | 1    | MN                    |
| <i>chlorthalidone</i>                                                                              | 1    | MN                    |
| DIURIL                                                                                             | 2    | MN                    |
| <i>hydrochlorothiazide (12.5 mg capsule, 12.5 mg tablet, 25 mg tablet)</i>                         | 1    | MN                    |

| PRODUCT DESCRIPTION                                                                                           | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------------------------------------------------------------------------------|------|-----------------------|
| <i>hydrochlorothiazide 50 mg tablet</i>                                                                       | 1    |                       |
| <i>indapamide</i>                                                                                             | 1    | MN                    |
| <i>methyclothiazide</i>                                                                                       | 1    | MN                    |
| <i>metolazone</i>                                                                                             | 1    | MN                    |
| DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES                                                                        |      |                       |
| <i>fenofibrate (54 mg tablet, 160 mg tablet)</i>                                                              | 1    | MN                    |
| <i>fenofibrate nanocrystallized</i>                                                                           | 1    | MN                    |
| <i>fenofibrate, micronized (67 mg capsule, 134 mg capsule, 200 mg capsule)</i>                                | 1    | MN                    |
| <i>fenofibric acid (choline)</i>                                                                              | 1    | MN                    |
| <i>gemfibrozil</i>                                                                                            | 1    | MN                    |
| DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS                                                                   |      |                       |
| <i>atorvastatin calcium</i>                                                                                   | 1    | MN                    |
| <i>lovastatin</i>                                                                                             | 1    | MN                    |
| <i>pravastatin sodium</i>                                                                                     | 1    | MN                    |
| <i>rosuvastatin calcium</i>                                                                                   | 1    | MN                    |
| <i>simvastatin</i>                                                                                            | 1    | MN                    |
| DYSLIPIDEMICS, OTHER                                                                                          |      |                       |
| ADVICOR                                                                                                       | 2    | MN                    |
| <i>cholestyramine (with sugar) (4 g powd pack, 4 g powder)</i>                                                | 1    | MN                    |
| <i>cholestyramine/aspartame (cholestyramine/aspartame 4 g powd pack, cholestyramine/aspartame 4 g powder)</i> | 1    | MN                    |
| COLESTID FLAVORED GRANULES                                                                                    | 2    | MN                    |
| <i>colestipol hcl</i>                                                                                         | 1    | MN                    |
| <i>ezetimibe</i>                                                                                              | 3    | MN                    |
| <i>niacin (500 mg tab er 24h, 750 mg tab er 24h, 1000 mg tab er 24h)</i>                                      | 1    | MN                    |
| <i>omega-3 acid ethyl esters</i>                                                                              | 3    | MN                    |
| SIMCOR                                                                                                        | 2    | MN                    |

| PRODUCT DESCRIPTION                                                                                                                                                                                                                   | TIER | LIMITS & RESTRICTIONS                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------------------------------------------------------|
| VASCEPA                                                                                                                                                                                                                               | 3    | MN                                                       |
| WELCHOL 625 MG TABLET                                                                                                                                                                                                                 | 3    | MN                                                       |
| VASODILATORS, DIRECT-ACTING ARTERIAL                                                                                                                                                                                                  |      |                                                          |
| <i>hydralazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>                                                                                                                                                      | 1    | MN                                                       |
| <i>minoxidil (2.5 mg tablet, 10 mg tablet)</i>                                                                                                                                                                                        | 1    | MN                                                       |
| VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS                                                                                                                                                                                           |      |                                                          |
| DILATRATE-SR                                                                                                                                                                                                                          | 2    | MN                                                       |
| ISORDIL                                                                                                                                                                                                                               | 2    |                                                          |
| <i>isosorbide dinitrate (5 mg tablet, 10 mg tablet, 20 mg tablet, 30 mg tablet, 40 mg tablet er)</i>                                                                                                                                  | 1    | MN                                                       |
| <i>isosorbide mononitrate</i>                                                                                                                                                                                                         | 1    | MN                                                       |
| NITRO-BID                                                                                                                                                                                                                             | 1    | MN                                                       |
| NITRO-DUR (0.3 MG/HR PATCH, 0.8 MG/HR PATCH)                                                                                                                                                                                          | 2    | MN                                                       |
| <i>nitroglycerin (0.1mg/hr patch td24, 0.2mg/hr patch td24, 0.3 mg tab subl, 0.4 mg tab subl, 0.4mg/hr patch td24, 0.6 mg tab subl, 0.6mg/hr patch td24, 2.5 mg capsule er, 6.5 mg capsule er, 9 mg capsule er, 400mcg/spr spray)</i> | 1    | MN                                                       |
| CENTRAL NERVOUS SYSTEM AGENTS                                                                                                                                                                                                         |      |                                                          |
| ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES                                                                                                                                                                         |      |                                                          |
| <i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate</i>                                                                                                                                                                   | 1    |                                                          |
| <i>dextroamphetamine sulfate (5 mg capsule er, 5 mg tablet, 10 mg capsule er, 10 mg tablet, 15 mg capsule er)</i>                                                                                                                     | 1    |                                                          |
| VYVANSE (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE, 50 MG CAPSULE, 60 MG CAPSULE, 70 MG CAPSULE)                                                                                                                     | 2    |                                                          |
| ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES                                                                                                                                                                     |      |                                                          |
| <i>clonidine hcl 0.1 mg tab er 12h</i>                                                                                                                                                                                                | 1    |                                                          |
| DAYTRANA                                                                                                                                                                                                                              | 3    | <div>QL 3 / 30 DAYS</div> <div>AL1 Up to 8 yrs old</div> |
| <i>dexmethylphenidate hcl (2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>                                                                                                                                                              | 1    |                                                          |

| PRODUCT DESCRIPTION                                                                                                                                                                                                                                                                                                                                            | TIER | LIMITS & RESTRICTIONS |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| <i>dexmethylphenidate hcl (5 mg cpbp 50-50, 10 mg cpbp 50-50, 15 mg cpbp 50-50, 20 mg cpbp 50-50, 25 mg cpbp 50-50, 30 mg cpbp 50-50, 35 mg cpbp 50-50, 40 mg cpbp 50-50)</i>                                                                                                                                                                                  | 3    |                       |
| <i>guanfacine hcl (1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h, 4 mg tab er 24h)</i>                                                                                                                                                                                                                                                                     | 1    |                       |
| <i>methylphenidate hcl (5 mg tablet, 10 mg cpbp 30-70, 10 mg tablet, 10 mg tablet er, 18 mg tab er 24, 20 mg cpbp 30-70, 20 mg cpbp 50-50, 20 mg tablet, 20 mg tablet er, 27 mg tab er 24, 30 mg cpbp 30-70, 30 mg cpbp 50-50, 36 mg tab er 24, 40 mg cpbp 30-70, 40 mg cpbp 50-50, 50 mg cpbp 30-70, 54 mg tab er 24, 60 mg cpbp 30-70, 60 mg cpbp 50-50)</i> | 1    |                       |
| <i>methylphenidate hcl (5 mg/5 ml solution, 10 mg/5 ml solution)</i>                                                                                                                                                                                                                                                                                           | 1    | AL1 Up to 8 yrs old   |
| QUILLICHEW ER                                                                                                                                                                                                                                                                                                                                                  | 3    | AL1 0 to 8 yrs old    |
| QUILLIVANT XR                                                                                                                                                                                                                                                                                                                                                  | 3    | AL1 Up to 8 yrs old   |
| RITALIN LA 10 MG CAPSULE                                                                                                                                                                                                                                                                                                                                       | 2    |                       |
| STRATTERA                                                                                                                                                                                                                                                                                                                                                      | 2    |                       |
| CENTRAL NERVOUS SYSTEM, OTHER                                                                                                                                                                                                                                                                                                                                  |      |                       |
| <i>butalbital/acetaminophen</i>                                                                                                                                                                                                                                                                                                                                | 1    |                       |
| <i>butalbital/acetaminophen/caffeine (butalb/acetaminophen/caffeine capsule, butalb/acetaminophen/caffeine tablet)</i>                                                                                                                                                                                                                                         | 1    |                       |
| <i>riluzole</i>                                                                                                                                                                                                                                                                                                                                                | 3    |                       |
| FIBROMYALGIA AGENTS                                                                                                                                                                                                                                                                                                                                            |      |                       |
| <i>duloxetine hcl (20 mg capsule dr, 30 mg capsule dr, 60 mg capsule dr)</i>                                                                                                                                                                                                                                                                                   | 1    | MN                    |
| LYRICA (200 MG CAPSULE, 225 MG CAPSULE, 300 MG CAPSULE)                                                                                                                                                                                                                                                                                                        | 3    |                       |
| LYRICA (25 MG CAPSULE, 50 MG CAPSULE, 75 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE)                                                                                                                                                                                                                                                                           | 3    | MDD 3 per day         |
| LYRICA 20 MG/ML ORAL SOLUTION                                                                                                                                                                                                                                                                                                                                  | 3    | QL 900 / 30 DAYS      |
| SAVELLA                                                                                                                                                                                                                                                                                                                                                        | 3    |                       |
| MULTIPLE SCLEROSIS AGENTS                                                                                                                                                                                                                                                                                                                                      |      |                       |
| AUBAGIO                                                                                                                                                                                                                                                                                                                                                        | SP2  | PA<br>ST              |
| AVONEX (30 MCG VIAL KIT, PREFILLED SYR 30 MCG KT)                                                                                                                                                                                                                                                                                                              | SP1  |                       |

| PRODUCT DESCRIPTION                                                                                    | TIER | LIMITS & RESTRICTIONS |
|--------------------------------------------------------------------------------------------------------|------|-----------------------|
| AVONEX PEN                                                                                             | SP1  |                       |
| COPAXONE 20 MG/ML SYRINGE                                                                              | SP1  |                       |
| EXTAVIA 0.3 MG KIT                                                                                     | SP2  |                       |
| GILENYA                                                                                                | SP2  |                       |
| <i>glatiramer acetate</i>                                                                              | SP1  |                       |
| PLEGRIDY                                                                                               | SP1  |                       |
| PLEGRIDY PEN                                                                                           | SP1  |                       |
| TECFIDERA                                                                                              | SP2  |                       |
| TYSABRI                                                                                                | SP2  | PA<br>ST              |
| DENTAL AND ORAL AGENTS                                                                                 |      |                       |
| <i>chlorhexidine gluconate 0.12 % mouthwash</i>                                                        | 1    |                       |
| FLUORIDEX SENSITIVITY RELIEF                                                                           | 2    |                       |
| <i>pilocarpine hcl (5 mg tablet, 7.5 mg tablet)</i>                                                    | 1    |                       |
| PREVIDENT 5000                                                                                         | 2    |                       |
| PREVIDENT 5000 BOOSTER PLUS                                                                            | 2    |                       |
| PREVIDENT 5000 ENAMEL PROTECT                                                                          | 2    |                       |
| PREVIDENT 5000 SENSITIVE                                                                               | 2    |                       |
| <i>sodium fluoride (0.2 % solution, 1.1 % cream (g), 1.1 % gel (gram))</i>                             | 1    |                       |
| <i>triamcinolone acetonide 0.1 % paste (g)</i>                                                         | 1    |                       |
| DERMATOLOGICAL AGENTS                                                                                  |      |                       |
| ABSORICA (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE)                                  | 2    | ST                    |
| ABSORICA (25 MG CAPSULE, 35 MG CAPSULE)                                                                | 2    |                       |
| <i>acitretin</i>                                                                                       | 3    |                       |
| <i>adapalene (0.1 % cream (g), 0.1 % gel (gram), 0.1 % lotion, 0.3 % gel (gram), 0.3 % gel w/pump)</i> | 1    |                       |
| <i>aluminum chloride 20 % solution</i>                                                                 | 1    |                       |
| ANALPRAM HC 2.5%-1% LOTION                                                                             | 2    |                       |
| AZELEX                                                                                                 | 2    |                       |
| <i>calcipotriene (0.005 % cream (g), 0.005 % solution)</i>                                             | 1    |                       |

| PRODUCT DESCRIPTION                                                                                                                                   | TIER | LIMITS & RESTRICTIONS |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| <i>calcipotriene/betamethasone dipropionate</i>                                                                                                       | 3    |                       |
| <i>calcitriol 3 mcg/g oint. (g)</i>                                                                                                                   | 3    |                       |
| <i>clindamycin phosphate/benzoyl peroxide (phos/benzoyl 1 %-5 % gel (gram), phos/benzoyl 1 %-5 % gel w/pump, phos/benzoyl 1.2(1) %-5% gel (gram))</i> | 1    |                       |
| <i>clotrimazole/betamethasone dipropionate (clotrimazole/betamethasone 1 % cream (g), clotrimazole/betamethasone 1 % lotion)</i>                      | 1    |                       |
| CONDYLOX 0.5% GEL                                                                                                                                     | 2    |                       |
| COSENTYX (2 SYRINGES)                                                                                                                                 | SP2  | PA<br>ST              |
| COSENTYX PEN                                                                                                                                          | SP2  | PA<br>ST              |
| COSENTYX PEN (2 PENS)                                                                                                                                 | SP2  | PA<br>ST              |
| COSENTYX SYRINGE                                                                                                                                      | SP2  | PA<br>ST              |
| <i>diclofenac sodium 1 % gel (gram)</i>                                                                                                               | 3    |                       |
| ELIDEL                                                                                                                                                | 3    |                       |
| EPIDUO                                                                                                                                                | 3    |                       |
| EPIFOAM                                                                                                                                               | 2    |                       |
| FLUOROPLEX                                                                                                                                            | 2    |                       |
| <i>fluorouracil 0.5 % cream (g)</i>                                                                                                                   | 1    |                       |
| <i>hydrocortisone 2.5 % cream (g)</i>                                                                                                                 | 1    |                       |
| <i>hydrocortisone acetate/pramoxine hcl</i>                                                                                                           | 1    |                       |
| <i>hydrocortisone/iodoquinol 1 %-1 % cream (g)</i>                                                                                                    | 1    |                       |
| <i>imiquimod</i>                                                                                                                                      | 3    |                       |
| <i>isotretinoin (10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)</i>                                                                      | 1    |                       |
| <i>methoxsalen 10 mg cap lq rap</i>                                                                                                                   | 3    |                       |
| <i>metronidazole (0.75 % cream (g), 0.75 % gel (gram), 0.75 % lotion, 1 % gel (gram), 1 % gel w/pump)</i>                                             | 1    |                       |
| NORITATE                                                                                                                                              | 2    |                       |

| PRODUCT DESCRIPTION                                                                                                                                                                                                                                                                                           | TIER | LIMITS & RESTRICTIONS      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------------------------|
| PICATO                                                                                                                                                                                                                                                                                                        | 3    | PA                         |
| <i>podofilox</i>                                                                                                                                                                                                                                                                                              | 1    |                            |
| PRAMOSONE (1% CREAM, 1% LOTION, 1% OINTMENT, 1%-1% CREAM, 1%-1% OINTMENT, 2.5% LOTION, 2.5% OINTMENT, 2.5%-1% CREAM, 2.5%-1% LOTION, 2.5%-1% OINTMENT)                                                                                                                                                        | 2    |                            |
| PROCTOFOAM-HC                                                                                                                                                                                                                                                                                                 | 2    |                            |
| REGRANEX                                                                                                                                                                                                                                                                                                      | 2    |                            |
| SANTYL                                                                                                                                                                                                                                                                                                        | 2    |                            |
| <i>selenium sulfide (2.25 % shampoo, 2.5 % lotion)</i>                                                                                                                                                                                                                                                        | 1    |                            |
| STELARA (45 MG/0.5 ML SYRINGE, 90 MG/ML SYRINGE)                                                                                                                                                                                                                                                              | SP2  | PA<br>ST                   |
| <i>sulfacetamide sod/sulfur/urea 10%-5%-10% cleanser</i>                                                                                                                                                                                                                                                      | 1    |                            |
| <i>sulfacetamide sodium/sulfur (sodium/sulfur 9 %-4 % cleanser, sodium/sulfur 9 %-4.5 % cleanser, sodium/sulfur 10 %-1 % cleanser, sodium/sulfur 10 %-5 % foam, sodium/sulfur 10-5%(w/v) lotion, sodium/sulfur 10-5%(w/w) cleanser, sodium/sulfur 10-5%(w/w) lotion, sodium/sulfur 10-5%(w/w) suspension)</i> | 1    |                            |
| <i>sulfacetamide sodium/sulfur/skin cleanser comb no.23</i>                                                                                                                                                                                                                                                   | 1    |                            |
| TACLONEX 0.005%-0.064% SUSPENS                                                                                                                                                                                                                                                                                | 3    |                            |
| <i>tacrolimus (0.03 % oint. (g), 0.1 % oint. (g))</i>                                                                                                                                                                                                                                                         | 3    |                            |
| TAZORAC                                                                                                                                                                                                                                                                                                       | 2    | PA<br>AL1 Up to 39 yrs old |
| TRETIN-X 0.075% CREAM                                                                                                                                                                                                                                                                                         | 2    | PA<br>AL1 Up to 39 yrs old |
| <i>tretinoin (0.01 % gel (gram), 0.025 % cream (g), 0.025 % gel (gram), 0.05 % cream (g), 0.1 % cream (g))</i>                                                                                                                                                                                                | 1    | PA<br>AL1 Up to 39 yrs old |
| <i>tretinoin microspheres</i>                                                                                                                                                                                                                                                                                 | 1    | PA<br>AL1 Up to 39 yrs old |
| ZYCLARA (2.5% CREAM PUMP, 3.75% CREAM, 3.75% CREAM PUMP)                                                                                                                                                                                                                                                      | 3    |                            |
| ENZYME REPLACEMENT/MODIFIERS                                                                                                                                                                                                                                                                                  |      |                            |
| ALDURAZYME                                                                                                                                                                                                                                                                                                    | SP1  |                            |

| PRODUCT DESCRIPTION                                                                                                                            | TIER | LIMITS & RESTRICTIONS |
|------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| CEREZYME                                                                                                                                       | SP1  |                       |
| CREON                                                                                                                                          | 2    |                       |
| FABRAZYME                                                                                                                                      | SP1  |                       |
| PANCREAZE                                                                                                                                      | 2    |                       |
| ZAVESCA                                                                                                                                        | SP4  |                       |
| ZENPEP                                                                                                                                         | 2    |                       |
| GASTROINTESTINAL AGENTS                                                                                                                        |      |                       |
| ANTISPASMODICS, GASTROINTESTINAL                                                                                                               |      |                       |
| <i>chlordiazepoxide/clidinium bromide</i>                                                                                                      | 1    |                       |
| <i>dicyclomine hcl (10 mg capsule, 10 mg/5 ml solution, 20 mg tablet)</i>                                                                      | 1    |                       |
| DONNATAL (ELIXIR, TABLET)                                                                                                                      | 2    |                       |
| <i>hyoscyamine sulfate (0.125 mg tab rapdis, 0.125 mg tab subl, 0.125 mg tablet, 0.125mg/ml drops, 0.375 mg tab er 12h, 125mcg/5ml elixir)</i> | 1    |                       |
| <i>phenobarb/hyoscy/atropine/scop 16.2 mg tablet</i>                                                                                           | 1    |                       |
| <i>propantheline bromide</i>                                                                                                                   | 1    |                       |
| SYMAX DUOTAB                                                                                                                                   | 2    |                       |
| GASTROINTESTINAL AGENTS, OTHER                                                                                                                 |      |                       |
| <i>diphenoxylate hcl/atropine sulfate (hcl/atropine 2.5-.025/5 liquid, hcl/atropine 2.5-.025mg tablet)</i>                                     | 1    |                       |
| <i>ursodiol</i>                                                                                                                                | 1    |                       |
| HISTAMINE2 (H2) RECEPTOR ANTAGONISTS                                                                                                           |      |                       |
| <i>cimetidine (300 mg tablet, 400 mg tablet, 800 mg tablet)</i>                                                                                | 1    |                       |
| <i>cimetidine hcl</i>                                                                                                                          | 1    |                       |
| <i>nizatidine (150 mg capsule, 300 mg capsule)</i>                                                                                             | 1    |                       |
| <i>ranitidine hcl (15 mg/ml syrup, 150 mg capsule, 300 mg capsule, 300 mg tablet)</i>                                                          | 1    |                       |
| IRRITABLE BOWEL SYNDROME AGENTS                                                                                                                |      |                       |
| <i>alosetron hcl</i>                                                                                                                           | 3    |                       |
| AMITIZA                                                                                                                                        | 3    |                       |
| LINZESS                                                                                                                                        | 3    |                       |
| VIBERZI                                                                                                                                        | 3    |                       |

| PRODUCT DESCRIPTION                                                                                                                                                              | TIER | LIMITS & RESTRICTIONS |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| LAXATIVES                                                                                                                                                                        |      |                       |
| <i>bisac/nac/na/co3/kcl/peg 3350 5 mg-210 g kit</i>                                                                                                                              | 0    | AL1 50 to 75 yrs old  |
| <i>bisacodyl (5 mg tablet, 5 mg tablet dr)</i>                                                                                                                                   | 0    | AL1 50 to 75 yrs old  |
| COLYTE WITH FLAVOR PACKS                                                                                                                                                         | 0    | AL1 50 to 75 yrs old  |
| CORRECTOL                                                                                                                                                                        | 0    | AL1 50 to 75 yrs old  |
| GOLYTELY PACKET                                                                                                                                                                  | 0    | AL1 50 to 75 yrs old  |
| <i>lactulose 10 g/15 ml solution</i>                                                                                                                                             | 1    |                       |
| <i>peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride (peg3350/sod sulf,bicarb,cl/kcl 236-22.74g soln recon, peg3350/sod sulf,bicarb,cl/kcl 240-22.72g soln recon)</i> | 0    | AL1 50 to 75 yrs old  |
| <i>polyethylene glycol 3350 (3350 17g powd pack, 3350 17g/dose powder)</i>                                                                                                       | 0    | AL1 50 to 75 yrs old  |
| <i>sodium chloride/na/co3/kcl/peg 420g soln recon</i>                                                                                                                            | 0    | AL1 50 to 75 yrs old  |
| PROTECTANTS                                                                                                                                                                      |      |                       |
| CARAFATE 1 GM/10 ML SUSP                                                                                                                                                         | 2    |                       |
| <i>misoprostol</i>                                                                                                                                                               | 1    |                       |
| <i>sucralfate</i>                                                                                                                                                                | 1    |                       |
| PROTON PUMP INHIBITORS                                                                                                                                                           |      |                       |
| PREVACID (15 MG, 30 MG)                                                                                                                                                          | 2    | AL1 Up to 11 yrs old  |
| GENITOURINARY AGENTS                                                                                                                                                             |      |                       |
| ANTISPASMODICS, URINARY                                                                                                                                                          |      |                       |
| <i>darifenacin hydrobromide</i>                                                                                                                                                  | 3    | MN                    |
| <i>flavoxate hcl</i>                                                                                                                                                             | 1    | MN                    |
| MYRBETRIQ                                                                                                                                                                        | 2    | MN                    |
| <i>oxybutynin chloride (5 mg tab er 24, 5 mg tablet, 10 mg tab er 24, 15 mg tab er 24)</i>                                                                                       | 1    | MN                    |
| <i>tolterodine tartrate (1 mg tablet, 2 mg tablet)</i>                                                                                                                           | 1    | MN                    |
| <i>tolterodine tartrate (2 mg cap er 24h, 4 mg cap er 24h)</i>                                                                                                                   | 3    | MN                    |
| VESICARE                                                                                                                                                                         | 2    | MN                    |

| PRODUCT DESCRIPTION                                                          | TIER | LIMITS & RESTRICTIONS |
|------------------------------------------------------------------------------|------|-----------------------|
| BENIGN PROSTATIC HYPERTROPHY AGENTS                                          |      |                       |
| <i>alfuzosin hcl</i>                                                         | 1    |                       |
| <i>finasteride 5 mg tablet</i>                                               | 1    |                       |
| <i>tamsulosin hcl</i>                                                        | 1    |                       |
| GENITOURINARY AGENTS, OTHER                                                  |      |                       |
| <i>bethanechol chloride</i>                                                  | 1    |                       |
| CAVERJECT (IMPULSE 10 MCG KIT, 20 MCG VIAL, IMPULSE 20 MCG KIT, 40 MCG VIAL) | 3    |                       |
| <i>citric acid/sodium citrate 334-500mg solution</i>                         | 1    |                       |
| DEPEN                                                                        | SP1  | PA                    |
| EDEX                                                                         | 3    |                       |
| ELMIRON                                                                      | 2    |                       |
| K-PHOS NO.2                                                                  | 2    |                       |
| K-PHOS ORIGINAL                                                              | 2    |                       |
| LITHOSTAT                                                                    | 2    |                       |
| MUSE                                                                         | 3    |                       |
| <i>nonoxynol 9</i>                                                           | 0    |                       |
| ORACIT                                                                       | 2    |                       |
| <i>phenazopyridine hcl (100 mg tablet, 200 mg tablet)</i>                    | 1    |                       |
| <i>potassium citrate (5 tablet er, 10 tablet er)</i>                         | 1    |                       |
| <i>potassium citrate/citric acid</i>                                         | 1    |                       |
| <i>sod phos di, mono/k phos mono 250 mg tablet</i>                           | 1    |                       |
| <i>sod/pot/k cit/sod cit/cit acid 500-550/5 solution</i>                     | 1    |                       |
| TODAY CONTRACEPTIVE SPONGE                                                   | 0    |                       |
| VCF                                                                          | 0    |                       |
| PHOSPHATE BINDERS                                                            |      |                       |
| <i>calcium acetate 667 mg capsule</i>                                        | 1    |                       |
| RENAGEL                                                                      | 3    |                       |
| RENVELA                                                                      | 3    |                       |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)                   |      |                       |
| <i>alclometasone dipropionate</i>                                            | 1    |                       |

| PRODUCT DESCRIPTION                                                                                                                                                            | TIER | LIMITS & RESTRICTIONS |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| <i>amcinonide (0.1 % cream (g), 0.1 % lotion, 0.1 % oint. (g))</i>                                                                                                             | 1    |                       |
| <i>betamethasone dipropionate (0.05 % cream (g), 0.05 % gel (gram), 0.05 % lotion, 0.05 % oint. (g))</i>                                                                       | 1    |                       |
| <i>betamethasone dipropionate/propylene glycol (betamethasone/propylene 0.05 % cream (g), betamethasone/propylene 0.05 % lotion, betamethasone/propylene 0.05 % oint. (g))</i> | 1    |                       |
| <i>betamethasone valerate (0.1 % cream (g), 0.1 % lotion, 0.1 % oint. (g))</i>                                                                                                 | 1    |                       |
| CAPEX SHAMPOO                                                                                                                                                                  | 2    |                       |
| <i>clobetasol propionate (0.05 % cream (g), 0.05 % gel (gram), 0.05 % oint. (g), 0.05 % solution)</i>                                                                          | 1    |                       |
| <i>clobetasol propionate (0.05 % foam, 0.05 % shampoo)</i>                                                                                                                     | 3    |                       |
| <i>clobetasol propionate/emoll 0.05 % cream (g)</i>                                                                                                                            | 1    |                       |
| <i>cortisone acetate</i>                                                                                                                                                       | 1    |                       |
| <i>desonide (0.05 % cream (g), 0.05 % lotion, 0.05 % oint. (g))</i>                                                                                                            | 1    |                       |
| <i>desoximetasone (0.05 % cream (g), 0.05 % gel (gram), 0.25 % cream (g), 0.25 % oint. (g))</i>                                                                                | 1    |                       |
| <i>dexamethasone (0.5 mg tablet, 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 0.75 mg tablet, 1 mg tablet, 1 mg/ml drops, 1.5 mg tablet, 2 mg tablet, 4 mg tablet, 6 mg tablet)</i> | 1    |                       |
| <i>diflorasone diacetate (0.05 % cream (g), 0.05 % oint. (g))</i>                                                                                                              | 1    |                       |
| <i>diflorasone diacetate/emollient base</i>                                                                                                                                    | 1    |                       |
| <i>fludrocortisone acetate</i>                                                                                                                                                 | 1    |                       |
| <i>fluocinolone acetonide (0.01 % cream (g), 0.01 % oil, 0.01 % solution, 0.025 % cream (g), 0.025 % oint. (g))</i>                                                            | 1    |                       |
| <i>fluocinolone acetonide/shower cap</i>                                                                                                                                       | 1    |                       |
| <i>fluocinonide (0.05 % cream (g), 0.05 % gel (gram), 0.05 % oint. (g), 0.05 % solution)</i>                                                                                   | 1    |                       |
| <i>fluocinonide/emollient base 0.05 % cream (g)</i>                                                                                                                            | 1    |                       |
| <i>fluticasone propionate (0.005 % oint. (g), 0.05 % cream (g))</i>                                                                                                            | 1    |                       |
| <i>halobetasol propionate</i>                                                                                                                                                  | 1    |                       |
| HALOG                                                                                                                                                                          | 2    |                       |
| <i>hydrocortisone (2.5 % crm/pe app, 2.5 % lotion, 2.5 % oint. (g), 5 mg tablet, 10 mg tablet, 20 mg tablet)</i>                                                               | 1    |                       |
| <i>hydrocortisone acetate 30 mg supp.rect</i>                                                                                                                                  | 1    |                       |

| PRODUCT DESCRIPTION                                                                                                                                                                                          | TIER | LIMITS & RESTRICTIONS |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| <i>hydrocortisone butyrate (0.1 % cream (g), 0.1 % oint. (g), 0.1 % solution)</i>                                                                                                                            | 1    |                       |
| <i>hydrocortisone valerate</i>                                                                                                                                                                               | 1    |                       |
| MEDROL 2 MG TABLET                                                                                                                                                                                           | 2    |                       |
| <i>methylprednisolone</i>                                                                                                                                                                                    | 1    |                       |
| <i>mometasone furoate (0.1 % cream (g), 0.1 % oint. (g), 0.1 % solution)</i>                                                                                                                                 | 1    |                       |
| <i>prednisolone (5 mg (21) tab ds pk, 5 mg (48) tab ds pk, 5 mg tablet, 15 mg/5 ml solution)</i>                                                                                                             | 1    |                       |
| <i>prednisolone sod phosphate (5 mg/5 ml solution, 15 mg/5 ml solution, 25 mg/5 ml solution)</i>                                                                                                             | 1    |                       |
| <i>prednisone</i>                                                                                                                                                                                            | 1    |                       |
| TEXACORT                                                                                                                                                                                                     | 2    |                       |
| <i>triamcinolone acetonide (0.025 % cream (g), 0.025 % lotion, 0.025 % oint. (g), 0.05 % oint. (g), 0.1 % cream (g), 0.1 % lotion, 0.1 % oint. (g), 0.147mg/g aerosol, 0.5 % cream (g), 0.5 % oint. (g))</i> | 1    |                       |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)                                                                                                                                                 |      |                       |
| <i>desmopressin (nonrefrigerated) 10/spray spray/pump</i>                                                                                                                                                    | 1    |                       |
| <i>desmopressin acetate</i>                                                                                                                                                                                  | 1    |                       |
| GENOTROPIN                                                                                                                                                                                                   | SP4  | PA                    |
| HUMATROPE                                                                                                                                                                                                    | SP4  | PA                    |
| NORDITROPIN FLEXPRO                                                                                                                                                                                          | SP1  | PA                    |
| NORDITROPIN NORDIFLEX                                                                                                                                                                                        | SP1  | PA                    |
| NUTROPIN                                                                                                                                                                                                     | SP4  | PA                    |
| NUTROPIN AQ                                                                                                                                                                                                  | SP4  | PA                    |
| NUTROPIN AQ NUSPIN 20 INJECTOR                                                                                                                                                                               | SP1  | PA                    |
| NUTROPIN AQ NUSPIN 5 INJECTOR                                                                                                                                                                                | SP4  | PA                    |
| SAIZEN                                                                                                                                                                                                       | SP4  | PA                    |
| SEROSTIM                                                                                                                                                                                                     | SP4  | PA                    |
| STIMATE                                                                                                                                                                                                      | 2    |                       |
| TEV-TROPIN                                                                                                                                                                                                   | SP4  | PA                    |

| PRODUCT DESCRIPTION                                                                                                                                                                                                                                                                                          | TIER | LIMITS & RESTRICTIONS |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| ZOMACTON                                                                                                                                                                                                                                                                                                     | SP4  | PA                    |
| ZORBTIVE                                                                                                                                                                                                                                                                                                     | SP4  | PA                    |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)                                                                                                                                                                                                                                    |      |                       |
| ANDROGENS                                                                                                                                                                                                                                                                                                    |      |                       |
| ANDRODERM                                                                                                                                                                                                                                                                                                    | 2    |                       |
| ANDROGEL (1.62% GEL PUMP, 1.62%(1.25G) GEL PCKT, 1.62%(2.5G) GEL PCKT)                                                                                                                                                                                                                                       | 3    |                       |
| <i>danazol</i>                                                                                                                                                                                                                                                                                               | 1    |                       |
| <i>fluoxymesterone</i>                                                                                                                                                                                                                                                                                       | 1    |                       |
| TESTOPEL                                                                                                                                                                                                                                                                                                     | SP3  |                       |
| <i>testosterone (12.5/1.25g gel md pmp, 25mg(1%) gel packet, 50 mg (1%) gel (gram), 50 mg (1%) gel packet)</i>                                                                                                                                                                                               | 3    |                       |
| <i>testosterone cypionate</i>                                                                                                                                                                                                                                                                                | 1    |                       |
| <i>testosterone enanthate 200 mg/ml vial</i>                                                                                                                                                                                                                                                                 | 1    |                       |
| ESTROGENS                                                                                                                                                                                                                                                                                                    |      |                       |
| ANGELIQ                                                                                                                                                                                                                                                                                                      | 2    | MN                    |
| DELESTROGEN 10 MG/ML VIAL                                                                                                                                                                                                                                                                                    | 2    |                       |
| DEPO-ESTRADIOL                                                                                                                                                                                                                                                                                               | 2    | MN                    |
| <i>desog-e.estradiol/e.estradiol 21-5 tablet</i>                                                                                                                                                                                                                                                             | 0    |                       |
| <i>desogestrel-ethinyl estradiol (0.15-0.03 tablet, 7 days x 3 tablet)</i>                                                                                                                                                                                                                                   | 0    |                       |
| <i>drospir/eth estra/levomefol ca 3-0.02(24) tablet</i>                                                                                                                                                                                                                                                      | 0    |                       |
| DUAVEE                                                                                                                                                                                                                                                                                                       | 2    | MN                    |
| ESTRACE 0.01% CREAM                                                                                                                                                                                                                                                                                          | 2    |                       |
| <i>estradiol (.025mg/24h patch tds, .025mg/24h patch tdw, .0375mg/24 patch tds, .0375mg/24 patch tdw, 0.05mg/24h patch tds, 0.05mg/24h patch tdw, 0.06mg/24h patch tds, .075mg/24h patch tds, .075mg/24h patch tdw, 0.1mg/24hr patch tds, 0.1mg/24hr patch tdw, 0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i> | 1    | MN                    |
| <i>estradiol 10 mcg tablet</i>                                                                                                                                                                                                                                                                               | 3    |                       |
| <i>estradiol valerate (20 mg/ml vial, 40 mg/ml vial)</i>                                                                                                                                                                                                                                                     | 1    | MN                    |
| <i>estradiol valerate 10 mg/ml vial</i>                                                                                                                                                                                                                                                                      | 1    |                       |
| <i>estradiol/norethindrone acetate</i>                                                                                                                                                                                                                                                                       | 1    | MN                    |

| PRODUCT DESCRIPTION                                                                                                                                                        | TIER | LIMITS & RESTRICTIONS |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| <i>estrogens,esterified/methyltestosterone (estrogen,ester/me-testosterone 0.625-1.25 tablet, estrogen,ester/me-testosterone 1.25-2.5mg tablet)</i>                        | 1    | MN                    |
| <i>estropipate (0.75 mg tablet, 1.5 mg tablet)</i>                                                                                                                         | 1    |                       |
| <i>estropipate 3 mg tablet</i>                                                                                                                                             | 1    | MN                    |
| <i>ethinyl estradiol/drospirenone (estradiol/drospirenone 0.02-3(24) tablet, estradiol/drospirenone 0.03mg-3mg tablet)</i>                                                 | 0    |                       |
| <i>ethynodiol diacetate-ethinyl estradiol (1 mg-35mcg tablet, 1 mg-50mcg tablet)</i>                                                                                       | 0    |                       |
| <i>levonorgestrel-ethinyl estradiol (0.1-0.02 tablet, 0.15-0.03 tablet, 0.15-0.03 tbdspk 3mo, 6-5-10 tablet, 90-20 mcg tablet)</i>                                         | 0    |                       |
| <i>levonorgestrel/ethinyl estradiol and ethinyl estradiol (l-norgest/e.estradiol-e.estrad 100-20(84) tbdspk 3mo, l-norgest/e.estradiol-e.estrad 150-30(84) tbdspk 3mo)</i> | 0    |                       |
| MENEST                                                                                                                                                                     | 2    | MN                    |
| <i>norelgestromin/ethinyl estradiol</i>                                                                                                                                    | 0    |                       |
| <i>norethindrone acetate-ethinyl estradiol (1mg-20mcg tablet, 1.5-0.03mg tablet)</i>                                                                                       | 0    |                       |
| <i>norethindrone acetate-ethinyl estradiol/ferrous fumarate (1mg-20(21) tablet, 1mg-20(24) tab chew, 1mg-20(24) tablet, 1.5-30(21) tablet, 5-7-9-7 tablet)</i>             | 0    |                       |
| <i>norethindrone-ethinyl estradiol (0.4-0.035 tablet, 0.5-0.035 tablet, 1 mg-35mcg tablet, 7 days x 3 tablet, 7-9-5 tablet, 10-11 tablet)</i>                              | 0    |                       |
| <i>norethindrone-ethinyl estradiol/ferrous fumarate (estradiol/iron 0.4-35(21) tab chew, estradiol/iron 0.8-25(24) tab chew)</i>                                           | 0    |                       |
| <i>norethindrone-mestranol</i>                                                                                                                                             | 0    |                       |
| <i>norgestimate-ethinyl estradiol (0.25-0.035 tablet, 7daysx3 28 tablet, 7daysx3 lo tablet)</i>                                                                            | 0    |                       |
| <i>norgestrel-ethinyl estradiol (0.3-0.03mg tablet, 0.5 mg-50 tablet)</i>                                                                                                  | 0    |                       |
| NUVARING                                                                                                                                                                   | 0    |                       |
| PREMARIN (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET)                                                                                   | 2    | MN                    |
| PREMARIN VAGINAL CREAM-APPL                                                                                                                                                | 2    |                       |
| PREMPHASE                                                                                                                                                                  | 2    | MN                    |
| PREMPRO                                                                                                                                                                    | 2    | MN                    |

| PRODUCT DESCRIPTION                                                           | TIER | LIMITS & RESTRICTIONS                                                                                                                                               |
|-------------------------------------------------------------------------------|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PROGESTERONE AGONISTS/ANTAGONISTS                                             |      |                                                                                                                                                                     |
| ELLA                                                                          | 0    |                                                                                                                                                                     |
| PROGESTINS                                                                    |      |                                                                                                                                                                     |
| DEPO-SUBQ PROVERA 104                                                         | 0    |                                                                                                                                                                     |
| KYLEENA                                                                       | 0    |                                                                                                                                                                     |
| <i>levonorgestrel 1.5 mg tablet</i>                                           | 0    |                                                                                                                                                                     |
| LILETTA                                                                       | 0    |                                                                                                                                                                     |
| MAKENA (250 MG/ML VIAL, 1,250 MG/5 ML VIAL)                                   | SP2  |                                                                                                                                                                     |
| <i>medroxyprogesterone acetate (150 mg/ml syringe, 150 mg/ml vial)</i>        | 0    |                                                                                                                                                                     |
| <i>medroxyprogesterone acetate (2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i> | 1    | MN                                                                                                                                                                  |
| <i>megestrol acetate (20 mg tablet, 40 mg tablet, 400mg/10ml oral susp)</i>   | 1    |                                                                                                                                                                     |
| MIRENA                                                                        | 0    |                                                                                                                                                                     |
| NEXPLANON                                                                     | 0    |                                                                                                                                                                     |
| <i>norethindrone 0.35 mg tablet</i>                                           | 0    |                                                                                                                                                                     |
| <i>norethindrone acetate</i>                                                  | 1    | MN                                                                                                                                                                  |
| <i>progesterone</i>                                                           | 1    | MN                                                                                                                                                                  |
| <i>progesterone, micronized</i>                                               | 1    |                                                                                                                                                                     |
| SKYLA                                                                         | 0    |                                                                                                                                                                     |
| SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS                                  |      |                                                                                                                                                                     |
| <i>raloxifene hcl</i>                                                         | 3    | <div>C</div> <div>           Covered at \$0 preventive copay for women 35 years and older per ACA. All other members covered at copay.         </div> <div>MN</div> |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)                    |      |                                                                                                                                                                     |
| ARMOUR THYROID                                                                | 2    | MN                                                                                                                                                                  |

| PRODUCT DESCRIPTION                                                                                                                                                                                                            | TIER | LIMITS & RESTRICTIONS |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| <i>levothyroxine sodium (25 mcg tablet, 50 mcg tablet, 75 mcg tablet, 88 mcg tablet, 100 mcg tablet, 112 mcg tablet, 125 mcg tablet, 137 mcg tablet, 150 mcg tablet, 175mcg tablet, 200 mcg tablet, 300 mcg tablet)</i>        | 1    | MN                    |
| <i>liothyronine sodium (5 mcg tablet, 25 mcg tablet, 50 mcg tablet)</i>                                                                                                                                                        | 1    | MN                    |
| NATURE-THROID                                                                                                                                                                                                                  | 2    | MN                    |
| SYNTHROID                                                                                                                                                                                                                      | 2    | MN                    |
| <i>thyroid,pork</i>                                                                                                                                                                                                            | 1    | MN                    |
| THYROLAR-1                                                                                                                                                                                                                     | 2    | MN                    |
| THYROLAR-1/2                                                                                                                                                                                                                   | 2    | MN                    |
| THYROLAR-1/4                                                                                                                                                                                                                   | 2    | MN                    |
| THYROLAR-2                                                                                                                                                                                                                     | 2    | MN                    |
| THYROLAR-3                                                                                                                                                                                                                     | 2    | MN                    |
| WESTHROID                                                                                                                                                                                                                      | 2    |                       |
| WP THYROID                                                                                                                                                                                                                     | 2    |                       |
| HORMONAL AGENTS, SUPPRESSANT (PARATHYROID)                                                                                                                                                                                     |      |                       |
| SENSIPAR                                                                                                                                                                                                                       | SP4  |                       |
| HORMONAL AGENTS, SUPPRESSANT (PITUITARY)                                                                                                                                                                                       |      |                       |
| <i>cabergoline</i>                                                                                                                                                                                                             | 1    |                       |
| ELIGARD                                                                                                                                                                                                                        | SP1  |                       |
| <i>leuprolide acetate 1 mg/0.2ml kit</i>                                                                                                                                                                                       | 1    |                       |
| LUPANETA PACK                                                                                                                                                                                                                  | SP1  |                       |
| LUPRON DEPOT                                                                                                                                                                                                                   | SP1  |                       |
| LUPRON DEPOT-PED                                                                                                                                                                                                               | SP1  |                       |
| <i>octreotide acetate (50 mcg/ml ampul, 50 mcg/ml syringe, 50 mcg/ml vial, 100 mcg/ml ampul, 100 mcg/ml syringe, 100 mcg/ml vial, 200 mcg/ml vial, 500 mcg/ml ampul, 500 mcg/ml syringe, 500 mcg/ml vial, 1000mcg/ml vial)</i> | SP1  |                       |
| SANDOSTATIN LAR                                                                                                                                                                                                                | SP1  |                       |
| SANDOSTATIN LAR DEPOT                                                                                                                                                                                                          | SP1  |                       |
| SOMATULINE DEPOT                                                                                                                                                                                                               | SP2  | PA<br>ST              |

| PRODUCT DESCRIPTION                                                                              | TIER | LIMITS & RESTRICTIONS |
|--------------------------------------------------------------------------------------------------|------|-----------------------|
| SOMAVERT                                                                                         | SP2  |                       |
| SUPPRELIN LA                                                                                     | SP1  | PA                    |
| TRELSTAR (3.75 MG SYRINGE, 11.25 MG SYRINGE, 22.5 MG SYRINGE, 22.5 MG VIAL)                      | SP3  |                       |
| VANTAS                                                                                           | SP2  |                       |
| ZOLADEX                                                                                          | SP2  |                       |
| HORMONAL AGENTS, SUPPRESSANT (THYROID)                                                           |      |                       |
| ANTITHYROID AGENTS                                                                               |      |                       |
| <i>methimazole</i>                                                                               | 1    |                       |
| <i>potassium iodide 1 g/ml solution</i>                                                          | 1    |                       |
| <i>propylthiouracil</i>                                                                          | 1    |                       |
| IMMUNOLOGICAL AGENTS                                                                             |      |                       |
| IMMUNE SUPPRESSANTS                                                                              |      |                       |
| <i>azathioprine</i>                                                                              | 1    |                       |
| CELLCEPT (200 MG/ML ORAL SUSP, 250 MG CAPSULE, 500 MG TABLET, 500 MG VIAL)                       | SP1  |                       |
| CIMZIA                                                                                           | SP2  | PA<br>ST              |
| <i>cyclosporine (25 mg capsule, 100 mg capsule)</i>                                              | 1    |                       |
| <i>cyclosporine 250 mg/5ml ampul</i>                                                             | SP1  |                       |
| <i>cyclosporine, modified (25 mg capsule, 50 mg capsule, 100 mg capsule, 100 mg/ml solution)</i> | 1    |                       |
| ENBREL (25 MG KIT, 25 MG/0.5 ML SYRINGE, 50 MG/ML SURECLICK SYR, 50 MG/ML SYRINGE)               | SP2  | PA                    |
| ENTYVIO                                                                                          | SP2  | PA                    |
| ENVARUSUS XR                                                                                     | SP1  |                       |
| HUMIRA                                                                                           | SP2  | PA                    |
| HUMIRA PEDIATRIC CROHN'S                                                                         | SP2  | PA                    |
| HUMIRA PEN                                                                                       | SP2  | PA                    |
| HUMIRA PEN CROHN-UC-HS STARTER                                                                   | SP2  | PA                    |
| HUMIRA PEN PSORIASIS-UVEITIS                                                                     | SP2  | PA                    |

| PRODUCT DESCRIPTION                                                         | TIER | LIMITS & RESTRICTIONS |
|-----------------------------------------------------------------------------|------|-----------------------|
| IMURAN                                                                      | 2    |                       |
| KINERET                                                                     | SP4  | PA<br>ST              |
| <i>methotrexate sodium (2.5 mg tablet, 25 mg/ml vial)</i>                   | 1    |                       |
| <i>methotrexate sodium/pf (sodium/pf 1 g vial, sodium/pf 25 mg/ml vial)</i> | 1    |                       |
| <i>mycophenolate mofetil (250 mg capsule, 500 mg tablet)</i>                | 1    |                       |
| <i>mycophenolate mofetil 200 mg/ml susp recon</i>                           | SP1  |                       |
| <i>mycophenolate mofetil hcl</i>                                            | SP1  |                       |
| <i>mycophenolate sodium</i>                                                 | SP1  |                       |
| MYFORTIC                                                                    | SP1  |                       |
| NEORAL (25 MG GELATIN CAPSULE, 100 MG GELATIN CAPSULE, 100 MG/ML SOLUTION)  | SP2  |                       |
| ORENCIA (125 MG/ML SYRINGE, 250 MG VIAL)                                    | SP3  | PA<br>ST              |
| ORENCIA CLICKJECT                                                           | SP3  | PA<br>ST              |
| PROGRAF (0.5 MG CAPSULE, 1 MG CAPSULE, 5 MG CAPSULE, 5 MG/ML AMPULE)        | SP1  |                       |
| RAPAMUNE (0.5 MG TABLET, 1 MG TABLET, 1 MG/ML ORAL SOLN, 2 MG TABLET)       | SP2  |                       |
| REMICADE                                                                    | SP2  | PA                    |
| RHEUMATREX                                                                  | 1    |                       |
| SANDIMMUNE (25 MG CAPSULE, 50 MG/ML AMPUL, 100 MG CAPSULE, 100 MG/ML SOLN)  | SP1  |                       |
| SIMPONI                                                                     | SP2  | PA<br>ST              |
| <i>sirolimus</i>                                                            | SP2  |                       |
| <i>tacrolimus (0.5 mg capsule, 1 mg capsule, 5 mg capsule)</i>              | 1    |                       |
| IMMUNIZING AGENTS, PASSIVE                                                  |      |                       |
| ATGAM                                                                       | SP3  |                       |
| BIVIGAM                                                                     | SP1  | PA                    |

| PRODUCT DESCRIPTION                                                 | TIER | LIMITS & RESTRICTIONS   |
|---------------------------------------------------------------------|------|-------------------------|
| CYTOGAM                                                             | SP3  | PA                      |
| FLEBOGAMMA DIF                                                      | SP1  | PA                      |
| GAMASTAN S-D                                                        | SP1  | PA                      |
| GAMMAGARD S-D                                                       | SP1  | PA                      |
| GAMMAKED                                                            | SP1  | PA                      |
| GAMMAPLEX                                                           | SP1  | PA                      |
| GAMUNEX-C                                                           | SP1  | PA                      |
| <i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i> | SP1  | PA                      |
| <i>immune globulin,gamm(igg)/sucrose/iga greater than 50 mcg/ml</i> | SP1  | PA                      |
| <i>immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml</i>       | SP1  | PA                      |
| <i>immune globulin,gamma (igg)/sorbitol/iga 0 to 50 mcg/ml</i>      | SP1  | PA                      |
| NABI-HB                                                             | SP3  |                         |
| OCTAGAM                                                             | SP1  | PA                      |
| IMMUNOMODULATORS                                                    |      |                         |
| ACTEMRA                                                             | SP3  | PA<br>ST                |
| ACTIMMUNE                                                           | SP3  |                         |
| BENLYSTA                                                            | SP4  | PA                      |
| <i>leflunomide</i>                                                  | 1    |                         |
| RIDAURA                                                             | 2    |                         |
| VACCINES                                                            |      |                         |
| ACA PREVENTIVE VACCINES                                             | 0    |                         |
| BCG VACCINE (TICE STRAIN)                                           | SP1  |                         |
| VIVOTIF                                                             | 2    |                         |
| VIVOTIF BERNA                                                       | 2    |                         |
| ZOSTAVAX                                                            | 0    | AL1 At least 50 yrs old |

| PRODUCT DESCRIPTION                                                                                    | TIER | LIMITS & RESTRICTIONS |
|--------------------------------------------------------------------------------------------------------|------|-----------------------|
| INFLAMMATORY BOWEL DISEASE AGENTS                                                                      |      |                       |
| AMINOSALICYLATES                                                                                       |      |                       |
| <i>balsalazide disodium</i>                                                                            | 1    |                       |
| CANASA                                                                                                 | 2    |                       |
| DELZICOL                                                                                               | 2    |                       |
| DIPENTUM                                                                                               | 2    |                       |
| LIALDA                                                                                                 | 3    |                       |
| <i>mesalamine (4 g/60 ml enema, 800 mg tablet dr)</i>                                                  | 1    |                       |
| <i>mesalamine with cleansing wipes</i>                                                                 | 1    |                       |
| PENTASA                                                                                                | 2    |                       |
| GLUCOCORTICOIDS                                                                                        |      |                       |
| <i>budesonide 3 mg capdr - er</i>                                                                      | 3    | QL 90 / 30 DAYS       |
| CORTIFOAM                                                                                              | 2    |                       |
| <i>hydrocortisone 100mg/60ml enema</i>                                                                 | 1    |                       |
| SULFONAMIDES                                                                                           |      |                       |
| <i>sulfasalazine</i>                                                                                   | 1    |                       |
| METABOLIC BONE DISEASE AGENTS                                                                          |      |                       |
| <i>alendronate sodium (5 mg tablet, 10 mg tablet, 35 mg tablet, 40 mg tablet, 70 mg tablet)</i>        | 1    | MN                    |
| BONIVA 3 MG/3 ML SYRINGE                                                                               | SP3  | PA                    |
| <i>calcitonin,salmon,synthetic</i>                                                                     | 1    | MN                    |
| <i>calcitriol (0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml solution)</i>                               | 1    |                       |
| <i>ergocalciferol (vitamin d2) 50000 unit capsule</i>                                                  | 1    |                       |
| <i>etidronate disodium</i>                                                                             | 1    | MN                    |
| FORTEO                                                                                                 | SP3  | PA                    |
| <i>ibandronate sodium 150 mg tablet</i>                                                                | 1    | MN                    |
| <i>ibandronate sodium 3 mg/3 ml syringe</i>                                                            | SP3  | PA                    |
| <i>pamidronate disodium (30 mg vial, 30mg/10ml vial, 60 mg/10ml vial, 90 mg vial, 90 mg/10ml vial)</i> | SP1  |                       |
| <i>paricalcitol (1 mcg capsule, 2 mcg capsule, 4mcg capsule)</i>                                       | 1    | PA                    |

| PRODUCT DESCRIPTION                                                                                                                             | TIER | LIMITS & RESTRICTIONS |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| <i>paricalcitol (2 mcg/ml vial, 5 mcg/ml vial)</i>                                                                                              | SP1  |                       |
| PROLIA                                                                                                                                          | SP3  | QL 1 / 6 month<br>PA  |
| RECLAST                                                                                                                                         | SP2  | QL 100 / 12 month     |
| <i>risedronate sodium (5 mg tablet, 30 mg tablet, 35 mg tablet, 150 mg tablet)</i>                                                              | 1    | MN                    |
| XGEVA                                                                                                                                           | SP3  | PA                    |
| ZEMPLAR (2 MCG/ML VIAL, 5 MCG/ML VIAL, 10 MCG/2 ML VIAL)                                                                                        | SP1  |                       |
| <i>zoledronic acid (4 mg vial, 4 mg/5 ml vial)</i>                                                                                              | SP2  |                       |
| <i>zoledronic acid in mannitol and water for injection (acid/mannitol-water 4 mg/100ml piggyback, acid/mannitol-water 5 mg/100ml piggyback)</i> | SP2  |                       |
| <i>zoledronic acid/mannitol-water 5 mg/100ml infus. btl</i>                                                                                     | SP2  | QL 100 / 12 month     |
| ZOMETA (4 MG/100 ML INJECTION, 4 MG/5 ML VIAL)                                                                                                  | SP2  |                       |
| MISCELLANEOUS THERAPEUTIC AGENTS                                                                                                                |      |                       |
| <i>cervical cap</i>                                                                                                                             | 0    |                       |
| <i>condoms, female</i>                                                                                                                          | 0    |                       |
| <i>condoms, latex, lubricated each</i>                                                                                                          | 0    |                       |
| <i>condoms, latex, non-lubricated each</i>                                                                                                      | 0    |                       |
| <i>condoms, non-latex, lubricated</i>                                                                                                           | 0    |                       |
| <i>diaphragms, contoured</i>                                                                                                                    | 0    |                       |
| <i>diaphragms, wide seal</i>                                                                                                                    | 0    |                       |
| EUFLEXXA                                                                                                                                        | SP4  |                       |
| HYALGAN                                                                                                                                         | SP4  |                       |
| <i>hyaluronate sod, cross-linked</i>                                                                                                            | SP4  |                       |
| <i>hyaluronate sodium 10 mg/ml syringe</i>                                                                                                      | SP4  |                       |
| <i>isomethept/dichlphn/acetaminop 65-100-325 capsule</i>                                                                                        | 1    |                       |
| <i>methylergonovine maleate 0.2 mg tablet</i>                                                                                                   | 1    |                       |
| MONOVISC                                                                                                                                        | SP4  |                       |
| ORTHOVISC                                                                                                                                       | SP4  |                       |
| PARAGARD T 380-A                                                                                                                                | 0    |                       |

| PRODUCT DESCRIPTION                                                                                                                                             | TIER | LIMITS & RESTRICTIONS |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| PRIALT                                                                                                                                                          | SP4  |                       |
| SYNVISC                                                                                                                                                         | SP4  |                       |
| SYNVISC-ONE                                                                                                                                                     | SP4  |                       |
| THYROGEN                                                                                                                                                        | SP1  |                       |
| XIAFLEX                                                                                                                                                         | SP3  | PA                    |
| OPHTHALMIC AGENTS                                                                                                                                               |      |                       |
| OPHTHALMIC AGENTS, OTHER                                                                                                                                        |      |                       |
| <i>atropine sulfate (1 % drops, 1 % oint. (g))</i>                                                                                                              | 1    |                       |
| <i>bacitracin/polymyxin b sulfate 500-10k/g oint. (g)</i>                                                                                                       | 1    |                       |
| BLEPHAMIDE                                                                                                                                                      | 2    |                       |
| BLEPHAMIDE S.O.P.                                                                                                                                               | 2    |                       |
| <i>cyclopentolate hcl</i>                                                                                                                                       | 1    |                       |
| EYLEA                                                                                                                                                           | SP3  | PA                    |
| <i>homatropine hbr 5 % drops</i>                                                                                                                                | 1    |                       |
| LACRISERT                                                                                                                                                       | 2    |                       |
| LUCENTIS                                                                                                                                                        | SP3  |                       |
| MACUGEN                                                                                                                                                         | SP1  |                       |
| <i>neomycin su/bacitra/polymyxin 3.5mg-400 oint. (g)</i>                                                                                                        | 1    |                       |
| <i>neomycin/bacit/p-myx/hydrocort 3.5-10k-1 oint. (g)</i>                                                                                                       | 1    |                       |
| <i>neomycin/polymyxin b sulfate/dexamethasone<br/>(neomycin/polymyxin b/dexametha 0.1 % drops susp,<br/>neomycin/polymyxin b/dexametha 3.5-10k-1 oint. (g))</i> | 1    |                       |
| <i>neomycin/polymyxin b/hydrocort 3.5-10k-10 drops susp</i>                                                                                                     | 1    |                       |
| <i>neomycin/polymyxn b/gramicidin 1.75mg-10k drops</i>                                                                                                          | 1    |                       |
| <i>phenylephrine hcl (2.5 % drops, 10 % drops)</i>                                                                                                              | 1    |                       |
| <i>polymyxin b sulfate/trimethoprim</i>                                                                                                                         | 1    |                       |
| PRED-G (1% DROPS, S.O.P. OINTMENT)                                                                                                                              | 2    |                       |
| RESTASIS                                                                                                                                                        | 3    |                       |
| RESTASIS MULTIDOSE                                                                                                                                              | 3    |                       |
| <i>sulfacetamide/prednisolone sp 10 %-0.23% drops</i>                                                                                                           | 1    |                       |
| TOBRADEX EYE OINTMENT                                                                                                                                           | 2    |                       |
| <i>tobramycin/dexamethasone</i>                                                                                                                                 | 1    |                       |

| PRODUCT DESCRIPTION                                      | TIER | LIMITS & RESTRICTIONS |
|----------------------------------------------------------|------|-----------------------|
| <i>tropicamide</i>                                       | 1    |                       |
| VISUDYNE                                                 | SP1  |                       |
| OPHTHALMIC ANTI-ALLERGY AGENTS                           |      |                       |
| ALOCRIAL                                                 | 2    |                       |
| ALOMIDE                                                  | 2    |                       |
| <i>cromolyn sodium 4 % drops</i>                         | 1    |                       |
| <i>olopatadine hcl 0.1 % drops</i>                       | 1    |                       |
| OPHTHALMIC ANTI-INFLAMMATORIES                           |      |                       |
| <i>dexamethasone sod phosphate 0.1 % drops</i>           | 1    |                       |
| <i>diclofenac sodium 0.1 % drops</i>                     | 1    |                       |
| FLAREX                                                   | 2    |                       |
| <i>fluorometholone</i>                                   | 1    |                       |
| <i>flurbiprofen sodium</i>                               | 1    |                       |
| FML FORTE                                                | 2    |                       |
| FML S.O.P.                                               | 2    |                       |
| <i>ketorolac tromethamine (0.4 % drops, 0.5 % drops)</i> | 1    |                       |
| LOTEMAX (EYE DROPS, EYE OINTMENT, OPHTHALMIC GEL)        | 2    |                       |
| MAXIDEX                                                  | 2    |                       |
| <i>prednisolone acetate</i>                              | 1    |                       |
| <i>prednisolone sod phosphate 1 % drops</i>              | 1    |                       |
| VEXOL                                                    | 2    |                       |
| OPHTHALMIC ANTIGLAUCOMA AGENTS                           |      |                       |
| ALPHAGAN P 0.1% DROPS                                    | 2    | MN                    |
| <i>apraclonidine hcl</i>                                 | 1    |                       |
| AZOPT                                                    | 2    |                       |
| <i>betaxolol hcl 0.5 % drops</i>                         | 1    | MN                    |
| BETIMOL 0.25% EYE DROPS                                  | 2    |                       |
| BETIMOL 0.5% EYE DROPS                                   | 2    | MN                    |
| BETOPTIC S                                               | 2    | MN                    |
| <i>brimonidine tartrate</i>                              | 1    | MN                    |

| PRODUCT DESCRIPTION                                      | TIER | LIMITS & RESTRICTIONS |
|----------------------------------------------------------|------|-----------------------|
| <i>carteolol hcl</i>                                     | 1    | MN                    |
| COMBIGAN                                                 | 2    | MN                    |
| <i>dorzolamide hcl</i>                                   | 1    | MN                    |
| <i>dorzolamide hcl/timolol maleate</i>                   | 1    | MN                    |
| IOPIDINE 1% EYE DROPS                                    | 2    |                       |
| ISTALOL                                                  | 2    | MN                    |
| <i>levobunolol hcl 0.25 % drops</i>                      | 1    |                       |
| <i>levobunolol hcl 0.5 % drops</i>                       | 1    | MN                    |
| <i>methazolamide</i>                                     | 1    | MN                    |
| <i>metipranolol</i>                                      | 1    | MN                    |
| PHOSPHOLINE IODIDE                                       | 2    | MN                    |
| <i>pilocarpine hcl (1 % drops, 2 % drops, 4 % drops)</i> | 1    | MN                    |
| PILOPINE HS                                              | 2    |                       |
| <i>timolol maleate (0.25 % drops, 0.5 % drops)</i>       | 1    |                       |
| <i>timolol maleate (0.25 % sol-gel, 0.5 % sol-gel)</i>   | 1    | MN                    |
| TIMOPTIC OCUDOSE                                         | 2    | MN                    |
| OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS          |      |                       |
| <i>bimatoprost 0.03 % drops</i>                          | 1    | MN                    |
| <i>latanoprost</i>                                       | 1    | MN                    |
| LUMIGAN                                                  | 2    | MN                    |
| OTIC AGENTS                                              |      |                       |
| <i>acetic acid 2 % solution</i>                          | 1    |                       |
| <i>antipyrine/benzocaine 5.4 %-1.4% drops</i>            | 1    |                       |
| CIPRO HC                                                 | 2    |                       |
| CIPRODEX                                                 | 2    |                       |
| COLY-MYCIN S                                             | 2    |                       |
| CORTISPORIN-TC                                           | 2    |                       |
| <i>hydrocortisone/acetic acid 1 %-2 % drops</i>          | 1    |                       |

| PRODUCT DESCRIPTION                                                                                                                                                   | TIER | LIMITS & RESTRICTIONS     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
| <i>neomycin sulfate/polymyxin b sulfate/hydrocortisone</i><br>( <i>neomycin/polymyxin b/hydrocort drops susp,</i><br><i>neomycin/polymyxin b/hydrocort solution</i> ) | 1    |                           |
| RESPIRATORY TRACT/PULMONARY AGENTS                                                                                                                                    |      |                           |
| ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS                                                                                                                          |      |                           |
| ASMANEX                                                                                                                                                               | 2    | MN                        |
| ASMANEX HFA                                                                                                                                                           | 2    | MN                        |
| <i>budesonide (0.25mg/2ml ampul-neb, 0.5 mg/2ml ampul-neb, 1 mg/2 ml ampul-neb)</i>                                                                                   | 1    | AL1 Up to 8 yrs old<br>MN |
| FLOVENT DISKUS                                                                                                                                                        | 2    | MN                        |
| FLOVENT HFA                                                                                                                                                           | 2    | MN                        |
| <i>flunisolide</i>                                                                                                                                                    | 1    |                           |
| <i>fluticasone propionate 50 mcg spray susp</i>                                                                                                                       | 1    |                           |
| PULMICORT FLEXHALER                                                                                                                                                   | 2    | MN                        |
| QVAR                                                                                                                                                                  | 2    | MN                        |
| <i>triamcinolone acetonide 55 mcg spray</i>                                                                                                                           | 1    |                           |
| ANTI-HISTAMINES                                                                                                                                                       |      |                           |
| <i>azelastine hcl (137 mcg spray/pump, 205.5mcg spray/pump)</i>                                                                                                       | 1    |                           |
| <i>cypheptadine hcl (2 mg/5 ml syrup, 4 mg tablet, 4 mg/10 ml syrup)</i>                                                                                              | 1    |                           |
| <i>hydroxyzine hcl (10 mg tablet, 10 mg/5 ml solution, 25 mg tablet, 50 mg tablet, 50 mg/25ml solution)</i>                                                           | 1    |                           |
| <i>hydroxyzine pamoate</i>                                                                                                                                            | 1    |                           |
| <i>promethazine hcl (6.25mg/5ml syrup, 12.5 mg tablet, 25 mg tablet)</i>                                                                                              | 1    |                           |
| ANTILEUKOTRIENES                                                                                                                                                      |      |                           |
| <i>montelukast sodium</i>                                                                                                                                             | 1    | MN                        |
| BRONCHODILATORS, ANTICHOLINERGIC                                                                                                                                      |      |                           |
| ATROVENT HFA                                                                                                                                                          | 2    | MN                        |
| <i>ipratropium bromide</i>                                                                                                                                            | 1    | MN                        |
| SPIRIVA                                                                                                                                                               | 2    | MN                        |

| PRODUCT DESCRIPTION                                                                                                                                                                                          | TIER | LIMITS & RESTRICTIONS |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| SPIRIVA RESPIMAT                                                                                                                                                                                             | 2    | MN                    |
| BRONCHODILATORS, SYMPATHOMIMETIC                                                                                                                                                                             |      |                       |
| <i>albuterol sulfate (0.63mg/3ml vial-neb, 1.25mg/3ml vial-neb, 2 mg tablet, 2 mg/5 ml syrup, 2.5 mg/0.5 vial-neb, 2.5 mg/3ml vial-neb, 4 mg tab er 12h, 4 mg tablet, 5 mg/ml solution, 8 mg tab er 12h)</i> | 1    | MN                    |
| ARCAPTA NEOHALER                                                                                                                                                                                             | 2    | MN                    |
| EPINEPHRINE (0.15 MG AUTO-INJCT, 0.3 MG AUTO-INJECT)                                                                                                                                                         | 2    | QL 4 / 180 day(s)     |
| <i>epinephrine (0.15/0.15 auto injct, 0.3mg/0.3 auto injct)</i>                                                                                                                                              | 1    | QL 4 / 180 days       |
| FORADIL                                                                                                                                                                                                      | 2    | MN                    |
| MAXAIR AUTOHALER                                                                                                                                                                                             | 2    | MN                    |
| <i>metaproterenol sulfate (10 mg tablet, 10 mg/5 ml syrup, 20 mg tablet)</i>                                                                                                                                 | 1    | MN                    |
| PROAIR HFA                                                                                                                                                                                                   | 2    |                       |
| PROAIR RESPICLICK                                                                                                                                                                                            | 2    |                       |
| PROVENTIL HFA                                                                                                                                                                                                | 2    |                       |
| SEREVENT DISKUS                                                                                                                                                                                              | 2    | MN                    |
| <i>terbutaline sulfate (2.5 mg tablet, 5 mg tablet)</i>                                                                                                                                                      | 1    | MN                    |
| VENTOLIN HFA                                                                                                                                                                                                 | 1    |                       |
| CYSTIC FIBROSIS AGENTS                                                                                                                                                                                       |      |                       |
| TOBI                                                                                                                                                                                                         | SP1  |                       |
| TOBI PODHALER                                                                                                                                                                                                | SP1  |                       |
| <i>tobramycin in 0.225 % sodium chloride</i>                                                                                                                                                                 | SP1  |                       |
| PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE                                                                                                                                                                |      |                       |
| ELIXOPHYLLIN                                                                                                                                                                                                 | 2    | MN                    |
| THEO-24                                                                                                                                                                                                      | 2    | MN                    |
| <i>theophylline anhydrous (80 mg/15ml solution, 100 mg tab er 12h, 200 mg tab er 12h, 300 mg tab er 12h, 400 mg tab er 24h, 450 mg tab er 12h, 600 mg tab er 24h)</i>                                        | 1    | MN                    |
| <i>theophylline anhydrous 80 mg/15ml elixir</i>                                                                                                                                                              | 1    |                       |

| PRODUCT DESCRIPTION                                                                                                                                            | TIER | LIMITS & RESTRICTIONS |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| PULMONARY ANTIHYPERTENSIVES                                                                                                                                    |      |                       |
| <i>epoprostenol sodium (glycine)</i>                                                                                                                           | SP2  |                       |
| FLOLAN                                                                                                                                                         | SP2  |                       |
| LETAIRIS                                                                                                                                                       | SP2  |                       |
| OPSUMIT                                                                                                                                                        | SP2  |                       |
| REVATIO 10 MG/12.5 ML VIAL                                                                                                                                     | SP4  |                       |
| <i>sildenafil citrate 10 mg/12.5 vial</i>                                                                                                                      | SP4  |                       |
| <i>sildenafil citrate 20 mg tablet</i>                                                                                                                         | SP1  |                       |
| TRACLEER                                                                                                                                                       | SP2  |                       |
| VELETRI                                                                                                                                                        | SP2  |                       |
| VENTAVIS                                                                                                                                                       | SP3  |                       |
| RESPIRATORY TRACT AGENTS, OTHER                                                                                                                                |      |                       |
| ADVAIR DISKUS                                                                                                                                                  | 2    | MN                    |
| ADVAIR HFA                                                                                                                                                     | 2    | MN                    |
| ARALAST NP                                                                                                                                                     | SP3  |                       |
| <i>benzonatate (100 mg capsule, 200 mg capsule)</i>                                                                                                            | 1    |                       |
| <i>brompheniramine/pseudoephed/dm 2-30-10/5 syrup</i>                                                                                                          | 1    |                       |
| <i>codeine phosphate/guaifenesin (phosphate/guaifenesin 6.3-100/5 liquid, phosphate/guaifenesin 10-100mg/5 liquid, phosphate/guaifenesin 20-200/10 liquid)</i> | 1    |                       |
| COMBIVENT RESPIMAT                                                                                                                                             | 2    | MN                    |
| <i>cromolyn sodium 20 mg/2 ml ampul-neb</i>                                                                                                                    | 1    | MN                    |
| <i>hydrocodone bitartrate/homatropine methylbromide</i>                                                                                                        | 1    |                       |
| <i>hydrocodone polistirex/chlorpheniramine polistirex</i>                                                                                                      | 1    |                       |
| <i>ipratropium bromide/albuterol sulfate</i>                                                                                                                   | 1    | MN                    |
| <i>phenylephrine hcl/prometh hcl 5-6.25mg/5 syrup</i>                                                                                                          | 1    |                       |
| PROLASTIN C                                                                                                                                                    | SP3  |                       |
| <i>promethazine hcl/codeine</i>                                                                                                                                | 1    |                       |
| <i>promethazine/dextromethorphan 6.25-15/5 syrup</i>                                                                                                           | 1    |                       |
| <i>promethazine/phenyleph/codeine 6.25-5-10 syrup</i>                                                                                                          | 1    |                       |
| <i>pseudoephed/codeine/guaifen 30-10-100 syrup</i>                                                                                                             | 1    |                       |

| PRODUCT DESCRIPTION                                                                               | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------------------------------------------------------------------|------|-----------------------|
| <i>pseudoephedrine hcl/codeine/chlorpheniramine</i>                                               | 1    |                       |
| PULMOZYME                                                                                         | SP3  |                       |
| REZIRA                                                                                            | 2    |                       |
| <i>sodium chloride for inhalation (0.9 % vial-neb, 3 % vial-neb, 7 % vial-neb, 10 % vial-neb)</i> | 1    |                       |
| SYMBICORT                                                                                         | 3    | MN                    |
| XOLAIR                                                                                            | SP3  | PA                    |
| ZEMAIRA                                                                                           | SP3  |                       |
| SKELETAL MUSCLE RELAXANTS                                                                         |      |                       |
| BOTOX                                                                                             | SP1  | PA                    |
| BOTOX COSMETIC                                                                                    | SP1  | PA                    |
| <i>carisoprodol 350 mg tablet</i>                                                                 | 1    |                       |
| <i>carisoprodol/aspirin 200-325 mg tablet</i>                                                     | 1    |                       |
| <i>chlorzoxazone</i>                                                                              | 1    |                       |
| <i>cyclobenzaprine hcl (5 mg tablet, 10 mg tablet)</i>                                            | 1    |                       |
| LIORESAL INTRATHECAL                                                                              | SP4  |                       |
| <i>metaxalone</i>                                                                                 | 1    |                       |
| <i>methocarbamol (500 mg tablet, 750 mg tablet)</i>                                               | 1    |                       |
| MYOBLOC                                                                                           | SP1  | PA                    |
| <i>orphenadrine citrate 100 mg tablet er</i>                                                      | 1    |                       |
| XEOMIN                                                                                            | SP2  | PA                    |
| SLEEP DISORDER AGENTS                                                                             |      |                       |
| GABA RECEPTOR MODULATORS                                                                          |      |                       |
| <i>estazolam</i>                                                                                  | 1    |                       |
| <i>eszopiclone</i>                                                                                | 3    |                       |
| <i>temazepam (7.5 mg capsule, 15 mg capsule, 30 mg capsule)</i>                                   | 1    |                       |
| <i>triazolam</i>                                                                                  | 1    |                       |
| <i>zaleplon</i>                                                                                   | 1    |                       |
| <i>zolpidem tartrate (5 mg tablet, 10 mg tablet)</i>                                              | 1    |                       |
| <i>zolpidem tartrate (6.25 mg tab mphase, 12.5 mg tab mphase)</i>                                 | 3    |                       |

| PRODUCT DESCRIPTION                                                                                    | TIER | LIMITS & RESTRICTIONS |
|--------------------------------------------------------------------------------------------------------|------|-----------------------|
| SLEEP DISORDERS, OTHER                                                                                 |      |                       |
| <i>armodafinil</i>                                                                                     | 1    |                       |
| <i>flurazepam hcl</i>                                                                                  | 1    |                       |
| <i>modafinil</i>                                                                                       | 3    |                       |
| ROZEREM                                                                                                | 3    |                       |
| THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES                                                            |      |                       |
| ELECTROLYTE/MINERAL MODIFIERS                                                                          |      |                       |
| EXJADE                                                                                                 | SP1  | PA                    |
| GALZIN                                                                                                 | 2    |                       |
| <i>sodium polystyrene sulfonate (15 g/60 ml oral susp, 30 g/120ml enema, 50 g/200ml enema, powder)</i> | 1    |                       |
| <i>sodium polystyrene sulfonate/sorbitol solution</i>                                                  | 1    |                       |
| SPS                                                                                                    | 2    |                       |
| ELECTROLYTE/MINERAL REPLACEMENT                                                                        |      |                       |
| FERRALET 90                                                                                            | 2    |                       |
| <i>ferrous sulfate 15 mg/ml drops</i>                                                                  | 0    | AL1 0.5 to 1 yrs old  |
| FLORIVA 0.25 MG/ML DROPS                                                                               | 0    | AL1 0.5 to 6 yrs old  |
| FLUOR-A-DAY (0.25 MG TAB CHEW, 0.5 MG TAB CHEW, 2.5 MG/ML DROPS)                                       | 0    | AL1 0.5 to 6 yrs old  |
| FLUORABON                                                                                              | 0    | AL1 0.5 to 6 yrs old  |
| FLUORITAB                                                                                              | 2    |                       |
| INTEGRA F                                                                                              | 2    |                       |
| INTEGRA PLUS                                                                                           | 2    |                       |
| <i>iron,carbonyl 15mg/1.25 oral susp</i>                                                               | 0    | AL1 0.5 to 1 yrs old  |
| IRONUP                                                                                                 | 0    | AL1 0.5 to 1 yrs old  |
| KLOR-CON                                                                                               | 1    | MN                    |
| MYKIDZ IRON 10                                                                                         | 0    | AL1 0.5 to 1 yrs old  |
| NOVAFERRUM                                                                                             | 0    | AL1 0.5 to 1 yrs old  |
| <i>potassium bicarbonate/cit ac 25 meq tablet eff</i>                                                  | 1    | MN                    |
| <i>potassium chloride (20 tab er prt, 20 tablet er)</i>                                                | 1    |                       |

| PRODUCT DESCRIPTION                                                                                                                                                        | TIER | LIMITS & RESTRICTIONS |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| <i>potassium chloride (8 meq capsule er, 8 meq tablet er, 10 meq capsule er, 10 meq tab er prt, 10 meq tablet er, 20 meq packet, 20meq/15ml liquid, 40meq/15ml liquid)</i> | 1    | MN                    |
| <i>potassium chloride 15 meq tab er prt</i>                                                                                                                                | 2    |                       |
| <i>potassium chloride/potassium bicarbonate/citric acid</i>                                                                                                                | 1    | MN                    |
| PROFERRIN-FORTE                                                                                                                                                            | 2    |                       |
| <i>sodium fluoride (0.125/drop drops, 0.25(0.55) tab chew, 0.25mg/drp drops, 0.5 mg/ml drops, 0.5(1.1)mg tab chew)</i>                                                     | 0    | AL1 0.5 to 6 yrs old  |
| <i>sodium fluoride 1mg(2.2mg) tab chew</i>                                                                                                                                 | 1    |                       |
| CARNITOR SF                                                                                                                                                                | 3    |                       |
| CENTRUM SPECIALIST PRENATAL                                                                                                                                                | 0    |                       |
| CLASSIC PRENATAL                                                                                                                                                           | 0    |                       |
| CONCEPT DHA                                                                                                                                                                | 2    |                       |
| <i>cyanocobalamin (vitamin b-12) 1000mcg/ml vial</i>                                                                                                                       | 1    |                       |
| EAA                                                                                                                                                                        | 2    |                       |
| ESCAVITE                                                                                                                                                                   | 0    | AL1 0.5 to 6 yrs old  |
| ESCAVITE D                                                                                                                                                                 | 0    | AL1 0.5 to 6 yrs old  |
| ESCAVITE LQ                                                                                                                                                                | 0    | AL1 0.5 to 6 yrs old  |
| EXPECTA PRENATAL                                                                                                                                                           | 0    |                       |
| FLORIVA (0.25 MG CHEW TABLET, 0.5 MG CHEWABLE TABLET)                                                                                                                      | 0    | AL1 0.5 to 6 yrs old  |
| FLORIVA PLUS                                                                                                                                                               | 0    | AL1 0.5 to 6 yrs old  |
| <i>fluoride/iron/vitamins a,c,and d</i>                                                                                                                                    | 0    | AL1 0.5 to 6 yrs old  |
| <i>folic acid (0.4 mg tablet, 0.8 mg capsule, 0.8 mg tablet)</i>                                                                                                           | 0    |                       |
| GLYTACTIN 15 PE BETTERMILK                                                                                                                                                 | 2    |                       |
| GLYTACTIN RESTORE 10 PE                                                                                                                                                    | 2    |                       |
| GLYTACTIN RESTORE 10 PE LITE                                                                                                                                               | 2    |                       |
| GLYTACTIN RTD 10 PE                                                                                                                                                        | 2    |                       |
| GLYTACTIN RTD 15 PE                                                                                                                                                        | 2    |                       |
| KPN                                                                                                                                                                        | 0    |                       |
| LANAFLEX                                                                                                                                                                   | 2    |                       |
| <i>levocarnitine (200 mg/ml vial, 330 mg tablet)</i>                                                                                                                       | 3    |                       |

| PRODUCT DESCRIPTION                                                                                                           | TIER | LIMITS & RESTRICTIONS |
|-------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| <i>levocarnitine (with sugar)</i>                                                                                             | 3    |                       |
| LOPHLEX                                                                                                                       | 2    |                       |
| MAXINATE                                                                                                                      | 0    |                       |
| MEPHYTON                                                                                                                      | 2    |                       |
| MTERYTI FOLIC 5                                                                                                               | 0    |                       |
| MVC-FLUORIDE (0.25 MG TAB CHEW, 0.5 MG TAB CHEW)                                                                              | 0    | AL1 0.5 to 6 yrs old  |
| MYKIDZ IRON                                                                                                                   | 0    | AL1 0.5 to 1 yrs old  |
| MYKIDZ IRON FL                                                                                                                | 0    | AL1 0.5 to 6 yrs old  |
| NASCOBAL                                                                                                                      | 2    |                       |
| ONE A DAY WOMEN'S PRENATAL DHA                                                                                                | 0    |                       |
| ONE-A-DAY WOMEN'S PRENATAL 1                                                                                                  | 0    |                       |
| <i>pedi multivit 45/fluoride/iron 0.25-10/ml drops</i>                                                                        | 0    | AL1 0.5 to 6 yrs old  |
| <i>pedi multivit no.16 w-fluoride 1 mg tab chew</i>                                                                           | 1    |                       |
| <i>pedi multivit no.46/iron sulf 1500-10/ml drops</i>                                                                         | 0    | AL1 0.5 to 1 yrs old  |
| <i>pediatric multivit with a,c,d3 no.21/sodium fluoride (no.21/fluoride 0.25 mg/ml drops, no.21/fluoride 0.5 mg/ml drops)</i> | 0    | AL1 0.5 to 6 yrs old  |
| <i>pediatric multivitamin combination no.2/sodium fluoride (0.25 mg/ml drops, 0.5 mg/ml drops)</i>                            | 0    | AL1 0.5 to 6 yrs old  |
| <i>pediatric multivitamin no.16/sodium fluoride (0.25 mg tab chew, 0.5 mg tab chew)</i>                                       | 0    | AL1 0.5 to 6 yrs old  |
| <i>pediatric multivitamin no.75/sodium fluoride/ferrous sulfate</i>                                                           | 0    | AL1 0.5 to 6 yrs old  |
| <i>pediatric multivitamin no.82 with sodium fluoride</i>                                                                      | 0    | AL1 0.5 to 6 yrs old  |
| <i>pediatric multivitamins no.17 with sodium fluoride</i>                                                                     | 0    | AL1 0.5 to 6 yrs old  |
| PERIFLEX ADVANCE                                                                                                              | 2    |                       |
| PERIFLEX INFANT                                                                                                               | 2    |                       |
| PERIFLEX JUNIOR                                                                                                               | 2    |                       |
| PERIFLEX LQ PKU                                                                                                               | 2    |                       |
| PERRY PRENATAL                                                                                                                | 0    |                       |
| PHENEX-1                                                                                                                      | 2    |                       |
| PHENEX-2                                                                                                                      | 2    |                       |

| PRODUCT DESCRIPTION                                             | TIER | LIMITS & RESTRICTIONS |
|-----------------------------------------------------------------|------|-----------------------|
| PHENYL-FREE 1                                                   | 2    |                       |
| PHENYL-FREE 2                                                   | 2    |                       |
| PHENYL-FREE 2HP                                                 | 2    |                       |
| PHENYLADE (AMINO ACID POWDER, DRINK MIX POWDER)                 | 2    |                       |
| PHENYLADE AMINO ACID                                            | 2    |                       |
| PHENYLADE ESSENTIAL (DRINK POWD, POWD PCKT, POWDER)             | 2    |                       |
| PHENYLADE GMP (POWDER, POWDER PKT)                              | 2    |                       |
| PHENYLADE MTE                                                   | 2    |                       |
| PHENYLADE PHEBLOC (POWDER PKT, TABLET)                          | 2    |                       |
| PHENYLADE RTD PKU 10                                            | 2    |                       |
| PHENYLADE40                                                     | 2    |                       |
| PHENYLADE60 (DRINK MIX POWDER, POWDER PACKET)                   | 2    |                       |
| PHLEXY-10 DRINK MIX POWDER                                      | 2    |                       |
| PKU 2                                                           | 2    |                       |
| PKU 3                                                           | 2    |                       |
| PKU COOLER 10                                                   | 2    |                       |
| PKU COOLER 15                                                   | 2    |                       |
| PKU COOLER 20                                                   | 2    |                       |
| PKU EASY MICROTAB                                               | 2    |                       |
| PKU EXPRESS15                                                   | 2    |                       |
| PKU EXPRESS20                                                   | 2    |                       |
| PKU LOPHLEX                                                     | 2    |                       |
| PKU PERIFLEX JUNIOR PLUS                                        | 2    |                       |
| <i>pnv 79/iron/folic/Imfolate/dha 27-1.13 mg capsule</i>        | 0    |                       |
| <i>pnv no.95/ferrous fum/folic ac 28mg-0.8mg tablet</i>         | 0    |                       |
| <i>pnv with ca#74/iron/folic acid 27 mg-1 mg tablet</i>         | 1    |                       |
| <i>pnv with ca,no.72/iron/fa 27 mg-1 mg tablet</i>              | 1    |                       |
| POLY-VI-FLOR (0.25 MG DROPS, 0.25 MG TAB CHEW, 0.5 MG TAB CHEW) | 0    | AL1 0.5 to 6 yrs old  |
| POLY-VI-FLOR FS (0.25 MG FILM, 0.5 MG FILM)                     | 0    | AL1 0.5 to 6 yrs old  |
| POLY-VI-FLOR WITH IRON (0.25 MG, 0.5 MG)                        | 0    | AL1 0.5 to 6 yrs old  |

| PRODUCT DESCRIPTION                                                                                                                                    | TIER | LIMITS & RESTRICTIONS |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|
| POLY-VI-SOL WITH IRON                                                                                                                                  | 0    | AL1 0.5 to 1 yrs old  |
| PRENATAL FORMULA-DHA                                                                                                                                   | 0    |                       |
| <i>prenatal no.40/iron/fa/dha 27-0.8-250 capsule</i>                                                                                                   | 0    |                       |
| <i>prenatal vit calc,iron,folic tablet</i>                                                                                                             | 0    |                       |
| <i>prenatal vit with calcium 75/iron/folic acid/omega-3/dha/epa (75/iron/folic/om3 28-800-223 combo. pkg, 75/iron/folic/om3 28-800-440 combo. pkg)</i> | 0    |                       |
| <i>prenatal vit with calcium 95/ferrous fumarate/folic acid/dha</i>                                                                                    | 0    |                       |
| <i>prenatal vit with calcium no.122/ferrous fumarate/folic acid</i>                                                                                    | 0    |                       |
| <i>prenatal vitamin no.103/fa/omega-3/dha/fish oil</i>                                                                                                 | 0    |                       |
| <i>prenatal vitamin no.108/iron amino acid chelate/folic acid</i>                                                                                      | 0    |                       |
| <i>prenatal vitamin no.51/iron fumarate/fa/omega-3/dha/epa</i>                                                                                         | 0    |                       |
| <i>prenatal vitamin with ca no.124/ferrous fumarate/folic acid</i>                                                                                     | 0    |                       |
| <i>prenatal vitamin with ca no.128/ferrous fumarate/folic acid</i>                                                                                     | 0    |                       |
| <i>prenatal vitamin with ca no.129/ferrous fumarate/folic acid</i>                                                                                     | 0    |                       |
| <i>prenatal vitamin with ca no.130/ferrous fumarate/folic acid</i>                                                                                     | 0    |                       |
| <i>prenatal vitamin with ca no.131/ferrous fumarate/folic acid</i>                                                                                     | 0    |                       |
| <i>prenatal vitamins comb no.21/iron/folic acid</i>                                                                                                    | 0    |                       |
| <i>prenatal vitamins no.62/folic acid/omega-3s/dha/epa/fish oil</i>                                                                                    | 0    |                       |
| <i>prenatal vitamins with calcium/ferrous fumarate/folic acid (vit/iron fumarate/fa 27mg-0.8mg tablet, vit/iron fumarate/fa 28mg-0.8mg tablet)</i>     | 0    |                       |
| <i>prenatal vitamins with calcium/iron,carb/docusate/folic acid</i>                                                                                    | 1    |                       |
| <i>prenatal vits with calcium #72/iron,carbonyl/folic acid</i>                                                                                         | 1    |                       |
| <i>prenatal vits with calcium #74/ferrous fumarate/folic acid</i>                                                                                      | 1    |                       |
| <i>prenatal vits with calcium #90/ferrous fumarate/folic acid</i>                                                                                      | 0    |                       |
| <i>prenatal vits with calcium #96/ferrous fumarate/folic acid</i>                                                                                      | 0    |                       |
| PREQUE 10                                                                                                                                              | 0    |                       |
| QUFLORA (0.25 MG CHEW TAB, 0.25 MG/ML DROP, 0.5 MG CHEW TAB, 0.5 MG/ML DROP)                                                                           | 0    | AL1 0.5 to 6 yrs old  |
| QUFLORA FE                                                                                                                                             | 0    | AL1 0.5 to 6 yrs old  |
| SIMILAC PRENATAL                                                                                                                                       | 0    |                       |
| STUART ONE                                                                                                                                             | 0    |                       |

| PRODUCT DESCRIPTION           | TIER | LIMITS & RESTRICTIONS |
|-------------------------------|------|-----------------------|
| TEXAVITE LQ                   | 0    | AL1 0.5 to 6 yrs old  |
| TRI-VI-FLOR                   | 0    | AL1 0.5 to 6 yrs old  |
| UROSEX                        | 0    |                       |
| XPHE MAXAMAID                 | 2    |                       |
| XPHE MAXAMUM (PACKET, POWDER) | 2    |                       |

# Index of covered drugs

## A

|                                                  |    |                                                             |    |
|--------------------------------------------------|----|-------------------------------------------------------------|----|
| abacavir sulfate . . . . .                       | 31 | ALPHANINE SD . . . . .                                      | 37 |
| abacavir sulfate/lamivudine/zidovudine . . . . . | 31 | alprazolam . . . . .                                        | 33 |
| ABRAXANE . . . . .                               | 24 | aluminum chloride . . . . .                                 | 46 |
| ABSORICA . . . . .                               | 46 | amantadine hcl . . . . .                                    | 29 |
| ACA Preventive Vaccines . . . . .                | 60 | amcinonide . . . . .                                        | 52 |
| acamprosate calcium . . . . .                    | 12 | amifostine crystalline . . . . .                            | 24 |
| acarbose . . . . .                               | 33 | amiloride hcl . . . . .                                     | 42 |
| acebutolol hcl . . . . .                         | 39 | amiloride hcl/hydrochlorothiazide . . . . .                 | 41 |
| acetaminophen with codeine phosphate . . . . .   | 11 | aminocaproic acid . . . . .                                 | 37 |
| acetazolamide . . . . .                          | 42 | amiodarone hcl . . . . .                                    | 39 |
| acetic acid . . . . .                            | 65 | AMITIZA . . . . .                                           | 49 |
| acitretin . . . . .                              | 46 | amitriptyline hcl . . . . .                                 | 20 |
| ACTEMRA . . . . .                                | 60 | amitriptyline hcl/chlordiazepoxide . . . . .                | 19 |
| ACTIMMUNE . . . . .                              | 60 | amlodipine besylate . . . . .                               | 40 |
| acyclovir . . . . .                              | 32 | amlodipine besylate/benazepril hcl . . . . .                | 41 |
| adapalene . . . . .                              | 46 | amlodipine besylate/valsartan . . . . .                     | 41 |
| ADVAIR DISKUS . . . . .                          | 68 | amlodipine besylate/valsartan/hydrochlorothiazide . . . . . | 41 |
| ADVAIR HFA . . . . .                             | 68 | amoxicillin . . . . .                                       | 14 |
| ADVATE . . . . .                                 | 37 | amoxicillin/potassium clavulanate . . . . .                 | 15 |
| ADVICOR . . . . .                                | 43 | ampicillin trihydrate . . . . .                             | 15 |
| AFINITOR . . . . .                               | 26 | anagrelide hcl . . . . .                                    | 37 |
| AFINITOR DISPERZ . . . . .                       | 26 | ANALPRAM HC . . . . .                                       | 46 |
| AKNE-MYCIN . . . . .                             | 15 | anastrozole . . . . .                                       | 25 |
| ALBENZA . . . . .                                | 28 | ANDRODERM . . . . .                                         | 54 |
| albuterol sulfate . . . . .                      | 67 | ANDROGEL . . . . .                                          | 54 |
| alclometasone dipropionate . . . . .             | 51 | ANGELIQ . . . . .                                           | 54 |
| ALDACTAZIDE . . . . .                            | 40 | antipyrine/benzocaine . . . . .                             | 65 |
| ALDURAZYME . . . . .                             | 48 | APIDRA . . . . .                                            | 35 |
| ALECENSA . . . . .                               | 26 | APIDRA SOLOSTAR . . . . .                                   | 35 |
| alendronate sodium . . . . .                     | 61 | APOKYN . . . . .                                            | 29 |
| alfuzosin hcl . . . . .                          | 51 | apraclonidine hcl . . . . .                                 | 64 |
| ALIMTA . . . . .                                 | 24 | aprepitant . . . . .                                        | 20 |
| ALKERAN . . . . .                                | 23 | APTIOM . . . . .                                            | 18 |
| allopurinol . . . . .                            | 22 | ARALAST NP . . . . .                                        | 68 |
| ALOCRI . . . . .                                 | 64 | ARANESP . . . . .                                           | 37 |
| ALOMIDE . . . . .                                | 64 | ARCAPTA NEOHALER . . . . .                                  | 67 |
| alosetron hcl . . . . .                          | 49 | aripiprazole . . . . .                                      | 30 |
| ALPHAGAN P . . . . .                             | 64 | ARIXTRA . . . . .                                           | 36 |
| ALPHANATE . . . . .                              | 37 | armodafinil . . . . .                                       | 70 |
|                                                  |    | ARMOUR THYROID . . . . .                                    | 56 |
|                                                  |    | ARZERRA . . . . .                                           | 27 |

|                          |    |
|--------------------------|----|
| ASMANEX                  | 66 |
| ASMANEX HFA              | 66 |
| aspirin                  | 10 |
| aspirin/dipyridamole     | 38 |
| atenolol                 | 39 |
| atenolol/chlorthalidone  | 41 |
| ATGAM                    | 59 |
| atorvastatin calcium     | 43 |
| atovaquone/proguanil hcl | 28 |
| ATRIPLA                  | 31 |
| atropine sulfate         | 63 |
| ATROVENT HFA             | 66 |
| AUBAGIO                  | 45 |
| AUGMENTIN                | 15 |
| AVASTIN                  | 27 |
| AVC                      | 16 |
| AVONEX                   | 45 |
| AVONEX PEN               | 46 |
| azacitidine              | 24 |
| azathioprine             | 58 |
| azelastine hcl           | 66 |
| AZELEX                   | 46 |
| azithromycin             | 15 |
| AZOPT                    | 64 |

## B

|                                                                 |       |
|-----------------------------------------------------------------|-------|
| bacitracin                                                      | 13    |
| bacitracin/polymyxin b sulfate                                  | 63    |
| baclofen                                                        | 30    |
| BACTROBAN NASAL                                                 | 13    |
| balsalazide disodium                                            | 61    |
| BANZEL                                                          | 18    |
| BARACLUDE                                                       | 30    |
| BCG (TICE STRAIN)                                               | 25    |
| BCG VACCINE (TICE STRAIN)                                       | 60    |
| BEBULIN                                                         | 37    |
| benazepril hcl                                                  | 39    |
| benazepril hcl/hydrochlorothiazide                              | 41    |
| BENDEKA                                                         | 23    |
| BENEFIX                                                         | 37    |
| BENLYSTA                                                        | 60    |
| BENZAMYCINPAK                                                   | 13    |
| benzonatate                                                     | 68    |
| benztropine mesylate                                            | 28    |
| betamethasone dipropionate                                      | 52    |
| betamethasone dipropionate/propylene glycol                     | 52    |
| betamethasone valerate                                          | 52    |
| betaxolol hcl                                                   | 39,64 |
| bethanechol chloride                                            | 51    |
| BETIMOL                                                         | 64    |
| BETOPTIC S                                                      | 64    |
| bexarotene                                                      | 28    |
| bicalutamide                                                    | 23    |
| bimatoprost                                                     | 65    |
| bisacodyl                                                       | 50    |
| bisacodyl/sodium chlor/sodium bicarb/potassium<br>chl/peg 3350  | 50    |
| bisoprolol fumarate                                             | 39    |
| bisoprolol fumarate/hydrochlorothiazide                         | 41    |
| BIVIGAM                                                         | 59    |
| BLEPHAMIDE                                                      | 63    |
| BLEPHAMIDE S.O.P.                                               | 63    |
| BONIVA                                                          | 61    |
| BOSULIF                                                         | 26    |
| BOTOX                                                           | 69    |
| BOTOX COSMETIC                                                  | 69    |
| BRILINTA                                                        | 38    |
| brimonidine tartrate                                            | 64    |
| bromocriptine mesylate                                          | 29    |
| brompheniramine maleate/pseudoephedrine<br>hcl/dextromethorphan | 68    |
| budesonide                                                      | 61,66 |
| bumetanide                                                      | 42    |
| buprenorphine hcl                                               | 12    |
| buprenorphine hcl/naloxone hcl                                  | 12    |
| bupropion hcl                                                   | 12,19 |
| buspirone hcl                                                   | 32    |
| butalbital/acetaminophen                                        | 45    |
| butalbital/acetaminophen/caffeine                               | 45    |
| butalbital/acetaminophen/caffeine/codeine<br>phosphate          | 11    |
| butalbital/aspirin/caffeine                                     | 10    |

|                                |    |
|--------------------------------|----|
| butorphanol tartrate . . . . . | 11 |
| BYDUREON . . . . .             | 33 |
| BYDUREON PEN . . . . .         | 33 |
| BYETTA . . . . .               | 33 |
| BYSTOLIC . . . . .             | 40 |

## C

|                                                     |        |                                                   |    |
|-----------------------------------------------------|--------|---------------------------------------------------|----|
| cabergoline . . . . .                               | 57     | cefprozil . . . . .                               | 14 |
| CABOMETYX . . . . .                                 | 26     | ceftibuten . . . . .                              | 14 |
| calcipotriene . . . . .                             | 46     | CEFTIN . . . . .                                  | 14 |
| calcipotriene/betamethasone dipropionate . . . . .  | 47     | cefuroxime axetil . . . . .                       | 14 |
| calcitonin, salmon, synthetic . . . . .             | 61     | celecoxib . . . . .                               | 10 |
| calcitriol . . . . .                                | 47, 61 | CELLCEPT . . . . .                                | 58 |
| calcium acetate . . . . .                           | 51     | CENTRUM SPECIALIST PRENATAL . . . . .             | 71 |
| CANASA . . . . .                                    | 61     | cephalexin . . . . .                              | 14 |
| candesartan cilexetil . . . . .                     | 38     | CEREZYME . . . . .                                | 49 |
| candesartan cilexetil/hydrochlorothiazide . . . . . | 41     | cervical cap . . . . .                            | 62 |
| capecitabine . . . . .                              | 24     | CHANTIX . . . . .                                 | 13 |
| CAPEX SHAMPOO . . . . .                             | 52     | chlordiazepoxide hcl . . . . .                    | 33 |
| CAPITAL W-CODEINE . . . . .                         | 11     | chlordiazepoxide/clidinium bromide . . . . .      | 49 |
| CAPRELSA . . . . .                                  | 26     | chlorhexidine gluconate . . . . .                 | 46 |
| captopril . . . . .                                 | 39     | chloroquine phosphate . . . . .                   | 28 |
| captopril/hydrochlorothiazide . . . . .             | 41     | chlorothiazide . . . . .                          | 42 |
| CARAFATE . . . . .                                  | 50     | chlorpromazine hcl . . . . .                      | 29 |
| carbamazepine . . . . .                             | 18     | chlorpropamide . . . . .                          | 33 |
| CARBATROL . . . . .                                 | 18     | chlorthalidone . . . . .                          | 42 |
| carbidopa/levodopa . . . . .                        | 29     | chlorzoxazone . . . . .                           | 69 |
| carboplatin . . . . .                               | 25     | cholestyramine (with sugar) . . . . .             | 43 |
| carisoprodol . . . . .                              | 69     | cholestyramine/aspartame . . . . .                | 43 |
| carisoprodol/aspirin . . . . .                      | 69     | choline salicylate/magnesium salicylate . . . . . | 10 |
| carisoprodol/aspirin/codeine phosphate . . . . .    | 11     | ciclopirox . . . . .                              | 21 |
| CARNITOR SF . . . . .                               | 71     | ciclopirox olamine . . . . .                      | 21 |
| carteolol hcl . . . . .                             | 65     | cilostazol . . . . .                              | 38 |
| carvedilol . . . . .                                | 40     | CILOXAN . . . . .                                 | 15 |
| CAVERJECT . . . . .                                 | 51     | cimetidine . . . . .                              | 49 |
| CEENU . . . . .                                     | 23     | cimetidine hcl . . . . .                          | 49 |
| cefaclor . . . . .                                  | 14     | CIMZIA . . . . .                                  | 58 |
| cefadroxil . . . . .                                | 14     | CIPRO HC . . . . .                                | 65 |
| cefdinir . . . . .                                  | 14     | CIPRODEX . . . . .                                | 65 |
| cefixime . . . . .                                  | 14     | ciprofloxacin . . . . .                           | 15 |
| cefpodoxime proxetil . . . . .                      | 14     | ciprofloxacin hcl . . . . .                       | 15 |
|                                                     |        | citalopram hydrobromide . . . . .                 | 19 |
|                                                     |        | citric acid/sodium citrate . . . . .              | 51 |
|                                                     |        | clarithromycin . . . . .                          | 15 |
|                                                     |        | CLASSIC PRENATAL . . . . .                        | 71 |
|                                                     |        | CLEOCIN . . . . .                                 | 13 |
|                                                     |        | clindamycin hcl . . . . .                         | 13 |
|                                                     |        | clindamycin palmitate hcl . . . . .               | 13 |

|                                                         |       |                                                           |       |
|---------------------------------------------------------|-------|-----------------------------------------------------------|-------|
| clindamycin phosphate . . . . .                         | 13    | COSENTYX SYRINGE . . . . .                                | 47    |
| clindamycin phosphate/benzoyl peroxide . . . . .        | 47    | COTELLIC . . . . .                                        | 26    |
| clobetasol propionate . . . . .                         | 52    | COUMADIN . . . . .                                        | 36    |
| clobetasol propionate/emollient base . . . . .          | 52    | CREON . . . . .                                           | 49    |
| clomipramine hcl . . . . .                              | 20    | CRIXIVAN . . . . .                                        | 32    |
| clonazepam . . . . .                                    | 33    | cromolyn sodium . . . . .                                 | 64,68 |
| clonidine . . . . .                                     | 38    | cyanocobalamin (vitamin b-12) . . . . .                   | 71    |
| clonidine hcl . . . . .                                 | 38,44 | cyclobenzaprine hcl . . . . .                             | 69    |
| clonidine hcl/chlorthalidone . . . . .                  | 41    | cyclopentolate hcl . . . . .                              | 63    |
| clopidogrel bisulfate . . . . .                         | 38    | cyclophosphamide . . . . .                                | 23    |
| clorazepate dipotassium . . . . .                       | 33    | cyclosporine . . . . .                                    | 58    |
| clotrimazole . . . . .                                  | 21    | cyclosporine, modified . . . . .                          | 58    |
| clotrimazole/betamethasone dipropionate . . . . .       | 47    | cyproheptadine hcl . . . . .                              | 66    |
| clozapine . . . . .                                     | 30    | CYTOGAM . . . . .                                         | 60    |
| codeine phosphate/butalbital/aspirin/caffeine . . . . . | 11    |                                                           |       |
| codeine phosphate/guaifenesin . . . . .                 | 68    | <b>D</b>                                                  |       |
| codeine sulfate . . . . .                               | 11    | DACOGEN . . . . .                                         | 25    |
| colchicine . . . . .                                    | 22    | danazol . . . . .                                         | 54    |
| COLESTID . . . . .                                      | 43    | dantrolene sodium . . . . .                               | 30    |
| colestipol hcl . . . . .                                | 43    | dapsone . . . . .                                         | 23    |
| COLY-MYCIN S . . . . .                                  | 65    | DARAPRIM . . . . .                                        | 28    |
| COLYTE WITH FLAVOR PACKS . . . . .                      | 50    | darifenacin hydrobromide . . . . .                        | 50    |
| COMBIGAN . . . . .                                      | 65    | DAYTRANA . . . . .                                        | 44    |
| COMBIVENT RESPIMAT . . . . .                            | 68    | DELESTROGEN . . . . .                                     | 54    |
| COMETRIQ . . . . .                                      | 26    | DELZICOL . . . . .                                        | 61    |
| COMPLERA . . . . .                                      | 31    | demeclocycline hcl . . . . .                              | 16    |
| CONCEPT DHA . . . . .                                   | 71    | DEMEROL . . . . .                                         | 11    |
| condoms, female . . . . .                               | 62    | DEPAKENE . . . . .                                        | 17    |
| condoms, latex, lubricated . . . . .                    | 62    | DEPAKOTE . . . . .                                        | 17    |
| condoms, latex, non-lubricated . . . . .                | 62    | DEPAKOTE ER . . . . .                                     | 17    |
| condoms, non-latex, lubricated . . . . .                | 62    | DEPAKOTE SPRINKLE . . . . .                               | 17    |
| CONDYLOX . . . . .                                      | 47    | DEPEN . . . . .                                           | 51    |
| COPAXONE . . . . .                                      | 46    | DEPO-ESTRADIOL . . . . .                                  | 54    |
| CORLANOR . . . . .                                      | 41    | DEPO-SUBQ PROVERA 104 . . . . .                           | 56    |
| CORRECTOL . . . . .                                     | 50    | desipramine hcl . . . . .                                 | 20    |
| CORTIFOAM . . . . .                                     | 61    | desmopressin acetate . . . . .                            | 53    |
| cortisone acetate . . . . .                             | 52    | desmopressin acetate (non-refrigerated) . . . . .         | 53    |
| CORTISPORIN-TC . . . . .                                | 65    | desogestrel-ethinyl estradiol . . . . .                   | 54    |
| COSENTYX (2 SYRINGES) . . . . .                         | 47    | desogestrel-ethinyl estradiol/ethinyl estradiol . . . . . | 54    |
| COSENTYX PEN . . . . .                                  | 47    | desonide . . . . .                                        | 52    |
| COSENTYX PEN (2 PENS) . . . . .                         | 47    | desoximetasone . . . . .                                  | 52    |

|                                                              |          |
|--------------------------------------------------------------|----------|
| dexamethasone                                                | 52       |
| dexamethasone sod phosphate                                  | 64       |
| dexmethylphenidate hcl                                       | 44,45    |
| dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate | 44       |
| dextroamphetamine sulfate                                    | 44       |
| diaphragms, contoured                                        | 62       |
| diaphragms, wide seal                                        | 62       |
| DIASTAT                                                      | 17       |
| DIASTAT ACUDIAL                                              | 17       |
| diazepam                                                     | 17,33    |
| diclofenac potassium                                         | 10       |
| diclofenac sodium                                            | 10,47,64 |
| dicloxacillin sodium                                         | 15       |
| dicyclomine hcl                                              | 49       |
| didanosine                                                   | 31       |
| diflorasone diacetate                                        | 52       |
| diflorasone diacetate/emollient base                         | 52       |
| diflunisal                                                   | 10       |
| digoxin                                                      | 41       |
| dihydroergotamine mesylate                                   | 22       |
| DILANTIN                                                     | 18       |
| DILANTIN-125                                                 | 18       |
| DILATRATE-SR                                                 | 44       |
| diltiazem hcl                                                | 40       |
| DIPENTUM                                                     | 61       |
| diphenoxylate hcl/atropine sulfate                           | 49       |
| dipyridamole                                                 | 38       |
| disopyramide phosphate                                       | 39       |
| disulfiram                                                   | 12       |
| DIURIL                                                       | 42       |
| divalproex sodium                                            | 17       |
| DOCEFREZ                                                     | 25       |
| docetaxel                                                    | 25       |
| dofetilide                                                   | 39       |
| donepezil hcl                                                | 19       |
| DONNATAL                                                     | 49       |
| dorzolamide hcl                                              | 65       |
| dorzolamide hcl/timolol maleate                              | 65       |
| doxazosin mesylate                                           | 38       |
| doxepin hcl                                                  | 20       |

|                                                     |    |
|-----------------------------------------------------|----|
| DOXIL                                               | 25 |
| doxycycline hyclate                                 | 16 |
| doxycycline monohydrate                             | 16 |
| dronabinol                                          | 20 |
| drospirenone/ethinyl estradiol/levomefolate calcium | 54 |
| DUAVEE                                              | 54 |
| duloxetine hcl                                      | 45 |

## E

|                                       |    |
|---------------------------------------|----|
| EAA                                   | 71 |
| econazole nitrate                     | 21 |
| EDEX                                  | 51 |
| EFFIENT                               | 38 |
| ELIDEL                                | 47 |
| ELIGARD                               | 57 |
| ELIQUIS                               | 36 |
| ELIXOPHYLLIN                          | 67 |
| ELLA                                  | 56 |
| ELMIRON                               | 51 |
| EMEND                                 | 21 |
| EMTRIVA                               | 31 |
| enalapril maleate                     | 39 |
| enalapril maleate/hydrochlorothiazide | 41 |
| ENBREL                                | 58 |
| enoxaparin sodium                     | 36 |
| entacapone                            | 29 |
| entecavir                             | 30 |
| ENTRESTO                              | 41 |
| ENTYVIO                               | 58 |
| ENVARUSUS XR                          | 58 |
| EPIDUO                                | 47 |
| EPIFOAM                               | 47 |
| EPINEPHRINE                           | 67 |
| epinephrine                           | 67 |
| EPIVIR                                | 31 |
| EPIVIR HBV                            | 30 |
| EPOGEN                                | 37 |
| epoprostenol sodium (glycine)         | 68 |
| ERBITUX                               | 27 |
| ergocalciferol (vitamin d2)           | 61 |
| ergoloid mesylates                    | 19 |

|                                                   |    |                                             |       |
|---------------------------------------------------|----|---------------------------------------------|-------|
| ergotamine tartrate/cafeine . . . . .             | 22 | FARYDAK . . . . .                           | 25    |
| ERIVEDGE . . . . .                                | 26 | FASLODEX . . . . .                          | 24    |
| ERY-TAB . . . . .                                 | 15 | FEIBA NF . . . . .                          | 37    |
| ERYPED 400 . . . . .                              | 15 | felbamate . . . . .                         | 18    |
| ERYTHROCIN STEARATE . . . . .                     | 15 | FELBATOL . . . . .                          | 18    |
| erythromycin base . . . . .                       | 15 | felodipine . . . . .                        | 40    |
| erythromycin base/ethyl alcohol . . . . .         | 15 | fenofibrate . . . . .                       | 43    |
| erythromycin ethylsuccinate . . . . .             | 15 | fenofibrate nanocrystallized . . . . .      | 43    |
| ESCAVITE . . . . .                                | 71 | fenofibrate,micronized . . . . .            | 43    |
| ESCAVITE D . . . . .                              | 71 | fenofibric acid (choline) . . . . .         | 43    |
| ESCAVITE LQ . . . . .                             | 71 | fenopropfen calcium . . . . .               | 10    |
| escitalopram oxalate . . . . .                    | 19 | fentanyl . . . . .                          | 11    |
| estazolam . . . . .                               | 69 | FERRALET 90 . . . . .                       | 70    |
| ESTRACE . . . . .                                 | 54 | ferrous sulfate . . . . .                   | 70    |
| estradiol . . . . .                               | 54 | finasteride . . . . .                       | 51    |
| estradiol valerate . . . . .                      | 54 | FLAREX . . . . .                            | 64    |
| estradiol/norethindrone acetate . . . . .         | 54 | flavoxate hcl . . . . .                     | 50    |
| estrogens,esterified/methyltestosterone . . . . . | 55 | FLEBOGAMMA DIF . . . . .                    | 60    |
| estropipate . . . . .                             | 55 | flecainide acetate . . . . .                | 39    |
| eszopiclone . . . . .                             | 69 | FLOLAN . . . . .                            | 68    |
| ethambutol hcl . . . . .                          | 23 | FLORIVA . . . . .                           | 70,71 |
| ethinyl estradiol/drospirenone . . . . .          | 55 | FLORIVA PLUS . . . . .                      | 71    |
| ethosuximide . . . . .                            | 17 | FLOVENT DISKUS . . . . .                    | 66    |
| ethynodiol diacetate-ethinyl estradiol . . . . .  | 55 | FLOVENT HFA . . . . .                       | 66    |
| etidronate disodium . . . . .                     | 61 | fluconazole . . . . .                       | 21    |
| etodolac . . . . .                                | 10 | fludrocortisone acetate . . . . .           | 52    |
| etoposide . . . . .                               | 26 | flunisolide . . . . .                       | 66    |
| EUFLEXXA . . . . .                                | 62 | fluocinolone acetonide . . . . .            | 52    |
| EURAX . . . . .                                   | 28 | fluocinolone acetonide/shower cap . . . . . | 52    |
| EXELDERM . . . . .                                | 21 | fluocinonide . . . . .                      | 52    |
| exemestane . . . . .                              | 25 | fluocinonide/emollient base . . . . .       | 52    |
| EXJADE . . . . .                                  | 70 | FLUOR-A-DAY . . . . .                       | 70    |
| EXPECTA PRENATAL . . . . .                        | 71 | FLUORABON . . . . .                         | 70    |
| EXTAVIA . . . . .                                 | 46 | fluoride/iron/vitamins a,c,and d . . . . .  | 71    |
| EYLEA . . . . .                                   | 63 | FLUORIDEX SENSITIVITY RELIEF . . . . .      | 46    |
| ezetimibe . . . . .                               | 43 | FLUORITAB . . . . .                         | 70    |
| <b>F</b>                                          |    | fluorometholone . . . . .                   | 64    |
| FABRAZYME . . . . .                               | 49 | FLUOROPLEX . . . . .                        | 47    |
| famciclovir . . . . .                             | 32 | fluorouracil . . . . .                      | 24,47 |
| FARESTON . . . . .                                | 24 | fluoxetine hcl . . . . .                    | 19    |
|                                                   |    | fluoxymesterone . . . . .                   | 54    |

|                                                 |       |
|-------------------------------------------------|-------|
| fluphenazine hcl . . . . .                      | 29    |
| flurazepam hcl . . . . .                        | 70    |
| flurbiprofen . . . . .                          | 10    |
| flurbiprofen sodium . . . . .                   | 64    |
| flutamide . . . . .                             | 23    |
| fluticasone propionate . . . . .                | 52,66 |
| FML FORTE . . . . .                             | 64    |
| FML S.O.P. . . . .                              | 64    |
| folic acid . . . . .                            | 71    |
| fondaparinux sodium . . . . .                   | 36    |
| FORADIL . . . . .                               | 67    |
| FORTEO . . . . .                                | 61    |
| fosinopril sodium . . . . .                     | 39    |
| fosinopril sodium/hydrochlorothiazide . . . . . | 41    |
| FRAGMIN . . . . .                               | 36    |
| furosemide . . . . .                            | 42    |
| FYCOMPA . . . . .                               | 16    |

## G

|                              |    |
|------------------------------|----|
| gabapentin . . . . .         | 17 |
| GABITRIL . . . . .           | 17 |
| GALZIN . . . . .             | 70 |
| GAMASTAN S-D . . . . .       | 60 |
| GAMMAGARD S-D . . . . .      | 60 |
| GAMMAKED . . . . .           | 60 |
| GAMMAPLEX . . . . .          | 60 |
| GAMUNEX-C . . . . .          | 60 |
| gatifloxacin . . . . .       | 15 |
| GAZYVA . . . . .             | 27 |
| gemcitabine hcl . . . . .    | 24 |
| gemfibrozil . . . . .        | 43 |
| GENOTROPIN . . . . .         | 53 |
| gentamicin sulfate . . . . . | 13 |
| GEODON . . . . .             | 30 |
| GILENYA . . . . .            | 46 |
| GILOTRIF . . . . .           | 26 |
| glatiramer acetate . . . . . | 46 |
| GLEEVEC . . . . .            | 26 |
| GLEOSTINE . . . . .          | 23 |
| glimepiride . . . . .        | 33 |
| glipizide . . . . .          | 33 |

|                                        |       |
|----------------------------------------|-------|
| glipizide/metformin hcl . . . . .      | 33    |
| GLUCAGEN . . . . .                     | 34    |
| GLUCAGON EMERGENCY KIT . . . . .       | 34    |
| glyburide . . . . .                    | 33    |
| glyburide,micronized . . . . .         | 33    |
| glyburide/metformin hcl . . . . .      | 34    |
| GLYTACTIN 15 PE BETTERMILK . . . . .   | 71    |
| GLYTACTIN RESTORE 10 PE . . . . .      | 71    |
| GLYTACTIN RESTORE 10 PE LITE . . . . . | 71    |
| GLYTACTIN RTD 10 PE . . . . .          | 71    |
| GLYTACTIN RTD 15 PE . . . . .          | 71    |
| GOLYTELY . . . . .                     | 50    |
| granisetron hcl . . . . .              | 21    |
| griseofulvin ultramicrosize . . . . .  | 21    |
| griseofulvin, microsize . . . . .      | 21    |
| guanfacine hcl . . . . .               | 38,45 |

## H

|                                                           |    |
|-----------------------------------------------------------|----|
| HALAVEN . . . . .                                         | 25 |
| halobetasol propionate . . . . .                          | 52 |
| HALOG . . . . .                                           | 52 |
| haloperidol . . . . .                                     | 29 |
| haloperidol lactate . . . . .                             | 29 |
| HARVONI . . . . .                                         | 31 |
| HELIXATE FS . . . . .                                     | 37 |
| HEMOFIL M . . . . .                                       | 37 |
| heparin sodium,porcine . . . . .                          | 36 |
| heparin sodium,porcine in 0.9 % sodium chloride . . . . . | 36 |
| heparin sodium,porcine/pf . . . . .                       | 36 |
| HEPSERA . . . . .                                         | 30 |
| HERCEPTIN . . . . .                                       | 27 |
| HEXALEN . . . . .                                         | 23 |
| homatropine hbr . . . . .                                 | 63 |
| HUMALOG . . . . .                                         | 35 |
| HUMALOG KWIKPEN U-100 . . . . .                           | 35 |
| HUMALOG KWIKPEN U-200 . . . . .                           | 35 |
| HUMALOG MIX 50-50 . . . . .                               | 35 |
| HUMALOG MIX 50-50 KWIKPEN . . . . .                       | 35 |
| HUMALOG MIX 75-25 . . . . .                               | 35 |
| HUMALOG MIX 75-25 KWIKPEN . . . . .                       | 35 |
| HUMATE-P . . . . .                                        | 37 |

|                                                         |          |                                                                      |    |
|---------------------------------------------------------|----------|----------------------------------------------------------------------|----|
| HUMATROPE.....                                          | 53       | ICLUSIG.....                                                         | 26 |
| HUMIRA.....                                             | 58       | imatinib mesylate.....                                               | 26 |
| HUMIRA PEDIATRIC CROHN'S.....                           | 58       | IMBRUVICA.....                                                       | 26 |
| HUMIRA PEN.....                                         | 58       | imipramine hcl.....                                                  | 20 |
| HUMIRA PEN CROHN-UC-HS STARTER.....                     | 58       | imiquimod.....                                                       | 47 |
| HUMIRA PEN PSORIASIS-UVEITIS.....                       | 58       | immune globulin,gamm(igg)/glycine/iga greater than 50<br>mcg/ml..... | 60 |
| HUMULIN 70-30.....                                      | 35       | immune globulin,gamm(igg)/sucrose/iga greater than<br>50 mcg/ml..... | 60 |
| HUMULIN 70/30 KWIKPEN.....                              | 35       | immune globulin,gamma (igg)/proline/iga 0 to 50<br>mcg/ml.....       | 60 |
| HUMULIN N.....                                          | 35       | immune globulin,gamma (igg)/sorbitol/iga 0 to 50<br>mcg/ml.....      | 60 |
| HUMULIN N KWIKPEN.....                                  | 35       | IMURAN.....                                                          | 59 |
| HUMULIN R.....                                          | 35       | indapamide.....                                                      | 43 |
| HUMULIN R U-500.....                                    | 35       | INDOCIN.....                                                         | 10 |
| HUMULIN R U-500 KWIKPEN.....                            | 35       | indomethacin.....                                                    | 10 |
| HYALGAN.....                                            | 62       | INFERGEN.....                                                        | 31 |
| hyaluronate sod, cross-linked.....                      | 62       | INLYTA.....                                                          | 26 |
| hyaluronate sodium.....                                 | 62       | INTEGRA F.....                                                       | 70 |
| HYCANTIN.....                                           | 26       | INTEGRA PLUS.....                                                    | 70 |
| hydralazine hcl.....                                    | 44       | INTRON A.....                                                        | 31 |
| hydrochlorothiazide.....                                | 42,43    | INVIRASE.....                                                        | 32 |
| hydrocodone bitartrate/acetaminophen.....               | 11       | INVOKAMET.....                                                       | 34 |
| hydrocodone bitartrate/homatropine methylbromide.....   | 68       | INVOKANA.....                                                        | 34 |
| hydrocodone polistirex/chlorpheniramine polistirex..... | 68       | IOPIDINE.....                                                        | 65 |
| hydrocodone/ibuprofen.....                              | 11       | ipratropium bromide.....                                             | 66 |
| hydrocortisone.....                                     | 47,52,61 | ipratropium bromide/albuterol sulfate.....                           | 68 |
| hydrocortisone acetate.....                             | 52       | irbesartan.....                                                      | 38 |
| hydrocortisone acetate/pramoxine hcl.....               | 47       | irbesartan/hydrochlorothiazide.....                                  | 41 |
| hydrocortisone butyrate.....                            | 53       | IRESSA.....                                                          | 26 |
| hydrocortisone valerate.....                            | 53       | irinotecan hcl.....                                                  | 25 |
| hydrocortisone/acetic acid.....                         | 65       | iron,carbonyl.....                                                   | 70 |
| hydrocortisone/iodoquinol.....                          | 47       | IRONUP.....                                                          | 70 |
| hydromorphone hcl.....                                  | 11       | ISENTRESS.....                                                       | 31 |
| hydroxychloroquine sulfate.....                         | 28       | isometheptene<br>mucate/dichloralphenazone/acetaminophen.....        | 62 |
| hydroxyurea.....                                        | 24       | isoniazid.....                                                       | 23 |
| hydroxyzine hcl.....                                    | 66       | ISORDIL.....                                                         | 44 |
| hydroxyzine pamoate.....                                | 66       | isosorbide dinitrate.....                                            | 44 |
| hyoscyamine sulfate.....                                | 49       | isosorbide mononitrate.....                                          | 44 |
| <br>                                                    |          |                                                                      |    |
| ibandronate sodium.....                                 | 61       |                                                                      |    |
| IBRANCE.....                                            | 26       |                                                                      |    |
| ibuprofen.....                                          | 10       |                                                                      |    |

|                        |    |
|------------------------|----|
| isotretinoin . . . . . | 47 |
| ISTALOL . . . . .      | 65 |
| itraconazole . . . . . | 21 |
| ivermectin . . . . .   | 28 |
| IXEMPRA . . . . .      | 25 |

## J

|                         |    |
|-------------------------|----|
| JAKAFI . . . . .        | 26 |
| JANUMET . . . . .       | 34 |
| JANUMET XR . . . . .    | 34 |
| JANUVIA . . . . .       | 34 |
| JARDIANCE . . . . .     | 34 |
| JENTADUETO . . . . .    | 34 |
| JENTADUETO XR . . . . . | 34 |
| JEVTANA . . . . .       | 25 |

## K

|                                  |       |
|----------------------------------|-------|
| K-PHOS NO.2 . . . . .            | 51    |
| K-PHOS ORIGINAL . . . . .        | 51    |
| KADCYLA . . . . .                | 27    |
| KALETRA . . . . .                | 32    |
| KEPPRA . . . . .                 | 16    |
| KEPPRA XR . . . . .              | 16    |
| ketoconazole . . . . .           | 21    |
| ketoprofen . . . . .             | 10    |
| ketorolac tromethamine . . . . . | 10,64 |
| KEYTRUDA . . . . .               | 27    |
| KINERET . . . . .                | 59    |
| KISQALI . . . . .                | 26    |
| KLONOPIN . . . . .               | 33    |
| KLOR-CON . . . . .               | 70    |
| KOATE-DVI . . . . .              | 37    |
| KOGENATE FS . . . . .            | 37    |
| KOVALTRY . . . . .               | 37    |
| KPN . . . . .                    | 71    |
| KYLEENA . . . . .                | 56    |

## L

|                         |    |
|-------------------------|----|
| labetalol hcl . . . . . | 40 |
| LACRISERT . . . . .     | 63 |
| lactulose . . . . .     | 50 |

|                                                                  |       |
|------------------------------------------------------------------|-------|
| LAMICTAL . . . . .                                               | 18    |
| LAMISIL . . . . .                                                | 21    |
| lamivudine . . . . .                                             | 30,31 |
| lamivudine/zidovudine . . . . .                                  | 31    |
| lamotrigine . . . . .                                            | 18    |
| LANAFLEX . . . . .                                               | 71    |
| LANOXIN . . . . .                                                | 41    |
| LANTUS . . . . .                                                 | 35    |
| LANTUS SOLOSTAR . . . . .                                        | 35    |
| latanoprost . . . . .                                            | 65    |
| leflunomide . . . . .                                            | 60    |
| LENVIMA . . . . .                                                | 26    |
| LETAIRIS . . . . .                                               | 68    |
| letrozole . . . . .                                              | 25    |
| leucovorin calcium . . . . .                                     | 25    |
| LEUKERAN . . . . .                                               | 23    |
| LEUKINE . . . . .                                                | 37    |
| leuprolide acetate . . . . .                                     | 57    |
| LEVEMIR . . . . .                                                | 35    |
| LEVEMIR FLEXPEN . . . . .                                        | 35    |
| LEVEMIR FLEXTOUCH . . . . .                                      | 35    |
| levetiracetam . . . . .                                          | 16    |
| levobunolol hcl . . . . .                                        | 65    |
| levocarnitine . . . . .                                          | 71    |
| levocarnitine (with sugar) . . . . .                             | 72    |
| levofloxacin . . . . .                                           | 15    |
| levonorgestrel . . . . .                                         | 56    |
| levonorgestrel-ethinyl estradiol . . . . .                       | 55    |
| levonorgestrel/ethinyl estradiol and ethinyl estradiol . . . . . | 55    |
| levorphanol tartrate . . . . .                                   | 11    |
| levothyroxine sodium . . . . .                                   | 57    |
| LIALDA . . . . .                                                 | 61    |
| lidocaine . . . . .                                              | 12    |
| lidocaine hcl . . . . .                                          | 12    |
| lidocaine/prilocaine . . . . .                                   | 12    |
| LILETTA . . . . .                                                | 56    |
| lindane . . . . .                                                | 28    |
| LINZESS . . . . .                                                | 49    |
| LIORESAL INTRATHECAL . . . . .                                   | 69    |
| liothyronine sodium . . . . .                                    | 57    |
| lisinopril . . . . .                                             | 39    |

|                                                  |    |                                                   |       |
|--------------------------------------------------|----|---------------------------------------------------|-------|
| lisinopril/hydrochlorothiazide . . . . .         | 41 | MEPHYTON . . . . .                                | 72    |
| lithium carbonate . . . . .                      | 33 | meprobamate . . . . .                             | 32    |
| lithium citrate . . . . .                        | 33 | mercaptopurine . . . . .                          | 24    |
| LITHOSTAT . . . . .                              | 51 | mesalamine . . . . .                              | 61    |
| LOMUSTINE . . . . .                              | 23 | mesalamine with cleansing wipes . . . . .         | 61    |
| LONSURF . . . . .                                | 24 | MESTINON . . . . .                                | 22    |
| LOPHLEX . . . . .                                | 72 | metaproterenol sulfate . . . . .                  | 67    |
| lopinavir/ritonavir . . . . .                    | 32 | metaxalone . . . . .                              | 69    |
| lorazepam . . . . .                              | 33 | metformin hcl . . . . .                           | 34    |
| losartan potassium . . . . .                     | 38 | methadone hcl . . . . .                           | 11    |
| losartan potassium/hydrochlorothiazide . . . . . | 41 | methazolamide . . . . .                           | 65    |
| LOTEMAX . . . . .                                | 64 | methenamine hippurate . . . . .                   | 13    |
| lovastatin . . . . .                             | 43 | methenamine mandelate . . . . .                   | 13    |
| LOVENOX . . . . .                                | 36 | methimazole . . . . .                             | 58    |
| loxapine succinate . . . . .                     | 29 | methocarbamol . . . . .                           | 69    |
| LUCENTIS . . . . .                               | 63 | methotrexate sodium . . . . .                     | 59    |
| LUMIGAN . . . . .                                | 65 | methotrexate sodium/pf . . . . .                  | 59    |
| LUPANETA PACK . . . . .                          | 57 | methoxsalen . . . . .                             | 47    |
| LUPRON DEPOT . . . . .                           | 57 | methyclothiazide . . . . .                        | 43    |
| LUPRON DEPOT-PED . . . . .                       | 57 | methyldopa . . . . .                              | 38    |
| LYNPARZA . . . . .                               | 25 | methyldopa/hydrochlorothiazide . . . . .          | 41    |
| LYRICA . . . . .                                 | 45 | methylergonovine maleate . . . . .                | 62    |
| <b>M</b>                                         |    | methylphenidate hcl . . . . .                     | 45    |
| MACUGEN . . . . .                                | 63 | methylprednisolone . . . . .                      | 53    |
| MAKENA . . . . .                                 | 56 | metipranolol . . . . .                            | 65    |
| MAXAIR AUTOHALER . . . . .                       | 67 | metoclopramide hcl . . . . .                      | 20    |
| MAXIDEX . . . . .                                | 64 | metolazone . . . . .                              | 43    |
| MAXINATE . . . . .                               | 72 | metoprolol succinate . . . . .                    | 40    |
| mecamylamine hcl . . . . .                       | 41 | metoprolol tartrate . . . . .                     | 40    |
| meclofenamate sodium . . . . .                   | 10 | metoprolol tartrate/hydrochlorothiazide . . . . . | 42    |
| MEDROL . . . . .                                 | 53 | metronidazole . . . . .                           | 13,47 |
| medroxyprogesterone acetate . . . . .            | 56 | mexiletine hcl . . . . .                          | 39    |
| mefenamic acid . . . . .                         | 10 | MIGRANAL . . . . .                                | 22    |
| mefloquine hcl . . . . .                         | 28 | minocycline hcl . . . . .                         | 16    |
| megestrol acetate . . . . .                      | 56 | minoxidil . . . . .                               | 44    |
| MEKINIST . . . . .                               | 26 | MIRENA . . . . .                                  | 56    |
| meloxicam . . . . .                              | 10 | mirtazapine . . . . .                             | 19    |
| memantine hcl . . . . .                          | 19 | misoprostol . . . . .                             | 50    |
| MENEST . . . . .                                 | 55 | mitoxantrone hcl . . . . .                        | 25    |
| meperidine hcl . . . . .                         | 11 | modafinil . . . . .                               | 70    |
|                                                  |    | mometasone furoate . . . . .                      | 53    |

|                                       |       |                                                                          |       |
|---------------------------------------|-------|--------------------------------------------------------------------------|-------|
| MONOCLATE-P . . . . .                 | 37    | NATACYN . . . . .                                                        | 21    |
| MONONINE . . . . .                    | 37    | nateglinide . . . . .                                                    | 34    |
| MONOVISC . . . . .                    | 62    | NATURE-THROID . . . . .                                                  | 57    |
| montelukast sodium . . . . .          | 66    | NEBUPENT . . . . .                                                       | 28    |
| MONUROL . . . . .                     | 13    | neomycin sulfate . . . . .                                               | 13    |
| morphine sulfate . . . . .            | 11,12 | neomycin sulfate/bacitracin zinc/polymyxin<br>b/hydrocortisone . . . . . | 63    |
| moxifloxacin hcl . . . . .            | 16    | neomycin sulfate/bacitracin/polymyxin b . . . . .                        | 63    |
| MOZOBIL . . . . .                     | 37    | neomycin sulfate/polymyxin b sulfate/gramicidin d . . . . .              | 63    |
| MTERYTI FOLIC 5 . . . . .             | 72    | neomycin sulfate/polymyxin b<br>sulfate/hydrocortisone . . . . .         | 63,66 |
| MULTAQ . . . . .                      | 39    | neomycin/polymyxin b sulfate/dexamethasone . . . . .                     | 63    |
| mupirocin . . . . .                   | 13    | NEORAL . . . . .                                                         | 59    |
| mupirocin calcium . . . . .           | 13    | NEULASTA . . . . .                                                       | 37    |
| MUSE . . . . .                        | 51    | NEUMEGA . . . . .                                                        | 37    |
| MVC-FLUORIDE . . . . .                | 72    | NEUPOGEN . . . . .                                                       | 37    |
| mycophenolate mofetil . . . . .       | 59    | NEURONTIN . . . . .                                                      | 17    |
| mycophenolate mofetil hcl . . . . .   | 59    | nevirapine . . . . .                                                     | 31    |
| mycophenolate sodium . . . . .        | 59    | NEXAVAR . . . . .                                                        | 26    |
| MYFORTIC . . . . .                    | 59    | NEXPLANON . . . . .                                                      | 56    |
| MYKIDZ IRON . . . . .                 | 72    | niacin . . . . .                                                         | 43    |
| MYKIDZ IRON 10 . . . . .              | 70    | nicotine . . . . .                                                       | 13    |
| MYKIDZ IRON FL . . . . .              | 72    | nicotine polacrilex . . . . .                                            | 13    |
| MYLERAN . . . . .                     | 23    | NICOTROL . . . . .                                                       | 13    |
| MYOBLOC . . . . .                     | 69    | NICOTROL NS . . . . .                                                    | 13    |
| MYRBETRIQ . . . . .                   | 50    | nifedipine . . . . .                                                     | 40    |
| MYSOLINE . . . . .                    | 17    | NILANDRON . . . . .                                                      | 23    |
| <b>N</b>                              |       | nilutamide . . . . .                                                     | 24    |
| NABI-HB . . . . .                     | 60    | nimodipine . . . . .                                                     | 40    |
| nabumetone . . . . .                  | 10    | NINLARO . . . . .                                                        | 27    |
| nadolol . . . . .                     | 40    | NITRO-BID . . . . .                                                      | 44    |
| nadolol/bendroflumethiazide . . . . . | 42    | NITRO-DUR . . . . .                                                      | 44    |
| naftifine hcl . . . . .               | 21    | nitrofurantoin . . . . .                                                 | 13    |
| NAFTIN . . . . .                      | 21    | nitrofurantoin macrocrystal . . . . .                                    | 14    |
| naloxone hcl . . . . .                | 12    | nitrofurantoin monohydrate/macrocystals . . . . .                        | 14    |
| naltrexone hcl . . . . .              | 12    | nitroglycerin . . . . .                                                  | 44    |
| NAMENDA XR . . . . .                  | 19    | nizatidine . . . . .                                                     | 49    |
| naproxen . . . . .                    | 10    | nonoxynol 9 . . . . .                                                    | 51    |
| naproxen sodium . . . . .             | 10    | NORDITROPIN FLEXP . . . . .                                              | 53    |
| naratriptan hcl . . . . .             | 22    | NORDITROPIN NORDIFLEX . . . . .                                          | 53    |
| NARCAN . . . . .                      | 12    | norelgestromin/ethinyl estradiol . . . . .                               | 55    |
| NASCOBAL . . . . .                    | 72    |                                                                          |       |

|                                                          |    |
|----------------------------------------------------------|----|
| norethindrone                                            | 56 |
| norethindrone acetate                                    | 56 |
| norethindrone acetate-ethinyl estradiol                  | 55 |
| norethindrone acetate-ethinyl estradiol/ferrous fumarate | 55 |
| norethindrone-ethinyl estradiol                          | 55 |
| norethindrone-ethinyl estradiol/ferrous fumarate         | 55 |
| norethindrone-mestranol                                  | 55 |
| norgestimate-ethinyl estradiol                           | 55 |
| norgestrel-ethinyl estradiol                             | 55 |
| NORITATE                                                 | 47 |
| NORPACE CR                                               | 39 |
| nortriptyline hcl                                        | 20 |
| NORVIR                                                   | 32 |
| NOVAFERRUM                                               | 70 |
| NOVOLIN 70-30                                            | 35 |
| NOVOLIN N                                                | 35 |
| NOVOLIN R                                                | 35 |
| NOVOLOG                                                  | 35 |
| NOVOLOG FLEXPEN                                          | 36 |
| NOVOLOG MIX 70-30                                        | 36 |
| NOVOLOG MIX 70-30 FLEXPEN                                | 36 |
| NOVOSEVEN RT                                             | 37 |
| NOXAFIL                                                  | 21 |
| NUTROPIN                                                 | 53 |
| NUTROPIN AQ                                              | 53 |
| NUTROPIN AQ NUSPIN                                       | 53 |
| NUVARING                                                 | 55 |
| nystatin                                                 | 21 |
| nystatin/triamcinolone acetonide                         | 21 |

## O

|                           |    |
|---------------------------|----|
| OCTAGAM                   | 60 |
| octreotide acetate        | 57 |
| ODOMZO                    | 27 |
| ofloxacin                 | 16 |
| olanzapine                | 30 |
| olopatadine hcl           | 64 |
| omega-3 acid ethyl esters | 43 |
| ondansetron               | 21 |
| ondansetron hcl           | 21 |

|                                |       |
|--------------------------------|-------|
| ondansetron hcl/pf             | 21    |
| ONE A DAY WOMEN'S PRENATAL DHA | 72    |
| ONE-A-DAY WOMEN'S PRENATAL 1   | 72    |
| ONFI                           | 17    |
| OPSUMIT                        | 68    |
| ORACIT                         | 51    |
| ORENCIA                        | 59    |
| ORENCIA CLICKJECT              | 59    |
| orphenadrine citrate           | 69    |
| ORTHOVISC                      | 62    |
| oseltamivir phosphate          | 32    |
| oxaliplatin                    | 25    |
| oxaprozin                      | 10    |
| oxazepam                       | 33    |
| oxcarbazepine                  | 18    |
| oxiconazole nitrate            | 21    |
| OXISTAT                        | 21    |
| oxybutynin chloride            | 50    |
| oxycodone hcl                  | 11,12 |
| oxycodone hcl/acetaminophen    | 12    |
| oxycodone hcl/aspirin          | 12    |
| OXYCONTIN                      | 11    |

## P

|                                                              |       |
|--------------------------------------------------------------|-------|
| pamidronate disodium                                         | 61    |
| PANCREAZE                                                    | 49    |
| PARAGARD T 380-A                                             | 62    |
| paricalcitol                                                 | 61,62 |
| paroxetine hcl                                               | 19    |
| PAXIL                                                        | 19    |
| pediatric multivit with a,c,d3 no.21/sodium fluoride         | 72    |
| pediatric multivitamin combination no.2/sodium fluoride      | 72    |
| pediatric multivitamin no.16/sodium fluoride                 | 72    |
| pediatric multivitamin no.45/sodium fluoride/ferrous sulfate | 72    |
| pediatric multivitamin no.46/ferrous sulfate                 | 72    |
| pediatric multivitamin no.75/sodium fluoride/ferrous sulfate | 72    |
| pediatric multivitamin no.82 with sodium fluoride            | 72    |
| pediatric multivitamins no.17 with sodium fluoride           | 72    |

|                                                                          |    |                                                                |       |
|--------------------------------------------------------------------------|----|----------------------------------------------------------------|-------|
| peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride . . . . .   | 50 | PHLEXY-10 . . . . .                                            | 73    |
| PEGASYS . . . . .                                                        | 31 | PHOSPHOLINE IODIDE . . . . .                                   | 65    |
| PEGASYS PROCLICK . . . . .                                               | 31 | PICATO . . . . .                                               | 48    |
| PEGINTRON . . . . .                                                      | 31 | pilocarpine hcl . . . . .                                      | 46,65 |
| PEGINTRON REDIPEN . . . . .                                              | 31 | PILOPINE HS . . . . .                                          | 65    |
| penicillin v potassium . . . . .                                         | 15 | pimozide . . . . .                                             | 29    |
| PENTASA . . . . .                                                        | 61 | pindolol . . . . .                                             | 40    |
| pentazocine hcl/naloxone hcl . . . . .                                   | 12 | pioglitazone hcl . . . . .                                     | 34    |
| pentoxifylline . . . . .                                                 | 42 | pioglitazone hcl/glimepiride . . . . .                         | 34    |
| PERIFLEX ADVANCE . . . . .                                               | 72 | pioglitazone hcl/metformin hcl . . . . .                       | 34    |
| PERIFLEX INFANT . . . . .                                                | 72 | piroxicam . . . . .                                            | 10    |
| PERIFLEX JUNIOR . . . . .                                                | 72 | PKU 2 . . . . .                                                | 73    |
| PERIFLEX LQ PKU . . . . .                                                | 72 | PKU 3 . . . . .                                                | 73    |
| PERJETA . . . . .                                                        | 27 | PKU COOLER 10 . . . . .                                        | 73    |
| permethrin . . . . .                                                     | 28 | PKU COOLER 15 . . . . .                                        | 73    |
| PERRY PRENATAL . . . . .                                                 | 72 | PKU COOLER 20 . . . . .                                        | 73    |
| phenazopyridine hcl . . . . .                                            | 51 | PKU EASY . . . . .                                             | 73    |
| phenelzine sulfate . . . . .                                             | 19 | PKU EXPRESS15 . . . . .                                        | 73    |
| PHENEX-1 . . . . .                                                       | 72 | PKU EXPRESS20 . . . . .                                        | 73    |
| PHENEX-2 . . . . .                                                       | 72 | PKU LOPHLEX . . . . .                                          | 73    |
| phenobarbital . . . . .                                                  | 17 | PKU PERIFLEX JUNIOR PLUS . . . . .                             | 73    |
| phenobarbital/hyoscyamine sulf/atropine<br>sulf/scopolamine hb . . . . . | 49 | PLEGRIDY . . . . .                                             | 46    |
| phenoxybenzamine hcl . . . . .                                           | 38 | PLEGRIDY PEN . . . . .                                         | 46    |
| PHENYL-FREE 1 . . . . .                                                  | 73 | podofilox . . . . .                                            | 48    |
| PHENYL-FREE 2 . . . . .                                                  | 73 | POLY-VI-FLOR . . . . .                                         | 73    |
| PHENYL-FREE 2HP . . . . .                                                | 73 | POLY-VI-FLOR FS . . . . .                                      | 73    |
| PHENYLADE . . . . .                                                      | 73 | POLY-VI-FLOR WITH IRON . . . . .                               | 73    |
| PHENYLADE AMINO ACID . . . . .                                           | 73 | POLY-VI-SOL WITH IRON . . . . .                                | 74    |
| PHENYLADE ESSENTIAL . . . . .                                            | 73 | polyethylene glycol 3350 . . . . .                             | 50    |
| PHENYLADE GMP . . . . .                                                  | 73 | polymyxin b sulfate/trimethoprim . . . . .                     | 63    |
| PHENYLADE MTE . . . . .                                                  | 73 | POMALYST . . . . .                                             | 24    |
| PHENYLADE PHEBLOC . . . . .                                              | 73 | potassium bicarbonate/citric acid . . . . .                    | 70    |
| PHENYLADE RTD PKU 10 . . . . .                                           | 73 | potassium chloride . . . . .                                   | 70,71 |
| PHENYLADE40 . . . . .                                                    | 73 | potassium chloride/potassium bicarbonate/citric acid . . . . . | 71    |
| PHENYLADE60 . . . . .                                                    | 73 | potassium citrate . . . . .                                    | 51    |
| phenylephrine hcl . . . . .                                              | 63 | potassium citrate/citric acid . . . . .                        | 51    |
| phenylephrine hcl/promethazine hcl . . . . .                             | 68 | potassium iodide . . . . .                                     | 58    |
| phenytoin . . . . .                                                      | 18 | pramipexole di-hcl . . . . .                                   | 29    |
| phenytoin sodium extended . . . . .                                      | 18 | PRAMOSONE . . . . .                                            | 48    |
|                                                                          |    | pravastatin sodium . . . . .                                   | 43    |
|                                                                          |    | prazosin hcl . . . . .                                         | 38    |

|                                                                        |       |                                                                        |    |
|------------------------------------------------------------------------|-------|------------------------------------------------------------------------|----|
| PRED-G . . . . .                                                       | 63    | prenatal vitamins with calcium/iron,carb/docusate/folic acid . . . . . | 74 |
| prednisolone . . . . .                                                 | 53    | prenatal vits with calcium #72/iron,carbonyl/folic acid 74             |    |
| prednisolone acetate . . . . .                                         | 64    | prenatal vits with calcium #74/ferrous fumarate/folic acid . . . . .   | 74 |
| prednisolone sod phosphate . . . . .                                   | 53,64 | prenatal vits with calcium #90/ferrous fumarate/folic acid . . . . .   | 74 |
| prednisone . . . . .                                                   | 53    | prenatal vits with calcium #96/ferrous fumarate/folic acid . . . . .   | 74 |
| PREMARIN . . . . .                                                     | 55    | prenatal vits with calcium 72/ferrous fumarate/folic acid . . . . .    | 73 |
| PREMPHASE . . . . .                                                    | 55    | prenatal vits with calcium 74/ferrous fumarate/folic acid . . . . .    | 73 |
| PREMPRO . . . . .                                                      | 55    | prenatal vits with calcium 95/ferrous fumarate/folic acid . . . . .    | 73 |
| PRENATAL FORMULA-DHA . . . . .                                         | 74    | PREQUE 10 . . . . .                                                    | 74 |
| prenatal vit calc,iron,folic acid (less than 1 mg) . . . . .           | 74    | PREVACID . . . . .                                                     | 50 |
| prenatal vit with calcium 75/iron/folic acid/omega-3/dha/epa . . . . . | 74    | PREVIDENT . . . . .                                                    | 46 |
| prenatal vit with calcium 95/ferrous fumarate/folic acid/dha . . . . . | 74    | PREVIDENT 5000 . . . . .                                               | 46 |
| prenatal vit with calcium no.122/ferrous fumarate/folic acid . . . . . | 74    | PREVIDENT 5000 ENAMEL PROTECT . . . . .                                | 46 |
| prenatal vitamin no.103/fa/omega-3/dha/fish oil . . . . .              | 74    | PREVIDENT 5000 SENSITIVE . . . . .                                     | 46 |
| prenatal vitamin no.108/iron amino acid chelate/folic acid . . . . .   | 74    | PRIALT . . . . .                                                       | 63 |
| prenatal vitamin no.51/iron fumarate/fa/omega-3/dha/epa . . . . .      | 74    | primaquine phosphate . . . . .                                         | 28 |
| prenatal vitamin with ca no.124/ferrous fumarate/folic acid . . . . .  | 74    | primidone . . . . .                                                    | 17 |
| prenatal vitamin with ca no.128/ferrous fumarate/folic acid . . . . .  | 74    | PROAIR HFA . . . . .                                                   | 67 |
| prenatal vitamin with ca no.129/ferrous fumarate/folic acid . . . . .  | 74    | PROAIR RESPICLICK . . . . .                                            | 67 |
| prenatal vitamin with ca no.130/ferrous fumarate/folic acid . . . . .  | 74    | probenecid . . . . .                                                   | 22 |
| prenatal vitamin with ca no.131/ferrous fumarate/folic acid . . . . .  | 74    | probenecid/colchicine . . . . .                                        | 22 |
| prenatal vitamins comb no.21/iron/folic acid . . . . .                 | 74    | prochlorperazine . . . . .                                             | 20 |
| prenatal vitamins combo no.40/ferrous fumarate/fa/dha . . . . .        | 74    | prochlorperazine edisylate . . . . .                                   | 20 |
| prenatal vitamins no.62/folic acid/omega-3s/dha/epa/fish oil . . . . . | 74    | prochlorperazine maleate . . . . .                                     | 20 |
| prenatal vitamins no.79/iron fum/folic acid/levomefolate/dha . . . . . | 73    | PROCRIT . . . . .                                                      | 37 |
| prenatal vitamins with calcium/ferrous fumarate/folic acid . . . . .   | 74    | PROCTOFOAM-HC . . . . .                                                | 48 |
|                                                                        |       | PROFERRIN-FORTE . . . . .                                              | 71 |
|                                                                        |       | PROFILNINE . . . . .                                                   | 37 |
|                                                                        |       | progesterone . . . . .                                                 | 56 |
|                                                                        |       | progesterone, micronized . . . . .                                     | 56 |
|                                                                        |       | PROGLYCEM . . . . .                                                    | 34 |
|                                                                        |       | PROGRAF . . . . .                                                      | 59 |
|                                                                        |       | PROLASTIN C . . . . .                                                  | 68 |
|                                                                        |       | PROLEUKIN . . . . .                                                    | 25 |

|                                              |       |
|----------------------------------------------|-------|
| PROLIA                                       | 62    |
| PROMACTA                                     | 37    |
| promethazine hcl                             | 20,66 |
| promethazine hcl/codeine                     | 68    |
| promethazine hcl/dextromethorphan hbr        | 68    |
| promethazine/phenylephrine hcl/codeine       | 68    |
| propafenone hcl                              | 39    |
| propantheline bromide                        | 49    |
| propranolol hcl                              | 40    |
| propranolol hcl/hydrochlorothiazide          | 42    |
| propylthiouracil                             | 58    |
| PROVENGE                                     | 25    |
| PROVENTIL HFA                                | 67    |
| pseudoephedrine hcl/codeine                  |       |
| phosphate/guaifenesin                        | 68    |
| pseudoephedrine hcl/codeine/chlorpheniramine | 69    |
| PULMICORT FLEXHALER                          | 66    |
| PULMOZYME                                    | 69    |
| PURIXAN                                      | 24    |
| pyrazinamide                                 | 23    |
| pyridostigmine bromide                       | 22    |

## Q

|                                   |    |
|-----------------------------------|----|
| quetiapine fumarate               | 30 |
| QUFLORA                           | 74 |
| QUFLORA FE                        | 74 |
| QUILLICHEW ER                     | 45 |
| QUILLIVANT XR                     | 45 |
| quinapril hcl                     | 39 |
| quinapril hcl/hydrochlorothiazide | 42 |
| quinidine gluconate               | 39 |
| quinidine sulfate                 | 39 |
| QVAR                              | 66 |

## R

|                     |    |
|---------------------|----|
| raloxifene hcl      | 56 |
| ramipril            | 39 |
| RANEXA              | 42 |
| ranitidine hcl      | 49 |
| RAPAMUNE            | 59 |
| rasagiline mesylate | 29 |

|                       |    |
|-----------------------|----|
| RECLAST               | 62 |
| RECOMBINATE           | 37 |
| REGRANEX              | 48 |
| REMICADE              | 59 |
| RENAGEL               | 51 |
| REVELA                | 51 |
| repaglinide           | 34 |
| RESCRIPTOR            | 31 |
| reserpine             | 42 |
| RESTASIS              | 63 |
| RESTASIS MULTIDOSE    | 63 |
| REVATIO               | 68 |
| REVLIMID              | 24 |
| REYATAZ               | 32 |
| REZIRA                | 69 |
| RHEUMATREX            | 59 |
| ribavirin             | 31 |
| RIDAURA               | 60 |
| rifabutin             | 23 |
| rifampin              | 23 |
| riluzole              | 45 |
| rimantadine hcl       | 32 |
| risedronate sodium    | 62 |
| RISPERDAL CONSTA      | 30 |
| risperidone           | 30 |
| RITALIN LA            | 45 |
| RITUXAN               | 28 |
| rivastigmine          | 19 |
| rivastigmine tartrate | 19 |
| rizatriptan benzoate  | 22 |
| ropinirole hcl        | 29 |
| rosuvastatin calcium  | 43 |
| ROZEREM               | 70 |
| RUBRACA               | 25 |

## S

|                       |    |
|-----------------------|----|
| SAIZEN                | 53 |
| salsalate             | 10 |
| SANDIMMUNE            | 59 |
| SANDOSTATIN LAR       | 57 |
| SANDOSTATIN LAR DEPOT | 57 |

|                                                               |       |                                                         |       |
|---------------------------------------------------------------|-------|---------------------------------------------------------|-------|
| SANTYL                                                        | 48    | STIVARGA                                                | 27    |
| SAVELLA                                                       | 45    | STRATTERA                                               | 45    |
| selegiline hcl                                                | 29    | STRIBILD                                                | 31    |
| selenium sulfide                                              | 48    | STUART ONE                                              | 74    |
| SELZENTRY                                                     | 32    | sucrafate                                               | 50    |
| SENSIPAR                                                      | 57    | sulfacetamide sodium                                    | 16    |
| SEREVENT DISKUS                                               | 67    | sulfacetamide sodium/prednisolone sodium<br>phosphate   | 63    |
| SEROSTIM                                                      | 53    | sulfacetamide sodium/sulfur                             | 48    |
| sertraline hcl                                                | 20    | sulfacetamide sodium/sulfur/skin cleanser comb<br>no.23 | 48    |
| sildenafil citrate                                            | 68    | sulfacetamide sodium/sulfur/urea                        | 48    |
| silver sulfadiazine                                           | 16    | sulfadiazine                                            | 16    |
| SIMCOR                                                        | 43    | sulfamethoxazole/trimethoprim                           | 16    |
| SIMILAC PRENATAL                                              | 74    | sulfasalazine                                           | 61    |
| SIMPONI                                                       | 59    | sulindac                                                | 10    |
| simvastatin                                                   | 43    | sumatriptan                                             | 22    |
| sirolimus                                                     | 59    | sumatriptan succinate                                   | 22    |
| SKYLA                                                         | 56    | SUPPRELIN LA                                            | 58    |
| sodium chloride for inhalation                                | 69    | SUPRAX                                                  | 14    |
| sodium chloride/sodium bicarbonate/potassium<br>chloride/peg  | 50    | SUSTIVA                                                 | 31    |
| sodium fluoride                                               | 46,71 | SUTENT                                                  | 27    |
| sodium phosphate,dibasic/pot phos,monob/sod<br>phosphate mono | 51    | SYMAX DUOTAB                                            | 49    |
| sodium polystyrene sulfonate                                  | 70    | SYMBICORT                                               | 69    |
| sodium polystyrene sulfonate/sorbitol solution                | 70    | SYNJARDY                                                | 34    |
| sodium/potassium/potassium citrate/sodium citrate/cit<br>ac   | 51    | SYNTHROID                                               | 57    |
| SOMATULINE DEPOT                                              | 57    | SYNVISC                                                 | 63    |
| SOMAVERT                                                      | 58    | SYNVISC-ONE                                             | 63    |
| sotalol hcl                                                   | 39    |                                                         |       |
| SOVALDI                                                       | 31    | <b>T</b>                                                |       |
| SPIRIVA                                                       | 66    | TACLONEX                                                | 48    |
| SPIRIVA RESPIMAT                                              | 67    | tacrolimus                                              | 48,59 |
| spironolactone                                                | 42    | TAFINLAR                                                | 27    |
| spironolactone/hydrochlorothiazide                            | 42    | TAGRISSO                                                | 27    |
| SPORANOX                                                      | 21    | TAMIFLU                                                 | 32    |
| SPRYCEL                                                       | 27    | tamoxifen citrate                                       | 24    |
| SPS                                                           | 70    | tamsulosin hcl                                          | 51    |
| stavudine                                                     | 31    | TARCEVA                                                 | 27    |
| STELARA                                                       | 48    | TARGRETIN                                               | 28    |
| STIMATE                                                       | 53    | TASIGNA                                                 | 27    |
|                                                               |       | TAZORAC                                                 | 48    |

|                             |       |                                            |          |
|-----------------------------|-------|--------------------------------------------|----------|
| TECFIDERA.....              | 46    | TOBRADEX.....                              | 63       |
| TEGRETOL.....               | 18    | tobramycin.....                            | 13       |
| TEGRETOL XR.....            | 18    | tobramycin in 0.225 % sodium chloride..... | 67       |
| TEKTURNA.....               | 42    | tobramycin/dexamethasone.....              | 63       |
| TEKTURNA HCT.....           | 42    | TOBREX.....                                | 13       |
| temazepam.....              | 69    | TODAY CONTRACEPTIVE SPONGE.....            | 51       |
| TEMODAR.....                | 23    | tolazamide.....                            | 34       |
| temozolomide.....           | 23    | tolbutamide.....                           | 34       |
| terazosin hcl.....          | 38    | tolmetin sodium.....                       | 11       |
| terbinafine hcl.....        | 22    | tolterodine tartrate.....                  | 50       |
| terbutaline sulfate.....    | 67    | TOPAMAX.....                               | 18       |
| terconazole.....            | 22    | topiramate.....                            | 18       |
| TESTOPEL.....               | 54    | topotecan hcl.....                         | 26       |
| testosterone.....           | 54    | TORISEL.....                               | 27       |
| testosterone cypionate..... | 54    | torsemide.....                             | 42       |
| testosterone enanthate..... | 54    | TOUJEO SOLOSTAR.....                       | 36       |
| tetracycline hcl.....       | 16    | TRACLEER.....                              | 68       |
| TEV-TROPIN.....             | 53    | TRADJENTA.....                             | 34       |
| TEXACORT.....               | 53    | tramadol hcl.....                          | 12       |
| TEXAVITE LQ.....            | 75    | tramadol hcl/acetaminophen.....            | 12       |
| THALOMID.....               | 24    | tranexamic acid.....                       | 38       |
| THEO-24.....                | 67    | TRANSDERM-SCOP.....                        | 20       |
| theophylline anhydrous..... | 67    | tranylcypromine sulfate.....               | 19       |
| THERACYS.....               | 25    | trazodone hcl.....                         | 20       |
| thioridazine hcl.....       | 29    | TREANDA.....                               | 23       |
| thiothixene.....            | 29    | TRELSTAR.....                              | 58       |
| THROMBATE III.....          | 36    | TRESIBA FLEXTOUCH U-100.....               | 36       |
| THYROGEN.....               | 63    | TRESIBA FLEXTOUCH U-200.....               | 36       |
| thyroid,pork.....           | 57    | TRETIN-X.....                              | 48       |
| THYROLAR-1.....             | 57    | tretinoin.....                             | 28,48    |
| THYROLAR-1/2.....           | 57    | tretinoin microspheres.....                | 48       |
| THYROLAR-1/4.....           | 57    | TRI-VI-FLOR.....                           | 75       |
| THYROLAR-2.....             | 57    | triamcinolone acetonide.....               | 46,53,66 |
| THYROLAR-3.....             | 57    | triamterene/hydrochlorothiazide.....       | 42       |
| tiagabine hcl.....          | 17    | triazolam.....                             | 69       |
| ticlopidine hcl.....        | 38    | trifluoperazine hcl.....                   | 29       |
| timolol maleate.....        | 40,65 | trifluridine.....                          | 32       |
| TIMOPTIC OCUDOSE.....       | 65    | trihexyphenidyl hcl.....                   | 28,29    |
| tizanidine hcl.....         | 30    | TRILEPTAL.....                             | 18       |
| TOBI.....                   | 67    | trimethobenzamide hcl.....                 | 20       |
| TOBI PODHALER.....          | 67    | trimethoprim.....                          | 14       |

|                                |    |
|--------------------------------|----|
| trimipramine maleate . . . . . | 20 |
| TRINTELLIX . . . . .           | 20 |
| TRISENOX . . . . .             | 25 |
| tropicamide . . . . .          | 64 |
| TRUVADA . . . . .              | 32 |
| TYKERB . . . . .               | 27 |
| TYSABRI . . . . .              | 46 |

## U

|                    |    |
|--------------------|----|
| ULORIC . . . . .   | 22 |
| UROSEX . . . . .   | 75 |
| ursodiol . . . . . | 49 |

## V

|                                                             |       |
|-------------------------------------------------------------|-------|
| valacyclovir hcl . . . . .                                  | 32    |
| valganciclovir hcl . . . . .                                | 30    |
| valproic acid . . . . .                                     | 17    |
| valproic acid (as sodium salt) (valproate sodium) . . . . . | 17    |
| valsartan . . . . .                                         | 38,39 |
| valsartan/hydrochlorothiazide . . . . .                     | 42    |
| vancomycin hcl . . . . .                                    | 14    |
| VANTAS . . . . .                                            | 58    |
| VASCEPA . . . . .                                           | 44    |
| VCF . . . . .                                               | 51    |
| VECTIBIX . . . . .                                          | 28    |
| VELCADE . . . . .                                           | 25    |
| VELETRI . . . . .                                           | 68    |
| VENCLEXTA . . . . .                                         | 27    |
| VENCLEXTA STARTING PACK . . . . .                           | 27    |
| venlafaxine hcl . . . . .                                   | 20    |
| VENTAVIS . . . . .                                          | 68    |
| VENTOLIN HFA . . . . .                                      | 67    |
| verapamil hcl . . . . .                                     | 40    |
| VESICARE . . . . .                                          | 50    |
| VEXOL . . . . .                                             | 64    |
| VIBERZI . . . . .                                           | 49    |
| VIBRAMYCIN . . . . .                                        | 16    |
| VICTOZA 2-PAK . . . . .                                     | 34    |
| VICTOZA 3-PAK . . . . .                                     | 34    |
| VIDAZA . . . . .                                            | 25    |
| VIDEX . . . . .                                             | 32    |

|                         |    |
|-------------------------|----|
| VIGAMOX . . . . .       | 16 |
| VIRACEPT . . . . .      | 32 |
| VIREAD . . . . .        | 32 |
| VISUDYNE . . . . .      | 64 |
| VIVOTIF . . . . .       | 60 |
| VIVOTIF BERNA . . . . . | 60 |
| VOTRIENT . . . . .      | 27 |
| VYVANSE . . . . .       | 44 |

## W

|                           |    |
|---------------------------|----|
| warfarin sodium . . . . . | 36 |
| WELCHOL . . . . .         | 44 |
| WESTHROID . . . . .       | 57 |
| WP THYROID . . . . .      | 57 |

## X

|                         |    |
|-------------------------|----|
| XALKORI . . . . .       | 27 |
| XARELTO . . . . .       | 36 |
| XELODA . . . . .        | 24 |
| XEOMIN . . . . .        | 69 |
| XGEVA . . . . .         | 62 |
| XIAFLEX . . . . .       | 63 |
| XIFAXAN . . . . .       | 14 |
| XOLAIR . . . . .        | 69 |
| XPHE MAXAMAID . . . . . | 75 |
| XPHE MAXAMUM . . . . .  | 75 |
| XTANDI . . . . .        | 24 |

## Y

|                  |    |
|------------------|----|
| YERVOY . . . . . | 28 |
|------------------|----|

## Z

|                    |    |
|--------------------|----|
| zaleplon . . . . . | 69 |
| ZALTRAP . . . . .  | 25 |
| ZARONTIN . . . . . | 17 |
| ZAVESCA . . . . .  | 49 |
| ZELBORAF . . . . . | 27 |
| ZEMAIRA . . . . .  | 69 |
| ZEMPLAR . . . . .  | 62 |
| ZENPEP . . . . .   | 49 |
| ZEVALIN . . . . .  | 28 |

|                                                           |    |
|-----------------------------------------------------------|----|
| zidovudine . . . . .                                      | 32 |
| ziprasidone hcl . . . . .                                 | 30 |
| ZOLADEX . . . . .                                         | 58 |
| zoledronic acid . . . . .                                 | 62 |
| zoledronic acid in mannitol and water for injection . . . | 62 |
| ZOLINZA . . . . .                                         | 25 |
| zolpidem tartrate . . . . .                               | 69 |
| ZOMACTON . . . . .                                        | 54 |
| ZOMETA . . . . .                                          | 62 |
| ZONEGRAN . . . . .                                        | 17 |
| zonisamide . . . . .                                      | 17 |
| ZORBTIVE . . . . .                                        | 54 |
| ZOSTAVAX . . . . .                                        | 60 |
| ZOVIRAX . . . . .                                         | 32 |
| ZYCLARA . . . . .                                         | 48 |
| ZYDELIG . . . . .                                         | 27 |
| ZYKADIA . . . . .                                         | 27 |
| ZYTIGA . . . . .                                          | 24 |