



An Independent Licensee of the Blue Cross and Blue Shield Association

## Blue Cross Blue Shield of Arizona's Prescription Medication Formulary for CopayComplete, EverydayHealth, Essential and FitRewards Plans

Effective 1/1/14

Your prescription medications fall into one of six categories or "tiers." Each tier has a different copay or out of pocket expense. Medications are categorized by tier based on their quality, value and effectiveness—not by their generic, brand-name or specialty drug label. So, for this benefit each tier may contain a combination of generic, brand-name and specialty drugs.

| Six Tier Drug Benefit | Description   |
|-----------------------|---|
| <b>Tier 1</b>         | <b>Low Cost Share</b>   |
| <b>Tier 2</b>         | <b>Moderate Cost Share</b>  |
| <b>Tier 3</b>         | <b>Highest Cost Share</b>   |
| <b>Tier 4</b>         | <b>Specialty Drugs</b>  |
| <b>Tier 5</b>         | <b>Certain generic preventive drugs will have a very low or no cost share</b>                   |
| <b>Tier 6</b>         | <b>Check Medical Benefits*</b> When covered these medications would apply under medical benefit |

Additional information about your pharmacy benefits can be found under Forms and Resources. This includes:

- Precertification Guidelines and Forms
- Step Therapy
- Mail Order Enrollment Forms
- Claim Forms

The prescription drug benefit information provided through the use of this Web document is subject to all terms, conditions, limitations and exclusions of your benefit plan, including, but not limited to non-covered services. Please consult your Summary of Benefits for a complete description of your prescription drug benefit and a listing of exclusions and limitations. In the event of a discrepancy between information provided on this Web document and your benefit plan booklet, the terms of the benefit plan booklet will take precedence.

**Blue Cross Blue Shield of Arizona Formulary  
 CopayComplete, EverydayHealth, Essential and FitReward**

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**Blue Cross Blue Shield of Arizona Formulary  
 CopayComplete, EverydayHealth, Essential and FitReward**

|   |  |   |
|---|--|---|
| <p><b>lowercase italics</b> = Generic drugs<br/> <b>UPPERCASE BOLD</b> = Brand name drugs</p> | <p><b>Brand</b><br/> <b>\$0</b> = Zero Cost Share<br/> <b>MB</b> = Check Medical Benefits<br/> <b>SP</b> = Specialty Medications<br/> <b>T1</b> = Tier 1<br/> <b>T2</b> = Tier 2<br/> <b>T3</b> = Tier 3</p> | <p><b>Additional Information</b><br/> <b>AI</b> = Additional Information<br/> <b>AL</b> = Age Limit<br/> <b>F</b> = Female Only<br/> <b>M</b> = Mail Only<br/> <b>M</b> = Male Only<br/> <b>N</b> = Notes<br/> <b>NF</b> = Non Formulary<br/> <b>PA</b> = Prior Authorization<br/> <b>QL</b> = Quantity Limit<br/> <b>R</b> = Retail Only<br/> <b>RM</b> = Retail &amp; Mail Order<br/> <b>SP</b> = Specialty Pharmacy Only<br/> <b>ST</b> = Step Therapy</p> |
|---|--|---|

| <b>Drug Name</b>   | <b>Brand</b> | <b>Generic</b> | <b>Additional Information</b>                                       |
|--|--------------|----------------|---|
| <b>*Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant*</b>  |              |                |   |
| <b>*amphetamines**-*amphetamine mixtures***</b>  |              |                |   |
| <b>ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG</b>   | T2           |                | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)                    |
| <i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> |              | T1             | RM  |
| <b>*amphetamines**-*amphetamines***</b>  |              |                |   |
| <i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>       |              | T1             | RM  |
| <i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>  |              | T1             | RM  |
| <i>dextroamphetamine sulfate oral tablet 10 mg</i>   |              | T1             | RM  |
| <i>methamphetamine hcl oral tablet 5 mg</i>  |              | T1             | RM  |
| <b>VYVANSE ORAL CAPSULE 10 MG</b>  | T2           |                | RM; AI (Max #90 Mail Order); QL (1 EA per 1 day); AL (Min 6 Years)  |
| <b>VYVANSE ORAL CAPSULE 20 MG, 40 MG, 50 MG, 60 MG, 70 MG</b>                                      | T2           |                | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 6 Years)  |
| <b>VYVANSE ORAL CAPSULE 30 MG</b>  | T2           |                | RM; AI (Max #180 Mail Order); QL (1 EA per 1 Day); AL (Min 6 Years) |
| <b>ZENZEDI ORAL TABLET (<i>Dextroamphetamine Sulfate</i>) 5 MG</b>                                 | T1           | T1             | RM  |

| Drug Name   | Brand | Generic | Additional Information   |
|---|-------|---------|--|
| <b>*attention-deficit/hyperactivity disorder (adhd) agents**-*adhd agent - selective alpha adrenergic agonists***</b>         |       |         |  |
| <i>clonidine hcl er oral tablet extended release 12 hr* 0.1 mg</i>  |       | T3      | RM   |
| <i>guanfacine hcl er oral tablet extended release 24 hr* 1 mg, 2 mg, 3 mg, 4 mg</i>   |       | T3      | PA; ST; RM   |
| <b>*attention-deficit/hyperactivity disorder (adhd) agents**-*adhd agent - selective norepinephrine reuptake inhibitor***</b> |       |         |  |
| <b>STRATTERA ORAL CAPSULE 10 MG</b>   | T3    |         | RM; AI (Max #900 Mail Order); QL (10 EA per 1 Day)                 |
| <b>STRATTERA ORAL CAPSULE 100 MG, 80 MG</b>   | T3    |         | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)                   |
| <b>STRATTERA ORAL CAPSULE 18 MG</b>   | T3    |         | RM; AI (Max #450 Mail Order); QL (5 EA per 1 Day)                  |
| <b>STRATTERA ORAL CAPSULE 25 MG</b>   | T3    |         | RM; AI (Max #360 Mail Order); QL (4 EA per 1 Day)                  |
| <b>STRATTERA ORAL CAPSULE 40 MG, 60 MG</b>  | T3    |         | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)                  |
| <b>*stimulants - misc.**-*stimulants - misc.***</b>   |       |         |  |
| <b>DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR</b>  | T3    |         | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 6 Years) |
| <b>FOCALIN ORAL TABLET (Dexamethylphenidate HCl) 10 MG</b>  | T3    | T1      | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)                  |
| <b>FOCALIN ORAL TABLET (Dexamethylphenidate HCl) 2.5 MG, 5 MG</b>   | T3    | T1      | RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day)                  |
| <b>METADATE ER ORAL TABLET EXTENDEDRELEASE* (Methylphenidate HCl ER) 20 MG</b>  | T2    | T2      | RM   |
| <i>methylphenidate hcl er (cd) oral capsule extended release* 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>                    |       | T2      | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)                   |
| <i>methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 30 mg, 40 mg</i>                                  |       | T2      | RM   |
| <i>methylphenidate hcl er oral tablet extendedrelease* 10 mg</i>  |       | T3      | RM   |
| <i>methylphenidate hcl er oral tablet extendedrelease* 18 mg, 27 mg, 54 mg</i>  |       | T2      | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)                   |
| <i>methylphenidate hcl er oral tablet extendedrelease* 36 mg</i>  |       | T2      | RM; AI (Max #90 Mail Order); QL (2 EA per 1 Day)                   |
| <i>methylphenidate hcl oral solution 10 mg/5ml</i>  |       | T2      | RM   |
| <i>methylphenidate hcl oral solution 5 mg/5ml</i>   |       | T3      | RM   |
| <i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>   |       | T2      | RM   |
| <i>modafinil oral tablet 100 mg, 200 mg</i>   |       | T2      | RM; AL (Min 16 Years)  |
| <b>NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG, 50 MG</b>  | T3    |         | PA; ST; RM; AI ( )   |
| <b>QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED 25 MG/5ML</b>  | T3    |         | RM   |

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| Drug Name  | Brand | Generic | Additional Information                           |
|--|-------|---------|--|
| RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG   | T2    |         | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| <b>*Aminoglycosides*</b>   |       |         |  |
| <b>*aminoglycosides**-*aminoglycosides***</b>  |       |         |  |
| <i>amikacin sulfate injection solution 1 gm/4ml</i>  |       | MB      | RM   |
| <b>BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML</b>   | SP    |         | PA; SP   |
| <i>gentamicin in saline intravenous* solution 0.8-0.9 mg/ml-%, 0.9-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.4-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-%</i> |       | MB      | RM   |
| <i>gentamicin sulfate injection solution 40 mg/ml</i>  |       | MB      | RM   |
| <b>KITABIS PAK INHALATION NEBULIZATION SOLUTION (Tobramycin) 300 MG/5ML</b>  | SP    | SP      | SP   |
| <i>neomycin sulfate oral tablet 500 mg</i>   |       | T3      | RM   |
| <i>paromomycin sulfate oral capsule 250 mg</i>   |       | MB      | RM   |
| <i>streptomycin sulfate intramuscular* solution reconstituted 1 gm</i>   |       | MB      | RM   |
| <b>TOBI INHALATION NEBULIZATION SOLUTION (Tobramycin) 300 MG/5ML</b>   | SP    | SP      | SP   |
| <b>TOBI PODHALER INHALATION CAPSULE 28 MG</b>  | SP    |         | PA; ST; SP                                       |
| <i>tobramycin sulfate in saline intravenous* solution 0.8-0.9 mg/ml-%, 1.2-0.9 mg/ml-%</i>   |       | MB      | RM   |
| <i>tobramycin sulfate injection solution 2 gm/50ml</i>   |       | MB      | RM   |
| <b>*Analgesics - Anti-Inflammatory*</b>  |       |         |  |
| <b>*antirheumatic - enzyme inhibitors**-*antirheumatic - janus kinase (jak) inhibitors***</b>  |       |         |  |
| <b>XELJANZ ORAL TABLET 5 MG</b>  | SP    |         | PA; ST; SP                                       |
| <b>*antirheumatic antimetabolites**-*antirheumatic antimetabolites***</b>  |       |         |  |
| <b>RHEUMATREX ORAL TABLET 2.5 MG</b>   | T3    |         | RM   |
| <b>*anti-tnf-alpha - monoclonal antibodies**-*anti-tnf-alpha - monoclonal antibodies***</b>  |       |         |  |
| <b>HUMIRA PEN SUBCUTANEOUS* KIT 40 MG/0.8ML</b>  | SP    |         | PA; SP   |
| <b>HUMIRA PEN-CROHNS STARTER SUBCUTANEOUS* KIT 40 MG/0.8ML</b>   | SP    |         | PA; SP   |
| <b>HUMIRA PEN-PSORIASIS STARTER SUBCUTANEOUS* KIT 40 MG/0.8ML</b>  | SP    |         | PA; SP   |
| <b>HUMIRA SUBCUTANEOUS* 10 MG/0.2ML</b>  | SP    |         | PA; RM   |
| <b>HUMIRA SUBCUTANEOUS* KIT 20 MG/0.4ML, 40 MG/0.8ML</b>   | SP    |         | PA; SP   |
| <b>SIMPONI ARIA INTRAVENOUS* SOLUTION 50 MG/4ML</b>  | SP    |         | PA; SP   |
| <b>*gold compounds**-*gold compounds***</b>  |       |         |  |
| <b>RIDAURA ORAL CAPSULE 3 MG</b>   | T3    |         | RM   |

| Drug Name  | Brand | Generic | Additional Information                            |
|--|-------|---------|---|
| <b>*interleukin-1 blockers**-*interleukin-1 blockers***</b>  |       |         |   |
| <b>ARCALYST SUBCUTANEOUS* SOLUTION RECONSTITUTED 220 MG</b>  | SP    |         | SP  |
| <b>*interleukin-1beta blockers**-*interleukin-1beta blockers***</b>  |       |         |   |
| <b>ILARIS SUBCUTANEOUS* SOLUTION RECONSTITUTED 180 MG</b>  | SP    |         | PA; ST; SP  |
| <b>*interleukin-6 receptor inhibitors**-*interleukin-6 receptor inhibitors***</b>                              |       |         |   |
| <b>ACTEMRA INTRAVENOUS* SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML</b>                                       | SP    |         | PA; SP  |
| <b>ACTEMRA SUBCUTANEOUS* 162 MG/0.9ML</b>  | SP    |         | PA; RM  |
| <b>*nonsteroidal anti-inflammatory agents (nsaids)**-*cyclooxygenase 2 (cox-2) inhibitors***</b>               |       |         |   |
| <b>CELEBREX ORAL CAPSULE (Celecoxib) 100 MG, 200 MG, 400 MG, 50 MG</b>   | T3    | T1      | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| <b>*nonsteroidal anti-inflammatory agents (nsaids)**-*nonsteroidal anti-inflammatory agent combinations***</b> |       |         |   |
| <i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>                                 |       | T1      | RM  |
| <b>VIMOVO ORAL TABLET DELAYED RELEASE 375-20 MG, 500-20 MG</b>   | T3    |         | RM  |
| <b>*nonsteroidal anti-inflammatory agents (nsaids)**-*nonsteroidal anti-inflammatory agents (nsaids)***</b>    |       |         |   |
| <i>childrens ibuprofen 100 oral suspension 100 mg/5ml</i>  |       | T1      | RM  |
| <i>diclofenac potassium oral tablet 50 mg</i>  |       | T1      | RM  |
| <i>diclofenac sodium er oral tablet extended release 24 hr* 100 mg</i>   |       | T1      | RM  |
| <i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>                                       |       | T1      | RM  |
| <b>EC-NAPROSYN ORAL TABLET DELAYED RELEASE (Naproxen DR) 375 MG, 500 MG</b>                                    | T3    | T1      | RM  |
| <i>etodolac oral capsule 200 mg</i>  |       | T1      | RM; AI (Max #540 Mail Order); QL (6 EA per 1 Day) |
| <i>etodolac oral capsule 300 mg</i>  |       | T1      | RM; AI (Max #360 Mail Order); QL (4 EA per 1 Day) |
| <i>etodolac oral tablet 400 mg</i>   |       | T1      | RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day) |
| <i>etodolac oral tablet 500 mg</i>   |       | T1      | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| <i>fenoprofen calcium oral tablet 600 mg</i>   |       | T3      | RM  |
| <i>flurbiprofen oral tablet 100 mg, 50 mg</i>  |       | T1      | RM  |
| <i>ibuprofen oral suspension 100 mg/5ml</i>  |       | T1      | RM  |
| <i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>  |       | T1      | RM  |
| <b>INDOCIN ORAL SUSPENSION 25 MG/5ML</b>   | T3    |         | RM  |

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| <b>Drug Name</b>  | <b>Brand</b> | <b>Generic</b> | <b>Additional Information</b>                        |
|---|--------------|----------------|--|
| <b>INDOCIN SUPPOSITORY 50 MG</b>  | T3           |                | RM   |
| <i>indomethacin er oral capsule extended release* 75 mg</i>   |              | T3             | RM   |
| <i>indomethacin oral capsule 25 mg, 50 mg</i>   |              | T1             | RM   |
| <i>ketoprofen oral capsule 50 mg, 75 mg</i>   |              | T1             | RM   |
| <i>ketorolac tromethamine oral tablet 10 mg</i>   |              | T1             | RM   |
| <i>meclofenamate sodium oral capsule 100 mg</i>   |              | T2             | RM   |
| <i>meclofenamate sodium oral capsule 50 mg</i>  |              | T3             | RM   |
| <i>meloxicam oral suspension 7.5 mg/5ml</i>   |              | T2             | RM; AI (Max #900ml Mail Order); QL (10 ML per 1 Day) |
| <i>meloxicam oral tablet 15 mg, 7.5 mg</i>  |              | T2             | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)     |
| <i>nabumetone oral tablet 500 mg, 750 mg</i>  |              | T1             | RM   |
| <i>naproxen oral suspension 125 mg/5ml</i>  |              | T1             | RM   |
| <i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>  |              | T1             | RM   |
| <i>naproxen sodium oral tablet 275 mg, 550 mg</i>   |              | T1             | RM   |
| <i>oxaprozin oral tablet 600 mg</i>   |              | T1             | RM   |
| <i>piroxicam oral capsule 10 mg, 20 mg</i>  |              | T1             | RM   |
| <b>PONSTEL ORAL CAPSULE (Mefenamic Acid) 250 MG</b>   | T3           | T3             | RM   |
| <i>sulindac oral tablet 150 mg, 200 mg</i>  |              | T1             | RM   |
| <i>tolmetin sodium oral capsule 400 mg</i>  |              | T1             | RM   |
| <i>tolmetin sodium oral tablet 200 mg, 600 mg</i>   |              | T3             | RM   |
| <b>*phosphodiesterase 4 (pde4) inhibitors**-*phosphodiesterase 4 (pde4) inhibitors***</b>                 |              |                |  |
| <b>OTEZLA ORAL 10 &amp; 20 &amp; 30 MG</b>  | SP           |                | PA; SP; QL (1 EA per 1 Year); AL (Min 18 Years)      |
| <b>OTEZLA ORAL TABLET 30 MG</b>   | SP           |                | PA; SP; QL (2 EA per 1 day); AL (Min 18 Years)       |
| <b>*pyrimidine synthesis inhibitors**-*pyrimidine synthesis inhibitors***</b>                             |              |                |  |
| <b>ARAVA ORAL TABLET (Leflunomide) 10 MG, 20 MG</b>   | T1           | T1             | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)     |
| <b>*selective costimulation modulators**-*selective costimulation modulators***</b>                       |              |                |  |
| <b>ORENCIA INTRAVENOUS* SOLUTION RECONSTITUTED 250 MG</b>   | SP           |                | PA; SP   |
| <b>*soluble tumor necrosis factor receptor agents**-*soluble tumor necrosis factor receptor agents***</b> |              |                |  |
| <b>ENBREL SUBCUTANEOUS* KIT 25 MG</b>   | SP           |                | PA; SP   |
| <b>*Analgesics - Nonnarcotic*</b>   |              |                |  |
| <b>*analgesic combinations**-*analgesics-sedatives***</b>   |              |                |  |
| <i>butalbital-acetaminophen oral tablet 50-325 mg</i>   |              | T1             | RM   |
| <i>butalbital-apap-caffeine oral capsule 50-325-40 mg</i>   |              | T1             | RM   |

Last Revision Date: 3/10/15



| <b>Drug Name</b>   | <b>Brand</b> | <b>Generic</b> | <b>Additional Information</b>   |
|--|--------------|----------------|---|
| <i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>               |              | T1             | RM  |
| <i>butalbital-asa-caffeine oral capsule 50-325-40 mg</i>               |              | T1             | RM  |
| <b>CAPACET ORAL CAPSULE (Margesic) 50-325-40 MG</b>                    | T1           | T1             | RM  |
| <b>FIORICET ORAL CAPSULE (Butalbital-APAP-Caffeine) 50-300-40 MG</b>   | T3           | T1             | RM; AI (#60 per copay retail or mail order); QL (60 EA Max Qty Per Fill Retail) |
| <i>marten-tab oral tablet 50-325 mg</i>                                |              | T1             | RM  |
| <i>repan oral tablet 50-325-40 mg</i>                                  |              | T1             | RM  |
| <b>*salicylates**-*salicylate combinations***</b>                      |              |                |   |
| <b>BUFFERIN LOW DOSE ORAL TABLET 81 MG</b>                             | \$0          |                | RM; QL (1 EA per 1 day); AL (Min 45 Years)                                      |
| <b>*salicylates**-*salicylates***</b>                                  |              |                |   |
| <i>adult aspirin ec low strength oral tablet delayed release 81 mg</i> |              | \$0            | RM; QL (1 EA per 1 Day); AL (Min 45 Years)                                      |
| <i>aspir-81 oral tablet delayed release 81 mg</i>                      |              | \$0            | RM; QL (1 EA per 1 Day); AL (Min 45 Years)                                      |
| <i>aspirin adult low strength oral tablet chewable 81 mg</i>           |              | \$0            | RM; QL (1 EA per 1 Day); AL (Min 45 Years)                                      |
| <i>aspirin adult low strength oral tablet delayed release 81 mg</i>    |              | \$0            | RM; QL (1 EA per 1 Day); AL (Min 45 Years)                                      |
| <i>aspirin childrens oral tablet chewable 81 mg</i>                    |              | \$0            | RM; QL (1 EA per 1 Day); AL (Min 45 Years)                                      |
| <i>aspirin ec lo-dose oral tablet delayed release 81 mg</i>            |              | \$0            | RM; QL (1 EA per 1 Day); AL (Min 45 Years)                                      |
| <i>aspirin ec low dose oral tablet delayed release 81 mg</i>           |              | \$0            | RM; QL (1 EA per 1 Day); AL (Min 45 Years)                                      |
| <i>aspirin ec low strength oral tablet delayed release 81 mg</i>       |              | \$0            | RM; QL (1 EA per 1 Day); AL (Min 45 Years)                                      |
| <i>aspirin ec oral tablet delayed release 325 mg</i>                   |              | \$0            | RM; QL (0.5 EA per 1 Day); AL (Min 45 Years)                                    |
| <i>aspirin ec oral tablet delayed release 81 mg</i>                    |              | \$0            | RM; QL (1 EA per 1 Day); AL (Min 45 Years)                                      |
| <i>aspirin low dose oral tablet 81 mg</i>                              |              | \$0            | RM; QL (1 EA per 1 Day); AL (Min 45 Years)                                      |
| <i>aspirin low dose oral tablet chewable 81 mg</i>                     |              | \$0            | RM; QL (1 EA per 1 Day); AL (Min 45 Years)                                      |
| <i>aspirin low dose oral tablet delayed release 81 mg</i>              |              | \$0            | RM; QL (1 EA per 1 Day); AL (Min 45 Years)                                      |
| <i>aspirin low strength oral tablet chewable 81 mg</i>                 |              | \$0            | RM; QL (1 EA per 1 Day); AL (Min 45 Years)                                      |
| <i>aspirin oral tablet 81 mg</i>                                       |              | \$0            | RM; QL (1 EA per 1 Day); AL (Min 45 Years)                                      |
| <b>ASPIR-LOW ORAL TABLET DELAYED RELEASE (Aspirin) 81 MG</b>           | \$0          | \$0            | RM; QL (1 EA per 1 Day); AL (Min 45 Years)                                      |
| <b>BAYER ADVANCED ASPIRIN REG ST ORAL TABLET (Aspirin) 325 MG</b>      | \$0          | \$0            | RM; QL (0.5 EA per 1 Day); AL (Min 45 Years)                                    |

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| <b>Drug Name</b>  | <b>Brand</b> | <b>Generic</b> | <b>Additional Information</b>                |
|---|--------------|----------------|--|
| <b>BAYER ASPIRIN ORAL TABLET (Aspirin) 325 MG</b>                         | \$0          | \$0            | RM; QL (0.5 EA per 1 Day); AL (Min 45 Years) |
| <b>BAYER ASPIRIN ORAL TABLET DELAYED RELEASE (Aspirin) 325 MG</b>         | \$0          | \$0            | RM; QL (0.5 EA per 1 Day); AL (Min 45 Years) |
| <b>BAYER ASPIRIN REGIMEN ORAL TABLET DELAYED RELEASE (Aspirin) 325 MG</b> | \$0          | \$0            | RM; QL (0.5 EA per 1 Day); AL (Min 45 Years) |
| <b>BAYER LOW DOSE ORAL TABLET CHEWABLE (Aspirin) 81 MG</b>                | \$0          | \$0            | RM; QL (1 EA per 1 Day); AL (Min 45 Years)   |
| <b>BAYER LOW DOSE ORAL TABLET DELAYED RELEASE (Aspirin) 81 MG</b>         | \$0          | \$0            | RM; QL (1 EA per 1 Day); AL (Min 45 Years)   |
| <i>childrens aspirin low strength oral tablet chewable 81 mg</i>          |              | \$0            | RM; QL (1 EA per 1 Day); AL (Min 45 Years)   |
| <i>childrens aspirin oral tablet chewable 81 mg</i>                       |              | \$0            | RM; QL (1 EA per 1 Day); AL (Min 45 Years)   |
| <i>cvs aspirin adult low dose oral tablet chewable 81 mg</i>              |              | \$0            | RM; QL (1 EA per 1 Day); AL (Min 45 Years)   |
| <i>cvs aspirin adult low strength oral tablet delayed release 81 mg</i>   |              | \$0            | RM; QL (1 EA per 1 Day); AL (Min 45 Years)   |
| <i>cvs aspirin child oral tablet chewable 81 mg</i>                       |              | \$0            | RM; QL (1 EA per 1 Day); AL (Min 45 Years)   |
| <i>cvs aspirin ec oral tablet delayed release 325 mg</i>                  |              | \$0            | RM; QL (0.5 EA per 1 Day); AL (Min 45 Years) |
| <i>cvs aspirin ec oral tablet delayed release 81 mg</i>                   |              | \$0            | RM; QL (1 EA per 1 Day); AL (Min 45 Years)   |
| <i>cvs aspirin low dose oral tablet delayed release 81 mg</i>             |              | \$0            | RM; QL (1 EA per 1 Day); AL (Min 45 Years)   |
| <i>cvs aspirin low strength oral tablet chewable 81 mg</i>                |              | \$0            | RM; QL (1 EA per 1 Day); AL (Min 45 Years)   |
| <i>cvs aspirin oral tablet 325 mg</i>                                     |              | \$0            | RM; QL (0.5 EA per 1 Day); AL (Min 45 Years) |
| <i>cvs aspirin oral tablet delayed release 81 mg</i>                      |              | \$0            | RM; QL (1 EA per 1 Day); AL (Min 45 Years)   |
| <i>cvs childrens aspirin oral tablet chewable 81 mg</i>                   |              | \$0            | RM; QL (1 EA per 1 Day); AL (Min 45 Years)   |
| <i>diflunisal oral tablet 500 mg</i>                                      |              | T1             | RM   |
| <i>ec-81 aspirin oral tablet delayed release 81 mg</i>                    |              | \$0            | RM; QL (1 EA per 1 Day); AL (Min 45 Years)   |
| <b>ECOTRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE (Aspirin) 81 MG</b>   | \$0          | \$0            | RM; QL (1 EA per 1 Day); AL (Min 45 Years)   |
| <b>ECOTRIN ORAL TABLET DELAYED RELEASE (Aspirin) 325 MG</b>               | \$0          | \$0            | RM; QL (0.5 EA per 1 Day); AL (Min 45 Years) |
| <b>ECPIRIN ORAL TABLET DELAYED RELEASE (Aspirin) 325 MG</b>               | \$0          | \$0            | RM; QL (0.5 EA per 1 Day); AL (Min 45 Years) |
| <i>eq adult aspirin low strength oral tablet delayed release 81 mg</i>    |              | \$0            | RM; QL (1 EA per 1 Day); AL (Min 45 Years)   |
| <i>eq aspirin adult low dose oral tablet delayed release 81 mg</i>        |              | \$0            | RM; QL (1 EA per 1 Day); AL (Min 45 Years)   |

| <b>Drug Name</b>  | <b>Brand</b> | <b>Generic</b> | <b>Additional Information</b>                |
|---|--------------|----------------|--|
| <i>eq aspirin low dose oral tablet chewable 81 mg</i>                   |              | \$0            | RM; QL (1 EA per 1 Day); AL (Min 45 Years)   |
| <i>eq aspirin oral tablet 325 mg</i>                                    |              | \$0            | RM; QL (0.5 EA per 1 Day); AL (Min 45 Years) |
| <i>eq aspirin oral tablet delayed release 325 mg</i>                    |              | \$0            | RM; QL (0.5 EA per 1 Day); AL (Min 45 Years) |
| <i>eq childrens aspirin oral tablet chewable 81 mg</i>                  |              | \$0            | RM; QL (1 EA per 1 Day); AL (Min 45 Years)   |
| <i>eql adult aspirin low strength oral tablet delayed release 81 mg</i> |              | \$0            | RM; QL (1 EA per 1 Day); AL (Min 45 Years)   |
| <i>eql aspirin ec oral tablet delayed release 325 mg</i>                |              | \$0            | RM; QL (0.5 EA per 1 Day); AL (Min 45 Years) |
| <i>eql aspirin ec oral tablet delayed release 81 mg</i>                 |              | \$0            | RM; QL (1 EA per 1 Day); AL (Min 45 Years)   |
| <i>eql aspirin low dose oral tablet delayed release 81 mg</i>           |              | \$0            | RM; QL (1 EA per 1 Day); AL (Min 45 Years)   |
| <i>eql aspirin oral tablet 325 mg</i>                                   |              | \$0            | RM; QL (0.5 EA per 1 Day); AL (Min 45 Years) |
| <i>eql childrens aspirin oral tablet chewable 81 mg</i>                 |              | \$0            | RM; QL (1 EA per 1 Day); AL (Min 45 Years)   |
| <i>gnp adult aspirin low strength oral tablet chewable 81 mg</i>        |              | \$0            | RM; QL (1 EA per 1 Day); AL (Min 45 Years)   |
| <i>gnp adult aspirin low strength oral tablet delayed release 81 mg</i> |              | \$0            | RM; QL (1 EA per 1 Day); AL (Min 45 Years)   |
| <i>gnp aspirin low dose oral tablet delayed release 81 mg</i>           |              | \$0            | RM; QL (1 EA per 1 Day); AL (Min 45 Years)   |
| <i>gnp aspirin oral tablet 325 mg</i>                                   |              | \$0            | RM; QL (0.5 EA per 1 Day); AL (Min 45 Years) |
| <i>gnp aspirin oral tablet delayed release 325 mg</i>                   |              | \$0            | RM; QL (0.5 EA per 1 Day); AL (Min 45 Years) |
| <i>gnp aspirin oral tablet delayed release 81 mg</i>                    |              | \$0            | RM; QL (1 EA per 1 Day); AL (Min 45 Years)   |
| <i>goodsense aspirin low dose oral tablet delayed release 81 mg</i>     |              | \$0            | RM; QL (1 EA per 1 Day); AL (Min 45 Years)   |
| <i>hm aspirin ec low dose oral tablet delayed release 81 mg</i>         |              | \$0            | RM; QL (1 EA per 1 Day); AL (Min 45 Years)   |
| <i>hm aspirin ec oral tablet delayed release 325 mg</i>                 |              | \$0            | RM; QL (0.5 EA per 1 Day); AL (Min 45 Years) |
| <i>hm aspirin oral tablet 325 mg</i>                                    |              | \$0            | RM; QL (0.5 EA per 1 Day); AL (Min 45 Years) |
| <i>hm aspirin oral tablet chewable 81 mg</i>                            |              | \$0            | RM; QL (1 EA per 1 Day); AL (Min 45 Years)   |
| <i>kls aspirin ec oral tablet delayed release 325 mg</i>                |              | \$0            | RM; QL (0.5 EA per 1 Day); AL (Min 45 Years) |
| <i>kls aspirin low dose oral tablet delayed release 81 mg</i>           |              | \$0            | RM; QL (1 EA per 1 Day); AL (Min 45 Years)   |
| <i>kp aspirin oral tablet delayed release 81 mg</i>                     |              | \$0            | RM; QL (1 EA per 1 Day); AL (Min 45 Years)   |

| <b>Drug Name</b>   | <b>Brand</b> | <b>Generic</b> | <b>Additional Information</b>                |
|--|--------------|----------------|--|
| <i>meijer aspirin ec oral tablet delayed release 325 mg</i>            |              | \$0            | RM; QL (0.5 EA per 1 Day); AL (Min 45 Years) |
| <b>MINIPRIN LOW DOSE ORAL TABLET DELAYED RELEASE (Aspirin) 81 MG</b>   | \$0          | \$0            | RM; QL (1 EA per 1 Day); AL (Min 45 Years)   |
| <i>mm aspirin oral tablet 325 mg</i>                                   |              | \$0            | RM; QL (0.5 EA per 1 Day); AL (Min 45 Years) |
| <b>NORWICH ASPIRIN ORAL TABLET (Aspirin) 325 MG</b>                    | \$0          | \$0            | RM; QL (0.5 EA per 1 Day); AL (Min 45 Years) |
| <i>px aspirin oral tablet 325 mg</i>                                   |              | \$0            | RM; QL (0.5 EA per 1 Day); AL (Min 45 Years) |
| <i>px aspirin oral tablet chewable 81 mg</i>                           |              | \$0            | RM; QL (1 EA per 1 Day); AL (Min 45 Years)   |
| <i>px enteric aspirin oral tablet delayed release 325 mg</i>           |              | \$0            | RM; QL (0.5 EA per 1 Day); AL (Min 45 Years) |
| <i>px enteric aspirin oral tablet delayed release 81 mg</i>            |              | \$0            | RM; QL (1 EA per 1 Day); AL (Min 45 Years)   |
| <i>qc aspirin low dose oral tablet delayed release 81 mg</i>           |              | \$0            | RM; QL (1 EA per 1 Day); AL (Min 45 Years)   |
| <i>qc aspirin oral tablet 325 mg</i>                                   |              | \$0            | RM; QL (0.5 EA per 1 Day); AL (Min 45 Years) |
| <i>qc aspirin oral tablet delayed release 325 mg</i>                   |              | \$0            | RM; QL (0.5 EA per 1 Day); AL (Min 45 Years) |
| <i>qc childrens aspirin oral tablet chewable 81 mg</i>                 |              | \$0            | RM; QL (1 EA per 1 Day); AL (Min 45 Years)   |
| <i>ra aspirin adult low dose oral tablet chewable 81 mg</i>            |              | \$0            | RM; QL (1 EA per 1 Day); AL (Min 45 Years)   |
| <i>ra aspirin adult low strength oral tablet chewable 81 mg</i>        |              | \$0            | RM; QL (1 EA per 1 Day); AL (Min 45 Years)   |
| <i>ra aspirin adult low strength oral tablet delayed release 81 mg</i> |              | \$0            | RM; QL (1 EA per 1 Day); AL (Min 45 Years)   |
| <i>ra aspirin childrens oral tablet chewable 81 mg</i>                 |              | \$0            | RM; QL (1 EA per 1 Day); AL (Min 45 Years)   |
| <i>ra aspirin ec adult low st oral tablet delayed release 81 mg</i>    |              | \$0            | RM; QL (1 EA per 1 Day); AL (Min 45 Years)   |
| <i>ra aspirin ec oral tablet delayed release 325 mg</i>                |              | \$0            | RM; QL (0.5 EA per 1 Day); AL (Min 45 Years) |
| <i>ra aspirin ec oral tablet delayed release 81 mg</i>                 |              | \$0            | RM; QL (1 EA per 1 Day); AL (Min 45 Years)   |
| <i>ra aspirin oral tablet 325 mg</i>                                   |              | \$0            | RM; QL (0.5 EA per 1 Day); AL (Min 45 Years) |
| <i>ra childrens aspirin oral tablet chewable 81 mg</i>                 |              | \$0            | RM; QL (1 EA per 1 Day); AL (Min 45 Years)   |
| <i>salsalate oral tablet 500 mg, 750 mg</i>                            |              | T1             | RM   |
| <i>sb aspirin ec oral tablet delayed release 325 mg</i>                |              | \$0            | RM; QL (0.5 EA per 1 Day); AL (Min 45 Years) |
| <i>sb aspirin oral tablet 325 mg</i>                                   |              | \$0            | RM; QL (0.5 EA per 1 Day); AL (Min 45 Years) |

| <b>Drug Name</b>   | <b>Brand</b> | <b>Generic</b> | <b>Additional Information</b>                |
|--|--------------|----------------|--|
| <i>sb aspirin oral tablet delayed release 81 mg</i>                    |              | \$0            | RM; QL (1 EA per 1 Day); AL (Min 45 Years)   |
| <i>sb childrens aspirin oral tablet chewable 81 mg</i>                 |              | \$0            | RM; QL (1 EA per 1 Day); AL (Min 45 Years)   |
| <i>sb low dose asa ec oral tablet delayed release 81 mg</i>            |              | \$0            | RM; QL (1 EA per 1 Day); AL (Min 45 Years)   |
| <i>sm aspirin adult low strength oral tablet chewable 81 mg</i>        |              | \$0            | RM; QL (1 EA per 1 Day); AL (Min 45 Years)   |
| <i>sm aspirin adult low strength oral tablet delayed release 81 mg</i> |              | \$0            | RM; QL (1 EA per 1 Day); AL (Min 45 Years)   |
| <i>sm aspirin ec low strength oral tablet delayed release 81 mg</i>    |              | \$0            | RM; QL (1 EA per 1 Day); AL (Min 45 Years)   |
| <i>sm aspirin ec oral tablet delayed release 325 mg</i>                |              | \$0            | RM; QL (0.5 EA per 1 Day); AL (Min 45 Years) |
| <i>sm aspirin low dose oral tablet delayed release 81 mg</i>           |              | \$0            | RM; QL (1 EA per 1 Day); AL (Min 45 Years)   |
| <i>sm aspirin oral tablet 325 mg</i>                                   |              | \$0            | RM; QL (0.5 EA per 1 Day); AL (Min 45 Years) |
| <i>sm childrens aspirin oral tablet chewable 81 mg</i>                 |              | \$0            | RM; QL (1 EA per 1 Day); AL (Min 45 Years)   |
| <b>ST JOSEPH ADULT LOW DOSE ORAL TABLET CHEWABLE 75 MG</b>             | \$0          |                | RM; QL (1 EA per 1 Day); AL (Min 45 Years)   |
| <b>ST JOSEPH ADULT ORAL TABLET CHEWABLE 75 MG</b>                      | \$0          |                | RM; QL (1 EA per 1 Day); AL (Min 45 Years)   |
| <b>ST JOSEPH ASPIRIN ORAL TABLET CHEWABLE (Aspirin) 81 MG</b>          | \$0          | \$0            | RM; QL (1 EA per 1 Day); AL (Min 45 Years)   |
| <b>ST JOSEPH ASPIRIN ORAL TABLET DELAYED RELEASE (Aspirin) 81 MG</b>   | \$0          | \$0            | RM; QL (1 EA per 1 Day); AL (Min 45 Years)   |
| <i>tgt aspirin ec oral tablet delayed release 325 mg</i>               |              | \$0            | RM; QL (0.5 EA per 1 Day); AL (Min 45 Years) |
| <i>tgt aspirin low dose oral tablet delayed release 81 mg</i>          |              | \$0            | RM; QL (1 EA per 1 Day); AL (Min 45 Years)   |
| <i>tgt aspirin oral tablet 325 mg</i>                                  |              | \$0            | RM; QL (0.5 EA per 1 Day); AL (Min 45 Years) |
| <i>tgt aspirin oral tablet chewable 81 mg</i>                          |              | \$0            | RM; QL (1 EA per 1 Day); AL (Min 45 Years)   |
| <i>tgt aspirin oral tablet delayed release 81 mg</i>                   |              | \$0            | RM; QL (1 EA per 1 Day); AL (Min 45 Years)   |
| <i>tgt childrens aspirin oral tablet chewable 81 mg</i>                |              | \$0            | RM; QL (1 EA per 1 Day); AL (Min 45 Years)   |
| <i>th aspirin low dose oral tablet chewable 81 mg</i>                  |              | \$0            | RM; QL (1 EA per 1 Day); AL (Min 45 Years)   |
| <i>th aspirin low dose oral tablet delayed release 81 mg</i>           |              | \$0            | RM; QL (1 EA per 1 Day); AL (Min 45 Years)   |
| <i>th aspirin oral tablet 325 mg</i>                                   |              | \$0            | RM; QL (0.5 EA per 1 Day); AL (Min 45 Years) |
| <i>th enteric aspirin oral tablet delayed release 325 mg</i>           |              | \$0            | RM; QL (0.5 EA per 1 Day); AL (Min 45 Years) |

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| Drug Name  | Brand | Generic | Additional Information  |
|--|-------|---------|---|
| <b>*Analgesics - Opioid*</b>   |       |         |   |
| <b>*opioid agonists**-*opioid agonists***</b>  |       |         |   |
| <b>ABSTRAL SUBLINGUAL TABLET SUBLINGUAL 100 MCG, 200 MCG, 300 MCG, 400 MCG, 600 MCG, 800 MCG</b>                           | T3    |         | PA; R; AI (90 tablets per copay); QL (90 EA per 1 Copay); AL (Min 18 Years)   |
| <b>ACTIQ BUCCAL LOLLIPOP 1200 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG</b>  | T3    |         | PA; R; AI (90 lollipops per copay); QL (30 EA per 1 Copay); AL (Min 16 Years) |
| <b>ASTRAMORPH INJECTION SOLUTION (<i>Duramorph</i>) 0.5 MG/ML, 1 MG/ML</b>   | MB    | MB      | RM  |
| <b>AVINZA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 30 MG, 45 MG, 60 MG, 75 MG, 90 MG</b>                              | T3    |         | R; AI ( ); QL (30 EA per 1 Copay)   |
| <i>codeine sulfate oral solution 30 mg/5ml</i>   |       | T3      | RM  |
| <i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>   |       | T1      | RM  |
| <b>CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG</b>   | T3    |         | RM; QL (1 EA per 1 Day); AL (Min 18 Years)                                    |
| <b>DEMEROL INJECTION SOLUTION 25 MG/ML, 75 MG/ML</b>   | MB    |         | RM  |
| <b>DEMEROL ORAL TABLET 100 MG, 50 MG</b>   | T3    |         | PA; ST; RM  |
| <b>DILAUDID INJECTION SOLUTION 1 MG/ML, 2 MG/ML</b>  | T3    |         | PA; ST; RM  |
| <b>DILAUDID INJECTION SOLUTION 4 MG/ML</b>   | MB    |         | PA; ST; RM  |
| <b>DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG</b>   | T3    |         | PA; ST; RM  |
| <b>DILAUDID-HP INJECTION SOLUTION 10 MG/ML</b>   | MB    |         | RM  |
| <b>DOLOPHINE ORAL TABLET 10 MG, 5 MG</b>   | T3    |         | PA; ST; RM  |
| <b>EMBEDA ORAL CAPSULE EXTENDED RELEASE* 100-4 MG, 20-0.8 MG, 30-1.2 MG, 50-2 MG, 60-2.4 MG, 80-3.2 MG</b>                 | T3    |         | RM  |
| <b>EXALGO ORAL 12 MG</b>   | T3    |         | PA; ST; RM; AL (Min 18 Years)   |
| <i>fentanyl citrate buccal lollipop 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>                             |       | T3      | PA; R; AI ( ); QL (30 EA per 1 Copay); AL (Min 16 Years)                      |
| <i>fentanyl transdermal patch 72 hr 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>                             |       | T3      | R; AI (10 Patches per copay); QL (10 EA per 1 Copay)                          |
| <b>FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG</b>   | T3    |         | PA; ST; R; AI ( ); QL (90 EA per 1 Copay); AL (Min 18 Years)                  |
| <i>hydromorphone hcl oral liquid† 1 mg/ml</i>  |       | T1      | RM  |
| <i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>  |       | T1      | RM  |
| <i>hydromorphone hcl suppository 3 mg</i>  |       | T2      | RM  |
| <b>INFUMORPH 200 INJECTION SOLUTION 200 MG/20ML (10 MG/ML)</b>   | MB    |         | RM  |
| <b>KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>Morphine Sulfate ER</i>) 10 MG, 100 MG, 20 MG, 30 MG, 60 MG, 80 MG</b> | T3    | T1      | R; AI (30 capsules per copay); QL (30 EA per 1 Copay)                         |
| <b>KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG, 40 MG</b>  | T3    |         | R; AI (30 capsules per copay); QL (30 EA per 1 Copay)                         |

| <b>Drug Name</b>   | <b>Brand</b> | <b>Generic</b> | <b>Additional Information</b>  |
|--|--------------|----------------|--|
| <b>KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b> ( <i>Morphine Sulfate ER</i> ) <b>50 MG</b>                  | T3           | T2             | R; AI (30 capsules per copay); QL (30 EA per 1 Copay)                                  |
| <b>LAZANDA NASAL SOLUTION 100 MCG/ACT</b>  | T3           |                | PA; RM; AI (10 bottles per copay retail or mail. Max #30.); QL (10 EA per 1 Copay)     |
| <b>LAZANDA NASAL SOLUTION 400 MCG/ACT</b>  | T3           |                | PA; ST; RM; AI (10 bottles per copay retail or mail. Max #30.); QL (10 EA per 1 Copay) |
| <i>levorphanol tartrate oral tablet 2 mg</i>   |              | T3             | RM; QL (8 EA per 1 day)  |
| <i>meperidine hcl oral solution 50 mg/5ml</i>  |              | T1             | RM   |
| <i>meperidine hcl oral tablet 100 mg, 50 mg</i>  |              | T1             | RM   |
| <i>meperitab oral tablet 100 mg, 50 mg</i>   |              | T1             | RM   |
| <i>methadone hcl injection solution 10 mg/ml</i>   |              | T1             | RM   |
| <i>methadone hcl oral solution 10 mg/5ml, 5 mg/5ml</i>   |              | T1             | RM   |
| <i>methadone hcl oral tablet 5 mg</i>  |              | T1             | RM   |
| <b>METHADOSE ORAL CONCENTRATE</b> ( <i>Methadone HCl</i> ) <b>10 MG/ML</b>                                       | T3           | T1             | RM   |
| <b>METHADOSE ORAL TABLET</b> ( <i>Methadone HCl</i> ) <b>10 MG</b>   | T1           | T1             | RM   |
| <b>METHADOSE ORAL TABLET SOLUBLE</b> ( <i>Methadone HCl</i> ) <b>40 MG</b>                                       | T1           | T1             | RM   |
| <i>morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml</i>   |              | T1             | RM   |
| <i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i> |              | T1             | RM; QL (30 EA per 1 Copay)   |
| <i>morphine sulfate er oral tablet extended release* 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>                     |              | T1             | RM   |
| <i>morphine sulfate intramuscular* device 10 mg/0.7ml</i>  |              | MB             | RM   |
| <i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>   |              | T1             | RM   |
| <i>morphine sulfate oral tablet 15 mg, 30 mg</i>   |              | T2             | RM   |
| <i>morphine sulfate suppository 10 mg, 20 mg, 30 mg, 5 mg</i>  |              | T3             | RM   |
| <b>NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR*</b> <b>100 MG, 150 MG, 200 MG, 250 MG, 50 MG</b>               | T3           |                | R; AI (60 tablets per copay); QL (60 EA per 1 Copay)                                   |
| <b>NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG</b>  | T3           |                | RM   |
| <b>ONSOLIS BUCCAL FILM 1200 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG</b>  | T3           |                | RM   |
| <b>OPANA INJECTION SOLUTION 1 MG/ML</b>  | MB           |                | PA; ST; RM   |
| <b>OPANA ORAL TABLET</b> ( <i>Oxymorphone HCl</i> ) <b>10 MG, 5 MG</b>   | T3           | T1             | RM   |
| <b>OXECTA ORAL 5 MG, 7.5 MG</b>  | T3           |                | R; AI (Not covered at Mail Order); QL (60 EA per 1 Copay)                              |
| <i>oxycodone hcl oral capsule 5 mg</i>   |              | T1             | RM   |
| <i>oxycodone hcl oral concentrate 20 mg/ml</i>   |              | T1             | RM   |
| <i>oxycodone hcl oral solution 5 mg/5ml</i>  |              | T2             | RM   |

Last Revision Date: 3/10/15

| Drug Name  | Brand | Generic | Additional Information  |
|--|-------|---------|---|
| <i>oxycodone hcl oral tablet 10 mg</i>   |       | T2      | RM  |
| <i>oxycodone hcl oral tablet 15 mg, 20 mg, 30 mg, 5 mg</i>   |       | T1      | RM  |
| <b>OXYCONTIN ORAL (OxyCODONE HCl ER) 10 MG, 20 MG, 40 MG, 80 MG</b>  | T3    | T3      | RM  |
| <b>OXYCONTIN ORAL 15 MG, 30 MG, 60 MG</b>  | T3    |         | RM  |
| <i>oxymorphone hcl er oral tablet extended release 12 hr* 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>        |       | T3      | PA; R; AI (60 tablets per copay); QL (60 EA per 1 Copay); AL (Min 18 Years) |
| <b>ROXICODONE ORAL TABLET 15 MG, 30 MG, 5 MG</b>   | T3    |         | PA; ST; RM  |
| <b>RYZOLT ORAL TABLET EXTENDED RELEASE 24 HR* 100 MG, 200 MG, 300 MG</b>   | T3    |         | RM  |
| <b>SUBLIMAZE INJECTION SOLUTION 0.05 MG/ML</b>   | MB    |         | RM  |
| <b>SUBSYS SUBLINGUAL LIQUID† 100 MCG, 1200 (600 X 2) MCG, 1600 (800 X 2) MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG</b> | T3    |         | PA; R; AI ( ); QL (60 EA per 1 Copay); AL (Min 18 Years)                    |
| <i>tramadol hcl er (biphasic) oral tablet extended release 24 hr* 100 mg, 200 mg, 300 mg</i>                         |       | T3      | R; AI (30 tablets per copay); QL (30 EA per 1 Copay); AL (Min 16 Years)     |
| <i>tramadol hcl er oral capsule extended release 24 hour 150 mg</i>  |       | T3      | RM; AI (Max #90 Mail Order); QL (30 EA per 1 Copay)                         |
| <i>tramadol hcl er oral tablet extended release 24 hr* 100 mg, 200 mg, 300 mg</i>                                    |       | T3      | R; AI (30 tablets per copay); QL (30 EA per 1 Copay); AL (Min 18 Years)     |
| <i>tramadol hcl oral tablet 50 mg</i>  |       | T1      | RM; AI (Max #720 Mail Order); QL (8 EA per 1 Day)                           |
| <b>ZOHYDRO ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR 10 MG</b>  | T3    |         | PA; ST; RM  |
| <b>ZOHYDRO ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR 15 MG</b>  | T3    |         | PA; ST; RM; QL (2 EA per 1 day); AL (Min 1 Years)                           |
| <b>*opioid combinations**-*codeine combinations***</b>   |       |         |   |
| <i>acetaminophen-codeine #2 oral tablet 300-15 mg</i>  |       | T1      | RM; QL (13 EA per 1 Day)  |
| <i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>  |       | T1      | RM; QL (13 EA per 1 Day)  |
| <i>acetaminophen-codeine #4 oral tablet 300-60 mg</i>  |       | T1      | RM; QL (13 EA per 1 Day)  |
| <i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>   |       | T1      | RM  |
| <b>ASCOMP-CODEINE ORAL CAPSULE (Butalbital-ASA-Caff-Codeine) 50-325-40-30 MG</b>                                     | T1    | T1      | RM; QL (6 EA per 1 Day)   |
| <i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>  |       | T1      | RM; AI (60 tablets per copay); QL (60 EA per 1 Copay)                       |
| <b>FIORINAL/CODEINE #3 ORAL CAPSULE (Butalbital-ASA-Caff-Codeine) 50-325-40-30 MG</b>                                | T3    | T1      | RM; QL (6 EA per 1 Day)   |
| <b>*opioid combinations**-*dihydrocodeine combinations***</b>  |       |         |   |
| <i>apap-caff-dihydrocodeine oral tablet 712.8-60-32 mg</i>   |       | T3      | RM; QL (5 EA per 1 Day)   |
| <b>SYNALGOS-DC ORAL CAPSULE (Aspirin-Caff-Dihydrocodeine) 356.4-30-16 MG</b>   | T3    | T3      | PA; ST; RM  |
| <b>*opioid combinations**-*hydrocodone combinations***</b>   |       |         |   |
| <i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>   |       | T1      | RM  |



| <b>Drug Name</b>   | <b>Brand</b> | <b>Generic</b> | <b>Additional Information</b> |
|--|--------------|----------------|-------------------------------|
| <i>hydrocodone-acetaminophen oral solution 7.5-500 mg/15ml</i>                       |              | T3             | RM                            |
| <i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>         |              | T1             | RM; QL (12 EA per 1 Day)      |
| <i>hydrocodone-acetaminophen oral tablet 10-500 mg, 5-500 mg, 7.5-500 mg</i>         |              | T1             | RM; QL (8 EA per 1 Day)       |
| <i>hydrocodone-acetaminophen oral tablet 10-650 mg, 10-660 mg, 7.5-650 mg</i>        |              | T1             | RM; QL (6 EA per 1 Day)       |
| <i>hydrocodone-acetaminophen oral tablet 10-750 mg, 7.5-750 mg</i>                   |              | T1             | RM; QL (5 EA per 1 Day)       |
| <i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>                                  |              | T1             | RM; QL (5 EA per 1 Day)       |
| <b>HYDROGESIC ORAL CAPSULE 5-500 MG</b>  | T1           |                | RM; QL (8 EA per 1 Day)       |
| <b>IBUDONE ORAL TABLET (Hydrocodone-Ibuprofen) 10-200 MG</b>                         | T3           | T1             | RM; QL (5 EA per 1 Day)       |
| <b>IBUDONE ORAL TABLET (Hydrocodone-Ibuprofen) 5-200 MG</b>                          | T1           | T1             | RM; QL (5 EA per 1 Day)       |
| <b>MAXIDONE ORAL TABLET 10-750 MG</b>  | T3           |                | RM; QL (5 EA per 1 day)       |
| <b>REPREXAIN ORAL TABLET 10-200 MG</b>   | T1           |                | RM; QL (5 EA per 1 Day)       |
| <b>REPREXAIN ORAL TABLET (Hydrocodone-Ibuprofen) 5-200 MG</b>                        | T3           | T1             | RM; QL (5 EA per 1 Day)       |
| <i>stagesic oral capsule 5-500 mg</i>  |              | T1             | RM; QL (8 EA per 1 Day)       |
| <b>VICODIN ES ORAL TABLET (Hydrocodone-Acetaminophen) 7.5-300 MG</b>                 | T1           | T1             | RM; QL (13 EA per 1 Day)      |
| <b>VICODIN HP ORAL TABLET (Hydrocodone-Acetaminophen) 10-300 MG</b>                  | T1           | T1             | RM; QL (13 EA per 1 Day)      |
| <b>VICODIN ORAL TABLET (Hydrocodone-Acetaminophen) 5-300 MG</b>                      | T3           | T1             | RM; QL (13 EA per 1 Day)      |
| <b>XYLON ORAL TABLET 10-200 MG</b>   | T1           |                | RM; QL (5 EA per 1 day)       |
| <b>*opioid combinations**-*opioid combinations***</b>                                |              |                |                               |
| <b>ENDOCET ORAL TABLET (Oxycodone-Acetaminophen) 10-325 MG, 5-325 MG, 7.5-325 MG</b> | T1           | T1             | RM; QL (12 EA per 1 Day)      |
| <b>ENDODAN ORAL TABLET 4.8355-325 MG</b>   | T1           |                | RM; QL (12 EA per 1 Day)      |
| <i>oxycodone-acetaminophen oral capsule 5-500 mg</i>                                 |              | T1             | RM; QL (8 EA per 1 Day)       |
| <i>oxycodone-acetaminophen oral tablet 10-650 mg</i>                                 |              | T1             | RM; QL (6 EA per 1 Day)       |
| <i>oxycodone-acetaminophen oral tablet 2.5-325 mg</i>                                |              | T1             | RM; QL (12 EA per 1 Day)      |
| <i>oxycodone-acetaminophen oral tablet 7.5-500 mg</i>                                |              | T1             | RM; QL (8 EA per 1 Day)       |
| <i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>                                   |              | T1             | RM; QL (12 EA per 1 Day)      |
| <i>oxycodone-ibuprofen oral tablet 5-400 mg</i>                                      |              | T1             | RM; QL (28 EA per 7 Days)     |
| <b>ROXICET ORAL SOLUTION 5-325 MG/5ML</b>  | T3           |                | RM                            |
| <b>ROXICET ORAL TABLET (Oxycodone-Acetaminophen) 5-325 MG</b>                        | T1           | T1             | RM; QL (12 EA per 1 Day)      |
| <b>*opioid combinations**-*pentazocine combinations***</b>                           |              |                |                               |
| <i>pentazocine-acetaminophen oral tablet 25-650 mg</i>                               |              | T3             | RM; QL (6 EA per 1 Day)       |

| Drug Name   | Brand | Generic | Additional Information                                |
|---|-------|---------|---|
| <b>*opioid combinations**-*tramadol combinations***</b>                                       |       |         |   |
| <i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>   |       | T1      | RM; QL (8 EA per 1 Day)                               |
| <b>*opioid partial agonists**-*opioid partial agonists***</b>                                 |       |         |   |
| <b>BUPRENEX INJECTION SOLUTION 0.3 MG/ML</b>  | MB    |         | RM  |
| <i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>                                    |       | T3      | RM; QL (8 EA per 1 day)                               |
| <i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>                                    |       | T3      | RM; QL (3 EA per 1 day)                               |
| <i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>           |       | T1      | RM; QL (2 EA per 1 Day)                               |
| <i>butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml</i>                               |       | MB      | RM  |
| <i>butorphanol tartrate nasal solution 10 mg/ml</i>   |       | T3      | RM  |
| <b>BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR, 7.5 MCG/HR</b> | T3    |         | RM; QL (1 EA per 1 Week); AL (Min 18 Years)           |
| <i>nalbuphine hcl injection solution 10 mg/ml, 20 mg/ml</i>                                   |       | MB      | RM  |
| <i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>   |       | T3      | RM; QL (12 EA per 1 Day)                              |
| <b>SUBOXONE SUBLINGUAL FILM 12-3 MG</b>   | T3    |         | RM; QL (2 EA per 1 Day)                               |
| <b>SUBOXONE SUBLINGUAL FILM 2-0.5 MG</b>  | T3    |         | RM; QL (8 EA per 1 Day)                               |
| <b>SUBOXONE SUBLINGUAL FILM 4-1 MG</b>  | T3    |         | RM; QL (6 EA per 1 Day)                               |
| <b>SUBOXONE SUBLINGUAL FILM 8-2 MG</b>  | T3    |         | RM; QL (3 EA per 1 Day)                               |
| <b>TALWIN INJECTION SOLUTION 30 MG/ML</b>   | MB    |         | RM  |
| <b>ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG, 5.7-1.4 MG</b>                           | T3    |         | PA; RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| <b>*Androgens-Anabolic*</b>   |       |         |   |
| <b>*anabolic steroids**-*anabolic steroids***</b>   |       |         |   |
| <b>ANADROL-50 ORAL TABLET 50 MG</b>   | T3    |         | PA; ST; RM  |
| <i>oxandrolone oral tablet 10 mg, 2.5 mg</i>  |       | T1      | RM  |
| <b>*androgens**-*androgens***</b>   |       |         |   |
| <b>ANDROID ORAL CAPSULE 10 MG</b>   | T3    |         | RM  |
| <i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>   |       | T3      | RM  |
| <i>methitest oral tablet 10 mg</i>  |       | T3      | RM  |
| <b>TESTIM TRANSDERMAL 50 MG/5GM (1%)</b>  | T3    |         | PA; RM; M   |
| <b>TESTRED ORAL CAPSULE 10 MG</b>   | T3    |         | RM  |
| <b>*Anorectal Agents*</b>   |       |         |   |
| <b>*intrarectal steroids**-*intrarectal steroids***</b>                                       |       |         |   |
| <i>hydrocortisone enema 100 mg/60ml</i>   |       | T1      | RM  |
| <b>*rectal combinations**-*rectal anesthetic/steroids***</b>                                  |       |         |   |
| <b>ANALPRAM-HC CREAM (Hydrocortisone Ace-Pramoxine) 1-2.5 %</b>                               | T3    | T1      | RM  |
| <b>ANALPRAM-HC LOTION 1-2.5 %</b>   | T3    |         | RM  |
| <b>ANALPRAM-HC SINGLES CREAM (Hydrocortisone Ace-Pramoxine) 1-2.5 %</b>                       | T3    | T1      | RM  |

| Drug Name   | Brand | Generic | Additional Information   |
|---|-------|---------|--|
| <i>hydrocortisone ace-pramoxine cream 1-1 %</i>   |       | T1      | RM   |
| <b>LIDAZONE HC CREAM (Lidocaine-Hydrocortisone Ace) 3-0.5 %</b>                           | T1    | T1      | RM   |
| <b>PROCTOFOAM HC FOAM 1-1 %</b>   | T3    |         | RM   |
| <b>*rectal steroids**-*rectal steroids***</b>   |       |         |  |
| <b>ANUSOL-HC CREAM 2.5 %</b>  | T3    |         | RM   |
| <b>ANUSOL-HC SUPPOSITORY (Anucort-HC) 25 MG</b>   | T3    | T1      | RM   |
| <i>grx hicort 25 suppository 25 mg</i>  |       | T1      | RM   |
| <i>hydrocortisone acetate suppository 25 mg, 30 mg</i>                                    |       | T1      | RM   |
| <b>PROCTOSOL HC CREAM 2.5 %</b>   | T2    |         | RM   |
| <b>PROCTOZONE-HC CREAM 2.5 %</b>  | T2    |         | RM   |
| <i>rectacort-hc suppository 25 mg</i>   |       | T1      | RM   |
| <b>*vasodilating agents**-*nitrate vasodilating agents***</b>                             |       |         |  |
| <b>RECTIV OINTMENT 0.4 %</b>  | T3    |         | RM   |
| <b>*Antacids*</b>   |       |         |  |
| <b>*antacids - calcium salts**-*antacids - calcium salts***</b>                           |       |         |  |
| <i>calcium carbonate antacid oral tablet 648 mg</i>                                       |       | T3      | PA; RM   |
| <b>*Anthelmintics*</b>  |       |         |  |
| <b>*anthelmintics**-*anthelmintics***</b>   |       |         |  |
| <b>ALBENZA ORAL TABLET 200 MG</b>   | T3    |         | RM   |
| <b>BILTRICIDE ORAL TABLET 600 MG</b>  | T3    |         | RM   |
| <b>STROMEKTOL ORAL TABLET (Ivermectin) 3 MG</b>   | T3    | T2      | RM   |
| <b>*Antianginal Agents*</b>   |       |         |  |
| <b>*antianginals-other**-*antianginals-other***</b>                                       |       |         |  |
| <b>RANEXA ORAL TABLET EXTENDED RELEASE 12 HR* 1000 MG, 500 MG</b>                         | T2    |         | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day); AL (Min 16 Years) |
| <b>*nitrates**-*nitrates***</b>   |       |         |  |
| <b>DILATRATE-SR ORAL CAPSULE EXTENDED RELEASE* 40 MG</b>                                  | T1    |         | RM   |
| <i>isosorbide dinitrate er oral tablet extendedrelease* 40 mg</i>                         |       | T1      | RM   |
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>                         |       | T1      | RM   |
| <i>isosorbide mononitrate er oral tablet extended release 24 hr* 120 mg, 30 mg, 60 mg</i> |       | T1      | RM   |
| <i>isosorbide mononitrate oral tablet 20 mg</i>   |       | T1      | RM   |
| <b>NITRO-BID TRANSDERMAL OINTMENT 2 %</b>   | T2    |         | RM   |
| <b>NITRO-DUR TRANSDERMAL PATCH 24 HR 0.3 MG/HR, 0.8 MG/HR</b>                             | T2    |         | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)                     |
| <i>nitroglycerin transdermal patch 24 hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>   |       | T1      | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)                     |

| Drug Name  | Brand | Generic | Additional Information  |
|--|-------|---------|---|
| <i>nitroglycerin translingual aerosol, solution 400 mcg/spray</i>                        |       | T3      | RM; AI (8.5gm per copay retail or mail.); QL (8.5 GM Max Qty Per Fill Retail) |
| <b>NITROLINGUAL TRANSLINGUAL SOLUTION (Nitroglycerin) 0.4 MG/SPRAY</b>                   | T3    | T3      | RM  |
| <b>NITROSTAT SUBLINGUAL TABLET SUBLINGUAL 0.3 MG, 0.4 MG, 0.6 MG</b>                     | T2    |         | RM  |
| <b>NITRO-TIME ORAL CAPSULE EXTENDED RELEASE* (Nitroglycerin ER) 2.5 MG, 6.5 MG, 9 MG</b> | T1    | T1      | RM  |
| <b>*Antianxiety Agents*</b>  |       |         |   |
| <b>*antianxiety agents - misc.**-antianxiety agents - misc.***</b>                       |       |         |   |
| <i>buspirone hcl oral tablet 10 mg</i>   |       | T1      | RM; AI (Max #540 Mail Order); QL (6 EA per 1 Day)                             |
| <i>buspirone hcl oral tablet 15 mg</i>   |       | T1      | RM; AI (Max #120 Mail Order); QL (4 EA per 1 Day)                             |
| <i>buspirone hcl oral tablet 30 mg</i>   |       | T3      | RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day)                             |
| <i>buspirone hcl oral tablet 5 mg</i>  |       | T1      | RM; AI (Max #1080 Mail Order); QL (12 EA per 1 Day)                           |
| <i>buspirone hcl oral tablet 7.5 mg</i>  |       | T3      | RM  |
| <i>hydroxyzine hcl intramuscular* solution 25 mg/ml, 50 mg/ml</i>                        |       | MB      | RM  |
| <i>hydroxyzine hcl oral solution 10 mg/5ml</i>   |       | T1      | RM  |
| <i>hydroxyzine hcl oral syrup 10 mg/5ml</i>  |       | T1      | RM  |
| <i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>                                   |       | T1      | RM  |
| <i>hydroxyzine pamoate oral capsule 100 mg</i>   |       | T2      | RM  |
| <i>meprobamate oral tablet 200 mg</i>  |       | T3      | RM  |
| <b>VISTARIL ORAL CAPSULE (HydrOXYzine Pamoate) 25 MG, 50 MG</b>                          | T2    | T1      | RM  |
| <b>*benzodiazepines**-benzodiazepines***</b>   |       |         |   |
| <i>alprazolam er oral tablet extended release 24 hr* 0.5 mg, 3 mg</i>                    |       | T3      | RM; QL (3 EA per 1 Day); AL (Min 18 Years)                                    |
| <i>alprazolam er oral tablet extended release 24 hr* 1 mg</i>                            |       | T3      | RM; QL (1 EA per 1 Day); AL (Min 18 Years)                                    |
| <i>alprazolam er oral tablet extended release 24 hr* 2 mg</i>                            |       | T3      | RM; QL (5 EA per 1 Day); AL (Min 18 Years)                                    |
| <i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>                                |       | T1      | RM  |
| <i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg</i>                          |       | T3      | RM; QL (3 EA per 1 Day); AL (Min 18 Years)                                    |
| <i>alprazolam oral tablet dispersible 2 mg</i>   |       | T3      | RM; QL (5 EA per 1 Day); AL (Min 18 Years)                                    |
| <i>alprazolam xr oral tablet extended release 24 hr* 0.5 mg, 3 mg</i>                    |       | T3      | RM; QL (3 EA per 1 Day); AL (Min 18 Years)                                    |
| <i>alprazolam xr oral tablet extended release 24 hr* 1 mg</i>                            |       | T3      | RM; QL (1 EA per 1 Day); AL (Min 18 Years)                                    |

| Drug Name  | Brand | Generic | Additional Information   |
|--|-------|---------|--|
| <i>alprazolam xr oral tablet extended release 24 hr* 2 mg</i>                          |       | T3      | RM; QL (5 EA per 1 Day); AL (Min 18 Years)                           |
| <i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>                            |       | T1      | RM   |
| <i>clorazepate dipotassium oral tablet 15 mg</i>                                       |       | T1      | RM; QL (4 EA per 1 Day)  |
| <i>clorazepate dipotassium oral tablet 3.75 mg, 7.5 mg</i>                             |       | T1      | RM; QL (3 EA per 1 Day)  |
| <i>diazepam oral solution 1 mg/ml</i>  |       | T3      | RM; QL (40 ML per 1 Day)   |
| <i>diazepam oral tablet 10 mg, 5 mg</i>  |       | T1      | RM; QL (4 EA per 1 Day)  |
| <i>diazepam oral tablet 2 mg</i>   |       | T2      | RM; QL (4 EA per 1 Day)  |
| <b>LORAZEPAM INTENSOL ORAL CONCENTRATE (LORazepam) 2 MG/ML</b>                         | T1    | T1      | RM; QL (5 ML per 1 Day)  |
| <i>lorazepam oral tablet 0.5 mg, 1 mg</i>  |       | T1      | RM; QL (7 EA per 1 Day)  |
| <i>lorazepam oral tablet 2 mg</i>  |       | T1      | RM; QL (5 EA per 1 Day)  |
| <i>oxazepam oral capsule 10 mg, 15 mg</i>  |       | T1      | RM; QL (5 EA per 1 Day)  |
| <i>oxazepam oral capsule 30 mg</i>   |       | T1      | RM; QL (4 EA per 1 Day)  |
| <b>*Antiarrhythmics*</b>   |       |         |  |
| <b>*antiarrhythmics - misc.**-*antiarrhythmics - misc.***</b>                          |       |         |  |
| <b>ADENOCARD INTRAVENOUS* SOLUTION 6 MG/2ML</b>  | MB    |         | RM   |
| <b>*antiarrhythmics type i-a**-*antiarrhythmics type i-a***</b>                        |       |         |  |
| <i>disopyramide phosphate oral capsule 150 mg</i>                                      |       | T1      | RM   |
| <b>NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 150 MG</b>                         | T3    |         | RM   |
| <i>procainamide hcl injection solution 100 mg/ml, 500 mg/ml</i>                        |       | MB      | RM   |
| <i>quinidine gluconate er oral tablet extendedrelease* 324 mg</i>                      |       | T2      | RM   |
| <i>quinidine gluconate injection solution 80 mg/ml</i>                                 |       | MB      | RM   |
| <i>quinidine sulfate er oral tablet extendedrelease* 300 mg</i>                        |       | T2      | RM   |
| <i>quinidine sulfate oral tablet 200 mg, 300 mg</i>                                    |       | T1      | RM   |
| <b>*antiarrhythmics type i-b**-*antiarrhythmics type i-b***</b>                        |       |         |  |
| <i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>                              |       | T3      | RM   |
| <b>*antiarrhythmics type i-c**-*antiarrhythmics type i-c***</b>                        |       |         |  |
| <i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>                            |       | T1      | RM   |
| <i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i> |       | T3      | RM   |
| <i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>                              |       | T1      | RM   |
| <b>*antiarrhythmics type iii**-*antiarrhythmics type iii***</b>                        |       |         |  |
| <b>MULTAQ ORAL TABLET 400 MG</b>   | SP    |         | SP; AI (Max #180 Mail Order); QL (2 EA per 1 Day); AL (Min 16 Years) |

| Drug Name   | Brand | Generic | Additional Information   |
|---|-------|---------|--|
| <b>PACERONE ORAL TABLET (Amiodarone HCl) 100 MG, 200 MG, 400 MG</b>   | T1    | T1      | RM   |
| <b>TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG</b>   | SP    |         | SP; AI (Max #180 Mail Order); QL (2 EA per 1 Day)                        |
| <b>*Antiasthmatic And Bronchodilator Agents*</b>  |       |         |  |
| <b>*antiasthmatic - monoclonal antibodies**-*anti-ige monoclonal antibodies***</b>                            |       |         |  |
| <b>XOLAIR SUBCUTANEOUS* SOLUTION RECONSTITUTED 150 MG</b>   | SP    |         | PA; SP   |
| <b>*anti-inflammatory agents**-*anti-inflammatory agents***</b>   |       |         |  |
| <i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>   |       | T2      | RM   |
| <b>*bronchodilators - anticholinergics**-*bronchodilators - anticholinergics***</b>                           |       |         |  |
| <b>ATROVENT HFA INHALATION AEROSOL, SOLUTION 17 MCG/ACT</b>   | T2    |         | RM; AI (Max 77.4gm Mail order); QL (25.8 GM Max Qty Per Fill Retail)     |
| <i>ipratropium bromide inhalation solution 0.02 %</i>   |       | T1      | RM   |
| <b>SPIRIVA HANDHALER INHALATION CAPSULE 18 MCG</b>  | T2    |         | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)                         |
| <b>SPIRIVA RESPIMAT INHALATION AEROSOL, SOLUTION 2.5 MCG/ACT</b>  | T2    |         | RM; QL (4 GM per 30 days)  |
| <b>TUDORZA PRESSAIR INHALATION AEROSOL POWDER, BREATH ACTIVATED 400 MCG/ACT</b>                               | T3    |         | RM; AI (Max #3 Mail Order); QL (1 EA per 30 Days)                        |
| <b>*leukotriene modulators**-*5-lipoxygenase inhibitors***</b>  |       |         |  |
| <b>ZYFLO CR ORAL TABLET EXTENDED RELEASE 12 HR* 600 MG</b>  | T3    |         | PA; RM; AI (Max #360 Mail Order); QL (4 EA per 1 Day); AL (Min 12 Years) |
| <b>ZYFLO ORAL TABLET 600 MG</b>   | T3    |         | PA; RM   |
| <b>*leukotriene modulators**-*leukotriene receptor antagonists***</b>   |       |         |  |
| <i>montelukast sodium oral packet 4 mg</i>  |       | T2      | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)                         |
| <i>montelukast sodium oral tablet 10 mg</i>   |       | T2      | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)                         |
| <i>montelukast sodium oral tablet chewable 4 mg</i>   |       | T2      | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)                         |
| <i>montelukast sodium oral tablet chewable 5 mg</i>   |       | T2      | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)                        |
| <i>zafirlukast oral tablet 10 mg, 20 mg</i>   |       | T2      | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)                        |
| <b>*selective phosphodiesterase 4 (pde4) inhibitors**-*selective phosphodiesterase 4 (pde4) inhibitors***</b> |       |         |  |
| <b>DALIRESP ORAL TABLET 500 MCG</b>   | T3    |         | PA; ST; RM   |

| Drug Name   | Brand | Generic | Additional Information  |
|---|-------|---------|---|
| <b>*steroid inhalants**-*steroid inhalants***</b>   |       |         |   |
| ALVESCO INHALATION AEROSOL, SOLUTION 160 MCG/ACT  | T2    |         | RM; AI (Max #36.6GM Mail Order); QL (12.2 GM per 30 Days)             |
| ALVESCO INHALATION AEROSOL, SOLUTION 80 MCG/ACT   | T2    |         | RM; AI (Max #18.3GM Mail Order); QL (6.1 GM per 30 Days)              |
| ASMANEX 120 METERED DOSES INHALATION AEROSOL POWDER, BREATH ACTIVATED 220 MCG/INH                           | T2    |         | RM; AI (Max #6 Inhalers Mail Order); QL (2 EA per 30 Days)            |
| ASMANEX 14 METERED DOSES INHALATION AEROSOL POWDER, BREATH ACTIVATED 220 MCG/INH                            | T2    |         | RM; AI (Max #6 Inhalers Mail Order); QL (2 EA per 30 Days)            |
| ASMANEX 30 METERED DOSES INHALATION AEROSOL POWDER, BREATH ACTIVATED 110 MCG/INH, 220 MCG/INH               | T2    |         | RM; AI (Max #6 Inhalers Mail Order); QL (2 EA per 30 Days)            |
| ASMANEX 60 METERED DOSES INHALATION AEROSOL POWDER, BREATH ACTIVATED 220 MCG/INH                            | T2    |         | RM; AI (Max #6 Inhalers Mail Order); QL (2 EA per 30 Days)            |
| ASMANEX 7 METERED DOSES INHALATION AEROSOL POWDER, BREATH ACTIVATED 110 MCG/INH                             | T2    |         | RM; AI (Max #6 Inhalers Mail Order); QL (2 EA per 30 Days)            |
| ASMANEX HFA INHALATION AEROSOL† 100 MCG/ACT, 200 MCG/ACT  | T2    |         | RM  |
| <i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>   |       | T2      | RM; AI (Max #360ml Mail Order); QL (120 ML per 30 Days)               |
| FLOVENT DISKUS INHALATION AEROSOL POWDER, BREATH ACTIVATED 100 MCG/BLIST, 50 MCG/BLIST                      | T2    |         | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)                     |
| FLOVENT DISKUS INHALATION AEROSOL POWDER, BREATH ACTIVATED 250 MCG/BLIST                                    | T2    |         | RM; AI (Max #720 Mail Order); QL (8 EA per 1 Day)                     |
| FLOVENT HFA INHALATION AEROSOL† 110 MCG/ACT   | T2    |         | RM; AI (Max #72ml Mail Order); QL (24 GM Max Qty Per Fill Retail)     |
| FLOVENT HFA INHALATION AEROSOL† 220 MCG/ACT   | T2    |         | RM; AI (Max #72 Mail Order); QL (24 GM Max Qty Per Fill Retail)       |
| FLOVENT HFA INHALATION AEROSOL† 44 MCG/ACT  | T2    |         | RM; AI (Max #63.6gm Mail Order); QL (21.2 GM Max Qty Per Fill Retail) |
| PULMICORT FLEXHALER INHALATION AEROSOL POWDER, BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT                     | T2    |         | RM; AI (Max #6 Inhalers Mail Order); QL (2 EA per 30 Days)            |
| PULMICORT INHALATION SUSPENSION 1 MG/2ML  | T2    |         | RM; AI (Max #360ml Mail Order); QL (120 ML per 30 Days)               |
| QVAR INHALATION AEROSOL, SOLUTION 40 MCG/ACT  | T2    |         | RM; AI ( ); QL (1.2 GM per 1 day)                                     |
| QVAR INHALATION AEROSOL, SOLUTION 80 MCG/ACT  | T2    |         | RM; AI ( ); QL (0.6 GM per 1 day)                                     |
| <b>*sympathomimetics**-*adrenergic combinations***</b>  |       |         |   |
| ADVAIR DISKUS INHALATION AEROSOL POWDER, BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE | T2    |         | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)                     |

| Drug Name   | Brand | Generic | Additional Information   |
|---|-------|---------|--|
| <b>ADVAIR HFA INHALATION AEROSOL† 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT</b> | T2    |         | RM; AI (Max #36 Mail Order); QL (12 GM per 30 Days); AL (Min 3 Years)          |
| <b>BREO ELLIPTA INHALATION AEROSOL POWDER, BREATH ACTIVATED 100-25 MCG/INH</b>      | T2    |         | RM   |
| <b>COMBIVENT RESPIMAT INHALATION AEROSOL, SOLUTION 20-100 MCG/ACT</b>               | T3    |         | RM; AI (Max #24 Mail Order); QL (8 GM Max Qty Per Fill Retail)                 |
| <b>DULERA INHALATION AEROSOL† 100-5 MCG/ACT, 200-5 MCG/ACT</b>                      | T2    |         | RM; AI (Max #39gm Mail Order); QL (13 GM per 30 Days)                          |
| <i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>                 |       | T1      | PA; ST; RM; AI (Max #1620ml mail order); QL (540 ML per 30 Days)               |
| <b>SYMBICORT INHALATION AEROSOL† 160-4.5 MCG/ACT, 80-4.5 MCG/ACT</b>                | T2    |         | RM; AI (Max #3 Inhalers (30.6gm) Mail Order); QL (10.2 GM per 30 Days)         |
| <b>*sympathomimetics**-*beta adrenergics***</b>                                     |       |         |  |
| <b>ACCUNEB INHALATION NEBULIZATION SOLUTION 0.63 MG/3ML, 1.25 MG/3ML</b>            | T3    |         | RM; QL (375 ML per 30 Days); AL (Max 13 Years)                                 |
| <i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>       |       | T1      | RM   |
| <i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%</i>            |       | T1      | RM; AI (Max #15 Mail Order); AL (Max 13 Years)                                 |
| <i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>  |       | T1      | RM; AI (Max #1125ml Mail Order); QL (375 ML per 30 Days); AL (Max 13 Years)    |
| <i>albuterol sulfate oral syrup 2 mg/5ml</i>  |       | T1      | RM   |
| <i>albuterol sulfate oral tablet 2 mg, 4 mg</i>                                     |       | T1      | RM   |
| <b>ARCAPTA NEOHALER INHALATION CAPSULE 75 MCG</b>                                   | T3    |         | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)                               |
| <b>BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML</b>                          | T3    |         | RM; AI (Max #360ml Mail Order); QL (120 ML per 30 Days); AL (Min 18 Years)     |
| <b>FORADIL AEROLIZER INHALATION CAPSULE 12 MCG</b>                                  | T2    |         | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)                              |
| <i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml</i>                |       | T2      | RM; AI (Max #810ml mail order); QL (270 ML per 30 Days)                        |
| <i>levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml</i>              |       | T1      | RM; AI (Max #270 vials mail order); QL (90 EA per 30 Days)                     |
| <i>levalbuterol hcl inhalation nebulization solution 1.25 mg/3ml</i>                |       | T1      | RM; AI (Max #810ml Mail Order); QL (270 ML per 30 Days)                        |
| <i>metaproterenol sulfate oral syrup 10 mg/5ml</i>                                  |       | T1      | RM   |
| <i>metaproterenol sulfate oral tablet 10 mg, 20 mg</i>                              |       | T1      | RM   |
| <b>PERFORMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML</b>                       | T3    |         | RM; AI (Max #3 Cartons Mail Order); QL (120 ML per 30 Days); AL (Min 18 Years) |
| <b>PROAIR HFA INHALATION AEROSOL, SOLUTION 108 (90 BASE) MCG/ACT</b>                | T2    |         | RM; AI (Max #51gm Mail Order); QL (17 GM per 30 Days)                          |
| <b>SEREVENT DISKUS INHALATION AEROSOL POWDER, BREATH ACTIVATED 50 MCG/DOSE</b>      | T2    |         | RM; AI (Max #3 diskus mail order); QL (1 EA per 30 Days)                       |
| <i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>                                 |       | T1      | RM   |



| Drug Name   | Brand | Generic | Additional Information  |
|---|-------|---------|---|
| <b>VOSPIRE ER ORAL TABLET EXTENDED RELEASE 12 HR* (Albuterol Sulfate ER) 4 MG</b>                       | T3    | T1      | RM; AI (Max #540 Mail Order); QL (6 EA per 1 Day)                                   |
| <b>VOSPIRE ER ORAL TABLET EXTENDED RELEASE 12 HR* (Albuterol Sulfate ER) 8 MG</b>                       | T3    | T1      | RM; AI (Max #360 Mail Order); QL (4 EA per 1 Day)                                   |
| <b>XOPENEX HFA INHALATION AEROSOL† 45 MCG/ACT</b>   | T2    |         | RM; AI (#30 gm per copay retail or mail); QL (30 GM per 1 Copay)                    |
| <b>XOPENEX INHALATION NEBULIZATION SOLUTION (Levalbuterol HCl) 0.63 MG/3ML</b>                          | T2    | T1      | RM; AI (Max #810ml Mail Order); QL (270 ML per 30 Days)                             |
| <b>XOPENEX INHALATION NEBULIZATION SOLUTION 1.25 MG/3ML</b>   | T2    |         | RM; AI (Max #810ml Mailorder); QL (270 ML per 30 Days)                              |
| <b>*sympathomimetics**-*mixed adrenergics***</b>  |       |         |   |
| <i>epinephrine hcl injection solution 0.1 mg/ml</i>   |       | MB      | RM  |
| <b>*xanthines**-*xanthines***</b>   |       |         |   |
| <b>LUFYLLIN ORAL TABLET 200 MG, 400 MG</b>  | T3    |         | RM  |
| <b>THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG</b>                     | T2    |         | RM  |
| <i>theophylline er oral tablet extended release 12 hr* 100 mg, 200 mg, 300 mg, 450 mg</i>               |       | T1      | RM  |
| <i>theophylline er oral tablet extended release 24 hr* 400 mg</i>                                       |       | T1      | RM  |
| <b>*Anticoagulants*</b>   |       |         |   |
| <b>*coumarin anticoagulants**-*coumarin anticoagulants***</b>   |       |         |   |
| <b>COUMADIN INTRAVENOUS* SOLUTION RECONSTITUTED 5 MG</b>  | T3    |         | RM  |
| <b>COUMADIN ORAL TABLET (Warfarin Sodium) 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG</b> | T3    | T1      | RM  |
| <b>JANTOVEN ORAL TABLET (Warfarin Sodium) 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG</b> | T1    | T1      | RM  |
| <b>*direct factor xa inhibitors**-*direct factor xa inhibitors***</b>                                   |       |         |   |
| <b>XARELTO ORAL TABLET 10 MG</b>  | T2    |         | RM; AI (#30 per copay retail or mail); QL (30 EA per 1 copay); AL (Min 16 Years)    |
| <b>XARELTO ORAL TABLET 15 MG</b>  | T2    |         | RM; AI (Max #120 Mail Order); QL (42 EA Max Qty Per Fill Retail); AL (Min 16 Years) |
| <b>XARELTO ORAL TABLET 20 MG</b>  | T2    |         | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 16 Years)                 |
| <b>XARELTO STARTER PACK ORAL 15 &amp; 20 MG</b>   | T2    |         | R; QL (1 EA per 1 Copay); AL (Min 16 Years)   |
| <b>*heparins and heparinoid-like agents**-*heparins and heparinoid-like agents***</b>                   |       |         |   |
| <i>heparin (porcine) lock flush intravenous* solution 100 unit/ml</i>                                   |       | T1      | RM  |
| <i>heparin lock flush intravenous* solution 10 unit/ml</i>  |       | MB      | RM  |

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| Drug Name   | Brand | Generic | Additional Information   |
|---|-------|---------|--|
| <i>heparin sodium (porcine) injection solution 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>   |       | T1      | RM   |
| <i>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml</i>   |       | T1      | RM   |
| <b>*heparins and heparinoid-like agents**-*low molecular weight heparins***</b>   |       |         |  |
| <b>FRAGMIN SUBCUTANEOUS* SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 25000 UNIT/ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML</b> | T3    |         | RM   |
| <b>LOVENOX INJECTION SOLUTION (<i>Enoxaparin Sodium</i>) 300 MG/3ML</b>   | T3    | T1      | RM   |
| <b>LOVENOX SUBCUTANEOUS* SOLUTION (<i>Enoxaparin Sodium</i>) 100 MG/ML, 120 MG/0.8ML, 150 MG/ML, 30 MG/0.3ML, 40 MG/0.4ML, 60 MG/0.6ML, 80 MG/0.8ML</b>                     | T3    | T1      | RM   |
| <b>*heparins and heparinoid-like agents**-*synthetic heparinoid-like agents***</b>  |       |         |  |
| <b>ARIXTRA SUBCUTANEOUS* SOLUTION (<i>Fondaparinux Sodium</i>) 10 MG/0.8ML, 2.5 MG/0.5ML, 5 MG/0.4ML, 7.5 MG/0.6ML</b>  | T3    | T1      | RM   |
| <b>*thrombin inhibitors**-*thrombin inhibitors - selective direct &amp; reversible***</b>   |       |         |  |
| <i>argatroban intravenous* solution 100 mg/ml, 50 mg/50ml</i>   |       | MB      | RM   |
| <b>PRADAXA ORAL CAPSULE 150 MG, 75 MG</b>   | T2    |         | RM   |
| <b>*Anticonvulsants*</b>  |       |         |  |
| <b>*ampa glutamate receptor antagonists**-*ampa glutamate receptor antagonists***</b>   |       |         |  |
| <b>FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG</b>   | T2    |         | RM; AI (Max #90 Mail Order); QL (1 EA per 1 day)                     |
| <b>FYCOMPA ORAL TABLET 2 MG</b>   | T2    |         | RM; AI (Max #180 Mail Order); QL (2 EA per 1 day)                    |
| <b>*anticonvulsants - benzodiazepines**-*anticonvulsants - benzodiazepines***</b>   |       |         |  |
| <i>clonazepam oral tablet 0.5 mg, 1 mg</i>  |       | T1      | RM; QL (7 EA per 1 Day)  |
| <i>clonazepam oral tablet 2 mg</i>  |       | T1      | RM; QL (10 EA per 1 Day)   |
| <i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg</i>   |       | T1      | RM; QL (15 EA per 1 day)   |
| <i>clonazepam oral tablet dispersible 0.5 mg</i>  |       | T1      | RM; QL (6 EA per 1 day)  |
| <i>clonazepam oral tablet dispersible 1 mg</i>  |       | T1      | RM; QL (3 EA per 1 day)  |
| <i>clonazepam oral tablet dispersible 2 mg</i>  |       | T1      | RM; QL (2 EA per 1 day)  |
| <b>DIASTAT ACUDIAL (<i>Diazepam</i>) 10 MG, 20 MG</b>   | T3    | T3      | RM; AI (Max #9 per fill Retail or Mail Order); QL (3 EA per 1 Copay) |
| <i>diazepam 2.5 mg</i>  |       | T3      | RM; AI (Max #9 per fill Retail or Mail Order); QL (3 EA per 1 Copay) |
| <b>ONFI ORAL TABLET 10 MG, 20 MG, 5 MG</b>  | T3    |         | PA; RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)                |

| Drug Name  | Brand | Generic | Additional Information   |
|--|-------|---------|--|
| <b>*anticonvulsants - misc.**-anticonvulsants - misc.***</b>   |       |         |  |
| <b>BANZEL ORAL SUSPENSION 40 MG/ML</b>   | T2    |         | RM   |
| <b>BANZEL ORAL TABLET 200 MG, 400 MG</b>   | T2    |         | RM   |
| <i>carbamazepine er oral tablet extended release 12 hr* 200 mg, 400 mg</i>   |       | T1      | RM   |
| <i>carbamazepine oral suspension 100 mg/5ml</i>  |       | T1      | RM   |
| <i>carbamazepine oral tablet chewable 100 mg</i>   |       | T1      | RM   |
| <b>CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR (CarBAMazepine ER) 100 MG, 200 MG, 300 MG</b>                     | T3    | T1      | RM   |
| <b>EPITOL ORAL TABLET (CarBAMazepine) 200 MG</b>   | T1    | T1      | RM   |
| <i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>  |       | T1      | RM   |
| <i>gabapentin oral solution 250 mg/5ml</i>   |       | T1      | RM   |
| <i>gabapentin oral tablet 600 mg, 800 mg</i>   |       | T1      | RM   |
| <b>LAMICTAL ODT ORAL TABLET DISPERSIBLE (LamoTRlgine) 100 MG, 200 MG, 25 MG, 50 MG</b>                               | T3    | T1      | RM   |
| <b>LAMICTAL ORAL TABLET (LamoTRlgine) 100 MG, 150 MG, 200 MG, 25 MG</b>  | T3    | T1      | RM   |
| <b>LAMICTAL ORAL TABLET CHEWABLE 2 MG</b>  | T3    |         | RM   |
| <b>LAMICTAL ORAL TABLET CHEWABLE (LamoTRlgine) 25 MG, 5 MG</b>   | T3    | T1      | RM   |
| <b>LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HR* (LamoTRlgine ER) 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG</b> | T3    | T1      | RM   |
| <i>levetiracetam er oral tablet extended release 24 hr* 500 mg</i>   |       | T1      | RM; AI (Max #540 Mail Order); QL (6 EA per 1 Day); AL (Min 16 Years)     |
| <i>levetiracetam er oral tablet extended release 24 hr* 750 mg</i>   |       | T1      | RM   |
| <i>levetiracetam oral solution 100 mg/ml</i>   |       | T1      | RM   |
| <i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>   |       | T1      | RM   |
| <b>LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG</b>   | T3    |         | PA; RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day); AL (Min 16 Years) |
| <b>LYRICA ORAL CAPSULE 225 MG, 300 MG</b>  | T3    |         | PA; RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day); AL (Min 16 Years) |
| <b>LYRICA ORAL SOLUTION 20 MG/ML</b>   | T3    |         | PA; RM   |
| <i>oxcarbazepine oral suspension 300 mg/5ml</i>  |       | T1      | RM   |
| <i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>  |       | T1      | RM   |
| <b>POTIGA ORAL TABLET 200 MG, 300 MG, 400 MG, 50 MG</b>  | T3    |         | RM   |
| <i>primidone oral tablet 250 mg, 50 mg</i>   |       | T1      | RM   |
| <b>QUDEXY XR ORAL 100 MG, 150 MG, 200 MG, 25 MG, 50 MG</b>   | T3    |         | PA; RM; QL (1 EA per 1 day)  |

| Drug Name   | Brand | Generic | Additional Information                                    |
|---|-------|---------|---|
| <b>TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HR* 100 MG</b>                         | T2    |         | RM  |
| <b>TOPIRAGEN ORAL TABLET (Topiramate) 100 MG, 200 MG, 25 MG, 50 MG</b>                | T1    | T1      | RM  |
| <i>topiramate er oral 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>                        |       | T2      | RM; QL (1 EA per 1 day)                                   |
| <i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>                                  |       | T1      | RM  |
| <b>TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG</b> | T3    |         | PA; RM  |
| <b>VIMPAT ORAL SOLUTION 10 MG/ML</b>  | T3    |         | RM  |
| <b>VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG</b>                               | T3    |         | RM  |
| <b>ZONEGRAN ORAL CAPSULE 100 MG</b>   | T3    |         | PA; ST; RM; AI (Max #540 Mail Order); QL (6 EA per 1 Day) |
| <i>zonisamide oral capsule 100 mg</i>   |       | T1      | RM; AI (Max #540 Mail Order); QL (6 EA per 1 Day)         |
| <i>zonisamide oral capsule 25 mg, 50 mg</i>   |       | T1      | RM  |
| <b>*carbamates**-*carbamates***</b>   |       |         |   |
| <i>felbamate oral suspension 600 mg/5ml</i>   |       | T1      | RM  |
| <i>felbamate oral tablet 400 mg, 600 mg</i>   |       | T1      | RM  |
| <b>*gaba modulators**-*gaba modulators***</b>   |       |         |   |
| <b>GABITRIL ORAL TABLET 12 MG</b>   | T3    |         | PA; ST; RM  |
| <b>SABRIL ORAL PACKET 500 MG</b>  | SP    |         | SP  |
| <b>SABRIL ORAL TABLET 500 MG</b>  | SP    |         | SP  |
| <i>tiagabine hcl oral tablet 4 mg</i>   |       | T3      | PA; ST; RM  |
| <b>*hydantoins**-*hydantoins***</b>   |       |         |   |
| <b>DILANTIN ORAL CAPSULE (Phenytoin Sodium Extended) 100 MG</b>                       | T3    | T1      | RM  |
| <b>DILANTIN ORAL CAPSULE 30 MG</b>  | T3    |         | RM  |
| <i>fosphenytoin sodium injection solution 100 mg pel/2ml</i>                          |       | MB      | RM  |
| <b>PEGANONE ORAL TABLET 250 MG</b>  | T3    |         | RM  |
| <b>PHENYTEK ORAL CAPSULE (Phenytoin Sodium Extended) 200 MG, 300 MG</b>               | T3    | T1      | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)         |
| <i>phenytoin oral tablet chewable 50 mg</i>   |       | T1      | RM  |
| <b>*succinimides**-*succinimides***</b>   |       |         |   |
| <b>CELONTIN ORAL CAPSULE 300 MG</b>   | T3    |         | RM  |
| <i>ethosuximide oral capsule 250 mg</i>   |       | T2      | RM  |
| <i>ethosuximide oral solution 250 mg/5ml</i>  |       | T2      | RM  |
| <b>*valproic acid**-*valproic acid***</b>   |       |         |   |
| <b>DEPACon INTRAVENOUS* SOLUTION (Valproate Sodium) 100 MG/ML</b>                     | MB    | MB      | RM  |
| <b>DEPAKENE ORAL CAPSULE (Valproic Acid) 250 MG</b>                                   | T3    | T1      | RM  |

| Drug Name  | Brand | Generic | Additional Information                                    |
|--|-------|---------|---|
| <b>DEPAKENE ORAL SYRUP</b> ( <i>Valproic Acid</i> ) <b>250 MG/5ML</b>  | T3    | T1      | RM  |
| <b>DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR*</b> ( <i>Divalproex Sodium ER</i> ) <b>250 MG, 500 MG</b> | T3    | T1      | RM  |
| <b>DEPAKOTE ORAL TABLET DELAYED RELEASE</b> ( <i>Divalproex Sodium</i> ) <b>125 MG, 250 MG, 500 MG</b>       | T3    | T1      | RM  |
| <b>DEPAKOTE SPRINKLES ORAL CAPSULE SPRINKLE</b> ( <i>Divalproex Sodium</i> ) <b>125 MG</b>                   | T3    | T3      | RM  |
| <b>STAVZOR ORAL CAPSULE DELAYED RELEASE 125 MG, 250 MG, 500 MG</b>   | T3    |         | PA; RM  |
| <i>valproic acid oral solution 250 mg/5ml</i>  |       | T1      | RM  |
| <b>*Antidepressants*</b>   |       |         |   |
| <b>*alpha-2 receptor antagonists (tetracyclics)**-*alpha-2 receptor antagonists (tetracyclics)***</b>        |       |         |   |
| <i>mirtazapine oral tablet 15 mg</i>   |       | T1      | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)          |
| <i>mirtazapine oral tablet 30 mg</i>   |       | T1      | RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day)         |
| <i>mirtazapine oral tablet 45 mg</i>   |       | T1      | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)         |
| <i>mirtazapine oral tablet 7.5 mg</i>  |       | T1      | RM  |
| <i>mirtazapine oral tablet dispersible 15 mg</i>   |       | T3      | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)          |
| <i>mirtazapine oral tablet dispersible 30 mg</i>   |       | T3      | RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day)         |
| <i>mirtazapine oral tablet dispersible 45 mg</i>   |       | T3      | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)         |
| <b>REMERON ORAL TABLET 15 MG</b>   | T3    |         | PA; ST; RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)  |
| <b>REMERON ORAL TABLET 30 MG</b>   | T3    |         | PA; ST; RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day) |
| <b>REMERON ORAL TABLET 45 MG</b>   | T3    |         | PA; ST; RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| <b>REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG</b>  | T3    |         | PA; ST; RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)  |
| <b>REMERON SOLTAB ORAL TABLET DISPERSIBLE 30 MG</b>  | T3    |         | PA; ST; RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day) |
| <b>REMERON SOLTAB ORAL TABLET DISPERSIBLE 45 MG</b>  | T3    |         | PA; ST; RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| <b>*antidepressants - misc.**-*antidepressants - misc.***</b>  |       |         |   |
| <i>bupropion hcl er (xl) oral tablet extended release 24 hr* 150 mg</i>                                      |       | T1      | RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day)         |
| <i>bupropion hcl oral tablet 100 mg, 75 mg</i>   |       | T1      | RM  |
| <b>FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HR* 450 MG</b>   | T3    |         | RM  |

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| Drug Name  | Brand | Generic | Additional Information  |
|--|-------|---------|---|
| <i>maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg</i>   |       | T1      | RM  |
| <b>WELLBUTRIN ORAL TABLET 100 MG, 75 MG</b>  | T3    |         | PA; ST; RM  |
| <b>WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HR* (BuPROPion HCl ER (SR)) 100 MG, 150 MG, 200 MG</b>        | T3    | T1      | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)                   |
| <b>WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR* 150 MG</b>  | T3    |         | PA; ST; RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day)           |
| <b>WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR* (BuPROPion HCl ER (XL)) 300 MG</b>                        | T3    | T1      | RM; AI (Max #135 Mail Order); QL (1.5 EA per 1 Day)                 |
| <b>*monoamine oxidase inhibitors (maois)**- *monoamine oxidase inhibitors (maois)***</b>                       |       |         |   |
| <b>EMSAM TRANSDERMAL PATCH 24 HR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR</b>  | SP    |         | SP; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 16 Years) |
| <b>MARPLAN ORAL TABLET 10 MG</b>   | T3    |         | RM  |
| <b>NARDIL ORAL TABLET 15 MG</b>  | T3    |         | PA; ST; RM  |
| <b>PARNATE ORAL TABLET 10 MG</b>   | T3    |         | PA; ST; RM  |
| <i>phenelzine sulfate oral tablet 15 mg</i>  |       | T1      | RM  |
| <i>tranylcypromine sulfate oral tablet 10 mg</i>   |       | T1      | RM  |
| <b>*selective serotonin reuptake inhibitors (ssris)**- *selective serotonin reuptake inhibitors (ssris)***</b> |       |         |   |
| <i>citalopram hydrobromide oral solution 10 mg/5ml</i>   |       | T1      | RM  |
| <i>citalopram hydrobromide oral tablet 10 mg, 20 mg</i>  |       | T1      | RM; AI (Max #135 Mail Order); QL (1.5 EA per 1 Day)                 |
| <i>citalopram hydrobromide oral tablet 40 mg</i>   |       | T1      | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)                   |
| <i>escitalopram oxalate oral solution 5 mg/5ml</i>   |       | T1      | RM  |
| <i>escitalopram oxalate oral tablet 10 mg</i>  |       | T1      | RM; AI (Max #135 Mail Order); QL (1.5 EA per 1 Day)                 |
| <i>escitalopram oxalate oral tablet 20 mg, 5 mg</i>  |       | T1      | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)                    |
| <i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>   |       | T1      | RM  |
| <i>fluoxetine hcl oral capsule delayed release 90 mg</i>   |       | T3      | PA; RM; AI (Max #15 Mail Order); QL (5 EA per 30 Days)              |
| <i>fluoxetine hcl oral solution 20 mg/5ml</i>  |       | T1      | RM  |
| <i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>   |       | T1      | RM  |
| <i>fluoxetine hcl oral tablet 60 mg</i>  |       | T3      | PA; RM  |
| <i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>                             |       | T2      | RM; AI (Max #180 Mail Order); QL (1 EA per 1 Day)                   |
| <i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>  |       | T2      | RM  |
| <b>LEXAPRO ORAL SOLUTION 5 MG/5ML</b>  | T3    |         | PA; ST; RM  |
| <b>LEXAPRO ORAL TABLET 10 MG</b>   | T3    |         | PA; ST; RM; AI (Max #135 Mail Order); QL (1.5 EA per 1 Day)         |
| <b>LEXAPRO ORAL TABLET 20 MG, 5 MG</b>   | T3    |         | PA; ST; RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)            |

| <b>Drug Name</b>  | <b>Brand</b> | <b>Generic</b> | <b>Additional Information</b>   |
|---|--------------|----------------|---|
| <b>LUVOX CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG</b>  | T2           |                | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)   |
| <i>paroxetine hcl er oral tablet extended release 24 hr* 12.5 mg</i>  |              | T3             | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)  |
| <i>paroxetine hcl er oral tablet extended release 24 hr* 25 mg, 37.5 mg</i>   |              | T3             | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)   |
| <i>paroxetine hcl oral tablet 10 mg, 40 mg</i>  |              | T1             | RM; AI (Max #135 Mail Order); QL (1.5 EA per 1 Day)   |
| <i>paroxetine hcl oral tablet 20 mg</i>   |              | T1             | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)  |
| <i>paroxetine hcl oral tablet 30 mg</i>   |              | T1             | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)   |
| <b>PAXIL ORAL SUSPENSION 10 MG/5ML</b>  | T3           |                | PA; RM  |
| <i>sertraline hcl oral concentrate 20 mg/ml</i>   |              | T1             | RM  |
| <i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>  |              | T1             | RM  |
| <b>*serotonin modulators**.*serotonin modulators***</b>   |              |                |   |
| <i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>   |              | T3             | RM  |
| <i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>  |              | T1             | RM  |
| <i>trazodone hcl oral tablet 300 mg</i>   |              | T3             | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)  |
| <b>VIIBRYD ORAL KIT 10 &amp; 20 &amp; 40 MG</b>   | T3           |                | PA; RM; AI (1 Kit per lifetime retail or mail); QL (1 EA per 1 lifetime); AL (Min 12 Years) |
| <b>VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG</b>  | T3           |                | PA; RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 12 Years)                     |
| <b>*serotonin-norepinephrine reuptake inhibitors (snris)**.*serotonin-norepinephrine reuptake inhibitors (snris)***</b> |              |                |   |
| <b>CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 60 MG</b>   | T3           |                | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)   |
| <b>CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 30 MG</b>  | T3           |                | RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day)   |
| <i>desvenlafaxine fumarate er oral tablet extended release 24 hr* 100 mg, 50 mg</i>                                     |              | T3             | RM; QL (1 EA per 1 day)   |
| <i>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</i>   |              | T1             | RM; QL (2 EA per 1 Day)   |
| <i>duloxetine hcl oral capsule delayed release particles 30 mg</i>  |              | T1             | RM; QL (3 EA per 1 Day)   |
| <b>PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR* 100 MG, 50 MG</b>  | T3           |                | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)  |
| <i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>                                  |              | T1             | RM  |
| <i>venlafaxine hcl er oral tablet extended release 24 hr* 150 mg, 225 mg, 37.5 mg, 75 mg</i>                            |              | T3             | RM  |
| <i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>   |              | T1             | RM  |

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| Drug Name   | Brand | Generic | Additional Information  |
|---|-------|---------|---|
| <b>*tricyclic agents**-*tricyclic agents***</b>   |       |         |   |
| <i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>                 |       | T1      | RM  |
| <i>amoxapine oral tablet 100 mg</i>   |       | T1      | RM  |
| <i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>  |       | T1      | RM  |
| <i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>                   |       | T1      | RM  |
| <i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>                      |       | T1      | RM  |
| <i>doxepin hcl oral concentrate 10 mg/ml</i>  |       | T1      | RM  |
| <i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>   |       | T1      | RM  |
| <i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg</i>                                   |       | T3      | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)                                       |
| <i>imipramine pamoate oral capsule 75 mg</i>  |       | T3      | RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day)                                       |
| <i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>                                |       | T1      | RM  |
| <i>protriptyline hcl oral tablet 10 mg, 5 mg</i>  |       | T1      | RM  |
| <b>SURMONTIL ORAL CAPSULE 100 MG, 25 MG, 50 MG</b>  | T3    |         | RM  |
| <b>TOFRANIL-PM ORAL CAPSULE 100 MG, 125 MG, 150 MG</b>  | T3    |         | PA; ST; RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)                               |
| <b>TOFRANIL-PM ORAL CAPSULE 75 MG</b>   | T3    |         | PA; ST; RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day)                               |
| <b>*Antidiabetics*</b>  |       |         |   |
| <b>*alpha-glucosidase inhibitors**-*alpha-glucosidase inhibitors***</b>                         |       |         |   |
| <i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>  |       | T1      | RM  |
| <b>GLYSET ORAL TABLET 25 MG</b>   | T2    |         | RM  |
| <b>*antidiabetic - amylin analogs**-*antidiabetic - amylin analogs***</b>                       |       |         |   |
| <b>SYMLINPEN 120 SUBCUTANEOUS* 2700 MCG/2.7ML</b>   | T2    |         | RM; AI (Max 10.8ml 30 days or 32.4ml 90ds); QL (10.8 ML per 30 days); AL (Min 18 Years) |
| <b>SYMLINPEN 60 SUBCUTANEOUS* 1500 MCG/1.5ML</b>  | T2    |         | RM; AI (Max 10.8ml 30 days or 32.4ml 90ds); QL (10.8 ML per 30 days); AL (Min 18 Years) |
| <b>*antidiabetic combinations**-*dipeptidyl peptidase-4 inhibitor-biguamide combinations***</b> |       |         |   |
| <b>JANUMET ORAL TABLET 50-1000 MG, 50-500 MG</b>  | T3    |         | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day); AL (Min 18 Years)                    |
| <b>JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HR* 100-1000 MG, 50-1000 MG, 50-500 MG</b>        | T3    |         | RM  |
| <b>JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG</b>                               | T3    |         | RM  |



| Drug Name  | Brand | Generic | Additional Information  |
|--|-------|---------|---|
| <b>*antidiabetic combinations**-*sodium-glucose co-transporter 2 inhibitor-biguanide comb***</b> |       |         |   |
| <b>INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG</b>                      | T2    |         | RM  |
| <b>XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HR* 10-1000 MG, 10-500 MG, 5-1000 MG, 5-500 MG</b>  | T2    |         | RM  |
| <b>*antidiabetic combinations**-*sulfonylurea-biguanide combinations***</b>                      |       |         |   |
| <i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>  |       | T1      | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)                   |
| <i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>                                  |       | T1      | RM; AI (Max #360 Mail Order); QL (4 EA per 1 Day)                   |
| <i>glyburide-metformin oral tablet 1.25-250 mg</i>   |       | T1      | RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day)                   |
| <i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>                                      |       | T1      | RM; AI (Max #360 Mail Order); QL (4 EA per 1 Day)                   |
| <b>*antidiabetic combinations**-*sulfonylurea-thiazolidinedione combinations***</b>              |       |         |   |
| <b>AVANDARYL ORAL TABLET 4-1 MG, 4-2 MG, 4-4 MG, 8-4 MG</b>                                      | T3    |         | RM  |
| <i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>                                 |       | T3      | RM; AI (Max #90 Mail Order); QL (1 EA per 1 day); AL (Min 16 Years) |
| <b>*antidiabetic combinations**-*thiazolidinedione-biguanide combinations***</b>                 |       |         |   |
| <b>AVANDAMET ORAL TABLET 2-1000 MG, 4-1000 MG, 4-500 MG</b>                                      | T3    |         | RM; AI (Max #180 Mail Order); QL (2 EA per 1 day)                   |
| <b>AVANDAMET ORAL TABLET 2-500 MG</b>  | T3    |         | RM; AI (Max #360 Mail Order); QL (4 EA per 1 day)                   |
| <i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>                           |       | T1      | RM; AI (Max #90 Mail Order); QL (3 EA per 1 Day); AL (Min 16 Years) |
| <b>*biguanides**-*biguanides***</b>  |       |         |   |
| <b>FORTAMET ORAL TABLET EXTENDED RELEASE 24 HR* 1000 MG</b>                                      | T3    |         | PA; ST; RM; AI (Max #225 Mail Order); QL (2.5 EA per 1 Day)         |
| <b>FORTAMET ORAL TABLET EXTENDED RELEASE 24 HR* 500 MG</b>                                       | T3    |         | PA; RM; AI (Max #450 Mail Order); QL (5 EA per 1 Day)               |
| <b>GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HR* 750 MG</b>                                  | T3    |         | PA; ST; RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day)           |
| <i>metformin hcl er (osm) oral tablet extended release 24 hr* 1000 mg</i>                        |       | T2      | RM; AI (Max #225 Mail Order); QL (2.5 EA per 1 Day)                 |
| <i>metformin hcl er (osm) oral tablet extended release 24 hr* 500 mg</i>                         |       | T2      | RM; AI (Max #450 Mail Order); QL (5 EA per 1 Day)                   |
| <i>metformin hcl er oral tablet extended release 24 hr* 500 mg</i>                               |       | T1      | RM; AI (Max #450 Mail Order); QL (5 EA per 1 Day)                   |
| <i>metformin hcl er oral tablet extended release 24 hr* 750 mg</i>                               |       | T1      | RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day)                   |

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| Drug Name   | Brand | Generic | Additional Information  |
|---|-------|---------|---|
| <i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>  |       | T1      | RM  |
| <b>*diabetic other**-*diabetic other - combinations***</b>  |       |         |   |
| <b>DEX4 ORAL TABLET CHEWABLE 4-6 GM-MG</b>  | T1    |         | RM  |
| <b>*diabetic other**-*diabetic other***</b>   |       |         |   |
| <b>GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG</b>   | T2    |         | RM  |
| <b>GLUCAGON EMERGENCY INJECTION KIT 1 MG</b>  | T2    |         | RM  |
| <b>PROGLYCEM ORAL SUSPENSION 50 MG/ML</b>   | T3    |         | RM  |
| <b>*diabetic other**-*progesterone receptor antagonists***</b>  |       |         |   |
| <b>KORLYM ORAL TABLET 300 MG</b>  | SP    |         | PA; SP  |
| <b>*dipeptidyl peptidase-4 (dpp-4) inhibitors**-*dipeptidyl peptidase-4 (dpp-4) inhibitors***</b>                 |       |         |   |
| <b>JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG</b>   | T2    |         | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 18 Years)           |
| <b>ONGLYZA ORAL TABLET 2.5 MG, 5 MG</b>   | T3    |         | PA; ST; RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 16 Years)   |
| <b>TRADJENTA ORAL TABLET 5 MG</b>   | T3    |         | PA; ST; RM  |
| <b>*dopamine receptor agonists - antidiabetic**-*dopamine receptor agonists - ergot derivatives***</b>            |       |         |   |
| <b>CYCLOSET ORAL TABLET 0.8 MG</b>  | T3    |         | RM  |
| <b>*incretin mimetic agents (glp-1 receptor agonists)**-*incretin mimetic agents (glp-1 receptor agonists)***</b> |       |         |   |
| <b>BYDUREON SUBCUTANEOUS* 2 MG</b>  | T2    |         | RM; AI (Max #12 Mail Order); QL (4 EA per 30 days); AL (Min 16 Years)         |
| <b>BYDUREON SUBCUTANEOUS* SUSPENSION RECONSTITUTED 2 MG</b>   | T2    |         | ST; RM; AI (Max #12 Mail Order); QL (4 EA per 30 Days); AL (Min 16 Years)     |
| <b>BYETTA 10 MCG PEN SUBCUTANEOUS* 10 MCG/0.04ML</b>  | T2    |         | PA; ST; RM; AI (Max 7.2ml 90ds); QL (2.4 ML per 30 days); AL (Min 18 Years)   |
| <b>BYETTA 5 MCG PEN SUBCUTANEOUS* 5 MCG/0.02ML</b>  | T2    |         | PA; RM; AI (Max 3.6ml 90ds); QL (1.2 ML per 30 days); AL (Min 18 Years)       |
| <b>VICTOZA SUBCUTANEOUS* 18 MG/3ML</b>  | T2    |         | RM; AI (Max #3 Cartons Mail Order); QL (27 ML per 30 days); AL (Min 18 Years) |
| <b>*insulin sensitizing agents**-*thiazolidinediones***</b>   |       |         |   |
| <b>AVANDIA ORAL TABLET 2 MG, 4 MG, 8 MG</b>   | T3    |         | RM  |
| <i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>   |       | T1      | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)                              |
| <b>*insulin**-*human insulin***</b>   |       |         |   |
| <b>APIDRA INJECTION SOLUTION 100 UNIT/ML</b>  | T3    |         | RM; AI (Max #6 vials retail or #18 vials Mail Order)                          |

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| <b>Drug Name</b>   | <b>Brand</b> | <b>Generic</b> | <b>Additional Information</b>   |
|--|--------------|----------------|---|
| <b>APIDRA SOLOSTAR SUBCUTANEOUS* 100 UNIT/ML</b>                         | T3           |                | RM  |
| <b>HUMALOG KWIKPEN SUBCUTANEOUS* 100 UNIT/ML</b>                         | T2           |                | RM; AI (2 ml per day retail or mail)  |
| <b>HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS* (50-50) 100 UNIT/ML</b>       | T2           |                | RM; AI (2 ml per day retail or mail)  |
| <b>HUMALOG MIX 50/50 SUBCUTANEOUS* SUSPENSION (50-50) 100 UNIT/ML</b>    | T2           |                | RM; AI (Max #6 vials retail or #18 vials Mail Order); QL (6 ML Max Qty Per Fill Retail) |
| <b>HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS* (75-25) 100 UNIT/ML</b>       | T2           |                | RM; AI (2 ml per day retail or mail)  |
| <b>HUMALOG MIX 75/25 SUBCUTANEOUS* SUSPENSION (75-25) 100 UNIT/ML</b>    | T2           |                | RM; AI (Max #6 vials retail or #18 vials Mail Order); QL (6 ML Max Qty Per Fill Retail) |
| <b>HUMALOG SUBCUTANEOUS* 100 UNIT/ML</b>                                 | T2           |                | RM; AI (Max #6 vials retail or #18 vials Mail Order)                                    |
| <b>HUMALOG SUBCUTANEOUS* SOLUTION 100 UNIT/ML</b>                        | T2           |                | RM; AI (Max #6 vials retail or #18 vials Mail Order); QL (6 ML Max Qty Per Fill Retail) |
| <b>HUMULIN 70/30 KWIKPEN SUBCUTANEOUS* (70-30) 100 UNIT/ML</b>           | T2           |                | RM; AI (2 ml per day retail or mail)  |
| <b>HUMULIN 70/30 SUBCUTANEOUS* SUSPENSION (70-30) 100 UNIT/ML</b>        | T2           |                | RM; AI (Max #6 vials retail or #18 vials Mail Order); QL (6 ML Max Qty Per Fill Retail) |
| <b>HUMULIN N KWIKPEN SUBCUTANEOUS* 100 UNIT/ML</b>                       | T2           |                | RM; AI (2 ml per day retail or mail)  |
| <b>HUMULIN N PEN SUBCUTANEOUS* 100 UNIT/ML</b>                           | T2           |                | RM; AI (2 ml per day retail or mail)  |
| <b>HUMULIN N SUBCUTANEOUS* SUSPENSION 100 UNIT/ML</b>                    | T2           |                | RM; AI (Max #6 vials retail or #18 vials Mail Order); QL (6 ML Max Qty Per Fill Retail) |
| <b>HUMULIN R INJECTION SOLUTION 100 UNIT/ML</b>                          | T2           |                | RM; AI (Max #6 vials retail or #18 vials Mail Order); QL (6 ML Max Qty Per Fill Retail) |
| <b>HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS* SOLUTION 500 UNIT/ML</b> | T2           |                | RM; AI (Max 180ml per 90 days); QL (60 ML per 30 days)                                  |
| <b>LANTUS SOLOSTAR SUBCUTANEOUS* 100 UNIT/ML</b>                         | T3           |                | RM  |
| <b>LANTUS SUBCUTANEOUS* SOLUTION 100 UNIT/ML</b>                         | T3           |                | RM; AI (Max #6 vials retail or #18 vials Mail Order)                                    |
| <b>LEVEMIR FLEXPEN SUBCUTANEOUS* 100 UNIT/ML</b>                         | T3           |                | RM  |
| <b>LEVEMIR FLEXTOUCH SUBCUTANEOUS* 100 UNIT/ML</b>                       | T3           |                | RM  |
| <b>LEVEMIR SUBCUTANEOUS* SOLUTION 100 UNIT/ML</b>                        | T3           |                | RM; AI (Max #6 vials retail or #18 vials Mail Order)                                    |
| <b>NOVOLIN 70/30 RELION SUBCUTANEOUS* SUSPENSION (70-30) 100 UNIT/ML</b> | T2           |                | RM; AI (Max #6 vials retail or #18 vials Mail Order); QL (6 ML Max Qty Per Fill Retail) |

| Drug Name   | Brand | Generic | Additional Information  |
|---|-------|---------|---|
| <b>NOVOLIN 70/30 SUBCUTANEOUS* SUSPENSION (70-30) 100 UNIT/ML</b>   | T2    |         | RM; AI (Max #6 vials retail or #18 vials Mail Order); QL (6 ML Max Qty Per Fill Retail) |
| <b>NOVOLIN N RELION SUBCUTANEOUS* SUSPENSION 100 UNIT/ML</b>  | T2    |         | RM; AI (Max #6 vials retail or #18 vials Mail Order); QL (6 ML Max Qty Per Fill Retail) |
| <b>NOVOLIN N SUBCUTANEOUS* SUSPENSION 100 UNIT/ML</b>   | T2    |         | RM; AI (Max #6 vials retail or #18 vials Mail Order); QL (6 ML Max Qty Per Fill Retail) |
| <b>NOVOLIN R INJECTION SOLUTION 100 UNIT/ML</b>   | T2    |         | RM; AI (Max #6 vials retail or #18 vials Mail Order); QL (6 ML Max Qty Per Fill Retail) |
| <b>NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML</b>  | T2    |         | RM; AI (Max #6 vials retail or #18 vials Mail Order); QL (6 ML Max Qty Per Fill Retail) |
| <b>NOVOLOG FLEXPEN SUBCUTANEOUS* 100 UNIT/ML</b>  | T3    |         | RM  |
| <b>NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS* (70-30) 100 UNIT/ML</b>  | T3    |         | RM  |
| <b>NOVOLOG MIX 70/30 SUBCUTANEOUS* SUSPENSION (70-30) 100 UNIT/ML</b>   | T2    |         | RM; AI (Max #6 vials retail or #18 vials Mail Order); QL (6 ML Max Qty Per Fill Retail) |
| <b>NOVOLOG PENFILL SUBCUTANEOUS* 100 UNIT/ML</b>  | T3    |         | RM  |
| <b>NOVOLOG SUBCUTANEOUS* SOLUTION 100 UNIT/ML</b>   | T2    |         | RM; AI (Max #6 vials retail or #18 vials Mail Order); QL (6 ML Max Qty Per Fill Retail) |
| <b>*meglitinide analogues**-*meglitinide analogues***</b>   |       |         |   |
| <i>nateglinide oral tablet 120 mg, 60 mg</i>  |       | T1      | RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day)                                       |
| <b>PRANDIN ORAL TABLET (<i>Repaglinide</i>) 0.5 MG, 1 MG, 2 MG</b>  | T3    | T1      | RM  |
| <b>*sodium-glucose co-transporter 2 (sglt2) inhibitors**-*sodium-glucose co-transporter 2 (sglt2) inhibitors***</b> |       |         |   |
| <b>FARXIGA ORAL TABLET 10 MG, 5 MG</b>  | T2    |         | RM; QL (1 EA per 1 day)   |
| <b>INVOKANA ORAL TABLET 100 MG, 300 MG</b>  | T2    |         | RM  |
| <b>*sulfonylureas**-*sulfonylureas***</b>   |       |         |   |
| <i>chlorpropamide oral tablet 100 mg, 250 mg</i>  |       | T1      | RM  |
| <i>glimepiride oral tablet 1 mg, 2 mg</i>   |       | T1      | RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day)                                       |
| <i>glimepiride oral tablet 4 mg</i>   |       | T1      | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)                                       |
| <i>glipizide oral tablet 10 mg, 5 mg</i>  |       | T1      | RM  |
| <b>GLIPIZIDE XL ORAL TABLET EXTENDED RELEASE 24 HR* (<i>GlipiZIDE ER</i>) 10 MG, 2.5 MG, 5 MG</b>                   | T1    | T1      | RM  |
| <i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>  |       | T1      | RM  |
| <i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>  |       | T1      | RM  |

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| Drug Name  | Brand | Generic | Additional Information  |
|--|-------|---------|---|
| <i>tolazamide oral tablet 250 mg, 500 mg</i>                           |       | T2      | RM  |
| <i>tolbutamide oral tablet 500 mg</i>                                  |       | T1      | RM  |
| <b>*Antidiarrheals*</b>  |       |         |   |
| <b>*antidiarrheal agents - misc.**-antidiarrheal agents - misc.***</b> |       |         |   |
| <b>VSL#3 DS ORAL PACKET</b>  | T3    |         | RM  |
| <b>*antiperistaltic agents**-antiperistaltic agents***</b>             |       |         |   |
| <i>diphenoxylate-atropine oral liquid† 2.5-0.025 mg/5ml</i>            |       | T1      | RM  |
| <b>LOMOTIL ORAL TABLET (Diphenoxylate-Atropine) 2.5-0.025 MG</b>       | T3    | T1      | RM  |
| <i>loperamide hcl oral capsule 2 mg</i>                                |       | T1      | RM  |
| <b>MOTOFEN ORAL TABLET 1-0.025 MG</b>                                  | T3    |         | RM  |
| <i>opium oral tincture 10 mg/ml (1%)</i>                               |       | T3      | PA; ST; RM  |
| <i>paregoric oral tincture 2 mg/5ml</i>                                |       | T3      | RM  |
| <b>*Antidotes*</b>   |       |         |   |
| <b>*antidotes - chelating agents**-antidotes - chelating agents***</b> |       |         |   |
| <b>CHEMET ORAL CAPSULE 100 MG</b>                                      | T3    |         | PA; RM  |
| <b>EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG</b>                       | SP    |         | SP; QL (4 EA per 1 Day)   |
| <b>EXJADE ORAL TABLET SOLUBLE 500 MG</b>                               | SP    |         | SP; AI (Max #360 Mail Order); QL (4 EA per 1 Day)                     |
| <b>FERRIPROX ORAL TABLET 500 MG</b>                                    | SP    |         | SP  |
| <b>*antidotes**-antidotes***</b>                                       |       |         |   |
| <b>DESFERAL INJECTION SOLUTION RECONSTITUTED 2 GM, 500 MG</b>          | SP    |         | SP  |
| <i>fomepizole intravenous* solution 1.5 gm/1.5ml</i>                   |       | MB      | PA; ST; RM  |
| <b>RADIOGARDASE ORAL CAPSULE 0.5 GM</b>                                | T3    |         | PA; RM  |
| <b>*opioid antagonists**-opioid antagonists***</b>                     |       |         |   |
| <i>naltrexone hcl oral tablet 50 mg</i>                                |       | T1      | RM  |
| <b>VIVITROL INTRAMUSCULAR* SUSPENSION RECONSTITUTED 380 MG</b>         | SP    |         | SP  |
| <b>*Antiemetics*</b>   |       |         |   |
| <b>*5-ht3 receptor antagonists**-5-ht3 receptor antagonists***</b>     |       |         |   |
| <b>ALOXI INTRAVENOUS* SOLUTION 0.25 MG/5ML</b>                         | MB    |         | RM  |
| <b>ANZEMET ORAL TABLET 100 MG, 50 MG</b>                               | T3    |         | RM; AI (#4 per copay retail or mail. Max #12.); QL (4 EA per 1 Copay) |
| <i>granisetron hcl intravenous* solution 0.1 mg/ml</i>                 |       | MB      | RM  |
| <i>granisetron hcl oral tablet 1 mg</i>                                |       | T1      | RM; AI (#6 per copay mail or retail. Max #36.); QL (6 EA per 1 Copay) |
| <b>GRANISOL ORAL SOLUTION 2 MG/10ML</b>                                | T1    |         | RM; AI (60ml per copay retail or mail); QL (60 ML per 1 Copay)        |
| <i>ondansetron hcl injection solution 40 mg/20ml</i>                   |       | T1      | RM  |
| <i>ondansetron hcl oral solution 4 mg/5ml</i>                          |       | T1      | RM  |

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| Drug Name   | Brand | Generic | Additional Information  |
|---|-------|---------|---|
| <i>ondansetron hcl oral tablet 24 mg</i>  |       | T2      | RM; AI (Mail Order 1 Tablet per Copay); QL (1 EA per 1 Copay)                             |
| <i>ondansetron hcl oral tablet 4 mg, 8 mg</i>   |       | T1      | RM; AI (#15 per Copay Retail or Mail); QL (15 EA per 1 Copay)                             |
| <i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>   |       | T3      | RM; AI (#15 per Copay Retail or Mail); QL (15 EA per 1 Copay)                             |
| <b>SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR</b>  | T3    |         | R; AI ( ); QL (1 EA per 1 Copay)  |
| <b>ZUPLENZ ORAL FILM 4 MG, 8 MG</b>   | T3    |         | RM; AI (#10 per copay retail or mail); QL (10 EA per 1 Copay)                             |
| <b>*antiemetics - anticholinergic**-*antiemetics - anticholinergic***</b>   |       |         |   |
| <i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>   |       | T1      | RM  |
| <b>TIGAN INTRAMUSCULAR* SOLUTION 100 MG/ML</b>  | T3    |         | RM  |
| <b>TIGAN ORAL CAPSULE (Trimethobenzamide HCl) 300 MG</b>  | T3    | T2      | RM  |
| <b>*antiemetics - miscellaneous**-*antiemetics - miscellaneous***</b>   |       |         |   |
| <b>CESAMET ORAL CAPSULE 1 MG</b>  | T3    |         | RM; AI (#30 per copay retail or mail. Max #90); QL (30 EA per 1 Copay); AL (Min 18 Years) |
| <i>dronabinol oral capsule 10 mg</i>  |       | T3      | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)   |
| <i>dronabinol oral capsule 2.5 mg, 5 mg</i>   |       | T3      | RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day)   |
| <b>MARINOL ORAL CAPSULE 10 MG</b>   | T3    |         | RM; QL (2 EA per 1 Day)   |
| <b>MARINOL ORAL CAPSULE 2.5 MG, 5 MG</b>  | T3    |         | RM; QL (3 EA per 1 Day)   |
| <b>*substance p/neurokinin 1 (nk1) receptor antagonists**-*substance p/neurokinin 1 (nk1) receptor antagonists***</b>           |       |         |   |
| <b>EMEND ORAL CAPSULE 125 MG, 80 &amp; 125 MG</b>   | T3    |         | RM; AI (#1 per copay retail or mail. Max #3.); QL (1 EA per 1 Copay)                      |
| <b>EMEND ORAL CAPSULE 40 MG, 80 MG</b>  | T3    |         | RM; AI (#2 per copay retail or mail. Max #6.); QL (2 EA per 1 Copay)                      |
| <b>*Antifungals*</b>  |       |         |   |
| <b>*antifungal - glucan synthesis inhibitors (echinocandins)**-*antifungal - glucan synthesis inhibitors (echinocandins)***</b> |       |         |   |
| <b>CANCIDAS INTRAVENOUS* SOLUTION RECONSTITUTED 50 MG, 70 MG</b>  | MB    |         | RM  |
| <b>ERAXIS INTRAVENOUS* SOLUTION RECONSTITUTED 100 MG</b>  | MB    |         | RM  |
| <b>MYCAMINE INTRAVENOUS* SOLUTION RECONSTITUTED 100 MG, 50 MG</b>   | MB    |         | RM  |
| <b>*antifungals**-*antifungals***</b>   |       |         |   |
| <b>ABELCET INTRAVENOUS* SUSPENSION 5 MG/ML</b>  | MB    |         | RM  |
| <b>AMBISOME INTRAVENOUS* SUSPENSION RECONSTITUTED 50 MG</b>   | MB    |         | RM  |

| Drug Name   | Brand | Generic | Additional Information                               |
|---|-------|---------|--|
| <b>AMPHOTEC INTRAVENOUS* SUSPENSION RECONSTITUTED 100 MG</b>                  | MB    |         | RM   |
| <b>ANCOBON ORAL CAPSULE (Flucytosine) 250 MG, 500 MG</b>                      | T3    | T3      | RM   |
| <b>GRIFULVIN V ORAL TABLET (Griseofulvin Microsize) 500 MG</b>                | T3    | T1      | RM   |
| <i>griseofulvin microsize oral suspension 125 mg/5ml</i>                      |       | T1      | RM   |
| <i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>                 |       | T1      | RM   |
| <b>GRIS-PEG ORAL TABLET 125 MG, 250 MG</b>                                    | T3    |         | ST; RM   |
| <b>LAMISIL ORAL PACKET 125 MG</b>   | T3    |         | RM; AI (Max #180 Mail Order); QL (60 EA per 30 Days) |
| <b>LAMISIL ORAL PACKET 187.5 MG</b>   | T3    |         | RM; AI (Max #90 Mail Order); QL (30 EA per 30 Days)  |
| <b>LAMISIL ORAL TABLET (Terbinafine HCl) 250 MG</b>                           | T3    | T1      | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)     |
| <i>nystatin oral tablet 500000 unit</i>                                       |       | T1      | RM   |
| <b>*imidazole-related antifungals**-*imidazoles***</b>                        |       |         |  |
| <i>ketoconazole oral tablet 200 mg</i>  |       | T1      | RM   |
| <b>*imidazole-related antifungals**-*triazoles***</b>                         |       |         |  |
| <i>fluconazole in sodium chloride intravenous* solution 100-0.9 mg/50ml-%</i> |       | MB      | RM   |
| <i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>           |       | T1      | RM   |
| <i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>                  |       | T1      | RM   |
| <i>itraconazole oral capsule 100 mg</i>                                       |       | T3      | RM   |
| <b>NOXAFIL ORAL SUSPENSION 40 MG/ML</b>                                       | SP    |         | SP; AI ( ); QL (20 ML per 1 Day); AL (Min 13 Years)  |
| <b>NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG</b>                             | SP    |         | SP; QL (3 EA per 1 Day)                              |
| <b>ONMEL ORAL TABLET 200 MG</b>   | T3    |         | RM   |
| <b>SPORANOX ORAL SOLUTION 10 MG/ML</b>  | T3    |         | RM   |
| <b>VFEND IV INTRAVENOUS* SOLUTION RECONSTITUTED (Voriconazole) 200 MG</b>     | SP    | SP      | SP   |
| <b>VFEND ORAL SUSPENSION RECONSTITUTED 40 MG/ML</b>                           | SP    |         | PA; SP   |
| <b>VFEND ORAL TABLET (Voriconazole) 200 MG</b>                                | SP    | SP      | SP; AI (Max #270 Mail Order); QL (3 EA per 1 Day)    |
| <b>VFEND ORAL TABLET (Voriconazole) 50 MG</b>                                 | SP    | SP      | SP; QL (3 EA per 1 Day)                              |
| <i>voriconazole oral suspension reconstituted 40 mg/ml</i>                    |       | SP      | SP   |
| <b>*Antihistamines*</b>   |       |         |  |
| <b>*antihistamines - ethanolamines**-*antihistamines - ethanolamines***</b>   |       |         |  |
| <b>ARBINOXA ORAL TABLET (Carbinoxamine Maleate) 4 MG</b>                      | T1    | T1      | RM   |
| <i>clemastine fumarate oral syrup 0.67 mg/5ml</i>                             |       | T2      | RM   |

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|---|-------|---------|---|
| <i>clemastine fumarate oral tablet 2.68 mg</i>  |       | T2      | RM  |
| <i>diphenhydramine hcl injection solution 50 mg/ml</i>  |       | T2      | RM  |
| <b>*antihistamines - non-sedating**-*antihistamines - non-sedating***</b>                                 |       |         |   |
| <i>cetirizine hcl oral syrup 1 mg/ml, 5 mg/5ml</i>  |       | T1      | RM  |
| <b>CLARINEX ORAL SYRUP 0.5 MG/ML</b>  | T3    |         | PA; ST; RM; AI (Max #900ml Mail Order); QL (10 ML per 1 Day)                |
| <b>CLARINEX ORAL TABLET 5 MG</b>  | T3    |         | PA; ST; RM; AI (Max #90 Mail Order); QL (1 EA Max Qty Per Fill Retail)      |
| <i>desloratadine oral tablet 5 mg</i>   |       | T1      | RM; AI (Max #90 Mail Order); QL (1 EA Max Qty Per Fill Retail)              |
| <i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>  |       | T3      | RM; AI (Max #450ml Mail Order); QL (150 ML Max Qty Per Fill Retail)         |
| <i>levocetirizine dihydrochloride oral tablet 5 mg</i>  |       | T1      | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)                            |
| <i>loratadine childrens oral solution 5 mg/5ml</i>  |       | T3      | RM  |
| <b>XYZAL ORAL SOLUTION 2.5 MG/5ML</b>   | T3    |         | PA; ST; RM; AI (Max #450ml Mail Order); QL (150 ML Max Qty Per Fill Retail) |
| <b>XYZAL ORAL TABLET 5 MG</b>   | T3    |         | PA; ST; RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)                    |
| <b>*antihistamines - phenothiazines**-*antihistamines - phenothiazines***</b>                             |       |         |   |
| <b>PHENADOZ SUPPOSITORY (Promethazine HCl) 12.5 MG, 25 MG</b>   | T1    | T1      | RM  |
| <b>PHENERGAN INJECTION SOLUTION (Promethazine HCl) 25 MG/ML, 50 MG/ML</b>                                 | T3    | T3      | RM  |
| <b>PHENERGAN SUPPOSITORY (Promethazine HCl) 50 MG</b>   | T2    | T2      | RM  |
| <i>promethazine hcl oral solution 6.25 mg/5ml</i>   |       | T1      | RM  |
| <i>promethazine hcl oral syrup 6.25 mg/5ml</i>  |       | T1      | RM  |
| <i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>   |       | T1      | RM  |
| <b>PROMETHEGAN SUPPOSITORY (Promethazine HCl) 12.5 MG, 25 MG</b>  | T1    | T1      | RM  |
| <b>PROMETHEGAN SUPPOSITORY (Promethazine HCl) 50 MG</b>   | T2    | T2      | RM  |
| <b>*antihistamines - piperidines**-*antihistamines - piperidines***</b>                                   |       |         |   |
| <i>cyproheptadine hcl oral syrup 2 mg/5ml</i>   |       | T1      | RM  |
| <i>cyproheptadine hcl oral tablet 4 mg</i>  |       | T1      | RM  |
| <b>*Antihyperlipidemics*</b>  |       |         |   |
| <b>*antihyperlipidemics - combinations**-*intest cholest absorp inhib-hmg coa reductase inhib comb***</b> |       |         |   |
| <b>VYTORIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG</b>   | T3    |         | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)                            |



| Drug Name  | Brand | Generic | Additional Information   |
|--|-------|---------|--|
| <b>VYTORIN ORAL TABLET 10-80 MG</b>                                      | T3    |         | RM; AI (Max #90 Mail Order Covered only in patients who have been stable at this dose for at least 12 months); QL (1 EA per 1 Day) |
| <b>*antihyperlipidemics - misc.**-antihyperlipidemics - misc.***</b>     |       |         |  |
| <b>LOVAZA ORAL CAPSULE 1 GM</b>  | T3    |         | RM; AI (Max #360 Mail Order); QL (4 EA per 1 Day); AL (Min 18 Years)   |
| <i>omega-3-acid ethyl esters oral capsule 1 gm</i>                       |       | T1      | RM; QL (4 EA per 1 day); AL (Min 18 Years)   |
| <b>*bile acid sequestrants**-bile acid sequestrants***</b>               |       |         |  |
| <i>cholestyramine oral packet 4 gm</i>                                   |       | T1      | RM   |
| <i>cholestyramine oral powder 4 gm/dose</i>                              |       | T1      | RM   |
| <i>colestipol hcl oral packet 5 gm</i>                                   |       | T1      | RM   |
| <i>colestipol hcl oral tablet 1 gm</i>                                   |       | T1      | RM   |
| <i>micronized colestipol hcl oral tablet 1 gm</i>                        |       | T1      | RM   |
| <b>PREVALITE ORAL PACKET (Cholestyramine Light) 4 GM</b>                 | T1    | T1      | RM   |
| <b>PREVALITE ORAL POWDER (Cholestyramine Light) 4 GM/DOSE</b>            | T1    | T1      | RM   |
| <b>WELCHOL ORAL PACKET 3.75 GM</b>                                       | T2    |         | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)   |
| <b>WELCHOL ORAL TABLET 625 MG</b>  | T2    |         | RM; AI (Max #630 Mail Order); QL (7 EA per 1 Day)  |
| <b>*fibrin acid derivatives**-fibrin acid derivatives***</b>             |       |         |  |
| <i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 67 mg</i> |       | T1      | RM   |
| <i>fenofibrate oral tablet 145 mg, 160 mg</i>                            |       | T1      | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)   |
| <i>fenofibrate oral tablet 54 mg</i>                                     |       | T1      | RM; AI (Max #90 Mail Order)  |
| <i>fenofibrin acid oral capsule delayed release 135 mg, 45 mg</i>        |       | T1      | RM; QL (1 EA per 1 Day); AL (Min 18 Years)   |
| <i>fenofibrin acid oral tablet 105 mg</i>                                |       | T3      | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)  |
| <b>FENOGLIDE ORAL TABLET 120 MG, 40 MG</b>                               | T3    |         | RM   |
| <i>gemfibrozil oral tablet 600 mg</i>                                    |       | T1      | RM   |
| <b>LIPOFEN ORAL CAPSULE 150 MG, 50 MG</b>                                | T3    |         | RM   |
| <b>LOFIBRA ORAL TABLET 160 MG, 54 MG</b>                                 | T3    |         | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)   |
| <b>TRICOR ORAL TABLET 145 MG</b>   | T3    |         | RM; QL (1 EA per 1 Day)  |
| <b>TRICOR ORAL TABLET (Fenofibrate) 48 MG</b>                            | T3    | T1      | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)  |
| <b>TRIGLIDE ORAL TABLET 160 MG</b>                                       | T3    |         | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)   |
| <b>TRILIPIX ORAL CAPSULE DELAYED RELEASE 135 MG, 45 MG</b>               | T3    |         | PA; RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 18 Years)  |

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| Drug Name   | Brand | Generic | Additional Information   |
|---|-------|---------|--|
| <b>*hmg coa reductase inhibitors**-*hmg coa reductase inhibitors***</b>   |       |         |  |
| <i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>  |       | T1      | RM; AI (Max #135 Mail Order); QL (1.5 EA per 1 Day)  |
| <b>CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG</b>  | T2    |         | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)   |
| <i>fluvastatin sodium oral capsule 20 mg</i>  |       | T1      | RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day)  |
| <i>fluvastatin sodium oral capsule 40 mg</i>  |       | T1      | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)   |
| <b>LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR* 80 MG</b>  | T3    |         | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)   |
| <b>LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG</b>  | T3    |         | PA; ST; RM   |
| <i>lovastatin oral tablet 10 mg, 20 mg</i>  |       | T1      | RM   |
| <i>lovastatin oral tablet 40 mg</i>   |       | T1      | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)  |
| <i>pravastatin sodium oral tablet 10 mg, 20 mg, 80 mg</i>   |       | T1      | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)   |
| <i>pravastatin sodium oral tablet 40 mg</i>   |       | T1      | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)  |
| <i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>  |       | T1      | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)   |
| <i>simvastatin oral tablet 80 mg</i>  |       | T2      | PA; RM; AI (Max #90 Mail Order Covered only in patients who have been stable at this dose for at least 12 months); QL (1 EA per 1 Day) |
| <b>*intestinal cholesterol absorption inhibitors**-*intestinal cholesterol absorption inhibitors***</b>                     |       |         |  |
| <b>ZETIA ORAL TABLET 10 MG</b>  | T3    |         | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)   |
| <b>*microsomal triglyceride transfer protein (mtp) inhibitors**-*microsomal triglyceride transfer protein inhibitors***</b> |       |         |  |
| <b>JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 5 MG</b>   | SP    |         | PA; SP   |
| <b>*nicotinic acid derivatives**-*nicotinic acid derivatives***</b>   |       |         |  |
| <b>NIASPAN ORAL TABLET EXTENDEDRELEASE* (Niacin ER (Antihyperlipidemic)) 1000 MG, 750 MG</b>                                | T3    | T2      | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)  |
| <b>NIASPAN ORAL TABLET EXTENDEDRELEASE* (Niacin ER (Antihyperlipidemic)) 500 MG</b>   | T3    | T2      | RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day)  |
| <b>*Antihypertensives*</b>  |       |         |  |
| <b>*ace inhibitors**-*ace inhibitors***</b>   |       |         |  |
| <i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>   |       | T1      | RM   |
| <i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>  |       | T1      | RM   |
| <i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>   |       | T1      | RM   |
| <i>enalaprilat intravenous* injectable 1.25 mg/ml</i>   |       | MB      | RM   |

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| <b>Drug Name</b>  | <b>Brand</b> | <b>Generic</b> | <b>Additional Information</b>                                       |
|---|--------------|----------------|---|
| <i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>                              |              | T1             | RM  |
| <i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>                |              | T1             | RM  |
| <i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>  |              | T2             | RM  |
| <i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>                              |              | T2             | RM  |
| <i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>                            |              | T1             | RM  |
| <i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>                             |              | T1             | RM  |
| <i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>                                      |              | T1             | RM  |
| <b>*agents for pheochromocytoma**-*agents for pheochromocytoma***</b>                 |              |                |   |
| <b>DIBENZYLINE ORAL CAPSULE 10 MG</b>   | T3           |                | RM  |
| <b>*angiotensin ii receptor antagonists**-*angiotensin ii receptor antagonists***</b> |              |                |   |
| <b>BENICAR ORAL TABLET 20 MG</b>  | T3           |                | PA; ST; RM; AI (Max #135 Mail Order); QL (1.5 EA per 1 Day)         |
| <b>BENICAR ORAL TABLET 40 MG</b>  | T3           |                | PA; ST; RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)            |
| <b>BENICAR ORAL TABLET 5 MG</b>   | T3           |                | PA; ST; RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day)           |
| <i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>                     |              | T3             | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)                    |
| <b>EDARBI ORAL TABLET 40 MG, 80 MG</b>  | T3           |                | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 18 Years) |
| <i>eprosartan mesylate oral tablet 600 mg</i>   |              | T1             | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)                    |
| <i>irbesartan oral tablet 150 mg, 75 mg</i>   |              | T1             | RM; AI (Max #135 Mail Order); QL (1.5 EA per 1 Day)                 |
| <i>irbesartan oral tablet 300 mg</i>  |              | T1             | RM; AI (Max #90 Mail Order)   |
| <i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>                            |              | T1             | RM  |
| <b>MICARDIS ORAL TABLET (Telmisartan) 20 MG, 40 MG, 80 MG</b>                         | T3           | T1             | RM  |
| <i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>                             |              | T1             | RM; QL (2 EA per 1 day)   |
| <b>*antiadrenergic antihypertensives**-*antiadrenergics - centrally acting***</b>     |              |                |   |
| <i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>                               |              | T1             | RM  |
| <i>clonidine hcl transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>   |              | T3             | RM  |
| <i>guanfacine hcl oral tablet 1 mg</i>  |              | T2             | RM  |
| <i>guanfacine hcl oral tablet 2 mg</i>  |              | T1             | RM  |
| <i>methyl dopa oral tablet 250 mg, 500 mg</i>   |              | T1             | RM  |
| <b>*antiadrenergic antihypertensives**-*antiadrenergics - peripherally acting***</b>  |              |                |   |
| <i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>                          |              | T1             | RM  |

| Drug Name   | Brand | Generic | Additional Information                            |
|---|-------|---------|---|
| <i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>   |       | T1      | RM  |
| <i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>   |       | T1      | RM  |
| <b>*antiadrenergic antihypertensives**-*reserpine***</b>  |       |         |   |
| <i>reserpine oral tablet 0.1 mg, 0.25 mg</i>  |       | T3      | RM  |
| <b>*antihypertensive combinations**-*ace inhibitor &amp; calcium channel blocker combinations***</b>        |       |         |   |
| <i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i> |       | T1      | RM  |
| <b>TARKA ORAL TABLET EXTENDEDRELEASE*<br/>1-240 MG, 2-180 MG, 2-240 MG, 4-240 MG</b>                        | T3    |         | RM  |
| <b>*antihypertensive combinations**-*ace inhibitors &amp; thiazide/thiazide-like***</b>                     |       |         |   |
| <i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>               |       | T1      | RM  |
| <i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>                     |       | T3      | RM  |
| <i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>  |       | T1      | RM  |
| <i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>  |       | T3      | RM  |
| <i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>                          |       | T1      | RM  |
| <i>moexipril-hydrochlorothiazide oral tablet 15-12.5 mg, 15-25 mg, 7.5-12.5 mg</i>                          |       | T1      | RM  |
| <i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>                           |       | T1      | RM  |
| <b>*antihypertensive combinations**-*angiotensin ii receptor antag &amp; ca channel blocker comb***</b>     |       |         |   |
| <b>EXFORGE ORAL TABLET (Amlodipine Besylate-Valsartan) 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG</b>         | T1    | T3      | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)  |
| <b>TWYNSTA ORAL TABLET (Telmisartan-Amlodipine) 40-10 MG, 40-5 MG, 80-10 MG, 80-5 MG</b>                    | T3    | T1      | RM  |
| <b>*antihypertensive combinations**-*angiotensin ii receptor antag &amp; thiazide/thiazide-like***</b>      |       |         |   |
| <i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>                              |       | T3      | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)  |
| <b>DIOVAN HCT ORAL TABLET (Valsartan-Hydrochlorothiazide) 160-12.5 MG, 160-25 MG, 80-12.5 MG</b>            | T3    | T1      | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| <b>DIOVAN HCT ORAL TABLET (Valsartan-Hydrochlorothiazide) 320-12.5 MG, 320-25 MG</b>                        | T3    | T1      | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)  |
| <b>EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG</b>  | T3    |         | RM  |
| <i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>                                  |       | T1      | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)  |

| <b>Drug Name</b>  | <b>Brand</b> | <b>Generic</b> | <b>Additional Information</b>                                       |
|---|--------------|----------------|---|
| <i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>                                       |              | T1             | RM  |
| <b>*antihypertensive combinations**-*angiotensin ii receptor ant-ca channel blocker-thiazides***</b>                |              |                |   |
| <i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i> |              | T3             | RM; QL (1 EA per 1 day)   |
| <b>EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG</b>               | T1           |                | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)                    |
| <b>TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG</b>                     | T3           |                | RM  |
| <b>*antihypertensive combinations**-*beta blocker &amp; diuretic combinations***</b>                                |              |                |   |
| <i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>  |              | T1             | RM  |
| <i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>                                |              | T1             | RM  |
| <b>DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HR* 100-12.5 MG, 25-12.5 MG, 50-12.5 MG</b>                             | T1           |                | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)                    |
| <i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>                                    |              | T1             | RM  |
| <i>propranolol-hctz oral tablet 40-25 mg, 80-25 mg</i>  |              | T1             | RM  |
| <b>*antihypertensive combinations**-*direct renin inhibitors &amp; calcium channel blocker comb***</b>              |              |                |   |
| <b>TEKAMLO ORAL TABLET 150-10 MG, 150-5 MG, 300-10 MG, 300-5 MG</b>   | T3           |                | RM  |
| <b>*antihypertensive combinations**-*direct renin inhibitors &amp; thiazide/thiazide-like comb***</b>               |              |                |   |
| <b>TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG</b>                                      | T2           |                | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)                    |
| <b>*direct renin inhibitors**-*direct renin inhibitors***</b>   |              |                |   |
| <b>TEKTURNA ORAL TABLET 150 MG, 300 MG</b>  | T2           |                | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 18 Years) |
| <b>*selective aldosterone receptor antagonists (saras)**-*selective aldosterone receptor antagonists (saras)***</b> |              |                |   |
| <i>eplerenone oral tablet 25 mg</i>   |              | T3             | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)                    |
| <i>eplerenone oral tablet 50 mg</i>   |              | T3             | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)                   |
| <b>*vasodilators**-*vasodilators***</b>   |              |                |   |
| <i>hydralazine hcl injection solution 20 mg/ml</i>  |              | MB             | RM  |
| <i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>  |              | T1             | RM  |
| <i>minoxidil oral tablet 10 mg, 2.5 mg</i>  |              | T1             | RM  |

| Drug Name   | Brand | Generic | Additional Information                                   |
|---|-------|---------|--|
| <b>*Anti-Infective Agents - Misc.*</b>  |       |         |  |
| <b>*anti-infective agents - misc.**-*anti-infective agents - misc.***</b>                         |       |         |  |
| <b>AZACTAM IN DEXTROSE INTRAVENOUS* SOLUTION 1 GM, 2 GM</b>                                       | MB    |         | RM   |
| <b>AZACTAM INJECTION SOLUTION RECONSTITUTED 2 GM</b>  | MB    |         | RM   |
| <i>bacitracin intramuscular* solution reconstituted 50000 unit</i>                                |       | MB      | RM   |
| <b>CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG</b>  | SP    |         | SP   |
| <b>COLY-MYCIN M INJECTION SOLUTION RECONSTITUTED (Colistimethate Sodium) 150 MG</b>               | MB    | MB      | RM   |
| <b>FLAGYL ER ORAL TABLET EXTENDED RELEASE 24 HR* 750 MG</b>                                       | T3    |         | RM   |
| <i>metronidazole oral tablet 250 mg, 500 mg</i>   |       | T1      | RM   |
| <b>NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG</b>  | SP    |         | SP   |
| <b>PENTAM INJECTION SOLUTION RECONSTITUTED 300 MG</b>   | MB    |         | RM   |
| <b>PRIMSOL ORAL SOLUTION 50 MG/5ML</b>  | T3    |         | RM   |
| <i>tinidazole oral tablet 250 mg, 500 mg</i>  |       | T1      | RM   |
| <i>trimethoprim oral tablet 100 mg</i>  |       | T1      | RM   |
| <i>vancomycin hcl in dextrose intravenous* solution 1 gm/200ml, 500 mg/100ml, 750 mg/150ml</i>    |       | MB      | RM   |
| <i>vancomycin hcl intravenous* solution reconstituted 10 gm, 1000 mg, 500 mg, 5000 mg, 750 mg</i> |       | MB      | RM   |
| <i>vancomycin hcl oral capsule 125 mg, 250 mg</i>   |       | T1      | RM   |
| <i>vancomycin hcl powder</i>  |       | SP      | SP   |
| <b>VIBATIV INTRAVENOUS* SOLUTION RECONSTITUTED 750 MG</b>   | MB    |         | RM   |
| <b>XIFAXAN ORAL TABLET 200 MG</b>   | SP    |         | PA; SP; AI ( ); QL (9 EA per 1 Copay); AL (Min 12 Years) |
| <b>XIFAXAN ORAL TABLET 550 MG</b>   | SP    |         | PA; SP; AI ( ); QL (2 EA per 1 Day); AL (Min 18 Years)   |
| <b>*anti-infective misc. - combinations**-*anti-infective misc. - combinations***</b>             |       |         |  |
| <i>sulfamethoxazole-tmp ds oral tablet 800-160 mg</i>   |       | T1      | RM   |
| <i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>                                |       | T1      | RM   |
| <i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i>  |       | T1      | RM   |
| <b>*antiprotozoal agents**-*antiprotozoal agents***</b>   |       |         |  |
| <b>ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML</b>  | T3    |         | RM   |
| <b>ALINIA ORAL TABLET 500 MG</b>  | T3    |         | RM   |
| <b>MEPRON ORAL SUSPENSION 750 MG/5ML</b>  | SP    |         | SP   |

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| Drug Name  | Brand | Generic | Additional Information                                |
|--|-------|---------|---|
| <b>*carbapenems**-*carbapenem combinations***</b>  |       |         |   |
| <b>PRIMAXIN IV INTRAVENOUS* SOLUTION RECONSTITUTED</b> ( <i>Imipenem-Cilastatin</i> ) 250-250 MG | MB    | MB      | RM  |
| <b>*carbapenems**-*carbapenems***</b>  |       |         |   |
| <b>DORIBAX INTRAVENOUS* SOLUTION RECONSTITUTED</b> 250 MG, 500 MG                                | MB    |         | RM  |
| <b>MERREM INTRAVENOUS* SOLUTION RECONSTITUTED</b> ( <i>Meropenem</i> ) 1 GM                      | MB    | MB      | RM  |
| <b>*chloramphenicols**-*chloramphenicals***</b>  |       |         |   |
| <i>chloramphenicol sod succinate intravenous* solution reconstituted 1 gm</i>                    |       | MB      | RM  |
| <b>*cyclic lipopeptides**-*cyclic lipopeptides***</b>  |       |         |   |
| <b>CUBICIN INTRAVENOUS* SOLUTION RECONSTITUTED</b> 500 MG  | MB    |         | RM  |
| <b>*glycylcyclines**-*glycylcyclines***</b>  |       |         |   |
| <b>TYGACIL INTRAVENOUS* SOLUTION RECONSTITUTED</b> 50 MG   | MB    |         | RM  |
| <b>*ketolides**-*ketolides***</b>  |       |         |   |
| <b>KETEK ORAL TABLET</b> 300 MG  | T3    |         | RM  |
| <b>*leprostatics**-*leprostatics***</b>  |       |         |   |
| <i>dapsone oral tablet 100 mg, 25 mg</i>   |       | T2      | RM  |
| <b>*lincosamides**-*lincosamides***</b>  |       |         |   |
| <b>CLEOCIN IN D5W INTRAVENOUS* SOLUTION</b> 300 MG/50ML, 600 MG/50ML, 900 MG/50ML                | MB    |         | RM  |
| <b>CLEOCIN ORAL CAPSULE</b> ( <i>Clindamycin HCl</i> ) 75 MG                                     | T3    | T1      | RM  |
| <b>CLEOCIN PHOSPHATE INJECTION SOLUTION</b> 900 MG/6ML   | MB    |         | RM  |
| <i>clindamycin hcl oral capsule 150 mg, 300 mg</i>   |       | T1      | RM  |
| <i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>                           |       | T3      | RM  |
| <i>clindamycin phosphate injection solution 9000 mg/60ml</i>                                     |       | MB      | RM  |
| <i>clindamycin phosphate intravenous* solution 900 mg/6ml</i>                                    |       | MB      | RM  |
| <b>LINCOCIN INJECTION SOLUTION</b> 300 MG/ML   | MB    |         | RM  |
| <b>*oxazolidinones**-*oxazolidinones***</b>  |       |         |   |
| <b>SIVEXTRO ORAL TABLET</b> 200 MG   | T3    |         | PA; RM; QL (6 EA per 1 Copay); AL (Min 18 Years)      |
| <b>ZYVOX ORAL TABLET</b> 600 MG  | T3    |         | PA; RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| <b>*polymyxins**-*polymyxins***</b>  |       |         |   |
| <i>polymyxin b sulfate injection solution reconstituted 500000 unit</i>                          |       | MB      | RM  |

| Drug Name   | Brand | Generic | Additional Information                              |
|---|-------|---------|---|
| <b>*Antimalarials*</b>  |       |         |   |
| <b>*antimalarial combinations**-*antimalarial combinations***</b>                 |       |         |   |
| <b>COARTEM ORAL TABLET 20-120 MG</b>  | T3    |         | RM  |
| <b>MALARONE ORAL TABLET (Atovaquone-Proguanil HCl) 250-100 MG</b>                 | T3    | T3      | RM  |
| <b>MALARONE ORAL TABLET (Atovaquone-Proguanil HCl) 62.5-25 MG</b>                 | T3    | T2      | RM  |
| <b>*antimalarials**-*antimalarials***</b>   |       |         |   |
| <b>ARALEN ORAL TABLET (Chloroquine Phosphate) 500 MG</b>                          | T3    | T1      | RM  |
| <i>chloroquine phosphate oral tablet 250 mg</i>                                   |       | T1      | RM  |
| <b>DARAPRIM ORAL TABLET 25 MG</b>   | T3    |         | RM  |
| <i>mefloquine hcl oral tablet 250 mg</i>  |       | T3      | RM; AI (Max #15 per 90 days); QL (5 EA per 30 Days) |
| <b>PLAQUENIL ORAL TABLET (Hydroxychloroquine Sulfate) 200 MG</b>                  | T3    | T1      | RM  |
| <i>primaquine phosphate oral tablet 26.3 mg</i>                                   |       | T2      | RM  |
| <b>QUALAQUIN ORAL CAPSULE (QuiNINE Sulfate) 324 MG</b>                            | T2    | T2      | RM  |
| <b>*Antimyasthenic/Cholinergic Agents*</b>  |       |         |   |
| <b>*antimyasthenic combinations**-*antimyasthenic combinations***</b>             |       |         |   |
| <b>ENLON-PLUS INTRAVENOUS* SOLUTION 10-0.14 MG/ML</b>                             | MB    |         | RM  |
| <b>*antimyasthenic/cholinergic agents**-*antimyasthenic/cholinergic agents***</b> |       |         |   |
| <b>ENLON INJECTION SOLUTION 10 MG/ML</b>  | MB    |         | RM  |
| <i>guanidine hcl oral tablet 125 mg</i>   |       | T3      | RM  |
| <b>MESTINON ORAL SYRUP 60 MG/5ML</b>  | T3    |         | RM  |
| <b>MESTINON ORAL TABLET (Pyridostigmine Bromide) 60 MG</b>                        | T3    | T1      | RM  |
| <b>MESTINON ORAL TABLET EXTENDEDRELEASE* 180 MG</b>                               | T3    |         | ST; RM  |
| <b>REGONOL INJECTION SOLUTION 5 MG/ML</b>   | MB    |         | RM  |
| <b>*Antimycobacterial Agents*</b>   |       |         |   |
| <b>*anti tb combinations**-*anti tb combinations***</b>                           |       |         |   |
| <b>RIFAMATE ORAL CAPSULE 150-300 MG</b>   | T3    |         | RM  |
| <b>RIFATER ORAL TABLET 50-120-300 MG</b>  | T3    |         | RM  |
| <b>*antimycobacterial agents**-*antimycobacterial agents***</b>                   |       |         |   |
| <b>CAPASTAT SULFATE INJECTION SOLUTION RECONSTITUTED 1 GM</b>                     | MB    |         | RM  |
| <i>ethambutol hcl oral tablet 100 mg</i>  |       | T1      | RM  |
| <i>ethambutol hcl oral tablet 400 mg</i>  |       | T2      | RM  |
| <i>isoniazid injection solution 100 mg/ml</i>                                     |       | MB      | RM  |

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| Drug Name  | Brand | Generic | Additional Information                            |
|--|-------|---------|---|
| <i>isoniazid oral syrup 50 mg/5ml</i>                                |       | T1      | RM  |
| <i>isoniazid oral tablet 100 mg</i>                                  |       | T1      | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| <i>isoniazid oral tablet 300 mg</i>                                  |       | T1      | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)  |
| <b>MYAMBUTOL ORAL TABLET 100 MG, 400 MG</b>                          | T3    |         | PA; ST; RM  |
| <b>MYCOBUTIN ORAL CAPSULE 150 MG</b>                                 | T3    |         | RM  |
| <b>PASER ORAL PACKET 4 GM</b>  | T3    |         | PA; ST; RM  |
| <b>PRIFTIN ORAL TABLET 150 MG</b>                                    | T2    |         | RM  |
| <i>pyrazinamide oral tablet 500 mg</i>                               |       | T2      | RM  |
| <b>RIFADIN INTRAVENOUS* SOLUTION RECONSTITUTED (Rifampin) 600 MG</b> | MB    | MB      | RM  |
| <b>RIFADIN ORAL CAPSULE (Rifampin) 150 MG, 300 MG</b>                | T3    | T1      | RM  |
| <b>TRECTOR ORAL TABLET 250 MG</b>                                    | T3    |         | RM  |
| <b>*Antineoplastics And Adjunctive Therapies*</b>                    |       |         |   |
| <b>*alkylating agents**-*alkylating agents***</b>                    |       |         |   |
| <b>HEXALEN ORAL CAPSULE 50 MG</b>                                    | SP    |         | SP  |
| <b>MYLERAN ORAL TABLET 2 MG</b>                                      | SP    |         | RM  |
| <b>*alkylating agents**-*imidazotetrazines***</b>                    |       |         |   |
| <b>TEMODAR ORAL CAPSULE 100 MG, 180 MG, 20 MG, 250 MG, 5 MG</b>      | SP    |         | SP  |
| <b>TEMODAR ORAL CAPSULE (Temozolomide) 140 MG</b>                    | SP    | SP      | SP  |
| <i>temozolomide oral capsule 100 mg, 180 mg, 20 mg, 250 mg, 5 mg</i> |       | SP      | RM  |
| <b>*alkylating agents**-*nitrogen mustards***</b>                    |       |         |   |
| <b>ALKERAN ORAL TABLET 2 MG</b>                                      | SP    |         | SP  |
| <i>cyclophosphamide oral capsule 25 mg, 50 mg</i>                    |       | SP      | SP  |
| <i>cyclophosphamide oral tablet 25 mg, 50 mg</i>                     |       | SP      | SP  |
| <b>LEUKERAN ORAL TABLET 2 MG</b>                                     | SP    |         | RM  |
| <i>melphalan hcl intravenous* solution reconstituted 50 mg</i>       |       | MB      | RM  |
| <b>MUSTARGEN INJECTION SOLUTION RECONSTITUTED 10 MG</b>              | MB    |         | RM  |
| <b>*alkylating agents**-*nitrosoureas***</b>                         |       |         |   |
| <i>lomustine oral capsule 10 mg, 100 mg, 40 mg</i>                   |       | SP      | SP  |
| <b>ZANOSAR INTRAVENOUS* SOLUTION RECONSTITUTED 1 GM</b>              | MB    |         | RM  |
| <b>*antimetabolites**-*antimetabolites***</b>                        |       |         |   |
| <i>capecitabine oral tablet 150 mg, 500 mg</i>                       |       | SP      | SP  |
| <b>FOLOTYN INTRAVENOUS* SOLUTION 40 MG/2ML</b>                       | T3    |         | PA; ST; RM  |
| <i>gemcitabine hcl intravenous* solution 2 gm/52.6ml</i>             |       | MB      | RM  |
| <i>gemcitabine hcl intravenous* solution reconstituted 1 gm</i>      |       | MB      | RM  |

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| Drug Name   | Brand | Generic | Additional Information                               |
|---|-------|---------|--|
| <i>mercaptopurine oral tablet 50 mg</i>   |       | T1      | RM   |
| <i>methotrexate oral tablet 2.5 mg</i>  |       | T1      | RM   |
| <i>methotrexate sodium (pf) injection solution 100 mg/4ml, 200 mg/8ml, 50 mg/2ml</i>                        |       | T1      | RM   |
| <i>methotrexate sodium injection solution 25 mg/ml</i>  |       | T1      | RM   |
| <b>TABLOID ORAL TABLET 40 MG</b>  | T3    |         | RM   |
| <b>*antineoplastic - angiogenesis inhibitors**-*vascular endothelial growth factor (vegf) inhibitors***</b> |       |         |  |
| <b>ZALTRAP INTRAVENOUS* SOLUTION 200 MG/8ML</b>   | MB    |         | RM   |
| <b>*antineoplastic - antibodies**-*antineoplastic - monoclonal antibodies***</b>                            |       |         |  |
| <b>RITUXAN INTRAVENOUS* CONCENTRATE 10 MG/ML</b>  | MB    |         | RM   |
| <b>YERVOY INTRAVENOUS* SOLUTION 200 MG/40ML</b>   | MB    |         | RM   |
| <b>*antineoplastic - antibodies**-*antineoplastic antibody-drug complexes***</b>                            |       |         |  |
| <b>KADCYLA INTRAVENOUS* SOLUTION RECONSTITUTED 100 MG, 160 MG</b>   | MB    |         | SP   |
| <b>*antineoplastic - cellular immunotherapy**-*antineoplastic - autologous cellular immunotherapy***</b>    |       |         |  |
| <b>PROVENGE INTRAVENOUS* SUSPENSION</b>   | MB    |         | RM   |
| <b>*antineoplastic - hedgehog pathway inhibitors**-*antineoplastic - hedgehog pathway inhibitors***</b>     |       |         |  |
| <b>ERIVEDGE ORAL CAPSULE 150 MG</b>   | SP    |         | SP   |
| <b>*antineoplastic - hormonal and related agents**-*androgen biosynthesis inhibitors***</b>                 |       |         |  |
| <b>ZYTIGA ORAL TABLET 250 MG</b>  | SP    |         | PA; SP   |
| <b>*antineoplastic - hormonal and related agents**-*antiadrenals***</b>                                     |       |         |  |
| <b>LYSODREN ORAL TABLET 500 MG</b>  | SP    |         | SP   |
| <b>*antineoplastic - hormonal and related agents**-*antiandrogens***</b>                                    |       |         |  |
| <i>bicalutamide oral tablet 50 mg</i>   |       | T1      | RM   |
| <i>flutamide oral capsule 125 mg</i>  |       | T1      | RM   |
| <b>NILANDRON ORAL TABLET 150 MG</b>   | T3    |         | RM; M  |
| <b>XTANDI ORAL CAPSULE 40 MG</b>  | SP    |         | SP   |
| <b>*antineoplastic - hormonal and related agents**-*antiestrogens***</b>                                    |       |         |  |
| <b>FARESTON ORAL TABLET 60 MG</b>   | SP    |         | PA; SP; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| <b>SOLTAMOX ORAL SOLUTION 10 MG/5ML</b>   | MB    |         | RM   |
| <i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>   |       | \$0     | RM   |

| Drug Name  | Brand | Generic | Additional Information                              |
|--|-------|---------|---|
| <b>*antineoplastic - hormonal and related agents**-*aromatase inhibitors***</b>                              |       |         |   |
| ARIMIDEX ORAL TABLET ( <i>Anastrozole</i> ) 1 MG   | T2    | T1      | RM; AI (Max #90 Mail Order); F; QL (1 EA per 1 Day) |
| AROMASIN ORAL TABLET ( <i>Exemestane</i> ) 25 MG   | T2    | T1      | RM; AI (Max #90 Mail Order); F; QL (1 EA per 1 Day) |
| FEMARA ORAL TABLET ( <i>Letrozole</i> ) 2.5 MG   | T2    | T1      | RM; AI (Max #90 Mail Order); F; QL (1 EA per 1 Day) |
| <b>*antineoplastic - hormonal and related agents**-*estrogen receptor antagonist***</b>                      |       |         |   |
| FASLODEX INTRAMUSCULAR* SOLUTION 250 MG/5ML  | SP    |         | PA; SP  |
| <b>*antineoplastic - hormonal and related agents**-*estrogens-antineoplastic***</b>                          |       |         |   |
| EMCYT ORAL CAPSULE 140 MG  | SP    |         | SP  |
| <b>*antineoplastic - hormonal and related agents**-*gonadotropin releasing hormone (gnrh) antagonists***</b> |       |         |   |
| FIRMAGON SUBCUTANEOUS* SOLUTION RECONSTITUTED 120 MG, 80 MG  | SP    |         | SP  |
| <b>*antineoplastic - hormonal and related agents**-*lhrh analogs***</b>                                      |       |         |   |
| ELIGARD SUBCUTANEOUS* KIT 22.5 MG, 30 MG, 45 MG  | SP    |         | SP  |
| ELIGARD SUBCUTANEOUS* KIT 7.5 MG   | SP    |         | PA; SP  |
| <i>leuprolide acetate injection kit 1 mg/0.2ml</i>   |       | SP      | PA; SP  |
| LUPRON DEPOT INTRAMUSCULAR* KIT 11.25 MG, 22.5 MG, 30 MG, 45 MG  | SP    |         | SP  |
| LUPRON DEPOT INTRAMUSCULAR* KIT 3.75 MG, 7.5 MG  | SP    |         | PA; SP  |
| TRELSTAR MIXJECT INTRAMUSCULAR* SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG                          | SP    |         | PA; SP  |
| VANTAS SUBCUTANEOUS* KIT 50 MG   | SP    |         | RM  |
| ZOLADEX SUBCUTANEOUS* IMPLANT 10.8 MG, 3.6 MG  | SP    |         | SP  |
| <b>*antineoplastic - hormonal and related agents**-*progestins-antineoplastic***</b>                         |       |         |   |
| <i>megestrol acetate oral suspension 40 mg/ml</i>  |       | T1      | RM  |
| <i>megestrol acetate oral tablet 20 mg, 40 mg</i>  |       | T1      | RM  |
| <b>*antineoplastic - immunomodulators**-*antineoplastic - immunomodulators***</b>                            |       |         |   |
| POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG   | SP    |         | SP  |

| Drug Name  | Brand | Generic | Additional Information  |
|--|-------|---------|---|
| <b>*antineoplastic antibiotics**-*antineoplastic antibiotics***</b>                            |       |         |   |
| <i>mitoxantrone hcl intravenous* concentrate 20 mg/10ml, 25 mg/12.5ml, 30 mg/15ml</i>          |       | SP      | SP  |
| <b>*antineoplastic enzyme inhibitors**-*antineoplastic - braf kinase inhibitors***</b>         |       |         |   |
| <b>TAFINLAR ORAL CAPSULE 50 MG, 75 MG</b>  | SP    |         | PA; SP  |
| <b>ZELBORAF ORAL TABLET 240 MG</b>   | SP    |         | PA; ST; SP  |
| <b>*antineoplastic enzyme inhibitors**-*antineoplastic - histone deacetylase inhibitors***</b> |       |         |   |
| <b>ZOLINZA ORAL CAPSULE 100 MG</b>   | SP    |         | PA; SP; AI (Max #240 Mail Order); QL (80 EA Max Qty Per Fill Retail); AL (Min 16 Years) |
| <b>*antineoplastic enzyme inhibitors**-*antineoplastic - mek inhibitors***</b>                 |       |         |   |
| <b>MEKINIST ORAL TABLET 0.5 MG, 2 MG</b>   | SP    |         | PA; SP  |
| <b>*antineoplastic enzyme inhibitors**-*antineoplastic - mtor kinase inhibitors***</b>         |       |         |   |
| <b>AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG</b>                                   | SP    |         | SP  |
| <b>AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG</b>  | SP    |         | SP  |
| <b>TORISEL INTRAVENOUS* SOLUTION 25 MG/ML</b>  | MB    |         | RM  |
| <b>*antineoplastic enzyme inhibitors**-*antineoplastic - multikinase inhibitors***</b>         |       |         |   |
| <b>NEXAVAR ORAL TABLET 200 MG</b>  | SP    |         | SP; AI ( ); QL (4 EA per 1 Day); AL (Min 16 Years)                                      |
| <b>STIVARGA ORAL TABLET 40 MG</b>  | SP    |         | SP  |
| <b>SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 50 MG</b>   | SP    |         | SP; AI ( ); QL (28 EA per 30 Days)  |
| <b>SUTENT ORAL CAPSULE 37.5 MG</b>   | SP    |         | SP; QL (28 EA per 30 days)  |
| <b>*antineoplastic enzyme inhibitors**-*antineoplastic - proteasome inhibitors***</b>          |       |         |   |
| <b>KYPROLIS INTRAVENOUS* SOLUTION RECONSTITUTED 60 MG</b>                                      | T3    |         | PA; RM  |
| <b>*antineoplastic enzyme inhibitors**-*antineoplastic - tyrosine kinase inhibitors***</b>     |       |         |   |
| <b>BOSULIF ORAL TABLET 100 MG, 500 MG</b>  | SP    |         | SP  |
| <b>CAPRELSA ORAL TABLET 100 MG, 300 MG</b>   | SP    |         | SP  |
| <b>COMETRIQ (100 MG DAILY DOSE) ORAL KIT 1 X 80 &amp; 1 X 20 MG</b>                            | SP    |         | SP  |
| <b>COMETRIQ (140 MG DAILY DOSE) ORAL KIT 1 X 80 &amp; 3 X 20 MG</b>                            | SP    |         | SP  |
| <b>COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG</b>  | SP    |         | SP  |
| <b>GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG</b>  | SP    |         | PA; SP  |
| <b>GLEEVEC ORAL TABLET 100 MG</b>  | SP    |         | SP; QL (7 EA per 1 Day)   |
| <b>GLEEVEC ORAL TABLET 400 MG</b>  | SP    |         | SP; AI (Max #180 Mail Order); QL (2 EA per 1 Day)                                       |

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| Drug Name   | Brand | Generic | Additional Information                                |
|---|-------|---------|---|
| ICLUSIG ORAL TABLET 15 MG, 45 MG  | SP    |         | SP  |
| IMBRUVICA ORAL CAPSULE 140 MG   | SP    |         | SP; QL (4 EA per 1 day); AL (Min 18 Years)            |
| INLYTA ORAL TABLET 1 MG, 5 MG   | SP    |         | SP  |
| SPRYCEL ORAL TABLET 100 MG, 140 MG, 80 MG   | SP    |         | SP; QL (2 EA per 1 Day)                               |
| SPRYCEL ORAL TABLET 20 MG, 50 MG, 70 MG   | SP    |         | SP; AI (Max #180 Mail Order); QL (2 EA per 1 Day)     |
| TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG   | SP    |         | PA; SP  |
| TASIGNA ORAL CAPSULE 150 MG, 200 MG   | SP    |         | SP  |
| TYKERB ORAL TABLET 250 MG   | SP    |         | PA; SP; AI (Max #450 Mail Order); QL (5 EA per 1 Day) |
| VOTRIENT ORAL TABLET 200 MG   | SP    |         | SP  |
| XALKORI ORAL CAPSULE 200 MG, 250 MG   | SP    |         | PA; R; AI (Max #180 Mail Order); QL (2 EA per 1 Day)  |
| ZYKADIA ORAL CAPSULE 150 MG   | SP    |         | SP; QL (5 EA per 1 day); AL (Min 16 Years)            |
| <b>*antineoplastic enzyme inhibitors**-*janus associated kinase (jak) inhibitors***</b> |       |         |   |
| JAKAFI ORAL TABLET 10 MG, 15 MG, 25 MG, 5 MG  | SP    |         | PA; RM  |
| JAKAFI ORAL TABLET 20 MG  | SP    |         | PA; SP  |
| <b>*antineoplastics misc.**-*antineoplastics misc.***</b>                               |       |         |   |
| ACTIMMUNE SUBCUTANEOUS* SOLUTION 2000000 UNIT/0.5ML                                     | SP    |         | SP  |
| HYDREA ORAL CAPSULE ( <i>Hydroxyurea</i> ) 500 MG                                       | T2    | T1      | RM  |
| INTRON-A INJECTION SOLUTION 10000000 UNIT/ML  | SP    |         | RM  |
| INTRON-A INJECTION SOLUTION 6000000 UNIT/ML   | SP    |         | PA; RM  |
| INTRON-A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT   | SP    |         | PA; RM  |
| MATULANE ORAL CAPSULE 50 MG   | SP    |         | SP  |
| SYNRIBO SUBCUTANEOUS* SOLUTION RECONSTITUTED 3.5 MG                                     | SP    |         | SP  |
| <b>*antineoplastics misc.**-*retinoids***</b>   |       |         |   |
| <i>tretinoin oral capsule 10 mg</i>   |       | SP      | SP  |
| <b>*antineoplastics misc.**-*selective retinoid x receptor agonists***</b>              |       |         |   |
| TARGRETIN ORAL CAPSULE 75 MG  | SP    |         | SP  |
| <b>*chemotherapy adjuncts**-*chemotherapy adjuncts - hyperuricemia agents***</b>        |       |         |   |
| ELITEK INTRAVENOUS* SOLUTION RECONSTITUTED 1.5 MG, 7.5 MG                               | SP    |         | SP  |

| Drug Name  | Brand | Generic | Additional Information |
|--|-------|---------|------------------------|
| <b>*chemotherapy rescue/antidote agents**-*folic acid antagonists rescue agents***</b> |       |         |                        |
| <i>calcium folinate injection solution 300 mg/30ml</i>                                 |       | MB      | RM                     |
| <b>FUSILEV INTRAVENOUS* SOLUTION RECONSTITUTED 50 MG</b>                               | MB    |         | RM                     |
| <i>leucovorin calcium injection solution reconstituted 350 mg</i>                      |       | MB      | RM                     |
| <i>leucovorin calcium oral tablet 10 mg, 15 mg</i>                                     |       | T3      | RM                     |
| <i>leucovorin calcium oral tablet 25 mg, 5 mg</i>                                      |       | T1      | RM                     |
| <b>*chemotherapy rescue/antidote agents**-*urinary tract protective agents***</b>      |       |         |                        |
| <b>MESNEX ORAL TABLET 400 MG</b>   | SP    |         | SP                     |
| <b>*mitotic inhibitors**-*mitotic inhibitors***</b>                                    |       |         |                        |
| <b>ABRAXANE INTRAVENOUS* SUSPENSION RECONSTITUTED 100 MG</b>                           | MB    |         | RM                     |
| <b>ETOPOPHOS INTRAVENOUS* SOLUTION RECONSTITUTED 100 MG</b>                            | MB    |         | RM                     |
| <i>etoposide oral capsule 50 mg</i>  |       | SP      | SP                     |
| <b>IXEMPRA KIT INTRAVENOUS* SOLUTION RECONSTITUTED 45 MG</b>                           | MB    |         | RM                     |
| <b>TOPOSAR INTRAVENOUS* SOLUTION (Etoposide) 100 MG/5ML</b>                            | MB    | MB      | RM                     |
| <b>*topoisomerase i inhibitors**-*topoisomerase i inhibitors***</b>                    |       |         |                        |
| <b>HYCANTIN INTRAVENOUS* SOLUTION RECONSTITUTED 4 MG</b>                               | MB    |         | SP                     |
| <b>HYCANTIN ORAL CAPSULE 0.25 MG</b>   | SP    |         | SP                     |
| <b>HYCANTIN ORAL CAPSULE 1 MG</b>  | SP    |         | RM                     |
| <i>topotecan hcl intravenous* solution 4 mg/4ml</i>                                    |       | MB      | RM                     |
| <b>*Antiparkinson Agents*</b>  |       |         |                        |
| <b>*antiparkinson adjuvants**-*decarboxylase inhibitors***</b>                         |       |         |                        |
| <b>LODOSYN ORAL TABLET 25 MG</b>   | T3    |         | RM                     |
| <b>*antiparkinson anticholinergics**-*antiparkinson anticholinergics***</b>            |       |         |                        |
| <i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>                             |       | T1      | RM                     |
| <i>trihexyphenidyl hcl oral elixir 0.4 mg/ml</i>                                       |       | T3      | RM                     |
| <i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>                                      |       | T1      | RM                     |
| <b>*antiparkinson comt inhibitors**-*central/peripheral comt inhibitors***</b>         |       |         |                        |
| <b>TASMAR ORAL TABLET 100 MG</b>   | T3    |         | RM                     |
| <b>*antiparkinson comt inhibitors**-*peripheral comt inhibitors***</b>                 |       |         |                        |
| <b>COMTAN ORAL TABLET (Entacapone) 200 MG</b>  | T3    | T1      | RM                     |

| Drug Name  | Brand | Generic | Additional Information                            |
|--|-------|---------|---|
| <b>*antiparkinson dopaminergics**-*antiparkinson dopaminergics***</b>  |       |         |   |
| <i>amantadine hcl oral capsule 100 mg</i>  |       | T1      | RM  |
| <i>amantadine hcl oral syrup 50 mg/5ml</i>   |       | T1      | RM  |
| <i>bromocriptine mesylate oral capsule 5 mg</i>  |       | T1      | RM  |
| <i>bromocriptine mesylate oral tablet 2.5 mg</i>   |       | T1      | RM  |
| <b>*antiparkinson dopaminergics**-*levodopa combinations***</b>  |       |         |   |
| <i>carbidopa-levodopa er oral tablet extendedrelease* 50-200 mg</i>  |       | T1      | RM  |
| <i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>  |       | T1      | RM  |
| <i>carbidopa-levodopa oral tablet dispersible 25-100 mg</i>  |       | T1      | RM  |
| <b>STALEVO 100 ORAL TABLET</b><br><i>(Carbidopa-Levodopa-Entacapone) 25-100-200 MG</i>                           | T3    | T3      | RM; AI (Max #270 Mail Order); QL (8 EA per 1 Day) |
| <b>STALEVO 125 ORAL TABLET</b><br><i>(Carbidopa-Levodopa-Entacapone) 31.25-125-200 MG</i>                        | T3    | T3      | RM; AI (Max #270 Mail Order); QL (8 EA per 1 Day) |
| <b>STALEVO 150 ORAL TABLET</b><br><i>(Carbidopa-Levodopa-Entacapone) 37.5-150-200 MG</i>                         | T3    | T3      | RM; AI (Max #270 Mail Order); QL (8 EA per 1 Day) |
| <b>STALEVO 200 ORAL TABLET</b><br><i>(Carbidopa-Levodopa-Entacapone) 50-200-200 MG</i>                           | T3    | T3      | RM; AI (Max #270 Mail Order); QL (8 EA per 1 Day) |
| <b>STALEVO 50 ORAL TABLET</b><br><i>(Carbidopa-Levodopa-Entacapone) 12.5-50-200 MG</i>                           | T3    | T3      | RM; AI (Max #270 Mail Order); QL (8 EA per 1 Day) |
| <b>STALEVO 75 ORAL TABLET</b><br><i>(Carbidopa-Levodopa-Entacapone) 18.75-75-200 MG</i>                          | T3    | T3      | RM; AI (Max #270 Mail Order); QL (8 EA per 1 Day) |
| <b>*antiparkinson dopaminergics**-*nonergoline dopamine receptor agonists***</b>                                 |       |         |   |
| <b>APOKYN SUBCUTANEOUS* SOLUTION 10 MG/ML</b>  | SP    |         | PA; SP  |
| <b>MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HR* 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG</b>  | SP    |         | SP; AI ( ); QL (1 EA per 1 Day)                   |
| <b>MIRAPEX ORAL TABLET</b> <i>(Pramipexole Dihydrochloride)</i> 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG | SP    | T1      | RM  |
| <b>NEUPRO TRANSDERMAL PATCH 24 HR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR</b>           | SP    |         | SP  |
| <b>REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HR* (ROPINIROLE HCl ER) 12 MG, 6 MG</b>                             | T3    | T3      | RM  |
| <b>REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HR* 2 MG</b>  | T3    |         | RM; QL (8 EA per 1 Day)                           |
| <b>REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HR* 4 MG</b>  | T3    |         | RM; QL (4 EA per 1 Day)                           |
| <b>REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HR* 8 MG</b>  | T3    |         | RM; QL (3 EA per 1 Day)                           |
| <i>ropinirole hcl er oral tablet extended release 24 hr* 2 mg</i>  |       | T3      | RM; AI (Max #720 Mail Order); QL (8 EA per 1 Day) |

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| <b>Drug Name</b>  | <b>Brand</b> | <b>Generic</b> | <b>Additional Information</b>  |
|---|--------------|----------------|--|
| <i>ropinirole hcl er oral tablet extended release 24 hr* 4 mg</i>                                       |              | T3             | RM; AI (Max #540 Mail Order); QL (4 EA per 1 Day)                          |
| <i>ropinirole hcl er oral tablet extended release 24 hr* 8 mg</i>                                       |              | T3             | RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day)                          |
| <i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>                         |              | T1             | RM   |
| <b>*antiparkinson monoamine oxidase inhibitors**-*antiparkinson monoamine oxidase inhibitors***</b>     |              |                |  |
| <b>AZILECT ORAL TABLET 0.5 MG, 1 MG</b>   | SP           |                | SP   |
| <i>selegiline hcl oral capsule 5 mg</i>   |              | T1             | RM   |
| <i>selegiline hcl oral tablet 5 mg</i>  |              | T1             | RM   |
| <b>*Antipsychotics/Antimanic Agents*</b>  |              |                |  |
| <b>*antimanic agents**-*antimanic agents***</b>   |              |                |  |
| <i>lithium carbonate er oral tablet extended release* 300 mg, 450 mg</i>                                |              | T1             | RM   |
| <i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>  |              | T1             | RM   |
| <i>lithium carbonate oral tablet 300 mg</i>   |              | T1             | RM   |
| <b>*antipsychotics - misc.**-*antipsychotics - misc.***</b>   |              |                |  |
| <b>EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG</b>   | T3           |                | RM   |
| <b>EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 200 MG</b>   | T3           |                | RM; AI (Max #720 Mail Order); QL (8 EA per 1 Day)                          |
| <b>EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 300 MG</b>   | T3           |                | RM; AI (Max #450 Mail Order); QL (5 EA per 1 Day)                          |
| <b>LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG</b>  | T3           |                | RM; QL (1 EA per 1 Day); AL (Min 12 Years)                                 |
| <i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>  |              | T1             | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)                          |
| <b>*benzisoaxazoles**-*benzisoaxazoles***</b>   |              |                |  |
| <b>FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG</b>                                    | T3           |                | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)                          |
| <b>FANAPT TITRATION PACK ORAL TABLET 1 &amp; 2 &amp; 4 &amp; 6 MG</b>                                   | T3           |                | RM; AI (1 pack retail per 180 days retail or mail); QL (1 EA per 180 Days) |
| <b>INVEGA ORAL TABLET EXTENDED RELEASE 24 HR* 1.5 MG, 6 MG</b>  | T3           |                | RM; QL (2 EA per 1 Day); AL (Min 12 Years)                                 |
| <b>INVEGA ORAL TABLET EXTENDED RELEASE 24 HR* 3 MG, 9 MG</b>  | T3           |                | RM; AI (90 tablets per copay); QL (1 EA per 1 Day); AL (Min 12 Years)      |
| <b>INVEGA SUSTENNA INTRAMUSCULAR* SUSPENSION 117 MG/0.75ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML</b> | MB           |                | PA; RM   |
| <b>RISPERDAL CONSTA INTRAMUSCULAR* SUSPENSION RECONSTITUTED 12.5 MG</b>                                 | MB           |                | RM   |
| <b>RISPERIDONE M-TAB ORAL TABLET DISPERSIBLE 1 MG</b>   | T1           |                | RM   |
| <i>risperidone oral solution 1 mg/ml</i>  |              | T1             | RM   |

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|---|-------|---------|---|
| <i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>                      |       | T1      | RM  |
| <b>*butyrophenones**-*butyrophenones***</b>   |       |         |   |
| <b>HALDOL DECANOATE INTRAMUSCULAR* SOLUTION (Haloperidol Decanoate) 100 MG/ML, 50 MG/ML</b> | MB    | MB      | RM  |
| <b>HALDOL INJECTION SOLUTION (Haloperidol Lactate) 5 MG/ML</b>                              | MB    | MB      | RM  |
| <i>haloperidol lactate oral concentrate 2 mg/ml</i>   |       | T1      | RM  |
| <i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>                       |       | T1      | RM  |
| <b>*dibenzapines**-*dibenzodiazepines***</b>  |       |         |   |
| <i>clozapine oral tablet 100 mg, 25 mg</i>  |       | T1      | RM; AI (Max #810 Mail Order); QL (9 EA per 1 Day) |
| <i>clozapine oral tablet 200 mg</i>   |       | T1      | RM; AI (Max #360 Mail Order); QL (4 EA per 1 Day) |
| <i>clozapine oral tablet 50 mg</i>  |       | T1      | RM; AI (Max #540 per 90days); QL (6 EA per 1 Day) |
| <b>*dibenzapines**-*dibenzo-oxepino pyrroles***</b>   |       |         |   |
| <b>SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG</b>                                     | T3    |         | RM; QL (2 EA per 1 Day)                           |
| <b>*dibenzapines**-*dibenzothiazepines***</b>   |       |         |   |
| <i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg</i>                        |       | T1      | RM  |
| <i>quetiapine fumarate oral tablet 400 mg</i>   |       | T1      | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| <i>quetiapine fumarate oral tablet 50 mg</i>  |       | T1      | RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day) |
| <b>*dibenzapines**-*dibenzoxazepines***</b>   |       |         |   |
| <i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>                            |       | T1      | RM  |
| <b>*dibenzapines**-*thienbenzodiazepines***</b>   |       |         |   |
| <i>olanzapine intramuscular* solution reconstituted 10 mg</i>                               |       | MB      | RM  |
| <i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>                     |       | T1      | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)  |
| <i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>                         |       | T3      | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)  |
| <b>*phenothiazines**-*phenothiazines***</b>   |       |         |   |
| <i>chlorpromazine hcl injection solution 25 mg/ml</i>                                       |       | MB      | RM  |
| <i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>                   |       | T1      | RM  |
| <i>fluphenazine decanoate injection solution 25 mg/ml</i>                                   |       | MB      | RM  |
| <i>fluphenazine hcl injection solution 2.5 mg/ml</i>  |       | MB      | RM  |
| <i>fluphenazine hcl oral concentrate 5 mg/ml</i>  |       | T3      | RM  |
| <i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>  |       | T3      | RM  |

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| Drug Name  | Brand | Generic | Additional Information  |
|--|-------|---------|---|
| <i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>                      |       | T1      | RM  |
| <i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>                            |       | T1      | RM  |
| <i>prochlorperazine edisylate injection solution 5 mg/ml</i>                       |       | MB      | RM  |
| <i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>                            |       | T2      | RM  |
| <i>prochlorperazine suppository 25 mg</i>  |       | T2      | RM  |
| <i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>                    |       | T1      | RM  |
| <i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>                     |       | T1      | RM  |
| <b>*quinolinone derivatives**-*quinolinone derivatives***</b>                      |       |         |   |
| <b>ABILIFY ORAL SOLUTION 1 MG/ML</b>   | T3    |         | RM; AI (Max #2250ml Mail Order); QL (750 ML per 30 Days)            |
| <b>ABILIFY ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG, 5 MG</b>                        | T3    |         | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)                    |
| <b>ABILIFY ORAL TABLET 2 MG</b>  | T3    |         | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)                   |
| <b>*thioxanthenes**-*thioxanthenes***</b>  |       |         |   |
| <i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>                            |       | T1      | RM  |
| <b>*Antiseptics &amp; Disinfectants*</b>   |       |         |   |
| <b>*antiseptics &amp; disinfectants**-*antiseptics &amp; disinfectants***</b>      |       |         |   |
| <b>FORMADON EXTERNAL SOLUTION (Formaldehyde) 10 %</b>                              | T2    | T2      | RM  |
| <b>*iodine antiseptics**-*iodine antiseptics***</b>                                |       |         |   |
| <b>IODOSORB EXTERNAL 0.9 %</b>   | T3    |         | RM  |
| <b>*Antivirals*</b>  |       |         |   |
| <b>*antiretrovirals**-*antiretroviral combinations***</b>                          |       |         |   |
| <b>ATRIPLA ORAL TABLET 600-200-300 MG</b>  | SP    |         | SP; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 18 Years) |
| <b>COMBIVIR ORAL TABLET (Lamivudine-Zidovudine) 150-300 MG</b>                     | SP    | SP      | SP  |
| <b>COMPLERA ORAL TABLET 200-25-300 MG</b>  | SP    |         | SP  |
| <b>EPZICOM ORAL TABLET 600-300 MG</b>  | SP    |         | SP  |
| <b>KALETRA ORAL SOLUTION 400-100 MG/5ML</b>  | SP    |         | SP  |
| <b>KALETRA ORAL TABLET 100-25 MG, 200-50 MG</b>                                    | SP    |         | SP  |
| <b>STRIBILD ORAL TABLET 150-150-200-300 MG</b>                                     | SP    |         | SP  |
| <b>TRIZIVIR ORAL TABLET 300-150-300 MG</b>   | SP    |         | SP; AI (Max #180 Mail Order); QL (2 EA per 1 Day)                   |
| <b>TRUVADA ORAL TABLET 200-300 MG</b>  | SP    |         | SP; AI (Max #90 Mail Order); QL (1 EA per 1 Day)                    |
| <b>*antiretrovirals**-*antiretrovirals - ccr5 antagonists (entry inhibitor)***</b> |       |         |   |
| <b>SELZENTRY ORAL TABLET 150 MG, 300 MG</b>  | SP    |         | SP  |

| Drug Name  | Brand | Generic | Additional Information                            |
|--|-------|---------|---|
| <b>*antiretrovirals**-*antiretrovirals - fusion inhibitors***</b>            |       |         |   |
| <b>FUZEON SUBCUTANEOUS* SOLUTION RECONSTITUTED 90 MG</b>                     | SP    |         | PA; SP  |
| <b>*antiretrovirals**-*antiretrovirals - integrase inhibitors***</b>         |       |         |   |
| <b>ISENTRESS ORAL TABLET 400 MG</b>  | SP    |         | SP  |
| <b>ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG</b>                          | SP    |         | SP  |
| <b>TIVICAY ORAL TABLET 50 MG</b>   | SP    |         | SP  |
| <b>*antiretrovirals**-*antiretrovirals - protease inhibitors***</b>          |       |         |   |
| <b>APTIVUS ORAL CAPSULE 250 MG</b>   | SP    |         | SP  |
| <b>APTIVUS ORAL SOLUTION 100 MG/ML</b>                                       | SP    |         | SP  |
| <b>CRIXIVAN ORAL CAPSULE 200 MG, 400 MG</b>                                  | SP    |         | SP  |
| <b>INVIRASE ORAL CAPSULE 200 MG</b>  | SP    |         | SP  |
| <b>INVIRASE ORAL TABLET 500 MG</b>   | SP    |         | SP  |
| <b>LEXIVA ORAL SUSPENSION 50 MG/ML</b>                                       | SP    |         | SP  |
| <b>LEXIVA ORAL TABLET 700 MG</b>   | SP    |         | SP  |
| <b>NORVIR ORAL CAPSULE 100 MG</b>  | SP    |         | SP  |
| <b>NORVIR ORAL SOLUTION 80 MG/ML</b>   | SP    |         | SP  |
| <b>NORVIR ORAL TABLET 100 MG</b>   | SP    |         | SP  |
| <b>PREZISTA ORAL SUSPENSION 100 MG/ML</b>                                    | SP    |         | SP  |
| <b>PREZISTA ORAL TABLET 150 MG</b>   | SP    |         | SP; QL (4 EA per 1 Day)                           |
| <b>PREZISTA ORAL TABLET 400 MG</b>   | SP    |         | SP; AI ( ); QL (2 EA per 1 Day)                   |
| <b>PREZISTA ORAL TABLET 600 MG</b>   | SP    |         | SP; QL (2 EA per 1 Day)                           |
| <b>PREZISTA ORAL TABLET 75 MG</b>  | SP    |         | SP; AI ( ); QL (6 EA per 1 Day)                   |
| <b>PREZISTA ORAL TABLET 800 MG</b>   | SP    |         | SP; QL (1 EA per 1 Day)                           |
| <b>REYATAZ ORAL CAPSULE 150 MG, 200 MG</b>                                   | SP    |         | SP; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| <b>REYATAZ ORAL CAPSULE 300 MG</b>   | SP    |         | SP; AI (Max #90 Mail Order); QL (1 EA per 1 Day)  |
| <b>VIRACEPT ORAL TABLET 250 MG, 625 MG</b>                                   | SP    |         | SP  |
| <b>*antiretrovirals**-*antiretrovirals - rti-non-nucleoside analogues***</b> |       |         |   |
| <b>EDURANT ORAL TABLET 25 MG</b>   | SP    |         | SP; AI (Max #90 Mail Order); QL (1 EA per 1 Day)  |
| <b>INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG</b>                           | SP    |         | SP  |
| <i>nevirapine oral suspension 50 mg/5ml</i>                                  |       | SP      | RM  |
| <i>nevirapine oral tablet 200 mg</i>   |       | T1      | RM  |
| <b>RESCRIPTOR ORAL TABLET 100 MG, 200 MG</b>                                 | SP    |         | PA; SP  |
| <b>SUSTIVA ORAL CAPSULE 200 MG</b>   | SP    |         | SP; QL (1 EA per 1 Day)                           |
| <b>SUSTIVA ORAL CAPSULE 50 MG</b>  | SP    |         | SP; QL (2 EA per 1 Day)                           |
| <b>SUSTIVA ORAL TABLET 600 MG</b>  | SP    |         | SP; QL (1 EA per 1 Day)                           |

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|--|-------|---------|--|
| VIRAMUNE ORAL SUSPENSION 50 MG/5ML   | SP    |         | SP   |
| VIRAMUNE ORAL TABLET 200 MG  | SP    |         | SP   |
| VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR* 100 MG                                     | SP    |         | SP   |
| VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR* ( <i>Nevirapine ER</i> ) 400 MG            | SP    | SP      | SP   |
| <b>*antiretrovirals**-*antiretrovirals - rti-nucleoside analogues-purines***</b>           |       |         |  |
| <i>abacavir sulfate oral tablet 300 mg</i>   |       | SP      | RM   |
| VIDEX EC ORAL CAPSULE DELAYED RELEASE ( <i>Didanosine</i> ) 125 MG, 200 MG, 250 MG, 400 MG | SP    | SP      | SP   |
| VIDEX ORAL SOLUTION RECONSTITUTED 2 GM, 4 GM   | SP    |         | SP   |
| ZIAGEN ORAL SOLUTION 20 MG/ML  | SP    |         | SP   |
| ZIAGEN ORAL TABLET 300 MG  | SP    |         | SP   |
| <b>*antiretrovirals**-*antiretrovirals - rti-nucleoside analogues-pyrimidines***</b>       |       |         |  |
| EMTRIVA ORAL CAPSULE 200 MG  | SP    |         | SP; AI (Max #90 Mail Order); QL (1 EA per 1 Day)         |
| EMTRIVA ORAL SOLUTION 10 MG/ML   | SP    |         | SP; AI (Max #2160ml Mail Order); QL (720 ML per 30 Days) |
| EPIVIR HBV ORAL SOLUTION 5 MG/ML   | SP    |         | SP   |
| EPIVIR HBV ORAL TABLET ( <i>LamiVUDine</i> ) 100 MG  | SP    | SP      | SP   |
| EPIVIR ORAL SOLUTION ( <i>LamiVUDine</i> ) 10 MG/ML  | SP    | SP      | SP   |
| EPIVIR ORAL TABLET ( <i>LamiVUDine</i> ) 150 MG, 300 MG                                    | SP    | SP      | SP   |
| <b>*antiretrovirals**-*antiretrovirals - rti-nucleoside analogues-thymidines***</b>        |       |         |  |
| RETROVIR INTRAVENOUS* SOLUTION 10 MG/ML  | MB    |         | SP   |
| RETROVIR ORAL CAPSULE ( <i>Zidovudine</i> ) 100 MG   | SP    | SP      | SP   |
| RETROVIR ORAL SYRUP 50 MG/5ML  | SP    |         | SP   |
| <i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>                                   |       | T1      | RM   |
| ZERIT ORAL CAPSULE 15 MG, 20 MG, 30 MG, 40 MG  | SP    |         | SP   |
| ZERIT ORAL SOLUTION RECONSTITUTED 1 MG/ML  | SP    |         | SP   |
| <i>zidovudine oral syrup 50 mg/5ml</i>   |       | T1      | RM   |
| <i>zidovudine oral tablet 300 mg</i>   |       | SP      | SP   |
| <b>*antiretrovirals**-*antiretrovirals - rti-nucleotide analogues***</b>                   |       |         |  |
| VIREAD ORAL POWDER 40 MG/GM  | SP    |         | SP   |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG  | SP    |         | SP; QL (1 EA per 1 Day)                                  |
| VIREAD ORAL TABLET 300 MG  | SP    |         | SP; AI (Max #90 Mail Order); QL (1 EA per 1 Day)         |

| Drug Name  | Brand | Generic | Additional Information   |
|--|-------|---------|--|
| <b>*cmv agents**-*cmv agents***</b>  |       |         |  |
| <b>CYTOVENE INTRAVENOUS* SOLUTION RECONSTITUTED 500 MG</b>   | MB    |         | SP   |
| <i>foscarnet sodium intravenous* solution 24 mg/ml</i>   |       | MB      | RM   |
| <i>ganciclovir sodium intravenous* solution reconstituted 500 mg</i>                                       |       | MB      | RM   |
| <b>VALCYTE ORAL SOLUTION RECONSTITUTED 50 MG/ML</b>  | SP    |         | SP   |
| <b>VALCYTE ORAL TABLET 450 MG</b>  | SP    |         | SP; AI (Max #360 Mail Order); QL (4 EA per 1 Day)  |
| <b>VISTIDE INTRAVENOUS* SOLUTION (Cidofovir) 75 MG/ML</b>  | MB    | MB      | RM   |
| <b>*hepatitis agents**-*hepatitis b agents***</b>  |       |         |  |
| <b>BARACLUDE ORAL SOLUTION 0.05 MG/ML</b>  | SP    |         | SP; AI (Max #1800 Mail Order); QL (20 ML per 1 Day); AL (Min 16 Years)                         |
| <b>BARACLUDE ORAL TABLET 0.5 MG, 1 MG</b>  | SP    |         | SP; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 16 Years)                            |
| <b>HEPSERA ORAL TABLET 10 MG</b>   | SP    |         | SP   |
| <b>TYZEKA ORAL TABLET 600 MG</b>   | SP    |         | SP; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 16 Years)                            |
| <b>*hepatitis agents**-*hepatitis c agent - combinations***</b>  |       |         |  |
| <b>HARVONI ORAL TABLET 90-400 MG</b>   | SP    |         | PA; SP; QL (1 EA per 1 day)  |
| <b>VIEKIRA PAK ORAL 12.5-75-50 &amp;250 MG</b>   | SP    |         | PA; SP   |
| <b>*hepatitis agents**-*hepatitis c agents***</b>  |       |         |  |
| <b>COPEGUS ORAL TABLET 200 MG</b>  | SP    |         | SP   |
| <b>INCIVEK ORAL TABLET 375 MG</b>  | SP    |         | PA; SP; AI (Not covered at Mail Order); QL (168 EA Max Qty Per Fill Retail); AL (Min 18 Years) |
| <b>MODERIBA 1200 DOSE PACK ORAL TABLET 600 MG</b>  | SP    |         | RM; QL (2 EA per 1 Day)  |
| <b>MODERIBA 800 DOSE PACK ORAL TABLET 400 MG</b>   | SP    |         | RM; QL (2 EA per 1 Day)  |
| <b>MODERIBA ORAL TABLET (Ribavirin) 200 MG</b>   | SP    | SP      | RM   |
| <b>OLYSIO ORAL CAPSULE 150 MG</b>  | SP    |         | PA; SP   |
| <b>PEGASYS PROCLICK SUBCUTANEOUS* SOLUTION 135 MCG/0.5ML, 180 MCG/0.5ML</b>                                | SP    |         | PA; SP   |
| <b>PEGASYS SUBCUTANEOUS* KIT 180 MCG/0.5ML</b>   | SP    |         | PA; SP   |
| <b>PEGASYS SUBCUTANEOUS* SOLUTION 180 MCG/0.5ML, 180 MCG/ML</b>  | SP    |         | PA; SP   |
| <b>PEG-INTRON REDIPEN PAK 4 SUBCUTANEOUS* KIT 120 MCG/0.5ML, 150 MCG/0.5ML, 50 MCG/0.5ML, 80 MCG/0.5ML</b> | SP    |         | PA; SP   |
| <b>PEG-INTRON REDIPEN SUBCUTANEOUS* KIT 120 MCG/0.5ML, 150 MCG/0.5ML, 50 MCG/0.5ML, 80 MCG/0.5ML</b>       | SP    |         | PA; SP   |

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|--|-------|---------|---|
| PEG-INTRON SUBCUTANEOUS* KIT 120 MCG/0.5ML, 150 MCG/0.5ML, 50 MCG/0.5ML, 80 MCG/0.5ML    | SP    |         | PA; SP  |
| REBETOL ORAL CAPSULE 200 MG  | SP    |         | SP  |
| REBETOL ORAL SOLUTION 40 MG/ML   | SP    |         | SP  |
| RIBASPHERE ORAL CAPSULE 200 MG   | SP    |         | SP  |
| RIBASPHERE ORAL TABLET 200 MG  | SP    |         | SP  |
| RIBASPHERE ORAL TABLET 400 MG, 600 MG  | SP    |         | SP; AI (Max #180 Mail Order); QL (2 EA per 1 Day)                               |
| RIBATAB ORAL 400 & 600 MG  | SP    |         | RM  |
| RIBATAB ORAL TABLET 400 MG, 600 MG   | SP    |         | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)                               |
| <i>ribavirin oral capsule 200 mg</i>   |       | SP      | RM  |
| SOVALDI ORAL TABLET 400 MG   | SP    |         | PA; SP  |
| VICTRELIS ORAL CAPSULE 200 MG  | SP    |         | PA; SP; AI (Not Covered Mail Order); QL (336 EA per 30 Days); AL (Min 18 Years) |
| <b>*herpes agents**-*herpes agents - purine analogues***</b>                             |       |         |   |
| <i>acyclovir oral capsule 200 mg</i>   |       | T1      | RM  |
| <i>acyclovir oral suspension 200 mg/5ml</i>  |       | T1      | RM  |
| <i>acyclovir oral tablet 400 mg, 800 mg</i>  |       | T1      | RM  |
| <i>valacyclovir hcl oral tablet 500 mg</i>   |       | T1      | RM; QL (2 EA per 1 Day)   |
| VALTREX ORAL TABLET ( <i>ValACYclovir HCl</i> ) 1 GM                                     | T3    | T1      | RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day)                               |
| VALTREX ORAL TABLET 500 MG   | T3    |         | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)                               |
| <b>*herpes agents**-*herpes agents - thymidine analogues***</b>                          |       |         |   |
| <i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>                                    |       | T1      | RM  |
| <b>*influenza agents**-*influenza agents***</b>  |       |         |   |
| FLUMADINE ORAL TABLET ( <i>Rimantadine HCl</i> ) 100 MG                                  | T3    | T3      | RM  |
| <b>*influenza agents**-*neuraminidase inhibitors***</b>                                  |       |         |   |
| RELENZA DISKHALER INHALATION AEROSOL POWDER, BREATH ACTIVATED 5 MG/BLISTER               | T3    |         | RM; AI (Max #20 retail or mail); QL (20 EA Max Qty Per Fill Retail)             |
| TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG   | T3    |         | RM; AI (#10 per copay retail or mail); QL (10 EA per 1 Copay)                   |
| TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML  | T3    |         | RM; AI (180 ml per copay retail or mail); QL (180 ML per 1 Copay)               |
| <b>*respiratory syncytial virus (rsv) agents**-*rsv agents - nucleoside analogues***</b> |       |         |   |
| VIRAZOLE INHALATION SOLUTION RECONSTITUTED 6 GM  | MB    |         | SP  |

| Drug Name   | Brand | Generic | Additional Information  |
|---|-------|---------|---|
| <b>*Assorted Classes*</b>   |       |         |   |
| <b>*chelating agents**-*chelating agents***</b>                                       |       |         |   |
| CUPRIMINE ORAL CAPSULE 250 MG   | T2    |         | RM  |
| DEPEN TITRATABS ORAL TABLET 250 MG  | T3    |         | RM  |
| SYPRINE ORAL CAPSULE 250 MG   | T3    |         | PA; RM  |
| <b>*enzymes**-*enzymes***</b>   |       |         |   |
| XIAFLEX INJECTION SOLUTION RECONSTITUTED 0.9 MG                                       | SP    |         | PA; SP  |
| <b>*immunomodulators**-*antileptotics***</b>  |       |         |   |
| THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG                                   | SP    |         | SP  |
| <b>*immunomodulators**-*immunomodulators for myelodysplastic syndromes***</b>         |       |         |   |
| REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG                        | SP    |         | SP; AI (Max #30 Mail Order); QL (1 EA per 1 Day); AL (Min 18 Years) |
| <b>*immunosuppressive agents**-*cyclosporine analogs***</b>                           |       |         |   |
| <i>cyclosporine intravenous* solution 50 mg/ml</i>                                    |       | SP      | RM  |
| <i>cyclosporine modified oral capsule 100 mg, 50 mg</i>                               |       | SP      | PA; RM  |
| <i>cyclosporine oral capsule 100 mg, 25 mg</i>  |       | SP      | PA; RM  |
| GENGRAF ORAL CAPSULE 100 MG   | SP    |         | PA; SP  |
| GENGRAF ORAL CAPSULE ( <i>CycloSPORINE Modified</i> ) 25 MG                           | SP    | SP      | PA; SP  |
| GENGRAF ORAL SOLUTION 100 MG/ML   | SP    |         | SP  |
| NEORAL ORAL CAPSULE 100 MG  | SP    |         | PA; SP  |
| NEORAL ORAL CAPSULE ( <i>CycloSPORINE Modified</i> ) 25 MG                            | SP    | SP      | PA; SP  |
| NEORAL ORAL SOLUTION 100 MG/ML  | SP    |         | SP  |
| SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG   | SP    |         | PA; SP  |
| SANDIMMUNE ORAL SOLUTION 100 MG/ML  | SP    |         | SP  |
| <b>*immunosuppressive agents**-*immune globulin immunosuppressants***</b>             |       |         |   |
| THYMOGLOBULIN INTRAVENOUS* SOLUTION RECONSTITUTED 25 MG                               | MB    |         | PA; ST; RM  |
| <b>*immunosuppressive agents**-*inosine monophosphate dehydrogenase inhibitors***</b> |       |         |   |
| CELLCEPT ORAL CAPSULE ( <i>Mycophenolate Mofetil</i> ) 250 MG                         | T3    | T1      | RM  |
| CELLCEPT ORAL SUSPENSION RECONSTITUTED ( <i>Mycophenolate Mofetil</i> ) 200 MG/ML     | T3    | T1      | RM  |
| CELLCEPT ORAL TABLET ( <i>Mycophenolate Mofetil</i> ) 500 MG                          | T3    | T1      | RM  |
| MYFORTIC ORAL TABLET DELAYED RELEASE ( <i>Mycophenolic Acid</i> ) 180 MG              | T3    | T1      | RM; AI ( ); QL (6 EA per 1 Day)                                     |
| MYFORTIC ORAL TABLET DELAYED RELEASE ( <i>Mycophenolic Acid</i> ) 360 MG              | T3    | T1      | RM; AI ( ); QL (4 EA per 1 Day)                                     |

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| Drug Name  | Brand | Generic | Additional Information |
|--|-------|---------|------------------------|
| <b>*immunosuppressive agents**-*macrolide immunosuppressants***</b>                                  |       |         |                        |
| ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG                                 | SP    |         | SP                     |
| HECORIA ORAL CAPSULE ( <i>Tacrolimus</i> ) 0.5 MG, 1 MG, 5 MG  | SP    | SP      | SP                     |
| PROGRAF INTRAVENOUS* SOLUTION 5 MG/ML  | SP    |         | SP                     |
| PROGRAF ORAL CAPSULE ( <i>Tacrolimus</i> ) 0.5 MG, 1 MG, 5 MG  | SP    | SP      | SP                     |
| RAPAMUNE ORAL SOLUTION 1 MG/ML   | T3    |         | RM                     |
| RAPAMUNE ORAL TABLET ( <i>Sirolimus</i> ) 0.5 MG, 1 MG, 2 MG   | T3    | T1      | RM                     |
| ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG  | SP    |         | SP                     |
| <b>*immunosuppressive agents**-*monoclonal antibodies***</b>   |       |         |                        |
| SIMULECT INTRAVENOUS* SOLUTION RECONSTITUTED 20 MG   | MB    |         | RM                     |
| <b>*immunosuppressive agents**-*purine analogs***</b>  |       |         |                        |
| <i>azathioprine oral tablet 50 mg</i>  |       | T1      | RM                     |
| <i>azathioprine sodium injection solution reconstituted 100 mg</i>                                   |       | MB      | PA; ST; RM             |
| <b>*immunosuppressive agents**-*selective t-cell costimulation blockers***</b>                       |       |         |                        |
| NULOJIX INTRAVENOUS* SOLUTION RECONSTITUTED 250 MG   | SP    |         | PA; SP                 |
| <b>*irrigation solutions**-*irrigation solutions***</b>  |       |         |                        |
| PHYSIOLYTE IRRIGATION SOLUTION   | MB    |         | RM                     |
| PHYSIOSOL IRRIGATION IRRIGATION SOLUTION   | MB    |         | RM                     |
| <b>*potassium removing resins**-*potassium removing resins***</b>                                    |       |         |                        |
| KAYEXALATE ORAL POWDER ( <i>Sodium Polystyrene Sulfonate</i> )                                       | T3    | T1      | RM                     |
| KIONEX ORAL POWDER ( <i>Sodium Polystyrene Sulfonate</i> )   | T1    | T1      | RM                     |
| KIONEX ORAL SUSPENSION ( <i>Sodium Polystyrene Sulfonate</i> ) 15 GM/60ML                            | T1    | T1      | RM                     |
| <b>*prostaglandins**-*prostaglandins***</b>  |       |         |                        |
| <i>alprostadil injection solution 500 mcg/ml</i>   |       | MB      | RM                     |
| <b>*systemic lupus erythematosus agents**-*b-lymphocyte stimulator (blys)-specific inhibitors***</b> |       |         |                        |
| BENLYSTA INTRAVENOUS* SOLUTION RECONSTITUTED 120 MG  | SP    |         | PA; SP                 |
| BENLYSTA INTRAVENOUS* SOLUTION RECONSTITUTED 400 MG  | SP    |         | SP                     |



| Drug Name   | Brand | Generic | Additional Information   |
|---|-------|---------|--|
| <b>*Beta Blockers*</b>  |       |         |  |
| <b>*alpha-beta blockers**-*alpha-beta blockers***</b>   |       |         |  |
| <i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>                                 |       | T1      | RM   |
| <i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>   |       | T1      | RM   |
| <b>*beta blockers cardio-selective**-*beta blockers cardio-selective***</b>                     |       |         |  |
| <i>acebutolol hcl oral capsule 200 mg, 400 mg</i>   |       | T1      | RM   |
| <i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>  |       | T1      | RM   |
| <i>betaxolol hcl oral tablet 10 mg</i>  |       | T1      | RM; AI (Max #135 Mail Order); QL (1.5 EA per 1 Day)                  |
| <i>betaxolol hcl oral tablet 20 mg</i>  |       | T1      | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)                     |
| <i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>  |       | T1      | RM   |
| <b>BYSTOLIC ORAL TABLET 10 MG, 20 MG</b>  | T3    |         | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day); AL (Min 18 Years) |
| <b>BYSTOLIC ORAL TABLET 2.5 MG</b>  | T3    |         | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 18 Years)  |
| <b>BYSTOLIC ORAL TABLET 5 MG</b>  | T3    |         | RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day); AL (Min 18 Years) |
| <b>LOPRESSOR INTRAVENOUS* SOLUTION 1 MG/ML</b>  | MB    |         | RM   |
| <i>metoprolol succinate er oral tablet extended release 24 hr* 100 mg, 200 mg, 25 mg, 50 mg</i> |       | T1      | RM   |
| <i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>                                     |       | T1      | RM   |
| <b>*beta blockers non-selective**-*beta blockers non-selective***</b>                           |       |         |  |
| <b>LEVATOL ORAL TABLET 20 MG</b>  | T3    |         | RM   |
| <i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>  |       | T1      | RM   |
| <i>pindolol oral tablet 10 mg, 5 mg</i>   |       | T1      | RM   |
| <i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>    |       | T1      | RM   |
| <i>propranolol hcl intravenous* solution 1 mg/ml</i>  |       | MB      | RM   |
| <i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>                                       |       | T2      | RM   |
| <i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>                            |       | T1      | RM   |
| <b>SORINE ORAL TABLET (Sotalol HCl) 120 MG, 160 MG, 240 MG, 80 MG</b>                           | T1    | T1      | RM   |
| <i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>                                       |       | T1      | RM   |
| <i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>   |       | T3      | RM   |
| <b>*Biologicals Misc*</b>   |       |         |  |
| <b>*biologicals misc**-*biologicals misc***</b>   |       |         |  |
| <b>ADAGEN INTRAMUSCULAR* SOLUTION 250 UNIT/ML</b>   | SP    |         | SP   |

| Drug Name  | Brand | Generic | Additional Information                              |
|--|-------|---------|---|
| <b>*Calcium Channel Blockers*</b>  |       |         |   |
| <b>*calcium channel blockers**-*calcium channel blockers***</b>  |       |         |   |
| <b>AFEDITAB CR ORAL TABLET EXTENDED RELEASE 24 HR* (NIFEdipine ER) 30 MG, 60 MG</b>                                    | T1    | T1      | RM  |
| <i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>   |       | T1      | RM  |
| <b>CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR (Diltiazem HCl ER Coated Beads) 120 MG, 180 MG, 240 MG, 300 MG</b>  | T1    | T1      | RM  |
| <i>dilt-cd oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>                                    |       | T1      | RM  |
| <i>diltiazem hcl cd oral capsule extended release 24 hour 360 mg</i>   |       | T1      | RM  |
| <i>diltiazem hcl er beads oral capsule extended release 24 hour 420 mg</i>   |       | T1      | RM  |
| <i>diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg</i>                                      |       | T1      | RM  |
| <i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>                                     |       | T1      | RM  |
| <i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>                                   |       | T1      | RM  |
| <i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>   |       | T1      | RM  |
| <i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>  |       | T1      | RM  |
| <i>diltzac oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>                            |       | T1      | RM  |
| <i>felodipine er oral tablet extended release 24 hr* 10 mg, 2.5 mg, 5 mg</i>   |       | T2      | RM  |
| <i>isradipine oral capsule 2.5 mg, 5 mg</i>  |       | T1      | RM  |
| <i>nicardipine hcl oral capsule 20 mg, 30 mg</i>   |       | T1      | RM  |
| <b>NIFEDIAC CC ORAL TABLET EXTENDED RELEASE 24 HR* (NIFEdipine ER) 30 MG, 60 MG, 90 MG</b>                             | T1    | T1      | RM  |
| <b>NIFEDICAL XL ORAL TABLET EXTENDED RELEASE 24 HR* (NIFEdipine ER Osmotic) 30 MG, 60 MG</b>                           | T1    | T1      | RM  |
| <i>nifedipine er osmotic oral tablet extended release 24 hr* 90 mg</i>   |       | T1      | RM  |
| <i>nifedipine oral capsule 10 mg, 20 mg</i>  |       | T1      | RM  |
| <i>nimodipine oral capsule 30 mg</i>   |       | T1      | RM; AI (Max #756 Mail Order); QL (8.4 EA per 1 Day) |
| <i>nisoldipine er oral tablet extended release 24 hr* 17 mg, 20 mg, 25.5 mg, 34 mg, 40 mg, 8.5 mg</i>                  |       | T3      | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)    |
| <i>nisoldipine er oral tablet extended release 24 hr* 30 mg</i>  |       | T3      | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)   |
| <b>TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR (Diltiazem HCl ER Beads) 120 MG, 180 MG, 240 MG, 300 MG, 360 MG</b> | T1    | T1      | RM  |

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| Drug Name  | Brand | Generic | Additional Information                                   |
|--|-------|---------|--|
| <i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i> |       | T1      | RM   |
| <i>verapamil hcl er oral tablet extendedrelease* 120 mg, 180 mg, 240 mg</i>  |       | T1      | RM   |
| <i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>  |       | T1      | RM   |
| <b>*Cardiotonics*</b>  |       |         |  |
| <b>*cardiac glycosides**-*cardiac glycosides***</b>  |       |         |  |
| <b>DIGITEK ORAL TABLET (<i>Digoxin</i>) 125 MCG, 250 MCG</b>   | T1    | T1      | RM   |
| <b>DIGOX ORAL TABLET (<i>Digoxin</i>) 0.125 MG, 0.25 MG</b>  | T1    | T1      | RM   |
| <i>digoxin oral solution 0.05 mg/ml</i>  |       | T1      | RM   |
| <b>LANOXIN ORAL TABLET 0.0625 MG, 187.5 MCG</b>  | T3    |         | RM   |
| <b>LANOXIN ORAL TABLET (<i>Digoxin</i>) 0.125 MG, 0.25 MG</b>  | T3    | T1      | RM   |
| <b>*Cardiovascular Agents - Misc.*</b>   |       |         |  |
| <b>*impotence agents**-*selective cgmp phosphodiesterase type 5 inhibitors***</b>                                    |       |         |  |
| <b>CIALIS ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG</b>   | T3    |         | PA; ST; RM; M; QL (24 EA per 84 Days); AL (Min 18 Years) |
| <b>*prostaglandin vasodilators**-*prostaglandin vasodilators***</b>  |       |         |  |
| <i>epoprostenol sodium intravenous* solution reconstituted 0.5 mg</i>  |       | MB      | RM   |
| <b>FOLAN INTRAVENOUS* SOLUTION RECONSTITUTED 0.5 MG</b>  | SP    |         | SP   |
| <b>FOLAN INTRAVENOUS* SOLUTION RECONSTITUTED (<i>Epoprostenol Sodium</i>) 1.5 MG</b>                                 | SP    | SP      | SP   |
| <b>ORENITRAM ORAL TABLET EXTENDEDRELEASE* 0.125 MG, 0.25 MG, 1 MG, 2.5 MG</b>  | SP    |         | SP   |
| <b>REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML</b>  | SP    |         | SP   |
| <b>TYVASO INHALATION SOLUTION 0.6 MG/ML</b>  | SP    |         | SP   |
| <b>TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML</b>   | SP    |         | SP   |
| <b>TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML</b>  | SP    |         | SP   |
| <b>VELETRI INTRAVENOUS* SOLUTION RECONSTITUTED 0.5 MG</b>  | SP    |         | SP   |
| <b>VELETRI INTRAVENOUS* SOLUTION RECONSTITUTED (<i>Epoprostenol Sodium</i>) 1.5 MG</b>                               | SP    | SP      | SP   |
| <b>VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML</b>   | SP    |         | SP   |

| Drug Name  | Brand | Generic | Additional Information   |
|--|-------|---------|--|
| <b>*pulmonary hypertension - endothelin receptor antagonists**-*pulmonary hypertension - endothelin receptor antagonists***</b>  |       |         |  |
| LETAIRIS ORAL TABLET 10 MG, 5 MG   | SP    |         | SP; QL (1 EA per 1 Day); AL (Min 18 Years)                               |
| OPSUMIT ORAL TABLET 10 MG  | SP    |         | PA; SP   |
| TRACLEER ORAL TABLET 125 MG, 62.5 MG   | SP    |         | SP; AI (Max #180 Mail Order); QL (2 EA per 1 Day)                        |
| <b>*pulmonary hypertension - phosphodiesterase inhibitors**-*pulmonary hypertension - phosphodiesterase inhibitors***</b>        |       |         |  |
| ADCIRCA ORAL TABLET 20 MG  | SP    |         | PA; SP   |
| REVATIO INTRAVENOUS* SOLUTION 10 MG/12.5ML   | SP    |         | PA; SP   |
| REVATIO ORAL SUSPENSION RECONSTITUTED 10 MG/ML   | SP    |         | RM   |
| REVATIO ORAL TABLET 20 MG  | SP    |         | SP   |
| <i>sildenafil citrate oral tablet 20 mg</i>  |       | SP      | SP; AL (Min 18 Years)  |
| <b>*pulmonary hypertension - sol guanylate cyclase stimulator**-*pulm hyperten-soluble guanylate cyclase stimulator (sgc)***</b> |       |         |  |
| ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG   | SP    |         | PA; SP; AI (Max #270 Mail Order); QL (3 EA per 1 Day); AL (Min 18 Years) |
| <b>*Cephalosporins*</b>  |       |         |  |
| <b>*cephalosporins - 1st generation**-*cephalosporins - 1st generation***</b>  |       |         |  |
| <i>cefadroxil oral capsule 500 mg</i>  |       | T1      | RM   |
| <i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>   |       | T1      | RM   |
| <i>cefadroxil oral tablet 1 gm</i>   |       | T1      | RM   |
| <i>cefazolin sodium injection solution reconstituted 1 gm, 20 gm, 300 gm</i>   |       | MB      | RM   |
| <i>cefazolin sodium intravenous* solution 1-5 gm-%</i>   |       | MB      | RM   |
| <i>cefazolin sodium-dextrose intravenous* solution reconstituted 1-4 gm-%, 2-3 gm-%</i>  |       | MB      | RM   |
| <i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>  |       | T1      | RM   |
| <i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>   |       | T1      | RM   |
| <b>*cephalosporins - 2nd generation**-*cephalosporins - 2nd generation***</b>  |       |         |  |
| <i>cefaclor er oral tablet extended release 12 hr* 500 mg</i>  |       | T3      | RM   |
| <i>cefaclor oral capsule 250 mg, 500 mg</i>  |       | T2      | RM   |
| <i>cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml</i>   |       | T3      | RM   |
| <i>cefotetan disodium injection solution reconstituted 10 gm</i>   |       | MB      | RM   |

| <b>Drug Name</b>  | <b>Brand</b> | <b>Generic</b> | <b>Additional Information</b> |
|---|--------------|----------------|-------------------------------|
| <i>cefotetan disodium-dextrose intravenous* solution reconstituted 1-3.58 gm-%, 2-2.08 gm-%</i> |              | MB             | RM                            |
| <i>cefoxitin sodium-dextrose intravenous* solution reconstituted 2-2.2 gm-%</i>                 |              | MB             | RM                            |
| <i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>                           |              | T3             | RM                            |
| <i>cefprozil oral tablet 250 mg, 500 mg</i>   |              | T3             | RM                            |
| <b>CEFTIN ORAL SUSPENSION RECONSTITUTED 250 MG/5ML</b>  | T3           |                | RM                            |
| <i>cefuroxime axetil oral suspension reconstituted 125 mg/5ml</i>                               |              | T1             | RM                            |
| <i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>   |              | T1             | RM                            |
| <i>cefuroxime sodium-dextrose intravenous* solution reconstituted 750-4.1 mg-%</i>              |              | MB             | RM                            |
| <i>cefuroxime-dextrose intravenous* solution reconstituted 1.5-2.9 gm-%</i>                     |              | MB             | RM                            |
| <b>MEFOXIN INTRAVENOUS* SOLUTION 1-2 GM/50ML</b>  | MB           |                | RM                            |
| <b>ZINACEF IN STERILE WATER INTRAVENOUS* SOLUTION 1.5 GM</b>                                    | MB           |                | RM                            |
| <b>ZINACEF INJECTION SOLUTION RECONSTITUTED 1.5 GM, 7.5 GM</b>                                  | MB           |                | RM                            |
| <b>ZINACEF INTRAVENOUS* SOLUTION RECONSTITUTED 1.5 GM</b>                                       | MB           |                | RM                            |
| <b>*cephalosporins - 3rd generation**-*cephalosporins - 3rd generation***</b>                   |              |                |                               |
| <b>CEDAX ORAL CAPSULE (Ceftibuten) 400 MG</b>   | T3           | T3             | RM                            |
| <b>CEDAX ORAL SUSPENSION RECONSTITUTED (Ceftibuten) 180 MG/5ML</b>                              | T3           | T3             | RM                            |
| <b>CEDAX ORAL SUSPENSION RECONSTITUTED 90 MG/5ML</b>  | T3           |                | RM                            |
| <i>cefdinir oral capsule 300 mg</i>   |              | T1             | RM                            |
| <i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>                            |              | T3             | RM                            |
| <i>cefditoren pivoxil oral tablet 200 mg, 400 mg</i>  |              | T3             | RM                            |
| <i>cefepodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>                |              | T1             | RM                            |
| <i>cefepodoxime proxetil oral tablet 100 mg, 200 mg</i>   |              | T3             | RM                            |
| <i>ceftazidime and dextrose intravenous* solution reconstituted 1 gm/50ml, 2 gm/50ml</i>        |              | MB             | RM                            |
| <i>ceftriaxone sodium in dextrose intravenous* solution 20 mg/ml</i>                            |              | MB             | RM                            |
| <i>ceftriaxone sodium injection solution reconstituted 250 mg</i>                               |              | MB             | RM                            |
| <i>ceftriaxone sodium-dextrose intravenous* solution reconstituted 1-3.74 gm-%, 2-2.22 gm-%</i> |              | MB             | RM                            |
| <b>CLAFORAN INJECTION SOLUTION RECONSTITUTED 1 GM, 10 GM, 2 GM</b>                              | MB           |                | RM                            |

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| Drug Name  | Brand | Generic | Additional Information                                     |
|--|-------|---------|--|
| CLAFORAN INJECTION SOLUTION RECONSTITUTED ( <i>Cefotaxime Sodium</i> ) 500 MG          | MB    | MB      | RM   |
| CLAFORAN INTRAVENOUS* SOLUTION RECONSTITUTED 1 GM, 2 GM                                | MB    |         | RM   |
| FORTAZ IN D5W INTRAVENOUS* SOLUTION 1-5 GM/50ML-%, 2-5 GM/50ML-%                       | MB    |         | RM   |
| FORTAZ INJECTION SOLUTION RECONSTITUTED ( <i>CefTAZidime</i> ) 2 GM                    | MB    | MB      | RM   |
| FORTAZ INJECTION SOLUTION RECONSTITUTED 6 GM   | MB    |         | RM   |
| FORTAZ INTRAVENOUS* SOLUTION RECONSTITUTED 1 GM, 2 GM                                  | MB    |         | RM   |
| SUPRAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML, 500 MG/5ML                | T3    |         | RM   |
| SUPRAX ORAL TABLET 400 MG  | T3    |         | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)           |
| SUPRAX ORAL TABLET CHEWABLE 100 MG, 200 MG   | T3    |         | RM   |
| TAZICEF INJECTION SOLUTION RECONSTITUTED ( <i>CefTAZidime</i> ) 1 GM, 2 GM             | MB    | MB      | RM   |
| TAZICEF INJECTION SOLUTION RECONSTITUTED 6 GM  | MB    |         | RM   |
| TAZICEF INTRAVENOUS* SOLUTION RECONSTITUTED 1 GM, 2 GM                                 | MB    |         | RM   |
| <b>*cephalosporins - 4th generation**-*cephalosporins - 4th generation***</b>          |       |         |  |
| <i>cefepime-dextrose intravenous* solution reconstituted 1 gm/50ml, 2 gm/50ml</i>      |       | MB      | RM   |
| <b>*cephalosporins - 5th generation**-*cephalosporins - 5th generation***</b>          |       |         |  |
| TEFLARO INTRAVENOUS* SOLUTION RECONSTITUTED 400 MG, 600 MG                             | MB    |         | RM   |
| <b>*Chemicals*</b>   |       |         |  |
| <b>*bulk chemicals - b's**-*bulk chemicals - be's***</b>                               |       |         |  |
| <i>belladonna tincture</i>   |       | T3      | RM   |
| <b>*bulk chemicals - e's**-*bulk chemicals - en***</b>                                 |       |         |  |
| <i>enalapril maleate powder</i>  |       | T3      | RM   |
| <b>*Contraceptives*</b>  |       |         |  |
| <b>*combination contraceptives - oral**-*biphasic contraceptives - oral***</b>         |       |         |  |
| AZURETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)  | \$0   |         | RM; AI (Max #112 90 day supply); F; QL (28 EA per 30 Days) |
| KARIVA ORAL TABLET ( <i>Desogestrel-Ethinyl Estradiol</i> ) 0.15-0.02/0.01 MG (21/5)   | \$0   | \$0     | RM; AI (Max #112 Mail Order); F; QL (28 EA per 30 Days)    |
| LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG  | \$0   |         | RM; AI (Max #112 Mail Order); F; QL (28 EA per 30 Days)    |
| MIRCETTE ORAL TABLET ( <i>Desogestrel-Ethinyl Estradiol</i> ) 0.15-0.02/0.01 MG (21/5) | \$0   | \$0     | RM; AI (Max #112 Mail Order); F; QL (28 EA per 30 days)    |

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| <b>Drug Name</b>  | <b>Brand</b> | <b>Generic</b> | <b>Additional Information</b>   |
|---|--------------|----------------|---|
| <b>NECON 10/11 (28) ORAL TABLET 35 MCG</b>  | \$0          |                | RM  |
| <b>PIMTREA ORAL TABLET (Desogestrel-Ethinyl Estradiol) 0.15-0.02/0.01 MG (21/5)</b> | \$0          | \$0            | RM; AI (Max #112 Mail Order); F; QL (28 EA per 30 days)                                     |
| <i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>                                 |              | \$0            | RM; AI (Max #112 Mail Order); F; QL (28 EA per 30 Days)                                     |
| <b>*combination contraceptives - oral**-*combination contraceptives - oral***</b>   |              |                |   |
| <b>ALTAVERA ORAL TABLET (Marlissa) 0.15-30 MG-MCG</b>                               | \$0          | \$0            | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)        |
| <b>APRI ORAL TABLET 0.15-30 MG-MCG</b>  | \$0          |                | RM; AI (Max #112 for up to 90 day supply Mail Order); F                                     |
| <b>AUBRA ORAL TABLET 0.1-20 MG-MCG</b>  | \$0          |                | RM; AI (Max #112 Mail Order); F; QL (28 EA per 30 Days)                                     |
| <b>AVIANE ORAL TABLET (Levonorgestrel-Ethinyl Estrad) 0.1-20 MG-MCG</b>             | \$0          | \$0            | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| <b>BALZIVA ORAL TABLET (Briellyn) 0.4-35 MG-MCG</b>                                 | \$0          | \$0            | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)        |
| <b>BEYAZ ORAL TABLET 3-0.02-0.451 MG</b>  | T3           |                | RM; AI (Max #112 Mail Order); F; QL (28 EA Max Qty Per Fill Retail)                         |
| <b>BREVICON (28) ORAL TABLET 0.5-35 MG-MCG</b>                                      | \$0          |                | RM; AI (Max #112 Mail Order); F; QL (28 EA Max Qty Per Fill Retail)                         |
| <b>CHATEAL ORAL TABLET (Marlissa) 0.15-30 MG-MCG</b>                                | \$0          | \$0            | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)        |
| <b>CRYSSELLE-28 ORAL TABLET 0.3-30 MG-MCG</b>                                       | \$0          |                | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)        |
| <b>CYCLAFEM 1/35 ORAL TABLET (Alyacen 1/35) 1-35 MG-MCG</b>                         | \$0          | \$0            | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)        |
| <b>DASETTA 1/35 ORAL TABLET 1-35 MG-MCG</b>   | \$0          |                | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)                    |
| <b>DELYLA ORAL TABLET 0.1-20 MG-MCG</b>   | \$0          |                | RM; AI (Max #112 for up to 90 day supply); F; QL (28 EA per 30 days)                        |
| <i>desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg</i>                     |              | \$0            | RM; AI (Max #112 Mail Order); F; QL (28 EA per 30 Days)                                     |
| <b>ELINEST ORAL TABLET 0.3-30 MG-MCG</b>  | \$0          |                | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)        |
| <b>EMOQUETTE ORAL TABLET 0.15-30 MG-MCG</b>   | \$0          |                | RM; AI (Max #112 for up to 90 day supply Mail Order); F                                     |
| <b>ENSKYCE ORAL TABLET 0.15-30 MG-MCG</b>   | \$0          |                | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 Days)             |
| <b>ESTARYLLA ORAL TABLET 0.25-35 MG-MCG</b>   | \$0          |                | RM; AI (Max #112 Mail Order); F; QL (28 EA Max Qty Per Fill Retail)                         |

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| <b>Drug Name</b>   | <b>Brand</b> | <b>Generic</b> | <b>Additional Information</b>   |
|--|--------------|----------------|---|
| <b>FALMINA ORAL TABLET</b> ( <i>Levonorgestrel-Ethinyl Estrad</i> ) <b>0.1-20 MG-MCG</b>     | \$0          | \$0            | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| <b>FEMCON FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG</b>  | \$0          |                | RM; AI (Max #112 Mail Order); F; QL (28 EA Max Qty Per Fill Retail)                         |
| <b>GENERESS FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG</b>  | \$0          |                | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)        |
| <b>GILDAGIA ORAL TABLET</b> ( <i>Briellyn</i> ) <b>0.4-35 MG-MCG</b>                         | \$0          | \$0            | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)        |
| <b>GILDESS 1.5/30 ORAL TABLET 1.5-30 MG-MCG</b>  | \$0          |                | RM; AI (Max #112 Mail Order); F; QL (28 EA Max Qty Per Fill Retail)                         |
| <b>GILDESS 1/20 ORAL TABLET</b> ( <i>Norethindrone Acet-Ethinyl Est</i> ) <b>1-20 MG-MCG</b> | \$0          | \$0            | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 Days)             |
| <b>GILDESS 24 FE ORAL TABLET 1-20 MG-MCG(24)</b>   | \$0          |                | RM; F; QL (28 EA per 30 days)   |
| <b>GILDESS FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG</b>   | \$0          |                | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)        |
| <b>GILDESS FE 1/20 ORAL TABLET 1-20 MG-MCG</b>   | \$0          |                | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)        |
| <b>JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG</b>  | \$0          |                | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)        |
| <b>JUNEL 1/20 ORAL TABLET 1-20 MG-MCG</b>  | \$0          |                | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| <b>JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG</b>   | \$0          |                | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)        |
| <b>JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG</b>   | \$0          |                | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)        |
| <b>KELNOR 1/35 ORAL TABLET 1-35 MG-MCG</b>   | \$0          |                | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| <b>KURVELO ORAL TABLET 0.15-30 MG-MCG</b>  | \$0          |                | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| <b>LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG</b>  | \$0          |                | RM; AI (Max #112 90 day supply Mail Order); F; QL (28 EA per 30 days)                       |
| <b>LARIN 1/20 ORAL TABLET 1-20 MG-MCG</b>  | \$0          |                | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 days)             |
| <b>LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG</b>   | \$0          |                | RM; AI (Max #112 90 day supply Mail Order); F; QL (28 EA per 30 days)                       |



| <b>Drug Name</b>   | <b>Brand</b> | <b>Generic</b> | <b>Additional Information</b>   |
|--|--------------|----------------|---|
| <b>LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG</b>                                     | \$0          |                | RM; AI (Max #112 90 day supply Mail Order); F; QL (28 EA per 30 days)                       |
| <b>LESSINA ORAL TABLET (Levonorgestrel-Ethinyl Estrad) 0.1-20 MG-MCG</b>         | \$0          | \$0            | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| <i>levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg</i>                  |              | \$0            | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| <b>LEVORA 0.15/30 (28) ORAL TABLET (Marlissa) 0.15-30 MG-MCG</b>                 | \$0          | \$0            | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)        |
| <b>LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG</b>                            | \$0          |                | RM; AI (Max #112 Mail Order); F; QL (28 EA Max Qty Per Fill Retail)                         |
| <b>LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG</b>                                | \$0          |                | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| <b>LOESTRIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG</b>                              | \$0          |                | RM; AI (Max #112 Mail Order); F; QL (28 EA Max Qty Per Fill Retail)                         |
| <b>LOESTRIN FE 1/20 ORAL TABLET 1-20 MG-MCG</b>                                  | \$0          |                | RM; AI (Max #112 Mail Order); F; QL (28 EA Max Qty Per Fill Retail)                         |
| <b>LOMEDIA 24 FE ORAL TABLET 1-20 MG-MCG(24)</b>                                 | \$0          |                | RM; F; QL (28 EA per 30 days)   |
| <b>LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG</b>                                    | \$0          |                | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)        |
| <b>LUTERA ORAL TABLET (Levonorgestrel-Ethinyl Estrad) 0.1-20 MG-MCG</b>          | \$0          | \$0            | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| <b>MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG</b>                              | \$0          |                | RM; AI (Max #112 Mail Order); F; QL (28 EA Max Qty Per Fill Retail)                         |
| <b>MICROGESTIN 1/20 ORAL TABLET (Norethindrone Acet-Ethinyl Est) 1-20 MG-MCG</b> | \$0          | \$0            | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 Days)             |
| <b>MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG</b>                           | \$0          |                | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)        |
| <b>MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG</b>                               | \$0          |                | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)        |
| <b>MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)</b>                      | \$0          |                | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| <b>MODICON (28) ORAL TABLET 0.5-35 MG-MCG</b>                                    | \$0          |                | RM; AI (Max #112 Mail Order); F; QL (28 EA Max Qty Per Fill Retail)                         |
| <b>MONO-LINYAH ORAL TABLET (Norgestimate-Eth Estradiol) 0.25-35 MG-MCG</b>       | \$0          | \$0            | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)        |
| <b>MONONESSA ORAL TABLET (Norgestimate-Eth Estradiol) 0.25-35 MG-MCG</b>         | \$0          | \$0            | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)        |

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| <b>Drug Name</b>  | <b>Brand</b> | <b>Generic</b> | <b>Additional Information</b>   |
|---|--------------|----------------|---|
| <b>NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG</b>                        | \$0          |                | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)        |
| <b>NECON 1/35 (28) ORAL TABLET (Alyacen 1/35) 1-35 MG-MCG</b>             | \$0          | \$0            | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)        |
| <b>NECON 1/50 (28) ORAL TABLET 1-50 MG-MCG</b>                            | \$0          |                | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)        |
| <i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>                 |              | \$0            | RM; AI (Max #112 for up to 90 day supply); F; QL (28 EA per 30 days)                        |
| <b>NORINYL 1+35 (28) ORAL TABLET 1-35 MG-MCG</b>                          | \$0          |                | RM; AI (Max #112 Mail Order); F; QL (28 EA Max Qty Per Fill Retail)                         |
| <b>NORINYL 1+50 (28) ORAL TABLET 1-50 MG-MCG</b>                          | \$0          |                | RM; AI (Max #112 Mail Order); F; QL (28 EA Max Qty Per Fill Retail)                         |
| <b>NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG</b>                      | \$0          |                | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)        |
| <b>NORTREL 1/35 (21) ORAL TABLET (Alyacen 1/35) 1-35 MG-MCG</b>           | \$0          | \$0            | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)        |
| <b>NORTREL 1/35 (28) ORAL TABLET (Alyacen 1/35) 1-35 MG-MCG</b>           | \$0          | \$0            | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)        |
| <b>OCELLA ORAL TABLET (Drospirenone-Ethinyl Estradiol) 3-0.03 MG</b>      | \$0          | \$0            | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| <b>OGESTREL ORAL TABLET 0.5-50 MG-MCG</b>                                 | \$0          |                | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)        |
| <b>ORSYTHIA ORAL TABLET (Levonorgestrel-Ethinyl Estrad) 0.1-20 MG-MCG</b> | \$0          | \$0            | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| <b>ORTHO-CYCLEN (28) ORAL TABLET 0.25-35 MG-MCG</b>                       | \$0          |                | RM; AI (Max #112 Mail Order); F; QL (28 EA Max Qty Per Fill Retail)                         |
| <b>ORTHO-NOVUM 1/35 (28) ORAL TABLET 1-35 MG-MCG</b>                      | \$0          |                | RM; AI (Max #112 Mail Order); F; QL (28 EA Max Qty Per Fill Retail)                         |
| <b>OVCON-35 (28) ORAL TABLET 0.4-35 MG-MCG</b>                            | \$0          |                | RM; AI (Max #112 Mail Order); F; QL (28 EA Max Qty Per Fill Retail)                         |
| <b>PHILITH ORAL TABLET (Briellyn) 0.4-35 MG-MCG</b>                       | \$0          | \$0            | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)        |
| <b>PIRMELLA 1/35 ORAL TABLET 1-35 MG-MCG</b>                              | \$0          |                | RM; AI (Max #112 Mail Order); F; QL (28 EA Max Qty Per Fill Retail)                         |
| <b>PORTIA-28 ORAL TABLET 0.15-30 MG-MCG</b>                               | \$0          |                | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)        |
| <b>PREVIFEM ORAL TABLET (Norgestimate-Eth Estradiol) 0.25-35 MG-MCG</b>   | \$0          | \$0            | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)        |

| Drug Name  | Brand | Generic | Additional Information  |
|--|-------|---------|---|
| RECLIPSEN ORAL TABLET 0.15-30 MG-MCG   | \$0   |         | RM; AI (Max #112 90 day supply Mail Order); F; QL (28 EA Max Qty Per Fill Retail)           |
| SAFYRAL ORAL TABLET 3-0.03-0.451 MG  | T3    |         | RM; AI (Max #112 Mail Order); F; QL (28 EA Max Qty Per Fill Retail)                         |
| SOLIA ORAL TABLET 0.15-30 MG-MCG   | \$0   |         | RM; AI (Max #112 Mail Order); F; QL (28 EA Max Qty Per Fill Retail)                         |
| SPRINTEC 28 ORAL TABLET ( <i>Norgestimate-Eth Estradiol</i> ) 0.25-35 MG-MCG     | \$0   | \$0     | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)        |
| SRONYX ORAL TABLET ( <i>Levonorgestrel-Ethinyl Estrad</i> ) 0.1-20 MG-MCG        | \$0   | \$0     | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| SYEDA ORAL TABLET ( <i>Drospirenone-Ethinyl Estradiol</i> ) 3-0.03 MG            | \$0   | \$0     | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| TARINA FE 1/20 ORAL TABLET 1-20 MG-MCG   | \$0   |         | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 days)             |
| VYFEMLA ORAL TABLET 0.4-35 MG-MCG  | \$0   |         | RM; AI (Max #112); F; QL (28 EA per 30 Days)  |
| WERA ORAL TABLET 0.5-35 MG-MCG   | \$0   |         | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)        |
| WYMZYA FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG                                     | \$0   |         | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)        |
| YASMIN 28 ORAL TABLET 3-0.03 MG  | \$0   |         | RM; AI (Max #112 Mail Order); F; QL (28 EA Max Qty Per Fill Retail)                         |
| YAZ ORAL TABLET 3-0.02 MG  | \$0   |         | RM; AI (Max #112 Mail Order); F; QL (28 EA per 30 days)                                     |
| ZARAH ORAL TABLET ( <i>Drospirenone-Ethinyl Estradiol</i> ) 3-0.03 MG            | \$0   | \$0     | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| ZENCHENT FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG                                   | \$0   |         | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)        |
| ZENCHENT ORAL TABLET 0.4-35 MG-MCG   | \$0   |         | RM; AI (Max #112 Mail Order); F; QL (28 EA Max Qty Per Fill Retail)                         |
| ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG   | \$0   |         | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| ZOVIA 1/50E (28) ORAL TABLET 1-50 MG-MCG   | \$0   |         | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| <b>*combination contraceptives - oral**-*continuous contraceptives - oral***</b> |       |         |   |
| AMETHYST ORAL TABLET 90-20 MCG   | \$0   |         | RM; F; QL (28 EA per 30 Days); AL (Min 12 Years)  |

| Drug Name  | Brand | Generic | Additional Information  |
|--|-------|---------|---|
| <b>*combination contraceptives - oral**-*extended-cycle contraceptives - oral***</b>                   |       |         |   |
| <b>AMETHIA LO ORAL TABLET</b> ( <i>Levonorgest-Eth Estrad 91-Day</i> ) <b>0.1-0.02 &amp; 0.01 MG</b>   | \$0   | \$0     | RM; AI (Max #91 Mail Order); F; QL (91 EA per 90 Days)                          |
| <b>AMETHIA ORAL TABLET 0.15-0.03 &amp; 0.01 MG</b>   | \$0   |         | RM; AI (Max #91 Mail Order); F; QL (91 EA per 90 days)                          |
| <b>CAMRESE LO ORAL TABLET</b> ( <i>Levonorgest-Eth Estrad 91-Day</i> ) <b>0.1-0.02 &amp; 0.01 MG</b>   | \$0   | \$0     | RM; AI (Max #91 Mail Order); F; QL (91 EA per 90 Days)                          |
| <b>CAMRESE ORAL TABLET 0.15-0.03 &amp; 0.01 MG</b>   | \$0   |         | RM; AI (Max #91 Mail Order); F; QL (91 EA per 90 days)                          |
| <b>DAYSEE ORAL TABLET 0.15-0.03 &amp; 0.01 MG</b>  | \$0   |         | RM; AI (Max #91 Mail Order); F; QL (91 EA per 90 days)                          |
| <b>INTROVALE ORAL TABLET</b> ( <i>Levonorgest-Eth Estrad 91-Day</i> ) <b>0.15-0.03 MG</b>              | \$0   | \$0     | RM; AI (Max #91 Mail Order); F; QL (91 EA per 90 days)                          |
| <b>JOLESSA ORAL TABLET</b> ( <i>Levonorgest-Eth Estrad 91-Day</i> ) <b>0.15-0.03 MG</b>                | \$0   | \$0     | RM; AI (Max #91 Mail Order); F; QL (91 EA per 90 days)                          |
| <b>LOSEASONIQUE ORAL TABLET</b> ( <i>Levonorgest-Eth Estrad 91-Day</i> ) <b>0.1-0.02 &amp; 0.01 MG</b> | \$0   | \$0     | RM; AI (Max #91 Mail Order); F; QL (91 EA per 90 Days)                          |
| <b>QUARTETTE ORAL TABLET 42-21-21-7 DAYS</b>   | \$0   |         | RM; AI (Max #91 Mail Order); F; QL (91 EA per 90 Days)                          |
| <b>QUASENSE ORAL TABLET</b> ( <i>Levonorgest-Eth Estrad 91-Day</i> ) <b>0.15-0.03 MG</b>               | \$0   | \$0     | RM; AI (Max #91 Mail Order); F; QL (91 EA per 90 days)                          |
| <b>SEASONIQUE ORAL TABLET 0.15-0.03 &amp; 0.01 MG</b>  | \$0   |         | RM; AI (Max #91 Mail Order); F; QL (91 EA per 90 Days)                          |
| <b>*combination contraceptives - oral**-*four phase contraceptives - oral***</b>                       |       |         |   |
| <b>NATAZIA ORAL TABLET 3/2-2/2-3/1 MG</b>  | \$0   |         | RM; AI (Max #112 Mail Order); F; QL (28 EA per 30 Days)                         |
| <b>*combination contraceptives - oral**-*triphasic contraceptives - oral***</b>                        |       |         |   |
| <b>ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG</b>  | \$0   |         | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 Days) |
| <b>CAZIAN ORAL TABLET 0.1/0.125/0.15 -0.025 MG</b>   | \$0   |         | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)        |
| <b>CESIA ORAL TABLET 0.1/0.125/0.15 -0.025 MG</b>  | \$0   |         | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)        |
| <b>CYCLAFEM 7/7/7 ORAL TABLET</b> ( <i>Alyacen 7/7/7</i> ) <b>0.5/0.75/1-35 MG-MCG</b>                 | \$0   | \$0     | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)        |
| <b>CYCLESSA ORAL TABLET 0.1/0.125/0.15 -0.025 MG</b>   | \$0   |         | RM; AI (Max #91 Mail Order); F; QL (28 EA per 30 Days)                          |
| <b>DASETTA 7/7/7 ORAL TABLET</b> ( <i>Alyacen 7/7/7</i> ) <b>0.5/0.75/1-35 MG-MCG</b>                  | \$0   | \$0     | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)        |

| <b>Drug Name</b>  | <b>Brand</b> | <b>Generic</b> | <b>Additional Information</b>   |
|---|--------------|----------------|---|
| <b>ENPRESSE-28 ORAL TABLET</b>  | \$0          |                | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)        |
| <b>ESTROSTEP FE ORAL TABLET 1-20/1-30/1-35 MG-MCG</b>                                       | \$0          |                | RM; AI (Max #112 Mail Order); F; QL (28 EA per 30 Days)                         |
| <b>LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG</b>  | \$0          |                | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 Days) |
| <b>LEVONEST ORAL TABLET</b>   | \$0          |                | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)        |
| <b>MYZILRA ORAL TABLET</b>  | \$0          |                | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)        |
| <b>NECON 7/7/7 ORAL TABLET (Alyacen 7/7/7) 0.5/0.75/1-35 MG-MCG</b>                         | \$0          | \$0            | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)        |
| <b>NORTREL 7/7/7 ORAL TABLET (Alyacen 7/7/7) 0.5/0.75/1-35 MG-MCG</b>                       | \$0          | \$0            | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)        |
| <b>ORTHO TRI-CYCLLEN (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG</b>                         | \$0          |                | RM; AI (Max #112 Mail Order); F; QL (28 EA per 30 Days)                         |
| <b>ORTHO TRI-CYCLLEN LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG</b>                           | \$0          |                | RM; AI (Max #112 Mail Order); F; QL (28 EA per 30 Days)                         |
| <b>ORTHO-NOVUM 7/7/7 (28) ORAL TABLET 0.5/0.75/1-35 MG-MCG</b>                              | \$0          |                | RM; AI (Max #91 Mail Order); F; QL (28 EA per 30 Days)                          |
| <b>PIRMELLA 7/7/7 ORAL TABLET (Alyacen 7/7/7) 0.5/0.75/1-35 MG-MCG</b>                      | \$0          | \$0            | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)        |
| <b>TILIA FE ORAL TABLET 1-20/1-30/1-35 MG-MCG</b>   | \$0          |                | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 Days) |
| <b>TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG</b>                                  | \$0          |                | RM; AI (Max #91 Mail Order); F; QL (28 EA per 30 Days)                          |
| <b>TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG</b>                                      | \$0          |                | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 Days) |
| <b>TRI-LINYAH ORAL TABLET (Norgestim-Eth Estrad Triphasic) 0.18/0.215/0.25 MG-35 MCG</b>    | \$0          | \$0            | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 Days) |
| <b>TRINESSA (28) ORAL TABLET (Norgestim-Eth Estrad Triphasic) 0.18/0.215/0.25 MG-35 MCG</b> | \$0          | \$0            | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 Days) |
| <b>TRI-NORINYL (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG</b>                                     | \$0          |                | RM; AI (Max #91 Mail Order); F; QL (28 EA per 30 Days)                          |
| <b>TRI-PREVFIFEM ORAL TABLET (Norgestim-Eth Estrad Triphasic) 0.18/0.215/0.25 MG-35 MCG</b> | \$0          | \$0            | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 Days) |
| <b>TRI-SPRINTEC ORAL TABLET (Norgestim-Eth Estrad Triphasic) 0.18/0.215/0.25 MG-35 MCG</b>  | \$0          | \$0            | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 Days) |

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| Drug Name   | Brand | Generic | Additional Information   |
|---|-------|---------|--|
| TRIVORA (28) ORAL TABLET  | \$0   |         | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days) |
| VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG  | \$0   |         | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days) |
| <b>*combination contraceptives - transdermal**-*combination contraceptives - transdermal***</b> |       |         |  |
| ORTHO EVRA TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR   | T3    |         | RM; AI (Max #9 Patches Mail Order); F; QL (3 EA per 30 Days)             |
| XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR   | \$0   |         | RM; AI (Max #9 at Mail Order); F; QL (3 EA per 30 days)                  |
| <b>*combination contraceptives - vaginal**-*combination contraceptives - vaginal***</b>         |       |         |  |
| NUVARING VAGINAL RING 0.12-0.015 MG/24HR  | \$0   |         | RM; AI (Max #3 Mail Order); F; QL (1 EA per 30 Days)                     |
| <b>*emergency contraceptives**-*emergency contraceptives***</b>                                 |       |         |  |
| AFTERA ORAL TABLET 1.5 MG   | \$0   |         | RM; F; QL (3 EA per 30 days)   |
| ECONTRA EZ ORAL TABLET 1.5 MG   | \$0   |         | RM; F; QL (3 EA per 30 days)   |
| ELLA ORAL TABLET 30 MG  | \$0   |         | R; AI (Not covered at Mail Order); F; QL (3 EA per 30 Days)              |
| FALLBACK SOLO ORAL TABLET 1.5 MG  | \$0   |         | RM; F; QL (3 EA per 30 days)   |
| MY WAY ORAL TABLET ( <i>Levonorgestrel</i> ) 1.5 MG   | \$0   | \$0     | R; AI (Not covered at Mail Order); F; QL (3 EA per 30 Days)              |
| NEXT CHOICE ONE DOSE ORAL TABLET ( <i>Levonorgestrel</i> ) 1.5 MG                               | \$0   | \$0     | R; AI (Not covered at Mail Order); F; QL (3 EA per 30 Days)              |
| OPCICON ONE-STEP ORAL TABLET 1.5 MG   | \$0   |         | RM; F; QL (3 EA per 30 days)   |
| PLAN B ONE-STEP ORAL TABLET ( <i>Levonorgestrel</i> ) 1.5 MG                                    | \$0   | \$0     | R; AI (Not covered at Mail Order); F; QL (3 EA per 30 Days)              |
| PLAN B ORAL TABLET ( <i>Levonorgestrel</i> ) 0.75 MG  | \$0   | \$0     | R; AI (Not covered at Mail Order); F; QL (3 EA per 30 Days)              |
| TAKE ACTION ORAL TABLET 1.5 MG  | \$0   |         | R; F; QL (3 EA Max Qty Per Fill Retail)                                  |
| <b>*progestin contraceptives - injectable**-*progestin contraceptives - injectable***</b>       |       |         |  |
| DEPO-PROVERA INTRAMUSCULAR* SUSPENSION ( <i>MedroxyPROGESTERone Acetate</i> ) 150 MG/ML         | \$0   | \$0     | RM; F; QL (1 ML per 90 Days)   |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS* SUSPENSION 104 MG/0.65ML                                    | \$0   |         | RM; F; QL (0.65 ML per 90 Days)  |
| <b>*progestin contraceptives - oral**-*progestin contraceptives - oral***</b>                   |       |         |  |
| CAMILA ORAL TABLET ( <i>Norethindrone</i> ) 0.35 MG   | \$0   | \$0     | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days) |

| Drug Name   | Brand | Generic | Additional Information   |
|---|-------|---------|--|
| <b>ERRIN ORAL TABLET (Norethindrone) 0.35 MG</b>                              | \$0   | \$0     | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days) |
| <b>HEATHER ORAL TABLET (Norethindrone) 0.35 MG</b>                            | \$0   | \$0     | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days) |
| <b>JENCYCLA ORAL TABLET (Norethindrone) 0.35 MG</b>                           | \$0   | \$0     | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days) |
| <b>JOLIVETTE ORAL TABLET (Norethindrone) 0.35 MG</b>                          | \$0   | \$0     | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days) |
| <b>LYZA ORAL TABLET (Norethindrone) 0.35 MG</b>                               | \$0   | \$0     | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days) |
| <b>NORA-BE ORAL TABLET (Norethindrone) 0.35 MG</b>                            | \$0   | \$0     | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days) |
| <b>NORLYROC ORAL TABLET 0.35 MG</b>   | \$0   |         | RM; AI (Max #112 for up to 90 day supply); F; QL (28 EA per 30 days)     |
| <b>NOR-QD ORAL TABLET (Norethindrone) 0.35 MG</b>                             | \$0   | \$0     | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days) |
| <b>ORTHO MICRONOR ORAL TABLET (Norethindrone) 0.35 MG</b>                     | \$0   | \$0     | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days) |
| <b>*Corticosteroids*</b>  |       |         |  |
| <b>*glucocorticosteroids**-*glucocorticosteroids***</b>                       |       |         |  |
| <b>A-HYDROCORT INJECTION SOLUTION RECONSTITUTED 100 MG</b>                    | MB    |         | RM   |
| <b>A-METHAPRED INJECTION SOLUTION RECONSTITUTED 125 MG</b>                    | MB    |         | RM   |
| <b>BAYCADRON ORAL ELIXIR (Dexamethasone) 0.5 MG/5ML</b>                       | T1    | T1      | RM   |
| <i>budesonide er oral capsule extended release 24 hour 3 mg</i>               |       | T1      | RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day)                        |
| <i>cortisone acetate oral tablet 25 mg</i>                                    |       | T2      | RM   |
| <b>DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML</b>                        | T1    |         | RM   |
| <i>dexamethasone oral solution 0.5 mg/5ml</i>                                 |       | T1      | RM   |
| <i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1.5 mg, 4 mg, 6 mg</i>          |       | T1      | RM   |
| <i>dexamethasone oral tablet 1 mg, 2 mg</i>                                   |       | T3      | RM   |
| <i>dexamethasone sod phosphate pf injection solution 10 mg/ml</i>             |       | MB      | RM   |
| <i>dexamethasone sodium phosphate injection solution 120 mg/30ml, 4 mg/ml</i> |       | MB      | RM   |
| <b>DEXTAK 6 DAY ORAL TABLET 1.5 MG</b>  | T3    |         | RM   |

| Drug Name  | Brand | Generic | Additional Information  |
|--|-------|---------|-------------------------|
| <b>ENTOCORT EC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 3 MG</b>                                  | T3    |         | RM; QL (3 EA per 1 Day) |
| <b>FLO-PRED ORAL SUSPENSION 16.7 (15 BASE) MG/5ML</b>  | T2    |         | RM                      |
| <i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>   |       | T1      | RM                      |
| <b>MEDROL ORAL TABLET 2 MG</b>   | T3    |         | RM                      |
| <i>methylprednisolone (pak) oral tablet 4 mg</i>   |       | T1      | RM                      |
| <i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>                                 |       | T1      | RM                      |
| <i>methylprednisolone sodium succ injection solution reconstituted 1 gm</i>                    |       | MB      | RM                      |
| <b>MILLIPRED ORAL SOLUTION 10 MG/5ML</b>   | T2    |         | RM                      |
| <b>ORAPRED ODT ORAL TABLET DISPERSIBLE (PrednisoLONE Sodium Phosphate) 10 MG, 15 MG, 30 MG</b> | T3    | T2      | RM                      |
| <b>ORAPRED ORAL SOLUTION (PrednisoLONE Sodium Phosphate) 15 MG/5ML</b>                         | T3    | T1      | RM                      |
| <i>prednisolone oral solution 15 mg/5ml</i>  |       | T1      | RM                      |
| <i>prednisolone sodium phosphate oral solution 6.7 (5 base) mg/5ml</i>                         |       | T1      | RM                      |
| <i>prednisone (pak) oral tablet 10 mg, 5 mg</i>  |       | T1      | RM                      |
| <b>PREDNISON INTENSOL ORAL CONCENTRATE 5 MG/ML</b>   | T2    |         | RM                      |
| <i>prednisone oral solution 5 mg/5ml</i>   |       | T1      | RM                      |
| <i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg</i>                                 |       | T1      | RM                      |
| <i>prednisone oral tablet 50 mg</i>  |       | T2      | RM                      |
| <b>SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 500 MG</b>                                     | MB    |         | RM                      |
| <b>SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 125 MG, 2 GM</b>                               | MB    |         | RM                      |
| <b>SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED (MethylPREDNISolone Sodium Succ) 40 MG</b>     | MB    | MB      | RM                      |
| <b>VERIPRED 20 ORAL SOLUTION 20 MG/5ML</b>   | T3    |         | RM                      |
| <b>*glucocorticosteroids**-*steroid combinations***</b>  |       |         |                         |
| <i>betamethasone sod phos &amp; acet injection suspension 6 (3-3) mg/ml</i>                    |       | MB      | RM                      |
| <b>*mineralocorticoids**-*mineralocorticoids***</b>  |       |         |                         |
| <i>fludrocortisone acetate oral tablet 0.1 mg</i>  |       | T1      | RM                      |
| <b>*Cough/Cold/Allergy*</b>  |       |         |                         |
| <b>*antitussives**-*antitussive - nonnarcotic***</b>   |       |         |                         |
| <i>benzonatate oral capsule 100 mg, 200 mg</i>   |       | T1      | RM                      |
| <b>*antitussives**-*antitussive - opioid***</b>  |       |         |                         |
| <i>hydrocodone-homatropine oral syrup 5-1.5 mg/5ml</i>   |       | T1      | RM                      |
| <i>hydromet oral syrup 5-1.5 mg/5ml</i>  |       | T1      | RM                      |

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| Drug Name   | Brand | Generic | Additional Information                            |
|---|-------|---------|---|
| <b>TUSSIGON ORAL TABLET</b><br>(Hydrocodone-Homatropine) 5-1.5 MG                             | T1    | T1      | RM  |
| <b>*cough/cold/allergy combinations**-*antitussive-expectorant***</b>                         |       |         |   |
| <i>cheratussin ac oral syrup 100-10 mg/5ml</i>  |       | T2      | RM  |
| <i>guaifenesin-codeine oral solution 100-10 mg/5ml</i>  |       | T2      | RM  |
| <b>*cough/cold/allergy combinations**-*decongestant &amp; antihistamine***</b>                |       |         |   |
| <b>CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HR* 2.5-120 MG</b>                      | T3    |         | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| <b>PEDIATEX TD ORAL LIQUID† 0.938-10 MG/ML</b>  | T3    |         | RM  |
| <i>promethazine vc plain oral syrup 6.25-5 mg/5ml</i>   |       | T1      | RM  |
| <b>*cough/cold/allergy combinations**-*decongestant w/ expectorant***</b>                     |       |         |   |
| <i>lusair oral liquid† 7.5-200 mg/5ml</i>   |       | T3      | RM  |
| <b>*cough/cold/allergy combinations**-*non-narc antitussive-antihistamine***</b>              |       |         |   |
| <i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>  |       | T1      | RM  |
| <b>*cough/cold/allergy combinations**-*non-narc antitussive-decongestant-antihistamine***</b> |       |         |   |
| <b>BROMFED DM ORAL SYRUP 30-2-10 MG/5ML</b>   | T1    |         | RM  |
| <i>tgq 50pse/3brml/30dm oral syrup 50-3-30 mg/5ml</i>   |       | T3      | RM  |
| <b>*cough/cold/allergy combinations**-*opioid antitussive-antihistamine***</b>                |       |         |   |
| <i>hydrocod polst-cpm polst er oral liquid extendedrelease* 10-8 mg/5ml</i>                   |       | T2      | RM  |
| <i>promethazine-codeine oral syrup 6.25-10 mg/5ml</i>   |       | T1      | RM  |
| <b>TUSSICAPS ORAL CAPSULE EXTENDED RELEASE 12 HOUR 10-8 MG</b>                                | T3    |         | RM  |
| <b>*cough/cold/allergy combinations**-*opioid antitussive-decongestant-antihistamine***</b>   |       |         |   |
| <b>M-END PE ORAL LIQUID† 3.33-1.33-6.33 MG/5ML</b>  | T1    |         | RM  |
| <i>promethazine vc/codeine oral syrup 6.25-5-10 mg/5ml</i>                                    |       | T1      | RM  |
| <b>ZUTRIPRO ORAL SOLUTION 60-4-5 MG/5ML</b>   | T3    |         | RM  |
| <b>*expectorants**-*expectorants***</b>   |       |         |   |
| <i>guaifenesin oral tablet 200 mg</i>   |       | T1      | RM  |
| <b>*misc. respiratory inhalants**-*misc. respiratory inhalants***</b>                         |       |         |   |
| <b>HYPERSAL INHALATION NEBULIZATION SOLUTION (Sodium Chloride) 7 %</b>                        | T1    | T1      | RM  |
| <i>sodium chloride inhalation nebulization solution 0.9 %</i>                                 |       | T1      | RM  |
| <b>*mucolytics**-*mucolytics***</b>   |       |         |   |
| <i>acetylcysteine inhalation solution 10 %</i>  |       | T1      | RM  |
| <i>acetylcysteine inhalation solution 20 %</i>  |       | T2      | RM  |

| Drug Name   | Brand | Generic | Additional Information   |
|---|-------|---------|--|
| <b>*Dermatologicals*</b>  |       |         |  |
| <b>*acne products**-*acne antibiotics***</b>                                    |       |         |  |
| <b>ACZONE EXTERNAL 5 %</b>  | T3    |         | PA; ST; RM   |
| <b>CLEOCIN-T EXTERNAL SOLUTION 1 %</b>  | T3    |         | ST; RM   |
| <b>CLINDACIN-P EXTERNAL SWAB (Clindamycin Phosphate) 1 %</b>                    | T1    | T1      | RM   |
| <i>clindamycin phosphate external 1 %</i>                                       |       | T1      | RM   |
| <i>clindamycin phosphate external foam 1 %</i>                                  |       | T3      | RM; AI (Max #150 gm 90ds. 100gm can is 90ds only,); QL (50 GM per 30 Days); AL (Min 12 Years)        |
| <i>clindamycin phosphate external lotion 1 %</i>                                |       | T1      | RM   |
| <i>clindamycin phosphate external solution 1 %</i>                              |       | T1      | RM   |
| <i>ery external pad 2 %</i>   |       | T2      | RM   |
| <b>ERYGEL EXTERNAL (Erythromycin) 2 %</b>                                       | T1    | T3      | RM   |
| <i>erythromycin external pad 2 %</i>  |       | T2      | RM   |
| <i>erythromycin external solution 2 %</i>                                       |       | T1      | RM   |
| <i>sulfacetamide sodium (acne) external lotion 10 %</i>                         |       | T1      | RM   |
| <i>sulfacetamide sodium external suspension 10 %</i>                            |       | T1      | RM   |
| <b>*acne products**-*acne combinations***</b>                                   |       |         |  |
| <b>BENZAMYCIN EXTERNAL (Benzoyl Peroxide-Erythromycin) 5-3 %</b>                | T3    | T3      | RM   |
| <b>BENZAMYCINPAK EXTERNAL PACKET 5-3 %</b>                                      | T3    |         | RM   |
| <b>CLARIS CLARIFYING WASH EXTERNAL EMULSION 10-4 %</b>                          | T3    |         | RM   |
| <i>clindamycin phos-benzoyl perox external 1-5 %, 1.2-5 %</i>                   |       | T3      | RM   |
| <b>PRASCION EXTERNAL EMULSION (Sulfacetamide Sodium-Sulfur) 10-5 %</b>          | T3    | T3      | RM   |
| <i>sss 10-5 external foam 10-5 %</i>  |       | T3      | RM; AI (60gm (1can) per copay. Max 2 cans retail or 6 cans Mail); QL (60 GM Max Qty Per Fill Retail) |
| <i>sulfacetamide sodium-sulfur external cream 10-5 %</i>                        |       | T3      | RM   |
| <i>sulfacetamide sodium-sulfur external foam 10-5 %</i>                         |       | T3      | RM; AI (60gm (1can) per copay. Max 2 cans retail or 6 cans Mail); QL (60 GM Max Qty Per Fill Retail) |
| <i>sulfacetamide sodium-sulfur external liquid† 9-4 %, 9-4.5 %</i>              |       | T3      | RM   |
| <i>sulfacetamide sodium-sulfur external lotion 10-5 %</i>                       |       | T3      | RM   |
| <i>sulfacetamide sodium-sulfur external suspension 10-5 %</i>                   |       | T3      | RM   |
| <i>sulfacetamide-sulfur in urea external emulsion 10-5 %</i>                    |       | T3      | RM   |
| <b>SULFACLEANSE 8/4 EXTERNAL SUSPENSION (Sulfacetamide Sodium-Sulfur) 8-4 %</b> | T3    | T3      | RM   |
| <b>VELTIN EXTERNAL 1.2-0.025 %</b>  | T3    |         | PA; ST; RM   |
| <b>ZIANA EXTERNAL 1.2-0.025 %</b>   | T3    |         | PA; RM   |

| Drug Name   | Brand | Generic | Additional Information  |
|---|-------|---------|---|
| <b>*acne products**-*acne products***</b>   |       |         |   |
| <b>ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG</b>                                       | T3    |         | RM  |
| <i>adapalene external 0.1 %</i>   |       | T1      | RM  |
| <i>adapalene external cream 0.1 %</i>   |       | T1      | RM  |
| <b>AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG</b>   | T1    |         | RM  |
| <b>AVITA EXTERNAL CREAM (Tretinoin) 0.025 %</b>   | T1    | T1      | RM  |
| <b>BENZEFOAM EXTERNAL FOAM (Benzoyl Peroxide) 5.3 %</b>   | T3    | T3      | RM  |
| <b>BENZEFOAMULTRA EXTERNAL FOAM (Benzoyl Peroxide Short Contact) 9.8 %</b>                                  | T3    | T3      | RM  |
| <b>BENZEPRO EXTERNAL FOAM (Benzoyl Peroxide) 5.3 %</b>  | T3    | T3      | RM  |
| <b>BENZEPRO SHORT CONTACT EXTERNAL FOAM (Benzoyl Peroxide Short Contact) 9.8 %</b>                          | T3    | T3      | RM  |
| <i>bpo external 4 %</i>   |       | T3      | RM  |
| <i>bpo foaming cloths external 3 %</i>  |       | T3      | RM  |
| <i>bpo foaming cloths external 6 %</i>  |       | T1      | RM  |
| <b>CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 40 MG</b>  | T1    |         | RM  |
| <b>CLARAVIS ORAL CAPSULE 30 MG</b>  | T3    |         | RM  |
| <b>MYORISAN ORAL CAPSULE 10 MG, 20 MG, 40 MG</b>  | T1    |         | RM  |
| <b>RETIN-A MICRO EXTERNAL (Tretinoin Microsphere) 0.04 %</b>  | T3    | T1      | RM; AI (#50gm per copay retail or mail); QL (50 GM per 1 Copay)         |
| <b>RETIN-A MICRO EXTERNAL 0.1 %</b>   | T3    |         | PA; RM; AI (#45gm per copay retail or mail); QL (50 GM per 1 Copay)     |
| <b>RETIN-A MICRO PUMP EXTERNAL (Tretinoin Microsphere) 0.04 %</b>   | T3    | T1      | RM; AI (#50gm per copay retail or mail); QL (50 GM per 1 Copay)         |
| <b>RETIN-A MICRO PUMP EXTERNAL 0.1 %</b>  | T3    |         | PA; ST; RM; AI (#45gm per copay retail or mail); QL (50 GM per 1 Copay) |
| <i>tretinoin external 0.01 %, 0.025 %</i>   |       | T1      | RM  |
| <i>tretinoin external cream 0.05 %, 0.1 %</i>   |       | T1      | RM  |
| <i>tretinoin microsphere external 0.1 %</i>   |       | T1      | PA; RM; QL (50 GM per 1 Copay)  |
| <i>tretinoin microsphere pump external 0.04 %</i>   |       | T1      | RM; AI (#50gm per copay retail or mail); QL (50 GM per 1 Copay)         |
| <i>tretinoin microsphere pump external 0.1 %</i>  |       | T1      | PA; RM; AI (Max #150gm Mail Order); QL (50 GM per 1 Copay)              |
| <b>ZENATANE ORAL CAPSULE 10 MG, 20 MG, 40 MG</b>  | T1    |         | RM  |
| <b>*agents for external genital and perianal warts**-*agents for external genital and perianal warts***</b> |       |         |   |
| <b>VEREGEN EXTERNAL OINTMENT 15 %</b>   | T3    |         | RM; AI (#15 gm per copay retail or mail); QL (15 GM per 1 Copay)        |

| Drug Name  | Brand | Generic | Additional Information   |
|--|-------|---------|--|
| <b>*antibiotics - topical**-*antibiotics - topical***</b>              |       |         |  |
| <b>ALTABAX EXTERNAL OINTMENT 1 %</b>                                   | T3    |         | RM; AI (1 tube per copay max 2 retail or 6 mail); QL (30 GM per 1 Copay) |
| <b>BACTROBAN EXTERNAL CREAM (Mupirocin Calcium) 2 %</b>                | T3    | T1      | RM   |
| <i>gentamicin sulfate external cream 0.1 %</i>                         |       | T2      | RM   |
| <i>gentamicin sulfate external ointment 0.1 %</i>                      |       | T2      | RM   |
| <i>mupirocin external ointment 2 %</i>                                 |       | T1      | RM   |
| <b>*antifungals - topical**-*antifungals - topical combinations***</b> |       |         |  |
| <i>ala quin external cream 3-0.5 %</i>                                 |       | T3      | RM   |
| <b>ALCORTIN A EXTERNAL 1-2-1 %</b>                                     | T3    |         | RM   |
| <b>ALOQUIN EXTERNAL 1.25-1 %</b>                                       | T3    |         | RM   |
| <i>clotrimazole-betamethasone external cream 1-0.05 %</i>              |       | T1      | RM   |
| <i>clotrimazole-betamethasone external lotion 1-0.05 %</i>             |       | T1      | RM   |
| <i>hydrocortisone-iodoquinol external cream 1-1 %</i>                  |       | T3      | RM   |
| <b>LOTRISONE EXTERNAL CREAM 1-0.05 %</b>                               | T3    |         | ST; RM   |
| <i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>      |       | T3      | RM   |
| <i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>   |       | T3      | RM   |
| <b>VUSION EXTERNAL OINTMENT 0.25-15-81.35 %</b>                        | T1    |         | RM; AI (50gm per copay retail or mail); QL (50 GM per 1 Copay)           |
| <b>*antifungals - topical**-*antifungals - topical***</b>              |       |         |  |
| <b>CICLODAN CREAM EXTERNAL KIT 0.77 %</b>                              | T3    |         | RM   |
| <b>CICLODAN EXTERNAL CREAM (Ciclopirox Olamine) 0.77 %</b>             | T3    | T2      | RM   |
| <i>ciclopirox external 0.77 %</i>                                      |       | T2      | RM   |
| <i>ciclopirox external solution 8 %</i>                                |       | T2      | RM   |
| <i>ciclopirox olamine external suspension 0.77 %</i>                   |       | T2      | RM   |
| <b>LOPROX EXTERNAL SHAMPOO (Ciclopirox) 1 %</b>                        | T3    | T2      | RM   |
| <b>MENTAX EXTERNAL CREAM 1 %</b>                                       | T3    |         | RM   |
| <b>NAFTIN EXTERNAL 1 %</b>   | T3    |         | RM   |
| <b>NYAMYC EXTERNAL POWDER (Pedi-Dri) 100000 UNIT/GM</b>                | T1    | T1      | RM   |
| <i>nystatin external cream 100000 unit/gm</i>                          |       | T1      | RM   |
| <i>nystatin external ointment 100000 unit/gm</i>                       |       | T1      | RM   |
| <i>nystatin external powder 100000 unit/gm</i>                         |       | T1      | RM   |
| <b>NYSTOP EXTERNAL POWDER (Pedi-Dri) 100000 UNIT/GM</b>                | T1    | T1      | RM   |
| <b>PEDIADERM AF COMPLETE EXTERNAL KIT 100000 UNIT/GM</b>               | T3    |         | RM   |
| <b>PENLAC EXTERNAL SOLUTION 8 %</b>                                    | T3    |         | PA; RM   |

| Drug Name   | Brand | Generic | Additional Information  |
|---|-------|---------|---|
| <b>*antifungals - topical**-*imidazole-related antifungals - topical***</b>   |       |         |   |
| <i>clotrimazole external solution 1 %</i>   |       | T1      | RM  |
| <i>econazole nitrate external cream 1 %</i>   |       | T1      | RM  |
| <b>ERTACZO EXTERNAL CREAM 2 %</b>   | T3    |         | ST; RM  |
| <b>EXELDERM EXTERNAL CREAM 1 %</b>  | T3    |         | RM  |
| <b>EXELDERM EXTERNAL SOLUTION 1 %</b>   | T3    |         | RM  |
| <i>ketoconazole external cream 2 %</i>  |       | T1      | RM  |
| <b>KETODAN EXTERNAL FOAM 2 %</b>  | T3    |         | RM  |
| <b>NIZORAL EXTERNAL SHAMPOO (Ketoconazole) 2 %</b>  | T3    | T1      | RM  |
| <b>OXISTAT EXTERNAL CREAM 1 %</b>   | T3    |         | RM  |
| <b>OXISTAT EXTERNAL LOTION 1 %</b>  | T3    |         | RM  |
| <b>*anti-inflammatory agents - topical**-*anti-inflammatory agents - topical***</b>   |       |         |   |
| <b>FLECTOR TRANSDERMAL PATCH 1.3 %</b>  | T3    |         | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day); AL (Min 18 Years)            |
| <i>ketorolac tromethamine external 2 %</i>  |       | T3      | RM  |
| <b>PENNSAID TRANSDERMAL SOLUTION (Diclofenac Sodium) 1.5 %</b>  | T3    | T1      | RM; AI (#150ml per copay retail or mail order); QL (150 ML per 1 Copay)         |
| <b>PENNSAID TRANSDERMAL SOLUTION 2 %</b>  | T3    |         | RM; AI (#112 grams per copay retail or mail. Max #336); QL (112 GM per 1 Copay) |
| <b>VOLTAREN TRANSDERMAL 1 %</b>   | T3    |         | RM; AI (100gm per copay retail or mail); QL (100 GM per 1 Copay)                |
| <b>*antineoplastic or premalignant lesion agents - topical**-*antineoplastic alkylating agents - topical***</b>             |       |         |   |
| <b>VALCHLOR EXTERNAL 0.016 %</b>  | SP    |         | SP; AI (Max #360gm); QL (60 GM per 1 Copay); AL (Min 18 Years)                  |
| <b>*antineoplastic or premalignant lesion agents - topical**-*antineoplastic antimetabolites - topical***</b>               |       |         |   |
| <b>CARAC EXTERNAL CREAM 0.5 %</b>   | SP    |         | RM; AI (Max #90 Mail Order); QL (1 GM per 1 Day)                                |
| <b>EFUDEX EXTERNAL CREAM 5 %</b>  | SP    |         | SP  |
| <b>FLUOROPLEX EXTERNAL CREAM 1 %</b>  | SP    |         | RM  |
| <i>fluorouracil external cream 0.5 %</i>  |       | T3      | RM; QL (1 GM per 1 day)   |
| <i>fluorouracil external cream 5 %</i>  |       | SP      | SP  |
| <i>fluorouracil external solution 2 %, 5 %</i>  |       | T1      | RM  |
| <b>*antineoplastic or premalignant lesion agents - topical**-*antineoplastic or premalignant lesions - topical misc.***</b> |       |         |   |
| <b>PICATO EXTERNAL 0.015 %, 0.05 %</b>  | T3    |         | RM  |

| Drug Name   | Brand | Generic | Additional Information  |
|---|-------|---------|---|
| <b>*antineoplastic or premalignant lesion agents - topical**-*antineoplastic or premalignant lesions - topical nsaid's***</b> |       |         |   |
| <b>SOLARAZE TRANSDERMAL (Diclofenac Sodium) 3 %</b>   | T3    | T3      | RM; AI (Max #100 Gm Tube Mail Order); QL (100 GM per 30 Days) |
| <b>*antineoplastic or premalignant lesion agents - topical**-*antineoplastic retinoids - topical***</b>                       |       |         |   |
| <b>PANRETIN EXTERNAL 0.1 %</b>  | T3    |         | RM  |
| <b>*antineoplastic or premalignant lesion agents - topical**-*photodynamic therapy agents - topical***</b>                    |       |         |   |
| <b>METVIXIA EXTERNAL CREAM 16.8 %</b>   | T3    |         | PA; ST; RM  |
| <b>*antineoplastic or premalignant lesion agents - topical**-*topical selective retinoid x receptor agonists***</b>           |       |         |   |
| <b>TARGRETIN EXTERNAL 1 %</b>   | SP    |         | SP; AI ( ); QL (120 GM per 30 Days)                           |
| <b>*antipruritics - topical**-*antipruritics - topical***</b>   |       |         |   |
| <b>PRUDOXIN EXTERNAL CREAM 5 %</b>  | T3    |         | RM  |
| <b>ZONALON EXTERNAL CREAM 5 %</b>   | T3    |         | RM  |
| <b>*antipsoriatics**-*antipsoriatics - systemic***</b>  |       |         |   |
| <b>8-MOP ORAL CAPSULE 10 MG</b>   | T3    |         | RM  |
| <i>methoxsalen rapid oral capsule 10 mg</i>   |       | T1      | RM  |
| <b>SORIATANE ORAL CAPSULE (Acitretin) 10 MG, 17.5 MG, 25 MG</b>   | T3    | T3      | RM  |
| <b>*antipsoriatics**-*antipsoriatics***</b>   |       |         |   |
| <i>calcipotriene external solution 0.005 %</i>  |       | T1      | RM  |
| <b>CALCITRENE EXTERNAL OINTMENT (Calcipotriene) 0.005 %</b>   | T1    | T1      | RM  |
| <b>DOVONEX EXTERNAL CREAM (Calcipotriene) 0.005 %</b>   | T3    | T1      | RM  |
| <b>DRITHO-CREME HP EXTERNAL CREAM 1 %</b>   | T3    |         | RM  |
| <b>TAZORAC EXTERNAL 0.05 %, 0.1 %</b>   | T3    |         | RM  |
| <b>TAZORAC EXTERNAL CREAM 0.05 %, 0.1 %</b>   | T3    |         | RM  |
| <b>VECTICAL EXTERNAL OINTMENT (Calcitriol) 3 MCG/GM</b>   | T3    | T3      | RM; AI (Max #300 Mail Order); QL (100 GM per 30 Days)         |
| <b>*antiseborrheic products**-*antiseborrheic combinations***</b>   |       |         |   |
| <i>selenium sulf-pyrithione-urea external shampoo 2.25 %</i>  |       | T2      | RM  |
| <b>*antiseborrheic products**-*antiseborrheic products***</b>   |       |         |   |
| <b>OVACE PLUS WASH EXTERNAL (Sulfacetamide Sodium) 10 %</b>   | T3    | T3      | RM  |
| <i>selenium sulfide external lotion 2.5 %</i>   |       | T2      | RM  |
| <i>sulfacetamide sodium external liquid† 10 %</i>   |       | T3      | RM  |

| Drug Name  | Brand | Generic | Additional Information |
|--|-------|---------|------------------------|
| <b>*antivirals - topical**-*antiviral topical combinations***</b>    |       |         |                        |
| XERESE EXTERNAL CREAM 5-1 %  | T3    |         | RM                     |
| <b>*antivirals - topical**-*antivirals - topical***</b>              |       |         |                        |
| DENAVIR EXTERNAL CREAM 1 %   | T3    |         | RM                     |
| ZOVIRAX EXTERNAL CREAM 5 %   | T3    |         | RM                     |
| ZOVIRAX EXTERNAL OINTMENT ( <i>Acyclovir</i> ) 5 %                   | T3    | T3      | RM                     |
| <b>*burn products**-*burn products***</b>                            |       |         |                        |
| SSD EXTERNAL CREAM ( <i>Silver Sulfadiazine</i> ) 1 %                | T1    | T1      | RM                     |
| SULFAMYLON EXTERNAL CREAM 85 MG/GM                                   | T3    |         | RM                     |
| THERMAZENE EXTERNAL CREAM ( <i>Silver Sulfadiazine</i> ) 1 %         | T1    | T1      | RM                     |
| <b>*cauterizing agents**-*cauterizing agents***</b>                  |       |         |                        |
| <i>silver nitrate external ointment 10 %</i>                         |       | T3      | RM                     |
| TRI-CHLOR EXTERNAL LIQUID† 80 %                                      | T3    |         | RM                     |
| <b>*corticosteroids - topical**-*corticosteroids - topical***</b>    |       |         |                        |
| <i>alclometasone dipropionate external cream 0.05 %</i>              |       | T1      | RM                     |
| <i>alclometasone dipropionate external ointment 0.05 %</i>           |       | T1      | RM                     |
| <i>amcinonide external cream 0.1 %</i>                               |       | T3      | RM                     |
| <i>amcinonide external lotion 0.1 %</i>                              |       | T3      | RM                     |
| <i>amcinonide external ointment 0.1 %</i>                            |       | T3      | RM                     |
| <i>betamethasone dipropionate aug external 0.05 %</i>                |       | T1      | RM                     |
| <i>betamethasone dipropionate aug external cream 0.05 %</i>          |       | T1      | RM                     |
| <i>betamethasone dipropionate aug external lotion 0.05 %</i>         |       | T1      | RM                     |
| <i>betamethasone dipropionate aug external ointment 0.05 %</i>       |       | T1      | RM                     |
| <i>betamethasone dipropionate external cream 0.05 %</i>              |       | T1      | RM                     |
| <i>betamethasone dipropionate external lotion 0.05 %</i>             |       | T1      | RM                     |
| <i>betamethasone dipropionate external ointment 0.05 %</i>           |       | T1      | RM                     |
| <i>betamethasone valerate external cream 0.1 %</i>                   |       | T1      | RM                     |
| <i>betamethasone valerate external lotion 0.1 %</i>                  |       | T1      | RM                     |
| <i>betamethasone valerate external ointment 0.1 %</i>                |       | T1      | RM                     |
| <i>clobetasol propionate e external cream 0.05 %</i>                 |       | T1      | RM                     |
| <i>clobetasol propionate external 0.05 %</i>                         |       | T1      | RM                     |
| <i>clobetasol propionate external cream 0.05 %</i>                   |       | T1      | RM                     |
| <i>clobetasol propionate external liquid† 0.05 %</i>                 |       | T1      | RM                     |
| <i>clobetasol propionate external solution 0.05 %</i>                |       | T1      | RM                     |
| <b>CLOBEX EXTERNAL SHAMPOO (<i>Clobetasol Propionate</i>) 0.05 %</b> | T3    | T3      | RM                     |
| <b>CORDRAN EXTERNAL LOTION 0.05 %</b>                                | T3    |         | RM                     |
| <b>DESONATE EXTERNAL 0.05 %</b>                                      | T3    |         | RM                     |

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| <b>Drug Name</b>   | <b>Brand</b> | <b>Generic</b> | <b>Additional Information</b> |
|--|--------------|----------------|-------------------------------|
| <i>desonide external cream 0.05 %</i>                        |              | T1             | RM                            |
| <i>desonide external lotion 0.05 %</i>                       |              | T3             | RM                            |
| <i>desonide external ointment 0.05 %</i>                     |              | T1             | RM                            |
| <i>desoximetasone external 0.05 %</i>                        |              | T2             | RM                            |
| <i>desoximetasone external cream 0.05 %</i>                  |              | T3             | RM                            |
| <i>desoximetasone external cream 0.25 %</i>                  |              | T2             | RM                            |
| <i>desoximetasone external ointment 0.05 %</i>               |              | T3             | RM                            |
| <i>desoximetasone external ointment 0.25 %</i>               |              | T2             | RM                            |
| <i>diflorasone diacetate external ointment 0.05 %</i>        |              | T3             | RM                            |
| <i>fluocinolone acetonide body external oil 0.01 %</i>       |              | T2             | RM                            |
| <i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i> |              | T2             | RM                            |
| <i>fluocinolone acetonide external ointment 0.025 %</i>      |              | T2             | RM                            |
| <i>fluocinolone acetonide external solution 0.01 %</i>       |              | T2             | RM                            |
| <i>fluocinolone acetonide scalp external oil 0.01 %</i>      |              | T2             | RM                            |
| <i>fluocinonide external 0.05 %</i>                          |              | T1             | RM                            |
| <i>fluocinonide external cream 0.05 %</i>                    |              | T1             | RM                            |
| <i>fluocinonide external ointment 0.05 %</i>                 |              | T1             | RM                            |
| <i>fluocinonide external solution 0.05 %</i>                 |              | T1             | RM                            |
| <i>fluocinonide-e external cream 0.05 %</i>                  |              | T1             | RM                            |
| <i>fluticasone propionate external cream 0.05 %</i>          |              | T1             | RM                            |
| <i>fluticasone propionate external lotion 0.05 %</i>         |              | T3             | RM                            |
| <i>fluticasone propionate external ointment 0.005 %</i>      |              | T1             | RM                            |
| <i>halobetasol propionate external cream 0.05 %</i>          |              | T1             | RM                            |
| <i>halobetasol propionate external ointment 0.05 %</i>       |              | T1             | RM                            |
| <b>HALOG EXTERNAL OINTMENT 0.1 %</b>                         | T3           |                | RM                            |
| <i>hydrocortisone butyrate external cream 0.1 %</i>          |              | T1             | RM                            |
| <i>hydrocortisone butyrate external ointment 0.1 %</i>       |              | T1             | RM                            |
| <i>hydrocortisone butyrate external solution 0.1 %</i>       |              | T1             | RM                            |
| <i>hydrocortisone external cream 2.5 %</i>                   |              | T1             | RM                            |
| <i>hydrocortisone external lotion 2.5 %</i>                  |              | T1             | RM                            |
| <i>hydrocortisone external ointment 2.5 %</i>                |              | T1             | RM                            |
| <i>hydrocortisone valerate external cream 0.2 %</i>          |              | T1             | RM                            |
| <i>hydrocortisone valerate external ointment 0.2 %</i>       |              | T1             | RM                            |
| <b>KENALOG EXTERNAL AEROSOL, SOLUTION</b>                    | T3           |                | RM                            |
| <b>LUXIQ EXTERNAL FOAM (Betamethasone Valerate) 0.12 %</b>   | T3           | T1             | RM                            |
| <i>mometasone furoate external cream 0.1 %</i>               |              | T1             | RM                            |
| <i>mometasone furoate external ointment 0.1 %</i>            |              | T1             | RM                            |
| <i>mometasone furoate external solution 0.1 %</i>            |              | T1             | RM                            |
| <b>OLUX EXTERNAL FOAM (Clobetasol Propionate) 0.05 %</b>     | T3           | T1             | RM                            |



| Drug Name   | Brand | Generic | Additional Information  |
|---|-------|---------|---|
| <b>OLUX-E EXTERNAL FOAM</b> ( <i>Clobetasol Propionate Emulsion</i> ) <b>0.05 %</b> | T3    | T3      | RM; AI (100gm per copay retail or mail); QL (100 GM per 1 Copay); AL (Min 12 Years) |
| <i>prednicarbate external cream 0.1 %</i>   |       | T1      | RM  |
| <b>TEMOVATE EXTERNAL OINTMENT</b> ( <i>Clobetasol Propionate</i> ) <b>0.05 %</b>    | T3    | T1      | RM  |
| <i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>                 |       | T1      | RM  |
| <i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>                       |       | T1      | RM  |
| <i>triamcinolone acetonide external ointment 0.025 %, 0.1 %</i>                     |       | T1      | RM  |
| <i>triamcinolone acetonide external ointment 0.5 %</i>                              |       | T3      | RM  |
| <b>TRIANEX EXTERNAL OINTMENT 0.05 %</b>   | T3    |         | RM  |
| <b>*corticosteroids - topical**.*steroid-local anesthetic combinations***</b>       |       |         |   |
| <b>CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML</b>                                      | T3    |         | RM  |
| <b>EPIFOAM EXTERNAL FOAM 1-1 %</b>  | T2    |         | RM  |
| <i>hydrocortisone ace-pramoxine external cream 2.5-1 %</i>                          |       | T1      | RM  |
| <b>PRAMOSONE E EXTERNAL CREAM 1-2.5 %</b>   | T3    |         | RM  |
| <b>PRAMOSONE EXTERNAL LOTION 1-2.5 %</b>  | T3    |         | RM  |
| <b>*corticosteroids - topical**.*topical steroid combinations***</b>                |       |         |   |
| <i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>                |       | T1      | RM; QL (400 GM per 30 days); AL (Min 16 Years)                                      |
| <b>CARMOL-HC EXTERNAL CREAM 1-10 %</b>  | T3    |         | RM  |
| <b>CORTALO EXTERNAL 2 %</b>   | T3    |         | RM  |
| <i>hydrocortisone acetate-aloe external 2 %</i>                                     |       | T3      | RM; AI (Max #129gm Mail Order); QL (43 GM Max Qty Per Fill Retail)                  |
| <b>TACLONEX EXTERNAL OINTMENT 0.005-0.064 %</b>                                     | T3    |         | RM; AI (Max #1200 grams per 90 days); QL (400 GM per 30 Days); AL (Min 16 Years)    |
| <b>TACLONEX EXTERNAL SUSPENSION 0.005-0.064 %</b>                                   | T3    |         | RM; AI (#60gm per copay retail or mail); QL (60 GM per 1 Copay); AL (Min 18 Years)  |
| <b>U-CORT EXTERNAL CREAM 1-10 %</b>   | T3    |         | RM  |
| <b>*emollient/keratolytic agents**.*emollient/keratolytic agents***</b>             |       |         |   |
| <b>CARB-O-PHILIC/40 EXTERNAL CREAM</b> ( <i>Urea</i> ) <b>40 %</b>                  | T3    | T3      | RM  |
| <b>CEROVEL EXTERNAL LOTION</b> ( <i>Urea</i> ) <b>40 %</b>                          | T3    | T3      | RM  |
| <b>KERAFOAM 42 EXTERNAL FOAM 42 %</b>   | T3    |         | RM  |
| <b>REA LO 40 EXTERNAL CREAM</b> ( <i>Urea</i> ) <b>40 %</b>                         | T3    | T3      | RM  |
| <b>REMEVEN EXTERNAL CREAM</b> ( <i>Urea</i> ) <b>50 %</b>                           | T1    | T3      | RM  |
| <b>U-KERA E EXTERNAL CREAM</b> ( <i>Urea</i> ) <b>40 %</b>                          | T3    | T3      | RM  |
| <b>UMECTA EXTERNAL EMULSION 40 %</b>  | T3    |         | RM  |
| <b>URAMAXIN EXTERNAL LOTION</b> ( <i>Urea</i> ) <b>45 %</b>                         | T3    | T1      | RM  |

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|--|-------|---------|--|
| <i>urea external suspension 40 %</i>   |       | T3      | RM   |
| <i>urea nail film external suspension 40 %</i>   |       | T3      | RM   |
| <i>urea-c40 external lotion 40 %</i>   |       | T3      | RM   |
| <b>X-VIATE EXTERNAL CREAM (Urea) 40 %</b>  | T3    | T3      | RM   |
| <b>X-VIATE EXTERNAL LOTION (Urea) 40 %</b>   | T3    | T3      | RM   |
| <b>*enzymes - topical**-*enzymes - topical***</b>  |       |         |  |
| <b>REVINA EXTERNAL OINTMENT</b>  | T2    |         | RM   |
| <b>SANTYL EXTERNAL OINTMENT 250 UNIT/GM</b>  | T3    |         | RM   |
| <b>VASOLEX EXTERNAL OINTMENT</b>   | T2    |         | RM   |
| <b>*immunomodulating agents - topical**-*immunomodulators imidazoquinolinamines - topical***</b> |       |         |  |
| <b>ALDARA EXTERNAL CREAM (Imiquimod) 5 %</b>   | T3    | T1      | RM   |
| <b>ZYCLARA EXTERNAL CREAM 3.75 %</b>   | T3    |         | RM   |
| <b>ZYCLARA PUMP EXTERNAL CREAM 2.5 %, 3.75 %</b>   | T3    |         | RM   |
| <b>*immunosuppressive agents - topical**-*macrolide immunosuppressants - topical***</b>          |       |         |  |
| <b>ELIDEL EXTERNAL CREAM 1 %</b>   | T3    |         | RM; AL (Min 2 Years)   |
| <b>PROTOPIC EXTERNAL OINTMENT 0.03 %, 0.1 %</b>  | SP    |         | PA; SP; AI (Max #180gm Mail Order); QL (60 GM per 30 Days); AL (Min 2 Years) |
| <b>*keratolytic/antimitotic agents**-*keratolytic/antimitotic agents***</b>                      |       |         |  |
| <b>CONDYLOX EXTERNAL 0.5 %</b>   | T3    |         | RM   |
| <i>podofilox external solution 0.5 %</i>   |       | T1      | RM   |
| <b>SALACYN EXTERNAL CREAM (Salicylic Acid) 6 %</b>   | T2    | T1      | RM   |
| <i>salicylic acid external foam 6 %</i>  |       | T1      | RM   |
| <i>salicylic acid external liquid† 26 %</i>  |       | T3      | RM   |
| <i>salicylic acid external lotion 6 %</i>  |       | T1      | RM   |
| <i>salicylic acid external shampoo 6 %</i>   |       | T1      | RM   |
| <i>salicylic acid wart remover external liquid† 27.5 %</i>                                       |       | T1      | RM   |
| <b>*local anesthetics - topical**-*local anesthetics - topical***</b>                            |       |         |  |
| <b>GLYDO EXTERNAL (Lidocaine HCl) 2 %</b>  | T1    | T1      | RM   |
| <i>lidocaine external ointment 5 %</i>   |       | T1      | RM   |
| <i>lidocaine hcl external cream 3 %</i>  |       | T1      | RM   |
| <b>LIDODERM EXTERNAL PATCH (Lidocaine) 5 %</b>   | T3    | T3      | RM   |
| <i>lidopin external cream 3 %</i>  |       | T1      | RM   |
| <b>XYLOCAINE EXTERNAL SOLUTION (Lidocaine HCl) 4 %</b>   | T3    | T1      | RM   |
| <b>*local anesthetics - topical**-*topical anesthetic combinations***</b>                        |       |         |  |
| <b>ITCH-X EXTERNAL SOLUTION 1-10 %</b>   | T3    |         | RM   |
| <i>lidocaine-prilocaine external cream 2.5-2.5 %</i>   |       | T1      | RM   |

| Drug Name   | Brand | Generic | Additional Information  |
|---|-------|---------|---|
| SYNERA EXTERNAL PATCH 70-70 MG  | T3    |         | RM; AI (Max #3 Boxes Mail Order); QL (1 EA per 30 Days); AL (Min 3 Years) |
| <b>*pigmenting-depigmenting agents**-*depigmenting agents***</b>            |       |         |   |
| ACLARO EXTERNAL EMULSION 4 %  | T2    |         | RM  |
| <b>*rosacea agents**-*rosacea agents***</b>                                 |       |         |   |
| FINACEA EXTERNAL 15 %   | T3    |         | RM  |
| METROGEL EXTERNAL ( <i>MetroNIDAZOLE</i> ) 1 %                              | T3    | T2      | RM; AI (Max #180 Mail Order); QL (60 GM per 30 Days); AL (Min 16 Years)   |
| <i>metronidazole external cream 0.75 %</i>                                  |       | T1      | RM  |
| <i>metronidazole external lotion 0.75 %</i>                                 |       | T1      | RM  |
| NORITATE EXTERNAL CREAM 1 %   | T3    |         | RM  |
| ORACEA ORAL CAPSULE DELAYED RELEASE 40 MG                                   | T3    |         | PA; RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 9 Years)    |
| ROSADAN EXTERNAL ( <i>MetroNIDAZOLE</i> ) 0.75 %                            | T1    | T1      | RM  |
| <b>*scabicides &amp; pediculicides**-*scabicides &amp; pediculicides***</b> |       |         |   |
| ACTICIN EXTERNAL CREAM ( <i>Permethrin</i> ) 5 %                            | T1    | T2      | RM  |
| EURAX EXTERNAL CREAM 10 %   | T3    |         | RM  |
| EURAX EXTERNAL LOTION 10 %  | T3    |         | RM  |
| <i>lindane external lotion 1 %</i>  |       | T2      | RM  |
| <i>lindane external shampoo 1 %</i>   |       | T2      | RM  |
| <i>malathion external lotion 0.5 %</i>                                      |       | T2      | RM; AI (Max #59ml Retail or Mail Order); QL (59 ML per 30 Days)           |
| NATROBA EXTERNAL SUSPENSION ( <i>Spinosad</i> ) 0.9 %                       | T3    | T3      | RM  |
| <i>permethrin external lotion 1 %</i>                                       |       | T2      | RM  |
| SKLICE EXTERNAL LOTION 0.5 %  | T3    |         | RM; AI (Not covered at Mail Order); QL (117 GM per 30 Days)               |
| ULESFIA EXTERNAL LOTION 5 %   | T3    |         | RM  |
| <b>*tar products**-*tar products***</b>                                     |       |         |   |
| SCYTERA EXTERNAL FOAM 2 %   | T3    |         | RM  |
| <b>*wound care products**-*wound care - growth factor agents***</b>         |       |         |   |
| REGRANEX EXTERNAL 0.01 %  | MB    |         | RM  |
| <b>*Diagnostic Products*</b>  |       |         |   |
| <b>*diagnostic drugs**-*diagnostic drugs***</b>                             |       |         |   |
| THYROGEN INTRAMUSCULAR* SOLUTION RECONSTITUTED 1.1 MG                       | SP    |         | SP  |
| <b>*diagnostic tests**-*diagnostic tests***</b>                             |       |         |   |
| CHEMSTRIP K IN VITRO STRIP  | T1    |         | RM; AI (Max #300 90 day supply); QL (3.34 EA per 1 Day)                   |
| FASTTAKE TEST IN VITRO STRIP  | T1    |         | RM; AI ( ); QL (10 EA per 1 day)  |

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|---|-------|---------|---|
| KETOCARE IN VITRO STRIP   | T1    |         | RM; AI (Max #300 Mail Order); QL (100 EA per 30 Days) |
| KETOSTIX IN VITRO STRIP   | T2    |         | RM; AI (Max #300 Mail Order); QL (100 EA per 30 Days) |
| ONETOUCH TEST IN VITRO STRIP  | T1    |         | RM; AI ( ); QL (10 EA per 1 day)                      |
| ONETOUCH ULTRA BLUE IN VITRO STRIP  | T1    |         | RM; AI ( ); QL (10 EA per 1 day)                      |
| ONETOUCH VERIO IN VITRO STRIP   | T1    |         | RM; AI ( ); QL (10 EA per 1 day)                      |
| RELION KETONE IN VITRO STRIP  | T1    |         | RM; AI (Max #300 Mail Order); QL (100 EA per 30 Days) |
| SURESTEP PRO TEST IN VITRO STRIP  | T1    |         | RM; AI ( ); QL (10 EA per 1 day)                      |
| SURESTEP TEST IN VITRO STRIP  | T1    |         | RM; AI ( ); QL (10 EA per 1 day)                      |
| <b>*Digestive Aids*</b>   |       |         |   |
| <b>*digestive enzymes**-*digestive enzymes***</b>   |       |         |   |
| CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000 UNIT, 24000 UNIT, 3000-9500 UNIT, 6000 UNIT                            | T2    |         | RM  |
| PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500 UNIT, 21000 UNIT, 4200 UNIT  | T2    |         | RM  |
| PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 16800 UNIT   | T3    |         | RM  |
| PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000 UNIT, 8000 UNIT  | T3    |         | RM  |
| SUCRAID ORAL SOLUTION 8500 UNIT/ML  | SP    |         | SP  |
| ULTRESA ORAL CAPSULE DELAYED RELEASE PARTICLES 13800 UNIT, 20700 UNIT, 23000 UNIT   | T3    |         | RM  |
| VIOKACE ORAL TABLET 10440 UNIT, 20880 UNIT  | T3    |         | RM  |
| ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000 UNIT, 15000 UNIT, 20000 UNIT, 25000 UNIT, 3000-10000 UNIT, 40000 UNIT | T2    |         | RM  |
| ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES ( <i>Pancrelipase (Lip-Prot-Amyl)</i> ) 5000 UNIT                           | T2    | T3      | RM  |
| <b>*Diuretics*</b>  |       |         |   |
| <b>*carbonic anhydrase inhibitors**-*carbonic anhydrase inhibitors***</b>   |       |         |   |
| <i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>  |       | T3      | RM  |
| <i>acetazolamide oral tablet 125 mg, 250 mg</i>   |       | T1      | RM  |
| <i>methazolamide oral tablet 25 mg, 50 mg</i>   |       | T2      | RM  |
| NEPTAZANE ORAL TABLET 25 MG, 50 MG  | T3    |         | PA; ST; RM  |
| <b>*diuretic combinations**-*diuretic combinations***</b>   |       |         |   |
| ALDACTAZIDE ORAL TABLET 50-50 MG  | T3    |         | RM  |
| <i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>  |       | T1      | RM  |
| <i>spironolactone-hctz oral tablet 25-25 mg</i>   |       | T1      | RM  |
| <i>triamterene-hctz oral capsule 37.5-25 mg</i>   |       | T1      | RM  |

| Drug Name  | Brand | Generic | Additional Information                                     |
|--|-------|---------|--|
| <i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>                                   |       | T1      | RM   |
| <b>*loop diuretics**-*loop diuretics***</b>  |       |         |  |
| <i>bumetanide injection solution 0.25 mg/ml</i>  |       | MB      | RM   |
| <i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>   |       | T1      | RM   |
| <b>EDECRIN ORAL TABLET 25 MG</b>   | T3    |         | RM   |
| <i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>  |       | T1      | RM   |
| <i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>  |       | T1      | RM   |
| <b>SODIUM EDECRIN INTRAVENOUS* SOLUTION RECONSTITUTED 50 MG</b>                            | MB    |         | RM   |
| <i>toremide intravenous* solution 50 mg/5ml</i>  |       | MB      | RM   |
| <i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>                                     |       | T1      | RM   |
| <b>*potassium sparing diuretics**-*potassium sparing diuretics***</b>                      |       |         |  |
| <i>amiloride hcl oral tablet 5 mg</i>  |       | T3      | RM   |
| <b>DYRENIUM ORAL CAPSULE 100 MG, 50 MG</b>   | T3    |         | RM   |
| <i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>                                     |       | T1      | RM   |
| <b>**thiazides and thiazide-like diuretics**-*thiazides and thiazide-like diuretics***</b> |       |         |  |
| <i>chlorothiazide oral tablet 250 mg, 500 mg</i>   |       | T1      | RM   |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i>   |       | T2      | RM   |
| <b>DIURIL ORAL SUSPENSION 250 MG/5ML</b>   | T2    |         | RM   |
| <i>hydrochlorothiazide oral capsule 12.5 mg</i>  |       | T1      | RM   |
| <i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>                               |       | T1      | RM   |
| <i>indapamide oral tablet 1.25 mg, 2.5 mg</i>  |       | T1      | RM   |
| <i>methyclothiazide oral tablet 5 mg</i>   |       | T3      | RM   |
| <i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>  |       | T1      | RM   |
| <b>*Endocrine And Metabolic Agents - Misc.*</b>  |       |         |  |
| <b>*bone density regulators**-*bisphosphonates***</b>                                      |       |         |  |
| <b>ACTONEL ORAL TABLET (Risedronate Sodium) 150 MG</b>                                     | T3    | T1      | RM; AI (Max #3 Mail Order); QL (1 EA per 30 Days)          |
| <b>ACTONEL ORAL TABLET 30 MG, 5 MG</b>   | T3    |         | ST; RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)       |
| <b>ACTONEL ORAL TABLET 35 MG</b>   | T3    |         | ST; RM; AI (Max #12 Mail Order); QL (4 EA per 30 Days)     |
| <i>alendronate sodium oral tablet 10 mg, 5 mg</i>  |       | T1      | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)           |
| <i>alendronate sodium oral tablet 35 mg, 70 mg</i>   |       | T1      | RM; AI (Max #12 Mail Order); QL (4 EA per 30 Days)         |
| <i>alendronate sodium oral tablet 40 mg</i>  |       | T2      | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)           |
| <b>ATELVIA ORAL TABLET DELAYED RELEASE 35 MG</b>   | T3    |         | RM; AI (Max #12 Mail Order); QL (4 EA per 30 Days)         |
| <b>BINOSTO ORAL TABLET EFFERVESCENT 70 MG</b>  | T3    |         | PA; ST; RM; AI (Max #12 Mail Order); QL (4 EA per 30 Days) |
| <i>etidronate disodium oral tablet 200 mg, 400 mg</i>                                      |       | T3      | RM   |

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|---|-------|---------|--|
| <b>FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT</b>                    | T3    |         | PA; ST; RM; AI (Max #12 Mail Order); QL (1 EA per 7 Days); AL (Min 18 Years) |
| <i>ibandronate sodium oral tablet 150 mg</i>  |       | T2      | RM; AI (Max #3 Mail Order); QL (1 EA per 30 Days)                            |
| <i>pamidronate disodium intravenous* solution 30 mg/10ml, 6 mg/ml, 90 mg/10ml</i>     |       | SP      | SP   |
| <i>pamidronate disodium intravenous* solution reconstituted 30 mg, 90 mg</i>          |       | SP      | SP   |
| <b>RECLAST INTRAVENOUS* SOLUTION (Zoledronic Acid) 5 MG/100ML</b>                     | SP    | SP      | SP   |
| <b>SKELID ORAL TABLET 200 MG</b>  | T3    |         | RM   |
| <i>zoledronic acid intravenous* solution reconstituted 4 mg</i>                       |       | SP      | SP   |
| <b>ZOMETA INTRAVENOUS* CONCENTRATE (Zoledronic Acid) 4 MG/5ML</b>                     | SP    | SP      | SP   |
| <b>ZOMETA INTRAVENOUS* SOLUTION (Zoledronic Acid) 4 MG/100ML</b>                      | SP    | SP      | SP   |
| <b>*bone density regulators**-*calcitonins***</b>                                     |       |         |  |
| <b>FORTICAL NASAL SOLUTION (Calcitonin (Salmon)) 200 UNIT/ACT</b>                     | T3    | T2      | RM; AI (Max #11.1ml Mail Order); QL (3.7 ML per 30 Days)                     |
| <b>MIACALCIN INJECTION SOLUTION 200 UNIT/ML</b>                                       | T3    |         | RM; AI (Max #11.1ml Mail Order); QL (3.7 ML per 30 Days)                     |
| <b>MIACALCIN NASAL SOLUTION (Calcitonin (Salmon)) 200 UNIT/ACT</b>                    | T3    | T2      | RM; AI (Max #11.1ml Mail Order); QL (3.7 ML per 30 Days)                     |
| <b>*bone density regulators**-*parathyroid hormone and derivatives***</b>             |       |         |  |
| <b>FORTEO SUBCUTANEOUS* SOLUTION 600 MCG/2.4ML</b>                                    | SP    |         | PA; SP   |
| <b>*bone density regulators**-*rank ligand (rankl) inhibitors***</b>                  |       |         |  |
| <b>PROLIA SUBCUTANEOUS* SOLUTION 60 MG/ML</b>   | SP    |         | RM   |
| <b>XGEVA SUBCUTANEOUS* SOLUTION 120 MG/1.7ML</b>                                      | SP    |         | PA; ST; SP   |
| <b>*corticotropin**-*corticotropin***</b>   |       |         |  |
| <b>ACTHAR HP INJECTION 80 UNIT/ML</b>   | SP    |         | PA; SP   |
| <b>*fertility regulators**-*ovulation stimulants-gonadotropins***</b>                 |       |         |  |
| <b>MENOPUR SUBCUTANEOUS* SOLUTION RECONSTITUTED 75 UNIT</b>                           | MB    |         | RM   |
| <b>*growth hormone receptor antagonists**-*growth hormone receptor antagonists***</b> |       |         |  |
| <b>SOMAVERT SUBCUTANEOUS* SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG</b>              | SP    |         | PA; SP   |

| Drug Name  | Brand | Generic | Additional Information                              |
|--|-------|---------|---|
| <b>*growth hormones**-*growth hormones***</b>  |       |         |   |
| GENOTROPIN MINIQUICK SUBCUTANEOUS* SOLUTION RECONSTITUTED 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG | SP    |         | PA; ST; SP  |
| GENOTROPIN SUBCUTANEOUS* SOLUTION RECONSTITUTED 12 MG, 5 MG  | SP    |         | PA; ST; SP  |
| HUMATROPE INJECTION SOLUTION RECONSTITUTED 12 MG, 24 MG, 5 MG, 6 MG  | SP    |         | PA; ST; SP  |
| NORDITROPIN FLEXPPO SUBCUTANEOUS* SOLUTION 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML  | SP    |         | PA; ST; SP  |
| NORDITROPIN NORDIFLEX PEN SUBCUTANEOUS* SOLUTION 30 MG/3ML   | SP    |         | PA; ST; SP  |
| NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS* SOLUTION 10 MG/2ML   | SP    |         | PA; ST; SP  |
| NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS* SOLUTION 20 MG/2ML   | SP    |         | PA; ST; SP  |
| NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS* SOLUTION 5 MG/2ML   | SP    |         | PA; ST; SP  |
| NUTROPIN AQ PEN SUBCUTANEOUS* SOLUTION 10 MG/2ML, 20 MG/2ML  | SP    |         | PA; ST; SP  |
| OMNITROPE SUBCUTANEOUS* SOLUTION 10 MG/1.5ML, 5 MG/1.5ML   | SP    |         | PA; ST; SP  |
| <i>omnitrope subcutaneous* solution reconstituted 5.8 mg</i>   |       | SP      | PA; ST; SP  |
| SAIZEN CLICK.EASY INJECTION SOLUTION RECONSTITUTED 8.8 MG  | SP    |         | PA; SP  |
| SAIZEN INJECTION SOLUTION RECONSTITUTED 5 MG   | SP    |         | PA; ST; SP  |
| SAIZEN INJECTION SOLUTION RECONSTITUTED 8.8 MG   | SP    |         | PA; SP  |
| SEROSTIM SUBCUTANEOUS* SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG   | SP    |         | PA; SP  |
| TEV-TROPIN SUBCUTANEOUS* SOLUTION RECONSTITUTED 5 MG   | SP    |         | PA; ST; SP  |
| ZORBIVE SUBCUTANEOUS* SOLUTION RECONSTITUTED 8.8 MG  | SP    |         | PA; SP  |
| <b>*hormone receptor modulators**-*selective estrogen receptor modulators (serms)***</b>   |       |         |   |
| EVISTA ORAL TABLET ( <i>Raloxifene HCl</i> ) 60 MG   | T3    | \$0     | RM; AI (Max #90 Mail Order); F; QL (1 EA per 1 Day) |
| <b>*insulin-like growth factors (somatomedins)**-*insulin-like growth factors (somatomedins)***</b>                                  |       |         |   |
| INCRELEX SUBCUTANEOUS* SOLUTION 40 MG/4ML  | SP    |         | PA; ST; SP  |

| Drug Name   | Brand | Generic | Additional Information                            |
|---|-------|---------|---|
| <b>*lhrh/gnrh agonist analog pituitary suppressants**-*lhrh/gnrh agonist analog pituitary suppressants***</b> |       |         |   |
| SUPPRELIN LA SUBCUTANEOUS* KIT 50 MG  | SP    |         | PA; SP  |
| SYNAREL NASAL SOLUTION 2 MG/ML  | SP    |         | PA; SP  |
| <b>*metabolic modifiers**-*calcimimetic agents***</b>   |       |         |   |
| SENSIPAR ORAL TABLET 30 MG, 60 MG   | SP    |         | SP; AI (Max #450 Mail Order); QL (5 EA per 1 Day) |
| SENSIPAR ORAL TABLET 90 MG  | SP    |         | SP; AI (Max #360 Mail Order); QL (4 EA per 1 Day) |
| <b>*metabolic modifiers**-*carnitine replenisher - agents***</b>  |       |         |   |
| CARNITOR INTRAVENOUS* SOLUTION<br>(LevOCARNitine) 200 MG/ML   | MB    | MB      | RM  |
| CARNITOR ORAL TABLET (LevOCARNitine) 330 MG   | T3    | T3      | PA; ST; RM  |
| CARNITOR SF ORAL SOLUTION 1 GM/10ML   | T3    |         | PA; RM  |
| <i>levocarnitine oral solution 1 gml/10ml</i>   |       | T3      | PA; ST; RM  |
| <b>*metabolic modifiers**-*fabry disease - agents***</b>  |       |         |   |
| FABRAZYME INTRAVENOUS* SOLUTION RECONSTITUTED 35 MG, 5 MG   | SP    |         | SP  |
| <b>*metabolic modifiers**-*gaa deficiency treatment - agents***</b>   |       |         |   |
| LUMIZYME INTRAVENOUS* SOLUTION RECONSTITUTED 50 MG  | SP    |         | SP  |
| MYOZYME INTRAVENOUS* SOLUTION RECONSTITUTED 50 MG   | SP    |         | SP  |
| <b>*metabolic modifiers**-*hereditary tyrosinemia type 1 (ht-1) treatment - agents***</b>                     |       |         |   |
| ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG  | SP    |         | SP  |
| <b>*metabolic modifiers**-*homocystinuria treatment - agents***</b>   |       |         |   |
| CYSTADANE ORAL POWDER   | SP    |         | SP  |
| <b>*metabolic modifiers**-*hyperammonemia treatment - agents***</b>   |       |         |   |
| CARBAGLU ORAL TABLET 200 MG   | T3    |         | RM  |
| <b>*metabolic modifiers**-*hyperparathyroid treatment - vitamin d analogs***</b>                              |       |         |   |
| HECTOROL ORAL CAPSULE 0.5 MCG, 1 MCG, 2.5 MCG   | SP    |         | SP  |
| <i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>  |       | SP      | RM; QL (1 EA per 1 Day); AL (Min 18 Years)        |
| ROCALTROL ORAL CAPSULE (Calcitriol) 0.25 MCG, 0.5 MCG   | T3    | T2      | RM  |
| ROCALTROL ORAL SOLUTION (Calcitriol) 1 MCG/ML   | T3    | T2      | RM  |
| ZEMPLAR INTRAVENOUS* SOLUTION 2 MCG/ML  | SP    |         | SP  |

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| Drug Name  | Brand | Generic | Additional Information   |
|--|-------|---------|--|
| ZEMPLAR INTRAVENOUS* SOLUTION 5 MCG/ML                                       | MB    |         | SP   |
| ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG, 4 MCG                                     | SP    |         | SP; AI ( ); QL (1 EA per 1 Day); AL (Min 18 Years)   |
| <b>*metabolic modifiers**-*mucopolysaccharidosis i (mps i) - agents***</b>   |       |         |  |
| ALDURAZYME INTRAVENOUS* SOLUTION 2.9 MG/5ML                                  | SP    |         | PA; SP   |
| <b>*metabolic modifiers**-*mucopolysaccharidosis ii (mps ii) - agents***</b> |       |         |  |
| ELAPRASE INTRAVENOUS* SOLUTION 6 MG/3ML                                      | SP    |         | PA; SP   |
| <b>*metabolic modifiers**-*mucopolysaccharidosis vi (mps vi) - agents***</b> |       |         |  |
| NAGLAZYME INTRAVENOUS* SOLUTION 1 MG/ML                                      | SP    |         | SP   |
| <b>*metabolic modifiers**-*phenylketonuria treatment - agents***</b>         |       |         |  |
| KUVAN ORAL TABLET SOLUBLE 100 MG   | SP    |         | PA; SP; AI (Max #120 per copay mail or retail.); QL (120 EA per 1 Copay); AL (Min 4 Years) |
| <b>*metabolic modifiers**-*urea cycle disorder - agents***</b>               |       |         |  |
| BUPHENYL ORAL POWDER ( <i>Sodium Phenylbutyrate</i> ) 3 GM/TSP               | SP    | SP      | SP   |
| BUPHENYL ORAL TABLET 500 MG  | SP    |         | SP   |
| RAVICTI ORAL LIQUID† 1.1 GM/ML   | SP    |         | SP   |
| <b>*posterior pituitary hormones**-*vasopressin***</b>                       |       |         |  |
| DDAVP INJECTION SOLUTION ( <i>Desmopressin Acetate</i> ) 4 MCG/ML            | T3    | T3      | RM   |
| DDAVP NASAL SOLUTION ( <i>Desmopressin Acetate Spray</i> ) 0.01 %            | T3    | T3      | RM   |
| DDAVP ORAL TABLET ( <i>Desmopressin Acetate</i> ) 0.1 MG                     | T3    | T3      | RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day)  |
| DDAVP ORAL TABLET ( <i>Desmopressin Acetate</i> ) 0.2 MG                     | T3    | T3      | RM; AI (Max #360 Mail Order); QL (4 EA per 1 Day)  |
| DDAVP RHINAL TUBE NASAL SOLUTION 0.01 %                                      | T3    |         | RM; AI (Max #45ml Mail Order); QL (0.5 ML per 1 Day)                                       |
| <i>desmopressin ace rhinal tube nasal solution 0.01 %</i>                    |       | T1      | RM; AI (Max #45ml Mail Order); QL (0.5 ML per 1 Day)                                       |
| <i>desmopressin ace spray refig nasal solution 0.01 %</i>                    |       | T3      | RM; AI (Max #45ml Mail Order); QL (0.5 ML per 1 Day)                                       |
| STIMATE NASAL SOLUTION 1.5 MG/ML   | T3    |         | RM   |
| <b>*prolactin inhibitors**-*dopamine receptor agonists***</b>                |       |         |  |
| <i>cabergoline oral tablet 0.5 mg</i>  |       | T3      | RM   |
| <b>*somatostatic agents**-*somatostatic agents***</b>                        |       |         |  |
| <i>octreotide acetate injection solution 1000 mcg/5ml</i>                    |       | SP      | PA; SP   |

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|--|-------|---------|--|
| <b>SANDOSTATIN INJECTION SOLUTION</b> ( <i>Octreotide Acetate</i> ) 100 MCG/ML, 1000 MCG/ML, 200 MCG/ML, 50 MCG/ML, 500 MCG/ML | SP    | SP      | PA; SP   |
| <b>SANDOSTATIN LAR DEPOT INTRAMUSCULAR* KIT</b> 10 MG, 20 MG, 30 MG  | SP    |         | PA; SP   |
| <b>SIGNIFOR SUBCUTANEOUS* SOLUTION</b> 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML   | SP    |         | PA; SP   |
| <b>SOMATULINE DEPOT SUBCUTANEOUS* SOLUTION</b> 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML  | SP    |         | SP   |
| <b>*vasopressin receptor antagonists**-*selective vasopressin v2-receptor antagonists***</b>                                   |       |         |  |
| <b>SAMSCA ORAL TABLET</b> 15 MG, 30 MG   | SP    |         | SP   |
| <b>*Estrogens*</b>   |       |         |  |
| <b>*estrogen combinations**-*estrogen &amp; androgen***</b>  |       |         |  |
| <b>COVARYX HS ORAL TABLET</b> ( <i>Est Estrogens-Methyltest HS</i> ) 0.625-1.25 MG   | T1    | T1      | RM   |
| <b>COVARYX ORAL TABLET</b> ( <i>Est Estrogens-Methyltest</i> ) 1.25-2.5 MG   | T1    | T1      | RM   |
| <i>est estrogens-methyltest ds oral tablet 1.25-2.5 mg</i>   |       | T1      | RM   |
| <b>*estrogen combinations**-*estrogen &amp; progestin***</b>   |       |         |  |
| <b>COMBIPATCH TRANSDERMAL PATCH BIWEEKLY</b> 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY  | T3    |         | RM; F  |
| <b>FEMHRT LOW DOSE ORAL TABLET</b> 0.5-2.5 MG-MCG  | T3    |         | RM; AI (Max #90 Mail Order); F; QL (1 EA per 1 Day); AL (Min 18 Years) |
| <b>MIMVEY LO ORAL TABLET</b> ( <i>Estradiol-Norethindrone Acet</i> ) 0.5-0.1 MG  | T1    | T1      | RM; F  |
| <b>MIMVEY ORAL TABLET</b> ( <i>Estradiol-Norethindrone Acet</i> ) 1-0.5 MG   | T3    | T3      | RM; AI (Max #84 Mail Order); F; QL (28 EA per 30 Days)                 |
| <b>PREMPHASE ORAL TABLET</b> 0.625-5 MG  | T2    |         | RM; AI (Max #90 Mail Order); F; QL (1 EA per 1 Day)                    |
| <b>PREMPRO ORAL TABLET</b> 0.3-1.5 MG, 0.45-1.5 MG   | T2    |         | RM; AI (Max #90 Mail Order); F; QL (1 EA per 1 Day)                    |
| <b>PREMPRO ORAL TABLET</b> 0.625-2.5 MG, 0.625-5 MG  | T2    |         | RM; AI (Max #180 Mail Order); F; QL (2 EA per 1 Day)                   |
| <b>*estrogens**-*estrogens***</b>  |       |         |  |
| <b>ALORA TRANSDERMAL PATCH BIWEEKLY</b> ( <i>Estradiol</i> ) 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR           | T3    | T3      | RM; AI (Max #24 Mail Order); QL (8 EA per 30 days)                     |
| <b>DEPO-ESTRADIOL INTRAMUSCULAR* OIL</b> 5 MG/ML   | T3    |         | RM   |
| <b>ENJUVIA ORAL TABLET</b> 0.3 MG, 0.45 MG, 0.625 MG, 1.25 MG  | T3    |         | RM; F; AL (Min 18 Years)   |
| <b>ENJUVIA ORAL TABLET</b> 0.9 MG  | T3    |         | RM; AI (Max #90 Mail Order); F; QL (1 EA per 1 Day); AL (Min 18 Years) |
| <i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>  |       | T1      | RM   |

| Drug Name   | Brand | Generic | Additional Information  |
|---|-------|---------|---|
| <i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i> |       | T1      | RM; AI (Max #12 Mail Order); F; QL (4 EA Max Qty Per Fill Retail) |
| <i>estradiol valerate intramuscular* oil 20 mg/ml</i>   |       | T1      | RM  |
| <i>estropipate oral tablet 0.75 mg, 1.5 mg, 3 mg</i>  |       | T1      | RM  |
| <b>MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG</b>   | T3    |         | RM  |
| <b>MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR</b>  | T3    |         | RM; AI (Max #12 Mail Order); F; QL (4 EA Max Qty Per Fill Retail) |
| <b>MINIVELLE TRANSDERMAL PATCH BIWEEKLY 0.025 MG/24HR</b>   | T3    |         | RM; QL (2 EA per 1 Week)  |
| <b>MINIVELLE TRANSDERMAL PATCH BIWEEKLY (Estradiol) 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR</b>                | T3    | T3      | RM; AI (Max #24 Mail Order); QL (8 EA per 30 days)                |
| <b>PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG</b>  | T2    |         | RM  |
| <b>VIVELLE-DOT TRANSDERMAL PATCH BIWEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR</b>           | T3    |         | RM; AI (Max #24 Patches Mail Order); QL (8 EA per 30 Days)        |
| <b>*Fluoroquinolones*</b>   |       |         |   |
| <b>*fluoroquinolones**- *fluoroquinolones***</b>  |       |         |   |
| <b>AVELOX ABC PACK ORAL TABLET (Moxifloxacin HCl) 400 MG</b>  | T3    | T1      | RM  |
| <b>AVELOX INTRAVENOUS* SOLUTION 400 MG/250ML</b>  | MB    |         | RM  |
| <b>AVELOX ORAL TABLET (Moxifloxacin HCl) 400 MG</b>   | T3    | T1      | RM  |
| <b>CIPRO IN D5W INTRAVENOUS* SOLUTION (Ciprofloxacin in D5W) 400 MG/200ML</b>   | MB    | MB      | RM  |
| <b>CIPRO ORAL SUSPENSION RECONSTITUTED (Ciprofloxacin) 250 MG/5ML (5%), 500 MG/5ML (10%)</b>                                    | T3    | T1      | RM  |
| <i>ciprofloxacin hcl oral tablet 100 mg</i>   |       | T3      | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)                 |
| <i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>   |       | T1      | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)                 |
| <i>ciprofloxacin-ciproflox hcl er oral tablet extended release 24 hr* 1000 mg, 500 mg</i>                                       |       | T1      | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)                  |
| <b>FACTIVE ORAL TABLET 320 MG</b>   | T3    |         | RM  |
| <i>levofloxacin in d5w intravenous* solution 750 mg/150ml</i>   |       | MB      | RM  |
| <i>levofloxacin oral solution 25 mg/ml</i>  |       | T2      | RM  |
| <i>levofloxacin oral tablet 250 mg</i>  |       | T2      | RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day)                 |
| <i>levofloxacin oral tablet 500 mg, 750 mg</i>  |       | T2      | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)                  |
| <b>NOROXIN ORAL TABLET 400 MG</b>   | T3    |         | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)                 |

| Drug Name   | Brand | Generic | Additional Information  |
|---|-------|---------|---|
| <i>ofloxacin oral tablet 200 mg, 300 mg, 400 mg</i>   |       | T2      | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)                                 |
| <b>*Gastrointestinal Agents - Misc.*</b>  |       |         |   |
| <b>*gallstone solubilizing agents**-*gallstone solubilizing agents***</b>                               |       |         |   |
| <b>CHENODAL ORAL TABLET 250 MG</b>  | T3    |         | RM  |
| <i>ursodiol oral capsule 300 mg</i>   |       | T2      | RM  |
| <i>ursodiol oral tablet 250 mg, 500 mg</i>  |       | T3      | RM  |
| <b>*gastrointestinal antiallergy agents**-*gastrointestinal antiallergy agents***</b>                   |       |         |   |
| <i>cromolyn sodium oral concentrate 100 mg/5ml</i>  |       | T2      | RM  |
| <b>*gastrointestinal chloride channel activators**-*gastrointestinal chloride channel activators***</b> |       |         |   |
| <b>AMITIZA ORAL CAPSULE 24 MCG</b>  | T3    |         | RM; AI (#2 per Copay Retail or Mail); QL (2 EA per 1 Copay); AL (Min 16 Years)    |
| <b>AMITIZA ORAL CAPSULE 8 MCG</b>   | T3    |         | RM; AI (#2 per Copay Retail or Mail); F; QL (2 EA per 1 Copay); AL (Min 18 Years) |
| <b>*gastrointestinal stimulants**-*gastrointestinal stimulants***</b>                                   |       |         |   |
| <i>metoclopramide hcl oral solution 5 mg/5ml</i>  |       | T1      | RM  |
| <i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>   |       | T1      | RM  |
| <b>METOZOLV ODT ORAL TABLET DISPERSIBLE 5 MG</b>  | T3    |         | RM  |
| <b>*inflammatory bowel agents**-*inflammatory bowel agents***</b>                                       |       |         |   |
| <b>APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM</b>  | T3    |         | RM; AI (Max #360 Mail Order); QL (4 EA per 1 Day)                                 |
| <b>ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG</b>   | T3    |         | RM  |
| <i>balsalazide disodium oral capsule 750 mg</i>   |       | T1      | RM  |
| <b>CANASA SUPPOSITORY 1000 MG</b>   | T3    |         | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)                                  |
| <b>DIPENTUM ORAL CAPSULE 250 MG</b>   | T3    |         | RM; AI (Max #360 Mail Order); QL (4 EA per 1 Day)                                 |
| <b>GIAZO ORAL TABLET 1.1 GM</b>   | T3    |         | RM  |
| <b>LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM</b>  | T3    |         | RM; AI (Max #360 Mail Order); QL (4 EA per 1 Day); AL (Min 18 Years)              |
| <i>mesalamine enema 4 gm</i>  |       | T3      | RM  |
| <i>mesalamine-cleanser kit 4 gm</i>   |       | T3      | RM  |
| <b>PENTASA ORAL CAPSULE EXTENDED RELEASE* 250 MG, 500 MG</b>  | T3    |         | RM  |
| <b>SFROWASA ENEMA 4 GM/60ML</b>   | T3    |         | RM  |
| <b>SULFAZINE EC ORAL TABLET DELAYED RELEASE (SulfaSALazine) 500 MG</b>                                  | T1    | T1      | RM  |

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|--|-------|---------|---|
| <b>SULFAZINE ORAL TABLET (SulfaSALazine) 500 MG</b>  | T1    | T1      | RM  |
| <b>*inflammatory bowel agents**-*tumor necrosis factor alpha blockers***</b>                         |       |         |   |
| <b>CIMZIA PREFILLED SUBCUTANEOUS* KIT 2 X 200 MG/ML</b>  | SP    |         | PA; RM  |
| <b>CIMZIA STARTER KIT SUBCUTANEOUS* KIT 6 X 200 MG/ML</b>  | SP    |         | PA; SP  |
| <b>CIMZIA SUBCUTANEOUS* KIT 2 X 200 MG</b>   | SP    |         | PA; SP  |
| <b>REMICADE INTRAVENOUS* SOLUTION RECONSTITUTED 100 MG</b>   | SP    |         | PA; SP  |
| <b>*intestinal acidifiers**-*intestinal acidifiers***</b>  |       |         |   |
| <i>enulose oral solution 10 gml/15ml</i>   |       | T1      | RM  |
| <i>generlac oral solution 10 gml/15ml</i>  |       | T1      | RM  |
| <i>lactulose encephalopathy oral solution 10 gml/15ml</i>  |       | T1      | RM  |
| <b>*irritable bowel syndrome (ibs) agents**-*ibs agent - guanylate cyclase-c (gc-c) agonists***</b>  |       |         |   |
| <b>LINZESS ORAL CAPSULE 145 MCG, 290 MCG</b>   | T2    |         | RM  |
| <b>*irritable bowel syndrome (ibs) agents**-*ibs agent - selective 5-ht3 receptor antagonists***</b> |       |         |   |
| <b>LOTRONEX ORAL TABLET 0.5 MG</b>   | T3    |         | RM; F   |
| <b>LOTRONEX ORAL TABLET 1 MG</b>   | T3    |         | RM; AI (Max #180 Mail Order); F; QL (2 EA per 1 Day); AL (Min 12 Years) |
| <b>*peripheral opioid receptor antagonists**-*peripheral opioid receptor antagonists***</b>          |       |         |   |
| <b>RELISTOR SUBCUTANEOUS* KIT 12 MG/0.6ML</b>  | SP    |         | PA; SP  |
| <b>RELISTOR SUBCUTANEOUS* SOLUTION 12 MG/0.6ML, 8 MG/0.4ML</b>                                       | SP    |         | PA; SP  |
| <b>*phosphate binder agents**-*phosphate binder agents***</b>  |       |         |   |
| <i>calcium acetate oral capsule 667 mg</i>   |       | T1      | RM  |
| <b>ELIPHOS ORAL TABLET 667 MG</b>  | T3    |         | RM  |
| <b>FOSRENOL ORAL TABLET CHEWABLE 1000 MG</b>   | SP    |         | SP; AI ( ); QL (3 EA per 1 Day); AL (Min 16 Years)                      |
| <b>FOSRENOL ORAL TABLET CHEWABLE 500 MG, 750 MG</b>  | SP    |         | SP; QL (3 EA per 1 Day); AL (Min 16 Years)                              |
| <b>RENAGEL ORAL TABLET 400 MG</b>  | T3    |         | RM; AI (Max #3150 Mail Order); QL (35 EA per 1 Day)                     |
| <b>RENAGEL ORAL TABLET 800 MG</b>  | T3    |         | RM; AI (Max #1800 Mail Order); QL (20 EA per 1 Day)                     |
| <b>REVELA ORAL PACKET 0.8 GM</b>   | T3    |         | RM; AI (Max #1350 Mail Order); QL (15 EA per 1 Day)                     |
| <b>REVELA ORAL PACKET 2.4 GM</b>   | T3    |         | RM; AI (Max #450 Mail Order); QL (5 EA per 1 Day)                       |
| <b>REVELA ORAL TABLET (Sevelamer Carbonate) 800 MG</b>   | T3    | T3      | RM; AI (Max #1350 Mail Order); QL (15 EA per 1 Day)                     |

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| Drug Name   | Brand | Generic | Additional Information                              |
|---|-------|---------|---|
| <b>*short bowel syndrome (sbs) agents**-*glucagon-like peptide-2 (glp-2) analogs***</b> |       |         |   |
| <b>GATTEX SUBCUTANEOUS* KIT 5 MG</b>  | SP    |         | PA; SP  |
| <b>*General Anesthetics*</b>  |       |         |   |
| <b>*anesthetics - misc.**-*anesthetics - misc.***</b>                                   |       |         |   |
| <i>propofol intravenous* emulsion 10 mg/ml</i>  |       | MB      | RM  |
| <b>*Genitourinary Agents - Miscellaneous*</b>   |       |         |   |
| <b>*alkalinizers**-*citrates***</b>   |       |         |   |
| <i>cytra k crystals oral packet 3300-1002 mg</i>  |       | T2      | RM  |
| <i>cytra-2 oral solution 500-334 mg/5ml</i>   |       | T3      | RM  |
| <i>cytra-k oral solution 1100-334 mg/5ml</i>  |       | T2      | RM  |
| <i>potassium citrate-citric acid oral solution 1100-334 mg/5ml</i>                      |       | T2      | RM  |
| <b>UROCIT-K 10 ORAL TABLET EXTENDEDRELEASE* (Potassium Citrate ER) 10 MEQ (1080 MG)</b> | T2    | T2      | RM  |
| <b>UROCIT-K 15 ORAL TABLET EXTENDEDRELEASE* (Potassium Citrate ER) 15 MEQ (1620 MG)</b> | T3    | T3      | RM  |
| <b>UROCIT-K 5 ORAL TABLET EXTENDEDRELEASE* (Potassium Citrate ER) 5 MEQ (540 MG)</b>    | T2    | T2      | RM  |
| <b>*cystinosis agents**-*cystinosis agents***</b>                                       |       |         |   |
| <b>CYSTAGON ORAL CAPSULE 150 MG, 50 MG</b>  | SP    |         | SP  |
| <b>PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG</b>                               | SP    |         | SP  |
| <b>*genitourinary irrigants**-*genitourinary irrigants***</b>                           |       |         |   |
| <b>ARGYLE STERILE SALINE IRRIGATION SOLUTION (Sodium Chloride) 0.9 %</b>                | T1    | T1      | RM  |
| <b>CURITY STERILE SALINE IRRIGATION SOLUTION (Sodium Chloride) 0.9 %</b>                | T1    | T1      | RM  |
| <b>RENACIDIN IRRIGATION SOLUTION</b>  | T1    |         | RM  |
| <b>*interstitial cystitis agents**-*interstitial cystitis agents***</b>                 |       |         |   |
| <b>ELMIRON ORAL CAPSULE 100 MG</b>  | SP    |         | SP  |
| <b>*prostatic hypertrophy agents**-*5-alpha reductase inhibitors***</b>                 |       |         |   |
| <b>AVODART ORAL CAPSULE 0.5 MG</b>  | T3    |         | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)    |
| <i>finasteride oral tablet 5 mg</i>   |       | T1      | RM; AI (Max #90 Mail Order); M; QL (1 EA per 1 Day) |
| <b>*prostatic hypertrophy agents**-*alpha 1-adrenoceptor antagonists***</b>             |       |         |   |
| <i>alfuzosin hcl er oral tablet extended release 24 hr* 10 mg</i>                       |       | T1      | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)    |

| Drug Name  | Brand | Generic | Additional Information  |
|--|-------|---------|---|
| CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HR* 4 MG, 8 MG  | T3    |         | RM  |
| RAPAFLO ORAL CAPSULE 4 MG, 8 MG  | T3    |         | RM  |
| <i>tamsulosin hcl oral capsule 0.4 mg</i>  |       | T1      | RM  |
| UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HR* 10 MG  | T3    |         | PA; RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)                |
| <b>*prostatic hypertrophy agents**-*prostatic hypertrophy agent combinations***</b>                                  |       |         |   |
| JALYN ORAL CAPSULE 0.5-0.4 MG  | T3    |         | RM; M   |
| <b>*urinary analgesics**-*urinary analgesics***</b>  |       |         |   |
| PHENAZO ORAL TABLET ( <i>Phenazopyridine HCl</i> ) 200 MG  | T1    | T1      | RM  |
| <i>phenazopyridine hcl oral tablet 100 mg</i>  |       | T1      | RM  |
| <b>*Gout Agents*</b>   |       |         |   |
| <b>*gout agent combinations**-*gout agent combinations***</b>  |       |         |   |
| <i>colchicine-probenecid oral tablet 0.5-500 mg</i>  |       | T1      | RM  |
| <b>*gout agents**-*gout agents***</b>  |       |         |   |
| <i>allopurinol oral tablet 100 mg, 300 mg</i>  |       | T1      | RM  |
| <i>allopurinol sodium intravenous* solution reconstituted 500 mg</i>   |       | MB      | RM  |
| COLCRYS ORAL TABLET ( <i>Colchicine</i> ) 0.6 MG   | T3    | T3      | RM  |
| KRYSTEXXA INTRAVENOUS* SOLUTION 8 MG/ML  | SP    |         | PA; SP  |
| ULORIC ORAL TABLET 40 MG, 80 MG  | T2    |         | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 18 Years) |
| <b>*uricosurics**-*uricosurics***</b>  |       |         |   |
| <i>probenecid oral tablet 500 mg</i>   |       | T1      | RM  |
| <b>*Hematological Agents - Misc.*</b>  |       |         |   |
| <b>*antihemophilic products**-*antihemophilic products***</b>  |       |         |   |
| ADVATE INTRAVENOUS* SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT | SP    |         | PA; SP  |
| ALPHANATE/VWF COMPLEX/HUMAN INTRAVENOUS* SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 250 UNIT, 500 UNIT             | SP    |         | PA; SP  |
| ALPHANINE SD INTRAVENOUS* SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT                                      | SP    |         | PA; SP  |
| BEBULIN INTRAVENOUS* SOLUTION RECONSTITUTED 200-1200 UNIT  | SP    |         | PA; SP  |
| BEBULIN VH INTRAVENOUS* SOLUTION RECONSTITUTED 200-1200 UNIT   | SP    |         | PA; SP  |
| BENEFIX INTRAVENOUS* SOLUTION RECONSTITUTED ( <i>Rixubis</i> ) 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT   | SP    | SP      | PA; SP  |
| CORIFACT INTRAVENOUS* KIT 1000-1600 UNIT   | SP    |         | PA; SP  |

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|---|-------|---------|------------------------|
| FEIBA NF INTRAVENOUS* SOLUTION RECONSTITUTED  | SP    |         | PA; SP                 |
| FEIBA VH IMMUNO INTRAVENOUS* SOLUTION RECONSTITUTED   | SP    |         | PA; SP                 |
| HELIXATE FS INTRAVENOUS* KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT  | SP    |         | PA; SP                 |
| HEMOPIL M INTRAVENOUS* SOLUTION RECONSTITUTED 1000 UNIT, 1501-2000 UNIT, 1700 UNIT, 220-400 UNIT, 250 UNIT, 401-800 UNIT, 500 UNIT, 801-1500 UNIT | SP    |         | PA; SP                 |
| HUMATE-P INTRAVENOUS* SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT  | SP    |         | PA; SP                 |
| KCENTRA INTRAVENOUS* KIT 500 UNIT   | MB    |         | SP                     |
| KOATE-DVI INTRAVENOUS* SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT   | SP    |         | PA; SP                 |
| KOGENATE FS BIO-SET INTRAVENOUS* KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT  | SP    |         | PA; SP                 |
| KOGENATE FS INTRAVENOUS* KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT  | SP    |         | PA; SP                 |
| MONOCLATE-P INTRAVENOUS* KIT 1000 UNIT, 1500 UNIT, 250 UNIT, 500 UNIT   | SP    |         | PA; SP                 |
| MONONINE INTRAVENOUS* SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT  | SP    |         | PA; SP                 |
| NOVOSEVEN RT INTRAVENOUS* SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG   | SP    |         | PA; SP                 |
| PROFILNINE SD INTRAVENOUS* SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT  | SP    |         | PA; SP                 |
| RECOMBINATE INTRAVENOUS* SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT                         | SP    |         | PA; SP                 |
| RIASTAP INTRAVENOUS* SOLUTION RECONSTITUTED   | SP    |         | PA; SP                 |
| WILATE INTRAVENOUS* SOLUTION RECONSTITUTED 1000-1000 UNIT, 500-500 UNIT   | SP    |         | PA; SP                 |
| XYNTHA INTRAVENOUS* KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT  | SP    |         | PA; SP                 |
| XYNTHA SOLOFUSE INTRAVENOUS* KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT  | SP    |         | PA; SP                 |
| <b>*bradykinin b2 receptor antagonists**-*bradykinin b2 receptor antagonists***</b>   |       |         |                        |
| FIRAZYR SUBCUTANEOUS* SOLUTION 30 MG/3ML  | SP    |         | PA; SP                 |
| <b>*complement inhibitors**-*c1 inhibitors***</b>   |       |         |                        |
| BERINERT INTRAVENOUS* KIT 500 UNIT  | SP    |         | PA; RM                 |
| CINRYZE INTRAVENOUS* SOLUTION RECONSTITUTED 500 UNIT  | SP    |         | PA; SP                 |



| Drug Name   | Brand | Generic | Additional Information   |
|---|-------|---------|--|
| <b>*complement inhibitors**-*complement inhibitors***</b>                                       |       |         |  |
| SOLIRIS INTRAVENOUS* SOLUTION 10 MG/ML  | SP    |         | PA; SP   |
| <b>*hematorheologic agents**-*hematorheologic agents***</b>                                     |       |         |  |
| <i>pentoxifylline er oral tablet extendedrelease* 400 mg</i>                                    |       | T1      | RM   |
| <b>*plasma kallikrein inhibitors**-*plasma kallikrein inhibitors***</b>                         |       |         |  |
| KALBITOR SUBCUTANEOUS* SOLUTION 10 MG/ML  | SP    |         | PA; SP   |
| <b>*platelet aggregation inhibitors**-*cyclopentyltriazolopyrimidine (cptp) derivatives***</b>  |       |         |  |
| BRILINTA ORAL TABLET 90 MG  | T2    |         | RM   |
| <b>*platelet aggregation inhibitors**-*phosphodiesterase iii inhibitors***</b>                  |       |         |  |
| <i>cilostazol oral tablet 100 mg, 50 mg</i>   |       | T1      | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)                                  |
| <b>*platelet aggregation inhibitors**-*platelet aggregation inhibitor combinations***</b>       |       |         |  |
| AGGRENOX ORAL CAPSULE EXTENDED RELEASE 12 HOUR 25-200 MG  | T2    |         | RM   |
| <b>*platelet aggregation inhibitors**-*platelet aggregation inhibitors***</b>                   |       |         |  |
| <i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>   |       | T1      | RM   |
| <b>*platelet aggregation inhibitors**-*protease-activated receptor-1 (par-1) antagonists***</b> |       |         |  |
| ZONTIVITY ORAL TABLET 2.08 MG   | T2    |         | RM; QL (1 EA per 1 day); AL (Min 16 Years)   |
| <b>*platelet aggregation inhibitors**-*quinazoline agents***</b>                                |       |         |  |
| <i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>   |       | T1      | RM   |
| <b>*platelet aggregation inhibitors**-*thienopyridine derivatives***</b>                        |       |         |  |
| <i>clopidogrel bisulfate oral tablet 75 mg</i>  |       | T1      | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)                                   |
| EFFIENT ORAL TABLET 10 MG, 5 MG   | T2    |         | RM; AI (Max #90 Mail Order); QL (35 EA Max Qty Per Fill Retail); AL (Min 16 Years) |
| <i>ticlopidine hcl oral tablet 250 mg</i>   |       | T1      | RM   |
| <b>*Hematopoietic Agents*</b>   |       |         |  |
| <b>*agents for gaucher disease**-*agents for gaucher disease***</b>                             |       |         |  |
| CERDELGA ORAL CAPSULE 84 MG   | SP    |         | PA; SP   |
| CEREZYME INTRAVENOUS* SOLUTION RECONSTITUTED 200 UNIT, 400 UNIT                                 | SP    |         | PA; SP   |

| Drug Name  | Brand | Generic | Additional Information                |
|--|-------|---------|---------------------------------------|
| ELELYSO INTRAVENOUS* SOLUTION RECONSTITUTED 200 UNIT   | SP    |         | PA; SP                                |
| VPRIV INTRAVENOUS* SOLUTION RECONSTITUTED 400 UNIT   | SP    |         | SP                                    |
| ZAVESCA ORAL CAPSULE 100 MG  | SP    |         | PA; SP                                |
| <b>*agents for sickle cell anemia**-*cytotoxic agents***</b>   |       |         |                                       |
| DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG   | SP    |         | SP                                    |
| <b>*cobalamins**-*cobalamins***</b>  |       |         |                                       |
| <i>cyanocobalamin injection solution 1000 mcg/ml</i>   |       | T1      | RM                                    |
| <i>hydroxocobalamin intramuscular* solution 1000 mcg/ml</i>  |       | MB      | RM                                    |
| NASCOBAL NASAL SOLUTION 500 MCG/0.1ML  | T3    |         | PA; RM; AI (Max 2.3ml retail or mail) |
| <b>*folic acid/folates**-*folic acid/folates***</b>  |       |         |                                       |
| <i>folic acid oral tablet 1 mg</i>   |       | \$0     | RM; QL (2 EA per 1 Day)               |
| <b>*hematopoietic growth factors**-*erythropoiesis-stimulating agents (esas)***</b>  |       |         |                                       |
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/0.5ML, 100 MCG/ML, 150 MCG/0.3ML, 150 MCG/0.75ML, 200 MCG/0.4ML, 200 MCG/ML, 25 MCG/0.42ML, 25 MCG/ML, 300 MCG/0.6ML, 300 MCG/ML, 40 MCG/0.4ML, 40 MCG/ML, 500 MCG/ML, 60 MCG/0.3ML, 60 MCG/ML | SP    |         | PA; SP                                |
| EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML   | SP    |         | PA; SP                                |
| OMONTYS INJECTION SOLUTION 10 MG/ML, 20 MG/2ML   | MB    |         | SP                                    |
| PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML   | SP    |         | PA; SP                                |
| <b>*hematopoietic growth factors**-*granulocyte colony-stimulating factors (g-csf)***</b>  |       |         |                                       |
| NEULASTA SUBCUTANEOUS* SOLUTION 6 MG/0.6ML   | SP    |         | PA; SP                                |
| NEUPOGEN INJECTION SOLUTION 300 MCG/0.5ML, 300 MCG/ML, 480 MCG/0.8ML, 480 MCG/1.6ML  | SP    |         | PA; SP                                |
| <b>*hematopoietic growth factors**-*granulocyte/macrophage colony-stimulating factor(gm-csf)***</b>  |       |         |                                       |
| LEUKINE INTRAVENOUS* SOLUTION RECONSTITUTED 250 MCG  | SP    |         | SP                                    |
| <b>*hematopoietic growth factors**-*interleukins***</b>  |       |         |                                       |
| NEUMEGA SUBCUTANEOUS* SOLUTION RECONSTITUTED 5 MG  | SP    |         | PA; SP                                |

| Drug Name  | Brand | Generic | Additional Information  |
|--|-------|---------|---|
| <b>*hematopoietic growth factors**-*thrombopoietin (tpo) receptor agonists***</b>                |       |         |   |
| <b>NPLATE SUBCUTANEOUS* SOLUTION RECONSTITUTED 250 MCG, 500 MCG</b>                              | SP    |         | SP  |
| <b>PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG</b>   | SP    |         | SP  |
| <b>*hematopoietic mixtures**-*iron w/ folic acid***</b>  |       |         |   |
| <b>FOLIVANE-F ORAL CAPSULE 125-1 MG</b>  | T2    |         | RM  |
| <b>INTEGRA F ORAL CAPSULE 125-1 MG</b>   | T2    |         | RM  |
| <b>*iron**-*iron***</b>  |       |         |   |
| <i>fer-iron oral solution 75 (15 fe) mg/ml</i>   |       | \$0     | RM; AL (Max 1 Years)  |
| <b>FERRLECIT INTRAVENOUS* SOLUTION 12.5 MG/ML</b>  | SP    |         | SP  |
| <i>ferrous sulfate oral liquid† 220 (44 fe) mg/5ml</i>   |       | \$0     | RM; AL (Max 1 Years)  |
| <i>ferrous sulfate oral solution 75 (15 fe) mg/ml</i>  |       | \$0     | RM; AL (Max 1 Years)  |
| <i>iron supplement childrens oral solution 75 (15 fe) mg/ml</i>                                  |       | \$0     | RM; AL (Max 1 Years)  |
| <b>SPATONE PUR-ABSORB IRON ORAL LIQUID† 5 MG/20ML</b>  | \$0   |         | RM; AL (Max 1 Years)  |
| <b>VENOFER INTRAVENOUS* SOLUTION 20 MG/ML</b>  | MB    |         | SP  |
| <b>*stem cell mobilizers**-*cxcr4 receptor antagonist***</b>                                     |       |         |   |
| <b>MOZOBIL SUBCUTANEOUS* SOLUTION 24 MG/1.2ML</b>  | SP    |         | RM  |
| <b>*Hemostatics*</b>   |       |         |   |
| <b>*hemostatics - systemic**-*hemostatics - systemic***</b>                                      |       |         |   |
| <b>AMICAR ORAL SYRUP 25 %</b>  | T2    |         | RM  |
| <b>AMICAR ORAL TABLET 1000 MG, 500 MG</b>  | T2    |         | RM  |
| <i>aminocaproic acid intravenous* solution 250 mg/ml</i>   |       | MB      | RM  |
| <b>LYSTEDA ORAL TABLET 650 MG</b>  | T3    |         | RM; F   |
| <i>tranexamic acid intravenous* solution 100 mg/ml</i>   |       | MB      | RM  |
| <i>tranexamic acid oral tablet 650 mg</i>  |       | T1      | RM  |
| <b>*hemostatics - topical**-*hemostatic combinations - topical***</b>                            |       |         |   |
| <b>TISSEEL VH EXTERNAL KIT 4 ML</b>  | MB    |         | PA; RM  |
| <b>*Hypnotics*</b>   |       |         |   |
| <b>*barbiturate hypnotics**-*barbiturate hypnotics***</b>  |       |         |   |
| <b>LUMINAL INJECTION SOLUTION 130 MG/ML</b>  | MB    |         | PA; ST; RM  |
| <i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i> |       | T1      | RM  |
| <b>SECONAL ORAL CAPSULE 100 MG</b>   | T3    |         | R; AI (Retail Only. #15 per copay. Max #30); QL (15 EA per 1 Copay) |

| Drug Name  | Brand | Generic | Additional Information  |
|--|-------|---------|---|
| <b>*hypnotics - tricyclic agents**-*hypnotics - tricyclic agents***</b>                                    |       |         |   |
| <b>SILENOR ORAL TABLET 3 MG, 6 MG</b>  | T3    |         | PA; ST; RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 13 Years) |
| <b>*non-barbiturate hypnotics**-*benzodiazepine hypnotics***</b>   |       |         |   |
| <i>estazolam oral tablet 1 mg, 2 mg</i>  |       | T1      | RM; QL (1 EA per 1 Day)   |
| <i>flurazepam hcl oral capsule 15 mg, 30 mg</i>  |       | T3      | RM; QL (1 EA per 1 Day)   |
| <i>temazepam oral capsule 15 mg, 30 mg</i>   |       | T1      | RM; QL (1 EA per 1 Day)   |
| <i>temazepam oral capsule 22.5 mg, 7.5 mg</i>  |       | T1      | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)                            |
| <i>triazolam oral tablet 0.125 mg</i>  |       | T1      | RM; QL (1 EA per 1 Day)   |
| <i>triazolam oral tablet 0.25 mg</i>   |       | T1      | RM; QL (2 EA per 1 Day)   |
| <b>*non-barbiturate hypnotics**-*non-benzodiazepine - gaba-receptor modulators***</b>                      |       |         |   |
| <b>LUNESTA ORAL TABLET (<i>Eszopiclone</i>) 1 MG, 2 MG, 3 MG</b>   | T3    | T3      | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 18 Years)         |
| <i>zaleplon oral capsule 10 mg</i>   |       | T1      | RM; AI (#15 per copay. Max #60 retail or #180 Mail); QL (15 EA per 1 Copay) |
| <i>zaleplon oral capsule 5 mg</i>  |       | T1      | RM; AI (#15 per copay. Max #90 Retail or #270 Mail); QL (15 EA per 1 Copay) |
| <i>zolpidem tartrate er oral tablet extendedrelease* 12.5 mg, 6.25 mg</i>                                  |       | T3      | PA; ST; RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)                    |
| <i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>   |       | T1      | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)                            |
| <b>*selective melatonin receptor agonists**-*selective melatonin receptor agonists***</b>                  |       |         |   |
| <b>ROZEREM ORAL TABLET 8 MG</b>  | T3    |         | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 18 Years)         |
| <b>*Laxatives*</b>   |       |         |   |
| <b>*laxative combinations**-*bowel evacuant combinations***</b>  |       |         |   |
| <b>COLYTE WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED (<i>PEG 3350/Electrolytes</i>) 240 GM</b>          | T3    | T1      | RM  |
| <b>GAVILYTE-C ORAL SOLUTION RECONSTITUTED (<i>PEG 3350/Electrolytes</i>) 240 GM</b>                        | T1    | T1      | RM  |
| <b>GAVILYTE-G ORAL SOLUTION RECONSTITUTED (<i>PEG-3350/Electrolytes</i>) 236 GM</b>                        | T1    | T1      | RM  |
| <b>GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED (<i>PEG 3350-KCl-Na Bicarb-NaCl</i>) 420 GM</b> | T1    | T1      | RM  |
| <b>GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM</b>   | T3    |         | RM  |
| <b>MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM</b>   | T3    |         | RM  |

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| Drug Name   | Brand | Generic | Additional Information            |
|---|-------|---------|-----------------------------------|
| PREPOPIK ORAL PACKET 10-3.5-12 MG-GM-GM                                     | T3    |         | RM                                |
| SUPREP BOWEL PREP ORAL SOLUTION   | T3    |         | RM                                |
| TRILYTE ORAL SOLUTION RECONSTITUTED<br>(PEG 3350-KCl-Na Bicarb-NaCl) 420 GM | T1    | T1      | RM                                |
| <b>*laxatives - miscellaneous**-*laxatives - miscellaneous***</b>           |       |         |                                   |
| <i>constulose oral solution 10 gm/15ml</i>                                  |       | T1      | RM                                |
| <i>gentlelax oral powder</i>  |       | T3      | RM                                |
| KRISTALOSE ORAL PACKET 10 GM, 20 GM   | T3    |         | RM                                |
| <i>lactulose oral solution 10 gm/15ml, 20 gm/30ml</i>                       |       | T1      | RM                                |
| <i>polyethylene glycol 3350 oral packet</i>                                 |       | T1      | RM; AI (RX only. OTC's excluded.) |
| <i>polyethylene glycol 3350 oral powder</i>                                 |       | T1      | RM; AI (RX only. OTC's excluded.) |
| <b>*saline laxatives**-*saline laxative mixtures***</b>                     |       |         |                                   |
| OSMOPREP ORAL TABLET 1.102-0.398 GM   | T3    |         | RM; QL (1.34 EA per 1 day)        |
| <b>*Local Anesthetics-Parenteral*</b>                                       |       |         |                                   |
| <b>*local anesthetics - amides**-*local anesthetics - amides***</b>         |       |         |                                   |
| XYLOCAINE-MPF INJECTION SOLUTION 1 %, 1.5 %, 2 %, 4 %                       | MB    |         | RM                                |
| <b>*Macrolides*</b>   |       |         |                                   |
| <b>*azithromycin**-*azithromycin***</b>                                     |       |         |                                   |
| <i>azithromycin oral packet 1 gm</i>  |       | T1      | RM                                |
| <i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>    |       | T1      | RM                                |
| <i>azithromycin oral tablet 250 mg, 500 mg</i>                              |       | T1      | RM                                |
| <i>azithromycin oral tablet 600 mg</i>                                      |       | T2      | RM                                |
| <b>*clarithromycin**-*clarithromycin***</b>                                 |       |         |                                   |
| <i>clarithromycin er oral tablet extended release 24 hr* 500 mg</i>         |       | T2      | RM                                |
| <i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>  |       | T2      | RM                                |
| <i>clarithromycin oral tablet 250 mg, 500 mg</i>                            |       | T1      | RM                                |
| <b>*erythromycins**-*erythromycins***</b>                                   |       |         |                                   |
| E.E.S. 400 ORAL TABLET ( <i>Erythromycin Ethylsuccinate</i> ) 400 MG        | T3    | T3      | RM                                |
| E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED 200 MG/5ML                    | T2    |         | RM                                |
| ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML                         | T2    |         | RM                                |
| ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML                         | T2    |         | RM                                |
| ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG                  | T3    |         | RM                                |
| ERYTHROCIN LACTOBIONATE INTRAVENOUS* SOLUTION RECONSTITUTED 1000 MG         | MB    |         | RM                                |

| Drug Name   | Brand | Generic | Additional Information   |
|---|-------|---------|--|
| <b>ERYTHROCIN STEARATE ORAL TABLET 250 MG</b>   | T3    |         | RM   |
| <i>erythromycin base oral capsule delayed release particles 250 mg</i>                                |       | T3      | RM   |
| <i>erythromycin base oral tablet 250 mg, 500 mg</i>   |       | T3      | RM   |
| <b>*fidaxomicin**-*fidaxomicin***</b>   |       |         |  |
| <b>DIFICID ORAL TABLET 200 MG</b>   | T3    |         | PA; R; AI (#20 per copay. Not covered at Mail Order); QL (20 EA Max Qty Per Fill Retail) |
| <b>*Medical Devices*</b>  |       |         |  |
| <b>*contraceptives**-*cervical caps***</b>  |       |         |  |
| <b>FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM</b>  | \$0   |         | RM; AI (Max #9 at Mail Order); F; QL (3 EA Max Qty Per Fill Retail)                      |
| <b>PRENTIF CAVITY-RIM CERV CAP VAGINAL DEVICE 22 MM, 25 MM, 28 MM, 31 MM</b>                          | \$0   |         | RM; AI (Max #9 at Mail Order); F; QL (3 EA Max Qty Per Fill Retail)                      |
| <b>PRENTIF FITTING SET VAGINAL</b>  | \$0   |         | RM; AI (Max #9 at Mail Order); F; QL (3 EA Max Qty Per Fill Retail)                      |
| <b>*contraceptives**-*condoms - female***</b>   |       |         |  |
| <b>FC FEMALE CONDOM</b>   | \$0   |         | RM; AI (Max #36 Mail Order); F; QL (12 EA per 30 Days)                                   |
| <b>FC2 FEMALE CONDOM</b>  | \$0   |         | RM; AI (Max #36 Mail Order); F; QL (12 EA per 30 Days)                                   |
| <b>*contraceptives**-*contraceptive sponge***</b>   |       |         |  |
| <b>TODAY SPONGE VAGINAL 1000 MG</b>   | \$0   |         | RM; AI (Max #36 Mail Order); F; QL (12 EA Max Qty Per Fill Retail)                       |
| <b>*contraceptives**-*diaphragms***</b>   |       |         |  |
| <b>OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM</b>   | \$0   |         | RM; F  |
| <b>ORTHO DIAPHRAGM COIL VAGINAL KIT 100 MM, 105 MM, 50 MM</b>   | \$0   |         | RM; F  |
| <b>ORTHO DIAPHRAGM FLAT VAGINAL KIT 55 MM, 60 MM, 65 MM, 70 MM, 75 MM, 80 MM, 85 MM, 90 MM, 95 MM</b> | \$0   |         | RM; F  |
| <b>WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 %</b>   | \$0   |         | RM; F  |
| <b>WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 %</b>   | \$0   |         | RM; F  |
| <b>WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 %</b>   | \$0   |         | RM; F  |
| <b>WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 %</b>   | \$0   |         | RM; F  |
| <b>WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 %</b>   | \$0   |         | RM; F  |
| <b>WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 %</b>   | \$0   |         | RM; F  |
| <b>WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 %</b>   | \$0   |         | RM; F  |
| <b>WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 %</b>   | \$0   |         | RM; F  |

| Drug Name  | Brand | Generic | Additional Information   |
|--|-------|---------|--|
| <b>*diabetic supplies**-*glucose monitoring test supplies***</b> |       |         |  |
| <b>ACCU-CHEK FASTCLIX LANCETS</b> ( <i>Lancets</i> )             | T1    | T1      | RM; QL (10 EA per 1 day)   |
| <b>ACCU-CHEK SAFE-T PRO LANCETS</b> ( <i>Lancets</i> )           | T1    | T1      | RM; QL (10 EA per 1 day)   |
| <b>ACCU-CHEK SOFT TOUCH LANCETS</b> ( <i>Lancets</i> )           | T1    | T1      | RM; QL (10 EA per 1 day)   |
| <b>ACCU-CHEK SOFTCLIX LANCETS</b> ( <i>Lancets</i> )             | T1    | T1      | RM; QL (10 EA per 1 day)   |
| <i>adjustable lancing device</i>                                 |       | T1      | RM   |
| <b>ADVOCATE LANCETS</b> ( <i>Lancets</i> )                       | T1    | T1      | RM; QL (10 EA per 1 day)   |
| <b>BD LANCET ULTRAFINE 30G</b> ( <i>Lancets</i> )                | T1    | T1      | RM; QL (10 EA per 1 day)   |
| <b>BD LANCET ULTRAFINE 33G</b> ( <i>Lancets</i> )                | T1    | T1      | RM; QL (10 EA per 1 day)   |
| <b>BD MICROTAINER LANCETS</b> ( <i>Lancets</i> )                 | T1    | T1      | RM; QL (10 EA per 1 day)   |
| <b>BD ULTRA-FINE LANCETS</b> ( <i>Lancets</i> )                  | T1    | T1      | RM; QL (10 EA per 1 day)   |
| <i>comfort assured lancets 33g</i>                               |       | T1      | RM; QL (10 EA per 1 day)   |
| <i>cvs lancets thin 26g</i>                                      |       | T1      | RM; QL (10 EA per 1 day)   |
| <i>cvs lancets ultra thin 30g</i>                                |       | T1      | RM; QL (10 EA per 1 day)   |
| <i>easy comfort lancets</i>                                      |       | T1      | RM; QL (10 EA per 1 day)   |
| <b>FASTTAKE MONITORING SYSTEM KIT</b>                            | MB    |         | RM   |
| <b>FINGERSTIX LANCETS</b> ( <i>Lancets</i> )                     | T1    | T1      | RM; QL (10 EA per 1 Day)   |
| <b>FREESTYLE LANCETS</b> ( <i>Lancets</i> )                      | T1    | T1      | RM; QL (10 EA per 1 day)   |
| <b>GENTLE-LET LANCETS</b> ( <i>Lancets</i> )                     | T1    | T1      | RM; QL (10 EA per 1 day)   |
| <b>HAEMOLANCE</b> ( <i>Lancets</i> )                             | T1    | T1      | RM; QL (10 EA per 1 day)   |
| <i>hm lancets ultra thin 30g</i>                                 |       | T1      | RM; QL (10 EA per 1 day)   |
| <i>kroger lancets micro thin 33g</i>                             |       | T1      | RM; QL (10 EA per 1 day)   |
| <i>kroger lancets thin 26g</i>                                   |       | T1      | RM; QL (10 EA per 1 day)   |
| <b>LIFESCAN UNISTIK 2</b>  | T1    |         | RM; AI (#100 per copay retail or mail. Max Retail #300. Mail order #900); QL (10 EA per 1 Day) |
| <b>LIFESCAN UNISTIK II LANCETS</b>                               | T1    |         | RM; AI (#100 per copay retail or mail. Max Retail #300. Mail order #900); QL (10 EA per 1 Day) |
| <i>lite touch lancets</i>  |       | T1      | RM; QL (10 EA per 1 day)   |
| <b>MICROLET LANCETS</b> ( <i>Lancets</i> )                       | T1    | T1      | RM; QL (10 EA per 1 day)   |
| <b>MICROTAINER SAFETY FLOW LANCET</b> ( <i>Lancets</i> )         | T1    | T1      | RM; QL (10 EA per 1 day)   |
| <b>MONOLET LANCETS</b> ( <i>Lancets</i> )                        | T1    | T1      | RM; QL (10 EA per 1 day)   |
| <b>ONETOUCH BASIC SYSTEM KIT W/DEVICE</b>                        | MB    |         | RM   |
| <b>ONETOUCH CLUB LANCETS FINE PT</b>                             | T1    |         | RM; AI (#100 per copay retail or mail. Max Retail #300. Mail order #900); QL (10 EA per 1 Day) |
| <b>ONETOUCH COMBO PACK</b>                                       | T1    |         | RM; AI (#100 per copay retail or mail. Max Retail #300. Mail order #900); QL (10 EA per 1 Day) |
| <b>ONETOUCH DELICA LANCETS FINE</b>                              | T1    |         | RM; AI (#100 per copay retail or mail. Max Retail #300. Mail order #900); QL (10 EA per 1 Day) |

| Drug Name   | Brand | Generic | Additional Information   |
|---|-------|---------|--|
| ONETOUCH FINEPOINT LANCETS  | T1    |         | RM; AI (#100 per copay retail or mail. Max Retail #300. Mail order #900); QL (10 EA per 1 Day) |
| ONETOUCH LANCETS  | T1    |         | RM; AI (#100 per copay retail or mail. Max Retail #300. Mail order #900); QL (10 EA per 1 Day) |
| ONETOUCH PROFILE SYSTEM KIT W/DEVICE  | MB    |         | RM   |
| ONETOUCH ULTRA 2 KIT W/DEVICE   | MB    |         | RM   |
| ONETOUCH ULTRA MINI KIT W/DEVICE  | MB    |         | RM   |
| ONETOUCH ULTRA SYSTEM KIT W/DEVICE  | MB    |         | RM   |
| ONETOUCH ULTRALINK KIT W/DEVICE   | MB    |         | RM   |
| ONETOUCH ULTRASMART KIT W/DEVICE  | MB    |         | RM   |
| ONETOUCH ULTRASOFT LANCETS  | T1    |         | RM; AI (#100 per copay retail or mail. Max Retail #300. Mail order #900); QL (10 EA per 1 Day) |
| ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE   | MB    |         | RM   |
| <i>pharmacist choice lancets</i>  |       | T1      | RM; AI (Max #300 Mail Order); QL (10 EA per 1 Day)   |
| RELION LANCETS THIN 26G ( <i>Lancets</i> )  | T1    | T1      | RM; QL (10 EA per 1 day)   |
| RELION LANCETS ULTRA-THIN 30G ( <i>Lancets</i> )  | T1    | T1      | RM; QL (10 EA per 1 day)   |
| RELION ULTRA THIN PLUS LANCETS ( <i>Lancets</i> )   | T1    | T1      | RM; QL (10 EA per 1 day)   |
| SAFE-T-LANCE ( <i>Lancets</i> )   | T1    | T1      | RM; QL (10 EA per 1 day)   |
| <i>sm lancets 33g</i>   |       | T1      | RM; QL (10 EA per 1 day)   |
| <i>sure comfort lancets 30g</i>   |       | T1      | RM; QL (10 EA per 1 day)   |
| <i>sure comfort lancing pen</i>   |       | T1      | RM   |
| SURELITE LANCETS ( <i>Lancets</i> )   | T1    | T1      | RM; QL (10 EA per 1 day)   |
| TRUEPLUS LANCETS 28G ( <i>Lancets</i> )   | T1    | T1      | RM; QL (10 EA per 1 day)   |
| TRUEPLUS LANCETS 30G ( <i>Lancets</i> )   | T1    | T1      | RM; QL (10 EA per 1 day)   |
| ULTILET CLASSIC LANCETS ( <i>Lancets</i> )  | T1    | T1      | RM; QL (10 EA per 1 day)   |
| ULTILET LANCETS ( <i>Lancets</i> )  | T1    | T1      | RM; QL (10 EA per 1 day)   |
| UNILET G.P. LANCET ( <i>Lancets</i> )   | T1    | T1      | RM; QL (10 EA per 1 day)   |
| UNILET G.P. SUPERLITE LANCET ( <i>Lancets</i> )   | T1    | T1      | RM; QL (10 EA per 1 day)   |
| UNILET LANCET ( <i>Lancets</i> )  | T1    | T1      | RM; QL (10 EA per 1 day)   |
| UNILET SUPERLITE LANCET ( <i>Lancets</i> )  | T1    | T1      | RM; QL (10 EA per 1 day)   |
| <b>*misc. devices**-*applicators,cotton balls,etc***</b>                                    |       |         |  |
| <i>alcohol swabs pad</i>  |       | T3      | RM   |
| <b>*parenteral therapy supplies**-*needles &amp; syringes***</b>                            |       |         |  |
| ADVOCATE INSULIN SYRINGE ( <i>Sure Comfort Insulin Syringe</i> ) 30G X 5/16" 1 ML           | T1    | T1      | RM   |
| BD INSULIN SYR ULTRAFINE II ( <i>Insulin Syringe</i> ) 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | T1    | T1      | RM   |
| BD INSULIN SYRINGE 25G X 1" 1 ML, 25G X 5/8" 1 ML, U-100 1 ML                               | T1    |         | RM   |



| <b>Drug Name</b>   | <b>Brand</b> | <b>Generic</b> | <b>Additional Information</b> |
|--|--------------|----------------|-------------------------------|
| <b>BD INSULIN SYRINGE</b> ( <i>Sure Comfort Insulin Syringe</i> ) <b>28G X 1/2" 1 ML</b>   | T1           | T1             | RM                            |
| <b>BD INSULIN SYRINGE</b> ( <i>CVS Insulin Syringe</i> ) <b>30G X 1/2" 0.5 ML</b>  | T1           | T1             | RM                            |
| <b>BD INSULIN SYRINGE HALF-UNIT</b> ( <i>Insulin Syringe</i> ) <b>31G X 5/16" 0.3 ML</b>   | T1           | T1             | RM                            |
| <b>BD INSULIN SYRINGE MICROFINE</b> <b>27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML</b>  | T1           |                | RM                            |
| <b>BD INSULIN SYRINGE MICROFINE</b> ( <i>Sure Comfort Insulin Syringe</i> ) <b>28G X 1/2" 1 ML</b>   | T1           | T1             | RM                            |
| <b>BD INSULIN SYRINGE ULTRAFINE</b> ( <i>Insulin Syringe</i> ) <b>29G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML</b>                      | T1           | T1             | RM                            |
| <b>BD INSULIN SYRINGE ULTRAFINE</b> ( <i>CVS Insulin Syringe</i> ) <b>30G X 1/2" 0.3 ML</b>  | T1           | T1             | RM                            |
| <b>BD INSULIN SYRINGE ULTRAFINE</b> ( <i>Sure Comfort Insulin Syringe</i> ) <b>30G X 1/2" 1 ML</b>   | T1           | T1             | RM                            |
| <b>BD INSULIN SYRINGE ULTRAFINE</b> <b>31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML</b>   | T1           |                | RM                            |
| <b>BD PEN NEEDLE MINI U/F</b> ( <i>Sure Comfort Pen Needles</i> ) <b>31G X 5 MM</b>  | T2           | T1             | RM                            |
| <b>BD PEN NEEDLE NANO U/F</b> <b>32G X 4 MM</b>  | T2           |                | RM                            |
| <b>BD PEN NEEDLE SHORT U/F</b> ( <i>Pen Needles 5/16"</i> ) <b>31G X 8 MM</b>  | T2           | T1             | RM                            |
| <b>BD PEN NEEDLE ULTRAFINE</b> <b>29G X 12.7MM</b>   | T2           |                | RM                            |
| <i>clickfine pen needles 31g x 8 mm</i>  |              | T2             | RM                            |
| <b>COMFORT EZ INSULIN SYRINGE</b> ( <i>Insulin Syringe</i> ) <b>30G X 5/16" 0.3 ML</b>   | T1           | T1             | RM                            |
| <b>COMFORT EZ INSULIN SYRINGE</b> ( <i>Sure Comfort Insulin Syringe</i> ) <b>30G X 5/16" 1 ML</b>  | T1           | T1             | RM                            |
| <i>cvs insulin syringe 29g x 1/2" 1 ml</i>   |              | T1             | RM                            |
| <b>EASY TOUCH INSULIN SYRINGE</b> ( <i>Insulin Syringe</i> ) <b>30G X 5/16" 0.3 ML</b>   | T1           | T1             | RM                            |
| <b>EASY TOUCH PEN NEEDLES</b> ( <i>Pen Needles 5/16"</i> ) <b>31G X 8 MM</b>   | T1           | T1             | RM                            |
| <i>global ease inject pen needles 31g x 5 mm</i>   |              | T1             | RM                            |
| <i>global inject ease insulin syr 31g x 5/16" 0.5 ml</i>   |              | T1             | RM                            |
| <i>insulin syringe 30g x 5/16" 1 ml</i>  |              | T1             | RM                            |
| <b>INSUPEN ULTRAFIN</b> <b>30G X 8 MM</b>  | T1           |                | RM                            |
| <b>MONOJECT INSULIN SYRINGE</b> ( <i>Insulin Syringe</i> ) <b>29G X 1/2" 0.3 ML, 31G X 5/16" 1 ML</b>  | T1           | T1             | RM                            |
| <b>MONOJECT ULTRA COMFORT SYRINGE</b> ( <i>Sure Comfort Insulin Syringe</i> ) <b>28G X 1/2" 1 ML</b>   | T1           | T1             | RM                            |
| <b>MONOJECT ULTRA COMFORT SYRINGE</b> ( <i>Insulin Syringe</i> ) <b>29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML</b> | T1           | T1             | RM                            |
| <i>ms insulin syringe 31g x 5/16" 0.5 ml</i>   |              | T1             | RM                            |

| <b>Drug Name</b>  | <b>Brand</b> | <b>Generic</b> | <b>Additional Information</b> |
|---|--------------|----------------|-------------------------------|
| <b>NOVOFINE 30G X 8 MM , 32G X 6 MM</b>   | T1           |                | RM                            |
| <b>NOVOFINE AUTOCOVER 30G X 8 MM</b>  | T1           |                | RM                            |
| <b>NOVOTWIST 30G X 8 MM , 32G X 5 MM</b>  | T1           |                | RM                            |
| <b>OMNITROPE SUBCUTANEOUS* SOLUTION RECONSTITUTED 5.8 MG</b>  | SP           |                | RM                            |
| <b>PRODIGY INSULIN SYRINGE (Sure Comfort Insulin Syringe) 28G X 1/2" 1 ML</b>   | T1           | T1             | RM                            |
| <b>PRODIGY MINI PEN NEEDLES (Sure Comfort Pen Needles) 31G X 5 MM</b>   | T1           | T1             | RM                            |
| <b>RELION INSULIN SYRINGE (Insulin Syringe) 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML</b> | T1           | T1             | RM                            |
| <b>RELION INSULIN SYRINGE (Sure Comfort Insulin Syringe) 30G X 5/16" 1 ML</b>   | T1           | T1             | RM                            |
| <b>RELION MINI PEN NEEDLES (Clickfine Pen Needles) 31G X 6 MM</b>   | T1           | T2             | RM                            |
| <b>RELION PEN NEEDLES 29G X 12MM</b>  | T1           |                | RM                            |
| <b>RELION SHORT PEN NEEDLES (Pen Needles 5/16") 31G X 8 MM</b>  | T1           | T1             | RM                            |
| <i>sm insulin syringe 29g x 1/2" 0.5 ml</i>   |              | T1             | RM                            |
| <i>sure comfort insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.5 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>   |              | T1             | RM                            |
| <i>sure comfort pen needles 31g x 8 mm</i>  |              | T1             | RM                            |
| <b>THINPRO INSULIN SYRINGE 31G X 3/8" 0.3 ML</b>  | T1           |                | RM                            |
| <b>ULTICARE INSULIN SYRINGE (Insulin Syringe) 29G X 1/2" 1 ML, 31G X 5/16" 0.3 ML</b>   | T1           | T1             | RM                            |
| <b>ULTICARE MINI PEN NEEDLES (Clickfine Pen Needles) 31G X 6 MM</b>   | T1           | T2             | RM                            |
| <b>ULTICARE SHORT PEN NEEDLES (Pen Needles 5/16") 31G X 8 MM</b>  | T1           | T1             | RM                            |
| <i>ultra-comfort insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>             |              | T1             | RM                            |
| <b>ULTRA-THIN II INS SYR SHORT (Sure Comfort Insulin Syringe) 30G X 5/16" 1 ML</b>  | T1           | T1             | RM                            |
| <b>ULTRA-THIN II INS SYR SHORT (Insulin Syringe) 31G X 5/16" 0.5 ML</b>   | T1           | T1             | RM                            |
| <b>UNIFINE PENTIPS 29G X 12MM , 32G X 4 MM</b>  | T1           |                | RM                            |
| <b>UNIFINE PENTIPS (Clickfine Pen Needles) 31G X 6 MM</b>   | T1           | T2             | RM                            |
| <b>*respiratory therapy supplies**-*respiratory therapy supplies***</b>   |              |                |                               |
| <b>VORTEX HOLDING CHAMBER/MASK DEVICE</b>   | T2           |                | RM                            |

| <b>Drug Name</b>  | <b>Brand</b> | <b>Generic</b> | <b>Additional Information</b> |
|---|--------------|----------------|-------------------------------|
| <b>*respiratory therapy supplies**-*spacer/aerosol-holding chambers &amp; supplies***</b> |              |                |                               |
| <b>AEROCHAMBER MINI CHAMBER DEVICE</b> (Valved Holding Chamber)                           | T2           | T2             | RM; QL (2 EA per 1 Year)      |
| <b>AEROCHAMBER MV</b> (Valved Holding Chamber)  | T2           | T2             | RM; QL (2 EA per 1 Year)      |
| <b>AEROCHAMBER PLUS FLO-VU</b> (Valved Holding Chamber)                                   | T2           | T2             | RM; QL (2 EA per 1 Year)      |
| <b>AEROCHAMBER PLUS FLO-VU LARGE</b> (Valved Holding Chamber)                             | T2           | T2             | RM; QL (2 EA per 1 Year)      |
| <b>AEROCHAMBER PLUS FLO-VU MEDIUM</b> (Valved Holding Chamber)                            | T2           | T2             | RM; QL (2 EA per 1 Year)      |
| <b>AEROCHAMBER PLUS FLO-VU SMALL</b> (Valved Holding Chamber)                             | T2           | T2             | RM; QL (2 EA per 1 Year)      |
| <b>AEROCHAMBER PLUS FLO-VU W/MASK</b> (Valved Holding Chamber)                            | T2           | T2             | RM; QL (2 EA per 1 Year)      |
| <b>AEROCHAMBER PLUS FLOW VU</b> (Valved Holding Chamber)                                  | T2           | T2             | RM; QL (2 EA per 1 Year)      |
| <b>AEROCHAMBER W/FLOWSIGNAL</b> (Valved Holding Chamber)                                  | T2           | T2             | RM; QL (2 EA per 1 Year)      |
| <b>AEROCHAMBER Z-STAT PLUS</b> (Valved Holding Chamber)                                   | T2           | T2             | RM; QL (2 EA per 1 Year)      |
| <b>AEROCHAMBER Z-STAT PLUS CHAMBR</b> (Valved Holding Chamber)                            | T2           | T2             | RM; QL (2 EA per 1 Year)      |
| <b>AEROCHAMBER Z-STAT PLUS/LARGE</b> (Valved Holding Chamber)                             | T2           | T2             | RM; QL (2 EA per 1 Year)      |
| <b>AEROCHAMBER Z-STAT PLUS/MEDIUM</b> (Valved Holding Chamber)                            | T2           | T2             | RM; QL (2 EA per 1 Year)      |
| <b>AEROCHAMBER Z-STAT PLUS/SMALL</b> (Valved Holding Chamber)                             | T2           | T2             | RM; QL (2 EA per 1 Year)      |
| <b>ARIAL CHAMBER DEVICE</b> (Valved Holding Chamber)                                      | T2           | T2             | RM; QL (2 EA per 1 Year)      |
| <b>BREATHERITE</b> (Valved Holding Chamber)   | T2           | T2             | RM; QL (2 EA per 1 Year)      |
| <b>BREATHERITE COLL SPACER ADULT</b>  | T2           |                | RM; QL (2 EA per 1 Year)      |
| <b>BREATHERITE COLL SPACER CHILD</b> (Valved Holding Chamber)                             | T2           | T2             | RM; QL (2 EA per 1 Year)      |
| <b>BREATHERITE COLL SPACER INFANT</b> (Valved Holding Chamber)                            | T2           | T2             | RM; QL (2 EA per 1 Year)      |
| <b>BREATHERITE RIGID SPACER/MASK</b> (Valved Holding Chamber)                             | T2           | T2             | RM; QL (2 EA per 1 Year)      |
| <b>BREATHERITE SPACER NEONATE</b> (Valved Holding Chamber)                                | T2           | T2             | RM; QL (2 EA per 1 Year)      |
| <b>BREATHERITE SPACER SMALL CHILD</b> (Valved Holding Chamber)                            | T2           | T2             | RM; QL (2 EA per 1 Year)      |
| <b>BREATHERITE/LARGE MASK</b> (Valved Holding Chamber)                                    | T2           | T2             | RM; QL (2 EA per 1 Year)      |
| <b>BREATHERITE/MEDIUM MASK</b> (Valved Holding Chamber)                                   | T2           | T2             | RM; QL (2 EA per 1 Year)      |

Last Revision Date: 3/10/15

| <b>Drug Name</b>   | <b>Brand</b> | <b>Generic</b> | <b>Additional Information</b> |
|--|--------------|----------------|-------------------------------|
| <b>BREATHERITE/SMALL MASK</b> (Valved Holding Chamber)               | T2           | T2             | RM; QL (2 EA per 1 Year)      |
| <b>EASIVENT</b> (Valved Holding Chamber)                             | T2           | T2             | RM; QL (2 EA per 1 Year)      |
| <b>EASIVENT MASK LARGE</b> (Valved Holding Chamber)                  | T2           | T2             | RM; QL (2 EA per 1 Year)      |
| <b>EASIVENT MASK MEDIUM</b> (Valved Holding Chamber)                 | T2           | T2             | RM; QL (2 EA per 1 Year)      |
| <b>EASIVENT MASK SMALL</b> (Valved Holding Chamber)                  | T2           | T2             | RM; QL (2 EA per 1 Year)      |
| <b>E-Z SPACER DEVICE</b> (Valved Holding Chamber)                    | T2           | T2             | RM; QL (2 EA per 1 Year)      |
| <b>E-Z SPACER THE BODY GUARDS PK DEVICE</b> (Valved Holding Chamber) | T2           | T2             | RM; QL (2 EA per 1 Year)      |
| <b>INSPIREASE</b> (Valved Holding Chamber)                           | T2           | T2             | RM; QL (2 EA per 1 Year)      |
| <b>LITEAIRE DEVICE</b> (Valved Holding Chamber)                      | T2           | T2             | RM; QL (2 EA per 1 Year)      |
| <b>MICROCHAMBER</b> (Valved Holding Chamber)                         | T2           | T2             | RM; QL (2 EA per 1 Year)      |
| <b>MICROSPACER</b> (Valved Holding Chamber)                          | T2           | T2             | RM; QL (2 EA per 1 Year)      |
| <b>NESSI SPACER WITH MASK LARGE DEVICE</b> (Valved Holding Chamber)  | T2           | T2             | RM; QL (2 EA per 1 Year)      |
| <b>NESSI SPACER WITH MASK SM/MED DEVICE</b> (Valved Holding Chamber) | T2           | T2             | RM; QL (2 EA per 1 Year)      |
| <b>NESSI SPACER WITH MOUTHPIECE DEVICE</b> (Valved Holding Chamber)  | T2           | T2             | RM; QL (2 EA per 1 Year)      |
| <b>OPTICHAMBER ADVANTAGE</b> (Valved Holding Chamber)                | T2           | T2             | RM; QL (2 EA per 1 Year)      |
| <b>OPTICHAMBER ADVANTAGE-LG MASK</b> (Valved Holding Chamber)        | T2           | T2             | RM; QL (2 EA per 1 Year)      |
| <b>OPTICHAMBER ADVANTAGE-MED MASK</b> (Valved Holding Chamber)       | T2           | T2             | RM; QL (2 EA per 1 Year)      |
| <b>OPTICHAMBER ADVANTAGE-SM MASK</b> (Valved Holding Chamber)        | T2           | T2             | RM; QL (2 EA per 1 Year)      |
| <b>OPTICHAMBER DIAMOND</b> (Valved Holding Chamber)                  | T2           | T2             | RM; QL (2 EA per 1 Year)      |
| <b>OPTICHAMBER DIAMOND DEVICE</b> (Valved Holding Chamber)           | T2           | T2             | RM; QL (2 EA per 1 Year)      |
| <b>OPTICHAMBER DIAMOND-LG MASK DEVICE</b> (Valved Holding Chamber)   | T2           | T2             | RM; QL (2 EA per 1 Year)      |
| <b>OPTICHAMBER DIAMOND-MD MASK</b> (Valved Holding Chamber)          | T2           | T2             | RM; QL (2 EA per 1 Year)      |
| <b>OPTICHAMBER DIAMOND-SM MASK</b> (Valved Holding Chamber)          | T2           | T2             | RM; QL (2 EA per 1 Year)      |
| <b>OPTICHAMBER FACE MASK-LARGE</b> (Valved Holding Chamber)          | T2           | T2             | RM; QL (2 EA per 1 Year)      |
| <b>OPTICHAMBER FACE MASK-MEDIUM</b> (Valved Holding Chamber)         | T2           | T2             | RM; QL (2 EA per 1 Year)      |
| <b>OPTICHAMBER FACE MASK-SMALL</b> (Valved Holding Chamber)          | T2           | T2             | RM; QL (2 EA per 1 Year)      |
| <b>OPTIHALER</b> (Valved Holding Chamber)                            | T2           | T2             | RM; QL (2 EA per 1 Year)      |

| <b>Drug Name</b>   | <b>Brand</b> | <b>Generic</b> | <b>Additional Information</b>   |
|--|--------------|----------------|---|
| <b>OPTIHALER DEVICE</b> ( <i>Valved Holding Chamber</i> )                                    | T2           | T2             | RM; QL (2 EA per 1 Year)  |
| <b>POCKET CHAMBER DEVICE</b> ( <i>Valved Holding Chamber</i> )                               | T2           | T2             | RM; QL (2 EA per 1 Year)  |
| <b>POCKET SPACER DEVICE</b> ( <i>Valved Holding Chamber</i> )                                | T2           | T2             | RM; QL (2 EA per 1 Year)  |
| <b>RITEFLO DEVICE</b> ( <i>Valved Holding Chamber</i> )                                      | T2           | T2             | RM; QL (2 EA per 1 Year)  |
| <b>VORTEX VALVED HOLDING CHAMBER DEVICE</b> ( <i>Valved Holding Chamber</i> )                | T2           | T2             | RM; QL (2 EA per 1 Year)  |
| <b>WATCHHALER DEVICE</b> ( <i>Valved Holding Chamber</i> )                                   | T2           | T2             | RM; QL (2 EA per 1 Year)  |
| <b>*Migraine Products*</b>   |              |                |   |
| <b>*migraine combinations**-*ergot combinations***</b>                                       |              |                |   |
| <b>CAFERGOT ORAL TABLET 1-100 MG</b>   | T3           |                | RM  |
| <b>MIGERGOT SUPPOSITORY 2-100 MG</b>   | T3           |                | RM  |
| <b>*migraine combinations**-*migraine combinations***</b>                                    |              |                |   |
| <i>isometheptene-apap-dichloral oral capsule 65-325-100 mg</i>                               |              | T1             | RM  |
| <i>migragesic ida oral capsule 325-65-100 mg</i>   |              | T1             | RM  |
| <b>*migraine products**-*migraine products***</b>  |              |                |   |
| <b>D.H.E. 45 INJECTION SOLUTION</b> ( <i>Dihydroergotamine Mesylate</i> ) <b>1 MG/ML</b>     | T3           | T3             | RM; AI (8ml per copay retail or mail); QL (8 ML per 1 Copay)  |
| <i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>                                     |              | T3             | RM; QL (8 ML per 1 Copay)   |
| <b>ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG</b>   | T3           |                | RM; AI (Max #60 Mail Order); QL (20 EA per 1 Copay)   |
| <b>MIGRANAL NASAL SOLUTION 4 MG/ML</b>   | T3           |                | RM; AI (8ml per copay retail or mail); QL (8 ML per 1 Copay)  |
| <b>*serotonin agonists**-*selective serotonin agonists 5-ht(1)***</b>                        |              |                |   |
| <b>AXERT ORAL TABLET 12.5 MG, 6.25 MG</b>  | T3           |                | PA; ST; RM; AI (#9 per copay, max #27 for 30 days or #81 for 90 days); QL (9 EA per 1 Copay)            |
| <b>FROVA ORAL TABLET 2.5 MG</b>  | T3           |                | PA; ST; RM; AI (#9 per copay, max #27 for 30 days or #81 for 90 days); QL (9 EA per 1 Copay)            |
| <b>MAXALT-MLT ORAL TABLET DISPERSIBLE</b> ( <i>Rizatriptan Benzoate</i> ) <b>10 MG, 5 MG</b> | T3           | T1             | RM; AI (#9 per copay, max #27 for 30 days or #81 for 90 days); QL (9 EA per 1 Copay)                    |
| <i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>  |              | T1             | RM; AI (#9 per copay, max #27 for 30 days or #81 for 90 days); QL (9 EA per 1 Copay); AL (Min 16 Years) |
| <b>RELPAK ORAL TABLET 20 MG, 40 MG</b>   | T3           |                | PA; ST; RM; AI (#9 per copay, max #27 for 30 days or #81 for 90 days); QL (9 EA per 1 Copay)            |
| <i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>  |              | T1             | RM; AI (#9 per copay, max #27 for 30 days or #81 for 90 days); QL (9 EA per 1 Copay)                    |

| Drug Name  | Brand | Generic | Additional Information   |
|--|-------|---------|--|
| <i>sumatriptan nasal solution 20 mg/act, 5 mg/act</i>  |       | T2      | RM; AI (#9 per copay, max #27 for 30 days or #81 for 90 days); QL (9 EA per 1 Copay)   |
| <i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>                                  |       | T1      | RM; AI (#9 per copay, max #27 for 30 days or #81 for 90 days); QL (9 EA per 1 Copay)   |
| <i>sumatriptan succinate refill subcutaneous* 4 mg/0.5ml, 6 mg/0.5ml</i>                       |       | T1      | RM; AI (#9 vials per copay, max #27 for 30 days or #81 for 90 days or #4 cartridges per copay, max #12 30 days or #36 90days); QL (0.4 ML per 1 day) |
| <i>sumatriptan succinate subcutaneous* 4 mg/0.5ml, 6 mg/0.5ml</i>                              |       | T1      | RM; AI (#9 vials per copay, max #27 for 30 days or #81 for 90 days or #4 cartridges per copay, max #12 30 days or #36 90days); QL (0.4 ML per 1 day) |
| <i>sumatriptan succinate subcutaneous* 6 mg/0.5ml</i>  |       | T3      | RM; AI (#9 vials per copay, max #27 for 30 days or #81 for 90 days or #4 cartridges per copay, max #12 30 days or #36 90days); QL (0.4 ML per 1 day) |
| <b>ZOMIG NASAL SOLUTION 2.5 MG, 5 MG</b>   | T3    |         | RM; AI (#9 per copay, max #27 for 30 days or #81 for 90 days); QL (9 EA per 1 Copay)   |
| <b>ZOMIG ORAL TABLET (ZOLMitriptan) 2.5 MG, 5 MG</b>   | T3    | T1      | RM; AI (#9 per copay, max #27 for 30 days or #81 for 90 days); QL (9 EA per 1 Copay)   |
| <b>ZOMIG ZMT ORAL TABLET DISPERSIBLE (ZOLMitriptan) 2.5 MG, 5 MG</b>                           | T3    | T1      | RM; AI (#9 per copay, max #27 for 30 days or #81 for 90 days); QL (9 EA per 1 Copay)   |
| <b>*Minerals &amp; Electrolytes*</b>   |       |         |  |
| <b>*chloride**-*chloride***</b>  |       |         |  |
| <i>ammonium chloride intravenous* solution 5 meq/ml</i>  |       | MB      | RM   |
| <b>*electrolyte mixtures**-*electrolytes &amp; dextrose***</b>                                 |       |         |  |
| <i>dextrose-nacl intravenous* solution 5-0.9 %</i>   |       | MB      | PA; ST; RM   |
| <b>NORMOSOL-R IN D5W INTRAVENOUS* SOLUTION</b>   | MB    |         | RM   |
| <b>*electrolyte mixtures**-*electrolytes parenteral***</b>                                     |       |         |  |
| <b>ISOLYTE-S PH 7.4 INTRAVENOUS* SOLUTION</b>  | MB    |         | RM   |
| <b>NORMOSOL-R INTRAVENOUS* SOLUTION</b>  | MB    |         | RM   |
| <b>NORMOSOL-R PH 7.4 INTRAVENOUS* SOLUTION</b>   | MB    |         | RM   |
| <b>PLASMA-LYTE 148 INTRAVENOUS* SOLUTION</b>   | MB    |         | RM   |
| <b>PLASMA-LYTE A INTRAVENOUS* SOLUTION</b>   | MB    |         | RM   |
| <i>potassium chloride in nacl intravenous* solution 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>         |       | MB      | RM   |
| <b>*fluoride**-*fluoride combinations***</b>   |       |         |  |
| <b>FLUOR-A-DAY ORAL TABLET CHEWABLE 0.25 (F)-236.79 MG, 0.5 (F)-236.79 MG, 1 (F)-236.79 MG</b> | \$0   |         | RM; AL (Max 6 Years)   |

| Drug Name  | Brand | Generic | Additional Information |
|--|-------|---------|------------------------|
| <b>*fluoride**-*fluoride***</b>  |       |         |                        |
| <b>EPIFLUR ORAL TABLET CHEWABLE (Fluoritab) 0.55 (0.25 F) MG, 1.1 (0.5 F) MG, 2.2 (1 F) MG</b> | \$0   | \$0     | RM; AL (Max 6 Years)   |
| <b>FLUORABON ORAL SOLUTION 0.55 (0.25 F) MG/0.6ML</b>  | \$0   |         | RM; AL (Max 6 Years)   |
| <b>FLUOR-A-DAY ORAL SOLUTION (Fluoritab) 0.275 (0.125 F) MG/DROP</b>                           | \$0   | \$0     | RM; AL (Max 6 Years)   |
| <b>FLURA-DROPS ORAL SOLUTION (Fluoritab) 0.275 (0.125 F) MG/DROP</b>                           | \$0   | \$0     | RM; AL (Max 6 Years)   |
| <b>FLURA-DROPS ORAL SOLUTION 0.55 (0.25 F) MG/DROP</b>   | \$0   |         | RM; AL (Max 6 Years)   |
| <b>KARIDIUM ORAL SOLUTION (Fluoritab) 0.275 (0.125 F) MG/DROP</b>                              | \$0   | \$0     | RM; AL (Max 6 Years)   |
| <b>LOZI-FLUR MOUTH/THROAT LOZENGE 2.2 (1 F) MG</b>   | \$0   |         | RM; AL (Max 6 Years)   |
| <b>LUDENT ORAL TABLET CHEWABLE (Fluoritab) 0.55 (0.25 F) MG, 1.1 (0.5 F) MG, 2.2 (1 F) MG</b>  | \$0   | \$0     | RM; AL (Max 6 Years)   |
| <b>LURIDE ORAL SOLUTION (Sodium Fluoride) 1.1 (0.5 F) MG/ML</b>                                | \$0   | \$0     | RM; AL (Max 6 Years)   |
| <b>LURIDE ORAL TABLET CHEWABLE (Fluoritab) 0.55 (0.25 F) MG, 1.1 (0.5 F) MG, 2.2 (1 F) MG</b>  | \$0   | \$0     | RM; AL (Max 6 Years)   |
| <b>NAFRINSE DROPS ORAL SOLUTION (Fluoritab) 0.275 (0.125 F) MG/DROP</b>                        | \$0   | \$0     | RM; AL (Max 6 Years)   |
| <b>NAFRINSE ORAL TABLET CHEWABLE (Fluoritab) 2.2 (1 F) MG</b>                                  | \$0   | \$0     | RM; AL (Max 6 Years)   |
| <i>sodium fluoride oral tablet 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>                                |       | \$0     | RM; AL (Max 6 Years)   |
| <i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>     |       | \$0     | RM; AL (Max 6 Years)   |
| <b>*iodine products**-*iodine products***</b>  |       |         |                        |
| <b>SSKI ORAL SOLUTION 1 GM/ML</b>  | T2    |         | RM                     |
| <b>*magnesium**-*magnesium***</b>  |       |         |                        |
| <i>magnesium sulfate in d5w intravenous* solution 10-5 mg/ml-%</i>                             |       | MB      | PA; ST; RM             |
| <b>*phosphate**-*phosphate***</b>  |       |         |                        |
| <b>K-PHOS ORAL TABLET 500 MG</b>   | T1    |         | RM                     |
| <b>PHOSPHA 250 NEUTRAL ORAL TABLET (Virt-Phos 250 Neutral) 155-852-130 MG</b>                  | T1    | T1      | RM                     |
| <b>*potassium**-*potassium combinations***</b>   |       |         |                        |
| <b>EFFER-K ORAL TABLET EFFERVESCENT 20 MEQ</b>   | T2    |         | RM                     |
| <b>*potassium**-*potassium***</b>  |       |         |                        |
| <b>EFFER-K ORAL TABLET EFFERVESCENT (K-Effervescent) 25 MEQ</b>                                | T1    | T1      | RM                     |
| <b>KLOR-CON 10 ORAL TABLET EXTENDEDRELEASE* (Potassium Chloride ER) 10 MEQ</b>                 | T1    | T1      | RM                     |

| Drug Name  | Brand | Generic | Additional Information |
|--|-------|---------|------------------------|
| <b>KLOR-CON M10 ORAL TABLET EXTENDEDRELEASE*</b> ( <i>Potassium Chloride Cryst ER</i> )<br>10 MEQ                      | T1    | T1      | RM                     |
| <b>KLOR-CON M15 ORAL TABLET EXTENDEDRELEASE*</b> 15 MEQ  | T1    |         | RM                     |
| <b>KLOR-CON M20 ORAL TABLET EXTENDEDRELEASE*</b> ( <i>Potassium Chloride Cryst ER</i> )<br>20 MEQ                      | T1    | T1      | RM                     |
| <b>KLOR-CON ORAL PACKET</b> ( <i>Potassium Chloride</i> ) 20 MEQ   | T1    | T1      | RM                     |
| <b>KLOR-CON ORAL PACKET</b> 25 MEQ   | T2    |         | RM                     |
| <b>KLOR-CON ORAL TABLET EXTENDEDRELEASE*</b><br>( <i>Potassium Chloride ER</i> ) 8 MEQ                                 | T1    | T1      | RM                     |
| <b>KLOR-CON/EF ORAL TABLET EFFERVESCENT</b><br>( <i>K-Effervescent</i> ) 25 MEQ  | T1    | T1      | RM                     |
| <b>K-PRIME ORAL TABLET EFFERVESCENT</b><br>( <i>K-Effervescent</i> ) 25 MEQ  | T1    | T1      | RM                     |
| <b>K-TABS ORAL TABLET EXTENDEDRELEASE*</b><br>( <i>Potassium Chloride ER</i> ) 10 MEQ                                  | T3    | T1      | RM                     |
| <i>k-vescent oral packet 20 meq</i>  |       | T1      | RM                     |
| <i>k-vescent oral tablet effervescent 25 meq</i>   |       | T1      | RM                     |
| <i>potassium bicarbonate oral tablet effervescent 25 meq</i>   |       | T1      | RM                     |
| <i>potassium chloride er oral capsule extended release*</i><br>10 meq, 8 meq   |       | T1      | RM                     |
| <i>potassium chloride intravenous* solution 0.4 meq/ml,<br/>10 meq/100ml, 2 meq/ml, 20 meq/100ml, 30<br/>meq/100ml</i> |       | MB      | RM                     |
| <i>potassium chloride oral liquid† 20 meq/15ml (10%), 40<br/>meq/15ml (20%)</i>  |       | T1      | RM                     |
| <i>potassium chloride oral solution 20 meq/15ml (10%)</i>  |       | T1      | RM                     |
| <b>*sodium**-*sodium***</b>  |       |         |                        |
| <i>sodium chloride intravenous* solution 3 %, 5 %</i>  |       | MB      | RM                     |
| <b>*Mouth/Throat/Dental Agents*</b>  |       |         |                        |
| <b>*anesthetics topical oral**-*anesthetics topical oral<br/>- combinations***</b>                                     |       |         |                        |
| <b>FIRST-MOUTHWASH BLM MOUTH/THROAT<br/>SUSPENSION</b>   | T3    |         | RM                     |
| <b>*anesthetics topical oral**-*anesthetics topical<br/>oral***</b>  |       |         |                        |
| <i>lidocaine viscous mouth/throat solution 2 %</i>   |       | T1      | RM                     |
| <b>*anti-infectives - throat**-*anti-infectives - throat***</b>  |       |         |                        |
| <i>clotrimazole mouth/throat lozenge 10 mg</i>   |       | T1      | RM                     |
| <i>clotrimazole mouth/throat troche 10 mg</i>  |       | T1      | RM                     |
| <i>nystatin mouth/throat suspension 100000 unit/ml</i>   |       | T1      | RM                     |



| Drug Name   | Brand | Generic | Additional Information |
|---|-------|---------|------------------------|
| <b>*antiseptics - mouth/throat**-*antiseptics - mouth/throat***</b>                                     |       |         |                        |
| <b>PERIOGARD MOUTH/THROAT SOLUTION</b><br><i>(Chlorhexidine Gluconate) 0.12 %</i>                       | T2    | T1      | RM                     |
| <b>*dental products**-*dental products - combinations***</b>  |       |         |                        |
| <b>FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE</b><br>1.1-5 %   | \$0   |         | RM; AL (Max 6 Years)   |
| <b>PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE</b> 1.1-5 %   | \$0   |         | RM                     |
| <b>PREVIDENT 5000 SENSITIVE DENTAL PASTE</b> 1.1-5 %  | \$0   |         | RM                     |
| <b>*dental products**-*fluoride dental products***</b>  |       |         |                        |
| <b>ACT ANTICAVITY FLUORIDE RINSE MOUTH/THROAT SOLUTION</b> <i>(RA Anticavity Fluoride Rinse) 0.05 %</i> | \$0   | \$0     | RM; AL (Max 6 Years)   |
| <b>ACT RESTORING FLUORIDE RINSE MOUTH/THROAT SOLUTION</b> <i>(RA Anticavity Fluoride Rinse) 0.05 %</i>  | \$0   | \$0     | RM; AL (Max 6 Years)   |
| <b>ACT TOTAL CARE MOUTH/THROAT SOLUTION</b> <i>(RA Anticavity Fluoride Rinse) 0.05 %</i>                | \$0   | \$0     | RM; AL (Max 6 Years)   |
| <b>CAVAREST DENTAL (SF) 1.1 %</b>   | \$0   | \$0     | RM; AL (Max 6 Years)   |
| <b>CAVIRINSE MOUTH/THROAT SOLUTION</b> <i>(Neutral Sodium Fluoride) 0.2 %</i>                           | \$0   | \$0     | RM; AL (Max 6 Years)   |
| <b>CLINPRO 5000 DENTAL PASTE 1.1 %</b>  | \$0   |         | RM; AL (Max 6 Years)   |
| <b>CONTROLRX DENTAL CREAM</b> <i>(SF 5000 Plus) 1.1 %</i>   | \$0   | \$0     | RM; AL (Max 6 Years)   |
| <b>CONTROLRX DENTAL PASTE 1.1 %</b>   | \$0   |         | RM; AL (Max 6 Years)   |
| <b>DENTA 5000 PLUS DENTAL CREAM</b> <i>(SF 5000 Plus) 1.1 %</i>   | \$0   | \$0     | RM; AL (Max 6 Years)   |
| <b>DENTAGEL DENTAL (SF) 1.1 %</b>   | \$0   | \$0     | RM; AL (Max 6 Years)   |
| <i>dentall 1100 plus dental cream 1.1 %</i>   |       | \$0     | RM; AL (Max 6 Years)   |
| <b>FLUORIDEX DAILY DEFENSE DENTAL (SF) 1.1 %</b>  | \$0   | \$0     | RM; AL (Max 6 Years)   |
| <b>FLUORIDEX ENHANCED WHITENING DENTAL (SF) 1.1 %</b>   | \$0   | \$0     | RM; AL (Max 6 Years)   |
| <b>FLUORIGARD MOUTH/THROAT SOLUTION</b> <i>(RA Anticavity Fluoride Rinse) 0.05 %</i>                    | \$0   | \$0     | RM; AL (Max 6 Years)   |
| <b>KARIGEL DENTAL (SF) 1.1 %</b>  | \$0   | \$0     | RM; AL (Max 6 Years)   |
| <b>KARIGEL-N DENTAL (SF) 1.1 %</b>  | \$0   | \$0     | RM; AL (Max 6 Years)   |
| <b>NAFRINSE DAILY/NEUTRAL MOUTH/THROAT SOLUTION RECONSTITUTED</b> 0.05 %                                | \$0   |         | RM; AL (Max 6 Years)   |
| <b>NEUTRAGARD ADVANCED DENTAL (SF) 1.1 %</b>  | \$0   | \$0     | RM; AL (Max 6 Years)   |
| <b>PHOS-FLUR DENTAL (SF) 1.1 %</b>  | \$0   | \$0     | RM; AL (Max 6 Years)   |
| <b>PREVIDENT 5000 BOOSTER DENTAL PASTE</b> 1.1 %  | \$0   |         | RM; AL (Max 6 Years)   |
| <b>PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE</b> 1.1 %   | \$0   |         | RM; AL (Max 6 Years)   |

Last Revision Date: 3/10/15

| Drug Name   | Brand | Generic | Additional Information                            |
|---|-------|---------|---|
| <b>PREVIDENT 5000 PLUS DENTAL CREAM</b> (SF 5000 Plus) 1.1 %                  | \$0   | \$0     | RM; AL (Max 6 Years)                              |
| <b>PREVIDENT DENTAL</b> (SF) 1.1 %  | \$0   | \$0     | RM; AL (Max 6 Years)                              |
| <b>PREVIDENT MOUTH/THROAT SOLUTION</b> (Neutral Sodium Fluoride) 0.2 %        | \$0   | \$0     | RM; AL (Max 6 Years)                              |
| <i>sm anticavity fluoride rinse mouth/throat solution 0.05 %</i>              |       | \$0     | RM; AL (Max 6 Years)                              |
| <b>THERA-FLUR-N DENTAL</b> 1.1 %  | \$0   |         | RM  |
| <b>*steroids - mouth/throat**-*steroids - mouth/throat***</b>                 |       |         |   |
| <b>ORALONE MOUTH/THROAT PASTE</b> (Triamcinolone Acetonide) 0.1 %             | T1    | T1      | RM  |
| <b>**throat products - misc.**-*dry mouth agents and artificial saliva***</b> |       |         |   |
| <b>NEUTRASAL MOUTH/THROAT PACKET</b>  | T3    |         | RM  |
| <b>*throat products - misc.**-*saliva stimulants***</b>                       |       |         |   |
| <i>cevimeline hcl oral capsule 30 mg</i>                                      |       | T3      | RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day) |
| <i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>                               |       | T1      | RM  |
| <b>*Multivitamins*</b>  |       |         |   |
| <b>*ped mv w/ fluoride**-*ped mv w/ fluoride***</b>                           |       |         |   |
| <i>multi-vit/fluoride oral solution 0.25 mg/ml</i>                            |       | \$0     | RM; AL (Max 6 Years)                              |
| <i>multi-vitamin/fluoride oral solution 0.25 mg/ml</i>                        |       | \$0     | RM; AL (Max 6 Years)                              |
| <b>*prenatal vitamins**-*prenatal mv &amp; min w/fe-fa***</b>                 |       |         |   |
| <i>c-nate dha oral capsule 28-1-200 mg</i>                                    |       | T3      | RM; F   |
| <i>completenate oral tablet chewable 29-1 mg</i>                              |       | T3      | RM; F   |
| <b>CO-NATAL FA ORAL TABLET</b> (Prenatabs FA)                                 | T3    | T3      | RM; F   |
| <b>CONCEPT DHA ORAL CAPSULE 53.5-38-1 MG</b>                                  | T3    |         | RM; F   |
| <b>CONCEPT OB ORAL CAPSULE 130-92.4-1 MG</b>                                  | T3    |         | RM; F   |
| <b>ELITE-OB ORAL TABLET 50-1.25 MG</b>  | T3    |         | RM; F   |
| <b>FOLIVANE-OB ORAL CAPSULE 130-92.4-1 MG</b>                                 | T3    |         | RM; F   |
| <b>INATAL ADVANCE ORAL TABLET</b> (Vinate Ultra)                              | T3    | T3      | RM; F   |
| <b>INATAL GT ORAL TABLET</b> (Vinate Ultra)                                   | T3    | T3      | RM; F   |
| <b>INATAL ULTRA ORAL TABLET</b> (Vinate Ultra)                                | T3    | T3      | RM; F   |
| <b>M-VIT ORAL TABLET</b> (Prenatal Plus)                                      | T3    | T3      | RM; F   |
| <b>MYNATAL ADVANCE ORAL TABLET</b> (Vinate Ultra)                             | T3    | T3      | RM; F   |
| <b>MYNATAL ORAL TABLET</b> (Vinate Ultra) 90-1 MG                             | T3    | T3      | RM; F   |
| <i>natal-v rx oral tablet 29-1 mg</i>   |       | T3      | RM; F   |
| <b>NATELLE ONE ORAL CAPSULE</b> (Calcium PNV) 28-1-250 MG                     | T3    | T3      | RM; F   |
| <b>OB COMPLETE ONE ORAL CAPSULE 50-1-476 MG</b>                               | T3    |         | RM; F   |
| <b>OB COMPLETE ORAL TABLET 50-1.25 MG</b>                                     | T3    |         | RM; F   |
| <b>OB COMPLETE PETITE ORAL CAPSULE 35-5-1-200 MG</b>                          | T3    |         | RM; F   |

| <b>Drug Name</b>   | <b>Brand</b> | <b>Generic</b> | <b>Additional Information</b> |
|--|--------------|----------------|-------------------------------|
| <b>OB COMPLETE/DHA ORAL CAPSULE 30-10-1-200 MG</b>                     | T3           |                | RM; F                         |
| <b>OB-NATAL ONE ORAL CAPSULE (UltimateCare ONE NF) 20-7-1 MG</b>       | T3           | T3             | RM; F                         |
| <b>O-CAL FA ORAL TABLET (Prenatal Plus) 27-1 MG</b>                    | T3           | T3             | RM; F                         |
| <i>pnv fe fum/docusatelfolic acid oral tablet 29-1 mg</i>              |              | T3             | RM; F                         |
| <i>pnv folic acid + iron oral tablet 27-1 mg</i>                       |              | T3             | RM; F                         |
| <i>pnv prenatal plus multivitamin oral tablet 27-1 mg</i>              |              | T3             | RM; F                         |
| <b>PREFERA OB + DHA ORAL (HemeNatal OB + DHA) 28-6-1 &amp; 203 MG</b>  | T3           | T3             | RM; F                         |
| <b>PREFERA OB ORAL TABLET (HemeNatal OB) 28-6-1 MG</b>                 | T3           | T3             | RM; F                         |
| <i>prenaplus oral tablet 27-1 mg</i>                                   |              | T3             | RM; F                         |
| <b>PRENATABS RX ORAL TABLET (Vol-Tab Rx) 29-1 MG</b>                   | T3           | T3             | RM; F                         |
| <i>prenatal 19 oral tablet , 29-1 mg</i>                               |              | T3             | RM; F                         |
| <i>prenatal 19 oral tablet chewable , 29-1 mg</i>                      |              | T3             | RM; F                         |
| <b>PRENATAL AD ORAL TABLET (Vinate Ultra)</b>                          | T3           | T3             | RM; F                         |
| <i>prenatal low iron oral tablet 27-1 mg</i>                           |              | T3             | RM; F                         |
| <i>prenatal oral tablet 27-1 mg</i>                                    |              | T3             | RM; F                         |
| <i>prenatal plus iron oral tablet 29-1 mg</i>                          |              | T3             | RM; F                         |
| <i>prenatal vitamins plus oral tablet 27-1 mg</i>                      |              | T3             | RM; F                         |
| <b>PRENATE ELITE ORAL TABLET 26-0.6-0.4 MG</b>                         | T3           |                | RM; F                         |
| <b>PRENATE ESSENTIAL ORAL CAPSULE 29-0.6-0.4-340 MG</b>                | T3           |                | RM; F                         |
| <i>se-natal 19 oral tablet 29-1 mg</i>                                 |              | T3             | RM; F                         |
| <i>se-natal 19 oral tablet chewable 29-1 mg</i>                        |              | T3             | RM; F                         |
| <b>TARON-C DHA ORAL CAPSULE 53.5-38-1 MG</b>                           | T3           |                | RM; F                         |
| <b>THERANATAL CORE NUTRITION ORAL TABLET (Prenatal Plus) 27-1 MG</b>   | T3           | T3             | RM; F                         |
| <i>triadvance oral tablet 90-1 mg</i>                                  |              | T3             | RM; F                         |
| <b>TRICARE ORAL TABLET (Prenatal Plus)</b>                             | T3           | T3             | RM; F                         |
| <b>TRICARE PRENATAL DHA ONE ORAL CAPSULE (TL-Care DHA) 27-1-500 MG</b> | T3           | T3             | RM; F                         |
| <i>trinatal gt oral tablet 90-1 mg</i>                                 |              | T3             | RM; F                         |
| <i>trinatal ultra oral tablet 90-1 mg</i>                              |              | T3             | RM; F                         |
| <i>ultra tabs oral tablet</i>  |              | T3             | RM; F                         |
| <i>venatal-fa oral tablet 29-1 mg</i>                                  |              | T3             | RM; F                         |
| <b>VINATE DHA ORAL CAPSULE 27-1.53 MG</b>                              | T3           |                | RM; F                         |
| <b>VINATE GT ORAL TABLET (Vinate Ultra) 90-1 MG</b>                    | T3           | T3             | RM; F                         |
| <b>VINATE M ORAL TABLET 27-1 MG</b>                                    | T3           |                | RM; F                         |
| <i>virt-pn oral tablet 27-0.6-0.4 mg</i>                               |              | T3             | RM; F                         |
| <b>VIVA DHA ORAL CAPSULE (ReInate DHA) 28-1-200 MG</b>                 | T3           | T3             | RM; F                         |

| <b>Drug Name</b>  | <b>Brand</b> | <b>Generic</b> | <b>Additional Information</b> |
|---|--------------|----------------|-------------------------------|
| <i>vol-plus oral tablet 27-1 mg</i>   |              | T3             | RM; F                         |
| <i>vp-heme ob + dha oral 28-6-1 &amp; 203 mg</i>                                  |              | T3             | RM; F                         |
| <i>vp-heme ob oral tablet 28-6-1 mg</i>   |              | T3             | RM; F                         |
| <b>ZATEAN-PN ORAL TABLET (PNV-Select) 27-0.6-0.4 MG</b>                           | T3           | T3             | RM; F                         |
| <b>*prenatal vitamins**-*prenatal mv &amp; min w/fe-fa-ca-omega 3 fish oil***</b> |              |                |                               |
| <i>complete natal dha oral 29-1-200 &amp; 250 mg</i>                              |              | T3             | RM; F                         |
| <b>PR NATAL 400 EC ORAL 29-1-200 &amp; 400 MG (DR)</b>                            | T3           |                | RM; F                         |
| <b>PR NATAL 400 ORAL 29-1-200 &amp; 400 MG</b>                                    | T3           |                | RM; F                         |
| <b>TRIVEEN-DUO DHA ORAL 29-1-200 &amp; 400 MG</b>                                 | T3           |                | RM; F                         |
| <b>*prenatal vitamins**-*prenatal mv &amp; min w/fe-fa-dha***</b>                 |              |                |                               |
| <b>CITRANATAL 90 DHA ORAL (Prenaisance 90 DHA) 90-1 &amp; 300 MG</b>              | T3           | T3             | RM; F                         |
| <b>CITRANATAL ASSURE ORAL 300 MG</b>  | T3           |                | RM                            |
| <b>CITRANATAL DHA ORAL (PNV OB+DHA) 27-1 &amp; 250 MG</b>                         | T3           | T3             | RM; F                         |
| <i>extra-virt plus dha oral capsule 29-1.25-350 mg</i>                            |              | T3             | RM; F                         |
| <i>folcal dha oral capsule 27-1.25-300 mg</i>                                     |              | T3             | RM; F                         |
| <b>FOLIVANE-EC CALCIUM DHA NF ORAL 27-1 &amp; 250 MG</b>                          | T3           |                | RM; F                         |
| <b>FOLIVANE-PRX DHA NF ORAL CAPSULE 30-1.24-265 MG</b>                            | T3           |                | RM; F                         |
| <b>GESTICARE DHA ORAL 27-1 &amp; 250 MG</b>                                       | T3           |                | RM; F                         |
| <b>MACNATAL CN DHA ORAL CAPSULE (Prenaisance Plus) 28-1-250 MG</b>                | T3           | T3             | RM; F                         |
| <b>NATALVIRT 90 DHA ORAL (Prenaisance 90 DHA) 90-1 &amp; 300 MG</b>               | T3           | T3             | RM; F                         |
| <b>NATALVIRT CA ORAL (Prenaisance Promise) 35-1 &amp; 300 MG</b>                  | T3           | T3             | RM; F                         |
| <b>NEXA PLUS ORAL CAPSULE (TL-Select DHA) 29-1.25-350 MG</b>                      | T3           | T3             | RM; F                         |
| <b>PREFERAOB ONE ORAL CAPSULE (VP-HEME One) 22-6-1-200 MG</b>                     | T3           | T3             | RM; F                         |
| <i>prenaisance dha oral 27-1 &amp; 250 mg</i>                                     |              | T3             | RM; F                         |
| <i>prenaisance oral capsule 29-1.25-325 mg</i>                                    |              | T3             | RM; F                         |
| <b>PRENATE DHA ORAL CAPSULE 28-0.6-0.4-300 MG</b>                                 | T3           |                | RM; F                         |
| <b>PRENATE MINI ORAL CAPSULE 29-0.6-0.4-350 MG</b>                                | T3           |                | RM; F                         |
| <b>SELECT-OB+DHA ORAL (Choice-OB+DHA) 29-1 &amp; 250 MG</b>                       | T3           | T3             | RM; F                         |
| <b>TARON-PREX ORAL CAPSULE 30-1.2-265 MG</b>                                      | T3           |                | RM; F                         |
| <i>tl-select oral capsule 29-1.25-325 mg</i>                                      |              | T3             | RM; F                         |
| <b>TRIVEEN-TEN ORAL TABLET 15-0.5-50 MG</b>                                       | T3           |                | RM; F                         |
| <b>VEMAVITE-PRX 2 ORAL CAPSULE (PNV-DHA+Docusate) 27-1.25-300 MG</b>              | T3           | T3             | RM; F                         |

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| Drug Name  | Brand | Generic | Additional Information                                      |
|--|-------|---------|---|
| <i>virt-pn dha oral capsule 27-0.6-0.4-300 mg</i>  |       | T3      | RM; F   |
| <i>virt-select oral capsule 29-1.25-325 mg</i>   |       | T3      | RM; F   |
| <b>VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE (Prena1/Quatrefolic) 30-0.6-0.4-200 MG</b>    | T3    | T3      | RM; F   |
| <b>VITAMEDMD PLUS RX/QUATREFOLIC ORAL (Prena1 Plus/Quatrefolic) 30-0.6-0.4 &amp;300 MG</b> | T3    | T3      | RM; F   |
| <b>ZATEAN-PN DHA ORAL CAPSULE (PNV-DHA) 27-0.6-0.4-300 MG</b>                              | T3    | T3      | RM; F   |
| <b>*prenatal vitamins**-*prenatal vitamins***</b>  |       |         |   |
| <b>VITAMEDMD REDICHEW RX ORAL TABLET CHEWABLE (Prena1/Quatrefolic) 0.6-0.4 MG</b>          | T3    | T3      | RM; F   |
| <b>*Musculoskeletal Therapy Agents*</b>  |       |         |   |
| <b>*central muscle relaxants**-*central muscle relaxants***</b>                            |       |         |   |
| <i>baclofen oral tablet 10 mg, 20 mg</i>   |       | T1      | RM  |
| <i>carisoprodol oral tablet 250 mg, 350 mg</i>   |       | T3      | RM  |
| <i>chlorzoxazone oral tablet 500 mg</i>  |       | T1      | RM  |
| <i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg, 7.5 mg</i>                                 |       | T2      | RM  |
| <i>metaxalone oral tablet 800 mg</i>   |       | T2      | RM; AI (Max #360 Mail Order); QL (4 EA per 1 Day)           |
| <i>methocarbamol oral tablet 500 mg, 750 mg</i>  |       | T1      | RM  |
| <i>orphenadrine citrate er oral tablet extended release 12 hr* 100 mg</i>                  |       | T1      | RM  |
| <i>orphenadrine citrate injection solution 30 mg/ml</i>                                    |       | MB      | RM  |
| <i>tizanidine hcl oral capsule 2 mg</i>  |       | T3      | PA; ST; RM; AI (Max #1620 Mail Order); QL (18 EA per 1 Day) |
| <i>tizanidine hcl oral capsule 4 mg</i>  |       | T3      | PA; ST; RM; AI (Max #810 Mail Order); QL (9 EA per 1 Day)   |
| <i>tizanidine hcl oral capsule 6 mg</i>  |       | T3      | PA; ST; RM; AI (Max #540 Mail Order); QL (6 EA per 1 Day)   |
| <i>tizanidine hcl oral tablet 2 mg, 4 mg</i>   |       | T1      | RM  |
| <b>*direct muscle relaxants**-*direct muscle relaxants***</b>                              |       |         |   |
| <i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>                                 |       | T1      | RM  |
| <b>*muscle relaxant combinations**-*muscle relaxant combinations***</b>                    |       |         |   |
| <i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>                              |       | T3      | RM  |
| <b>*Nasal Agents - Systemic And Topical*</b>   |       |         |   |
| <b>*nasal antiallergy**-*nasal antihistamines***</b>                                       |       |         |   |
| <b>ASTELIN NASAL SOLUTION 137 MCG/SPRAY</b>  | T3    |         | RM; AI (Max #90ml Mail Order); QL (1 ML per 1 Day)          |
| <i>azelastine hcl nasal solution 0.15 %</i>  |       | T3      | RM  |
| <i>azelastine hcl nasal solution 137 mcg/spray</i>   |       | T3      | RM; AI (Max #90 Mail Order); QL (1 ML per 1 Day)            |

| Drug Name   | Brand | Generic | Additional Information  |
|---|-------|---------|---|
| <b>*nasal anticholinergics**-*nasal anticholinergics***</b>   |       |         |   |
| <i>ipratropium bromide nasal solution 0.03 %</i>  |       | T1      | RM; AI (Max #90ml Mail Order); QL (1 ML per 1 Day)                                      |
| <i>ipratropium bromide nasal solution 0.06 %</i>  |       | T1      | RM; AI (Max #45ml Mail Order); QL (0.5 ML per 1 Day)                                    |
| <b>*nasal anti-infectives**-*nasal antibiotics***</b>   |       |         |   |
| <b>BACTROBAN NASAL NASAL OINTMENT 2 %</b>   | T3    |         | RM  |
| <b>*nasal steroids**-*nasal steroids***</b>   |       |         |   |
| <b>BECONASE AQ NASAL SUSPENSION 42 MCG/SPRAY</b>  | T3    |         | PA; ST; RM; AI (Max #75gm Mail Order); QL (25 GM per 30 Days)                           |
| <i>budesonide nasal suspension 32 mcg/act</i>   |       | T3      | RM; QL (0.6 GM per 1 day)   |
| <i>flunisolide nasal solution 25 mcg/act (0.025%)</i>   |       | T1      | RM; AI (Max #75ml (3 inhalers) Mail Order); QL (25 ML per 30 Days)                      |
| <b>ZETONNA NASAL AEROSOL, SOLUTION 37 MCG/ACT</b>   | T3    |         | RM; AI (Max #18.3GM Mail Order); QL (6.1 GM Max Qty Per Fill Retail); AL (Min 12 Years) |
| <b>*sympathomimetic decongestants**-*topical decongestants***</b>                                   |       |         |   |
| <b>TYZINE NASAL SOLUTION 0.05 %</b>   | T3    |         | RM  |
| <b>*Neuromuscular Agents*</b>   |       |         |   |
| <b>*als agents**-*benzathiazoles***</b>   |       |         |   |
| <b>RILUTEK ORAL TABLET 50 MG</b>  | SP    |         | PA; SP  |
| <b>*neuromuscular blocking agent - neurotoxins**-*neuromuscular blocking agent - neurotoxins***</b> |       |         |   |
| <b>BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT</b>  | SP    |         | PA; SP  |
| <b>BOTOX INJECTION SOLUTION RECONSTITUTED 200 UNIT</b>  | MB    |         | PA; SP  |
| <b>DYSPORT INTRAMUSCULAR* SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT</b>                             | SP    |         | PA; SP  |
| <b>MYOBLOC INTRAMUSCULAR* SOLUTION 10000 UNIT/2ML, 2500 UNIT/0.5ML, 5000 UNIT/ML</b>                | SP    |         | PA; SP  |
| <b>XEOMIN INTRAMUSCULAR* SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT</b>                               | SP    |         | PA; SP  |
| <b>*Nutrients*</b>  |       |         |   |
| <b>*proteins**-*amino acid mixtures***</b>  |       |         |   |
| <b>AMINOSYN M INTRAVENOUS* SOLUTION 3.5 %</b>   | MB    |         | PA; ST; RM  |
| <b>*proteins**-*amino acids-single***</b>   |       |         |   |
| <i>l-cysteine hcl intravenous* solution 50 mg/ml</i>  |       | MB      | RM  |
| <b>*Ophthalmic Agents*</b>  |       |         |   |
| <b>*artificial tears and lubricants**-*artificial tear inserts***</b>                               |       |         |   |
| <b>LACRISERT OPHTHALMIC INSERT 5 MG</b>   | T3    |         | RM  |

| Drug Name  | Brand | Generic | Additional Information                               |
|--|-------|---------|--|
| <b>*artificial tears and lubricants**-*artificial tears and lubricants***</b>                            |       |         |  |
| <b>THERATEARS OPHTHALMIC 1 %</b>   | T2    |         | RM   |
| <b>*beta-blockers - ophthalmic**-*beta-blockers - ophthalmic combinations***</b>                         |       |         |  |
| <b>COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %</b>  | T2    |         | RM; AI (Max #15ml Mail Order); QL (5 ML per 30 Days) |
| <b>COSOPT PF OPHTHALMIC SOLUTION 22.3-6.8 MG/ML</b>  | T3    |         | PA; ST; RM   |
| <i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i>                                    |       | T1      | RM   |
| <b>*beta-blockers - ophthalmic**-*beta-blockers - ophthalmic***</b>                                      |       |         |  |
| <b>BETIMOL OPHTHALMIC SOLUTION 0.5 %</b>   | T3    |         | RM   |
| <b>BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %</b>   | T3    |         | RM   |
| <i>carteolol hcl ophthalmic solution 1 %</i>   |       | T1      | RM   |
| <b>ISTALOL OPHTHALMIC SOLUTION 0.5 %</b>   | T3    |         | RM   |
| <i>levobunolol hcl ophthalmic solution 0.5 %</i>   |       | T1      | RM   |
| <i>metipranolol ophthalmic solution 0.3 %</i>  |       | T3      | RM   |
| <i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>                                     |       | T1      | RM   |
| <i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>   |       | T1      | RM   |
| <b>TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.5 %</b>  | T3    |         | RM   |
| <b>*cycloplegic mydriatics**-*cycloplegic mydriatics***</b>  |       |         |  |
| <i>atropine sulfate ophthalmic solution 1 %</i>  |       | T1      | RM   |
| <i>atropine-care ophthalmic solution 1 %</i>   |       | T1      | RM   |
| <b>CYCLOGYL OPHTHALMIC SOLUTION 0.5 %</b>  | T3    |         | RM   |
| <i>cyclopentolate hcl ophthalmic solution 1 %</i>  |       | T1      | RM   |
| <b>HOMATROPAIRE OPHTHALMIC SOLUTION 5 %</b>  | T1    |         | RM   |
| <b>MYDRIACYL OPHTHALMIC SOLUTION (Tropicamide) 1 %</b>   | T3    | T3      | RM   |
| <i>tropicamide ophthalmic solution 0.5 %</i>   |       | T3      | RM   |
| <b>*miotics**-*miotics - cholinesterase inhibitors***</b>  |       |         |  |
| <b>PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 %</b>                                      | T1    |         | RM   |
| <b>*miotics**-*miotics - direct acting***</b>  |       |         |  |
| <i>pilocarpine hcl ophthalmic solution 1 %, 2 %</i>  |       | T1      | RM   |
| <b>*ophthalmic - angiogenesis inhibitors**-*vascular endothelial growth factor (vegf) antagonists***</b> |       |         |  |
| <b>EYLEA INTRAOCULAR SOLUTION 2 MG/0.05ML</b>  | SP    |         | PA; SP   |
| <b>LUCENTIS INTRAOCULAR SOLUTION 0.3 MG/0.05ML, 0.5 MG/0.05ML</b>  | SP    |         | PA; SP   |
| <b>MACUGEN INTRAOCULAR SOLUTION 0.3 MG</b>   | SP    |         | SP   |

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| Drug Name   | Brand | Generic | Additional Information |
|---|-------|---------|------------------------|
| <b>*ophthalmic adrenergic agents**-*ophthalmic selective alpha adrenergic agonists***</b> |       |         |                        |
| ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %  | T2    |         | RM                     |
| ALPHAGAN P OPHTHALMIC SOLUTION<br>(Brimonidine Tartrate) 0.15 %                           | T2    | T1      | RM                     |
| apraclonidine hcl ophthalmic solution 0.5 %   |       | T1      | RM                     |
| brimonidine tartrate ophthalmic solution 0.2 %  |       | T1      | RM                     |
| <b>*ophthalmic anti-infectives**-*ophthalmic antibiotics***</b>                           |       |         |                        |
| bacitracin ophthalmic ointment 500 unit/gm  |       | T3      | RM                     |
| BESIVANCE OPHTHALMIC SUSPENSION 0.6 %   | T3    |         | RM                     |
| CILOXAN OPHTHALMIC OINTMENT 0.3 %   | T3    |         | RM                     |
| ciprofloxacin hcl ophthalmic solution 0.3 %   |       | T1      | RM                     |
| erythromycin ophthalmic ointment 5 mg/gm  |       | T1      | RM                     |
| GENTAK OPHTHALMIC OINTMENT (Gentamicin Sulfate) 0.3 %                                     | T1    | T1      | RM                     |
| gentamicin sulfate ophthalmic solution 0.3 %  |       | T1      | RM                     |
| MOXEZA OPHTHALMIC SOLUTION 0.5 %  | T3    |         | RM                     |
| ofloxacin ophthalmic solution 0.3 %   |       | T1      | RM                     |
| romycin ophthalmic ointment 5 mg/gm   |       | T1      | RM                     |
| TOBREX OPHTHALMIC OINTMENT 0.3 %  | T1    |         | RM                     |
| VIGAMOX OPHTHALMIC SOLUTION 0.5 %   | T3    |         | RM                     |
| ZYMAXID OPHTHALMIC SOLUTION (Gatifloxacin) 0.5 %  | T3    | T1      | RM                     |
| <b>*ophthalmic anti-infectives**-*ophthalmic antifungal***</b>                            |       |         |                        |
| NATACYN OPHTHALMIC SUSPENSION 5 %   | T3    |         | RM                     |
| <b>*ophthalmic anti-infectives**-*ophthalmic anti-infective combinations***</b>           |       |         |                        |
| bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm                              |       | T1      | RM                     |
| neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-0.25                         |       | T1      | RM                     |
| NEO-POLYCIN OPHTHALMIC OINTMENT (Neomycin-Bacitracin Zn-Polymyx) 3.5-400-10000            | T1    | T1      | RM                     |
| POLYCIN OPHTHALMIC OINTMENT (AK-Poly-Bac) 500-10000 UNIT/GM                               | T1    | T1      | RM                     |
| polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%                          |       | T1      | RM                     |
| <b>*ophthalmic anti-infectives**-*ophthalmic antivirals***</b>                            |       |         |                        |
| trifluridine ophthalmic solution 1 %  |       | T1      | RM                     |
| ZIRGAN OPHTHALMIC 0.15 %  | T2    |         | RM                     |



| Drug Name   | Brand | Generic | Additional Information                            |
|---|-------|---------|---|
| <b>*ophthalmic anti-infectives**-*ophthalmic sulfonamides***</b>                            |       |         |   |
| <b>BLEPH-10 OPHTHALMIC SOLUTION (Sulfacetamide Sodium) 10 %</b>                             | T2    | T1      | RM  |
| <i>sulfacetamide sodium ophthalmic ointment 10 %</i>  |       | T3      | RM  |
| <b>*ophthalmic decongestants**-*ophthalmic decongestants***</b>                             |       |         |   |
| <b>ALTAFRIN OPHTHALMIC SOLUTION (Phenylephrine HCl) 10 %, 2.5 %</b>                         | T1    | T1      | RM  |
| <b>NEOFRIN OPHTHALMIC SOLUTION (Phenylephrine HCl) 10 %, 2.5 %</b>                          | T1    | T1      | RM  |
| <b>*ophthalmic immunomodulators**-*ophthalmic immunomodulators***</b>                       |       |         |   |
| <b>RESTASIS OPHTHALMIC EMULSION 0.05 %</b>  | T3    |         | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| <b>*ophthalmic local anesthetics**-*ophthalmic local anesthetics***</b>                     |       |         |   |
| <b>ALCAINE OPHTHALMIC SOLUTION (Parcaine) 0.5 %</b>   | T3    | T1      | RM  |
| <i>proparacaine hcl ophthalmic solution 0.5 %</i>   |       | T1      | RM  |
| <b>TETCAINE OPHTHALMIC SOLUTION (Tetracaine HCl) 0.5 %</b>                                  | T1    | T1      | RM  |
| <b>*ophthalmic photodynamic therapy agents**-*ophthalmic photodynamic therapy agents***</b> |       |         |   |
| <b>VISUDYNE INTRAVENOUS* SOLUTION RECONSTITUTED 15 MG</b>                                   | SP    |         | SP  |
| <b>*ophthalmic steroids**-*ophthalmic steroid combinations***</b>                           |       |         |   |
| <i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>                                |       | T1      | RM  |
| <b>BLEPHAMIDE OPHTHALMIC SUSPENSION 10-0.2 %</b>  | T3    |         | RM  |
| <b>BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 %</b>                                       | T3    |         | RM  |
| <i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>                        |       | T1      | RM  |
| <i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>                      |       | T1      | RM  |
| <i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>                              |       | T3      | RM  |
| <i>poly-dex ophthalmic ointment 3.5-10000-0.1</i>   |       | T1      | RM  |
| <b>PRED-G OPHTHALMIC SUSPENSION 0.3-1 %</b>   | T3    |         | RM  |
| <b>PRED-G S.O.P. OPHTHALMIC OINTMENT 0.3-0.6 %</b>  | T3    |         | RM  |
| <i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>                             |       | T1      | RM  |
| <b>TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %</b>   | T2    |         | RM  |

| Drug Name  | Brand | Generic | Additional Information  |
|--|-------|---------|---|
| <b>TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 %</b>                | T2    |         | RM  |
| <i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>    |       | T1      | RM  |
| <b>*ophthalmic steroids**-*ophthalmic steroids***</b>              |       |         |   |
| <b>ALREX OPHTHALMIC SUSPENSION 0.2 %</b>                           | T3    |         | RM  |
| <i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>    |       | T1      | RM  |
| <b>DUREZOL OPHTHALMIC EMULSION 0.05 %</b>                          | T3    |         | RM  |
| <b>FLAREX OPHTHALMIC SUSPENSION 0.1 %</b>                          | T3    |         | RM  |
| <b>FML FORTE OPHTHALMIC SUSPENSION 0.25 %</b>                      | T3    |         | RM  |
| <b>FML LIQUIFILM OPHTHALMIC SUSPENSION (Fluorometholone) 0.1 %</b> | T3    | T1      | RM  |
| <b>FML OPHTHALMIC OINTMENT 0.1 %</b>                               | T3    |         | RM  |
| <b>LOTEMAX OPHTHALMIC 0.5 %</b>                                    | T3    |         | RM; AI (Max #4 bottles per Year Retail or Mail); QL (4 EA per 1 Year)         |
| <b>LOTEMAX OPHTHALMIC OINTMENT 0.5 %</b>                           | T3    |         | RM  |
| <b>LOTEMAX OPHTHALMIC SUSPENSION 0.5 %</b>                         | T3    |         | RM  |
| <b>MAXIDEX OPHTHALMIC SUSPENSION 0.1 %</b>                         | T3    |         | RM  |
| <b>PRED MILD OPHTHALMIC SUSPENSION 0.12 %</b>                      | T3    |         | RM  |
| <i>prednisolone acetate ophthalmic suspension 1 %</i>              |       | T1      | RM  |
| <i>prednisolone sodium phosphate ophthalmic solution 1 %</i>       |       | T3      | RM  |
| <b>VEXOL OPHTHALMIC SUSPENSION 1 %</b>                             | T2    |         | RM  |
| <b>*ophthalmics - misc.**-*ophthalmic antiallergic***</b>          |       |         |   |
| <b>ALOCRIAL OPHTHALMIC SOLUTION 2 %</b>                            | T3    |         | RM  |
| <b>ALOMIDE OPHTHALMIC SOLUTION 0.1 %</b>                           | T3    |         | RM  |
| <i>azelastine hcl ophthalmic solution 0.05 %</i>                   |       | T2      | RM; AI (Max #12 Mail Order); QL (6 ML Max Qty Per Fill Retail)                |
| <b>BEPREVE OPHTHALMIC SOLUTION 1.5 %</b>                           | T3    |         | RM  |
| <i>cromolyn sodium ophthalmic solution 4 %</i>                     |       | T1      | RM  |
| <b>ELESTAT OPHTHALMIC SOLUTION (Epinastine HCl) 0.05 %</b>         | T3    | T3      | RM  |
| <b>EMADINE OPHTHALMIC SOLUTION 0.05 %</b>                          | T3    |         | PA; ST; RM  |
| <b>LASTACFT OPHTHALMIC SOLUTION 0.25 %</b>                         | T3    |         | PA; ST; RM; AI (Max #9ml Mail Order); QL (3 ML per 30 Days); AL (Min 2 Years) |
| <b>OPTIVAR OPHTHALMIC SOLUTION 0.05 %</b>                          | T3    |         | PA; ST; RM; AI (Max #12 Mail Order); QL (6 ML Max Qty Per Fill Retail)        |
| <b>PATADAY OPHTHALMIC SOLUTION 0.2 %</b>                           | T3    |         | PA; ST; RM  |
| <b>PATANOL OPHTHALMIC SOLUTION 0.1 %</b>                           | T3    |         | PA; ST; RM; AI (Max #8 bottles (40ml)Mail Order); QL (15 ML per 30 Days)      |

| Drug Name  | Brand | Generic | Additional Information  |
|--|-------|---------|---|
| <b>*ophthalmics - misc.**-*ophthalmic carbonic anhydrase inhibitors***</b>         |       |         |   |
| <b>AZOPT OPHTHALMIC SUSPENSION 1 %</b>   | T3    |         | RM; AI (Max #30ml Mail Order); QL (10 ML per 30 Days)                                 |
| <i>dorzolamide hcl ophthalmic solution 2 %</i>                                     |       | T1      | RM  |
| <b>*ophthalmics - misc.**-*ophthalmic nonsteroidal anti-inflammatory agents***</b> |       |         |   |
| <i>bromfenac sodium ophthalmic solution 0.09 %</i>                                 |       | T3      | RM; AI (Max #15ml Mail Order); QL (5 ML Max Qty Per Fill Retail); AL (Min 18 Years)   |
| <i>diclofenac sodium ophthalmic solution 0.1 %</i>                                 |       | T1      | RM  |
| <i>flurbiprofen sodium ophthalmic solution 0.03 %</i>                              |       | T1      | RM  |
| <i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>                     |       | T1      | RM  |
| <b>NEVANAC OPHTHALMIC SUSPENSION 0.1 %</b>   | T3    |         | RM; AI (Max 12ml per year retail or mail); QL (12 ML per 360 Days); AL (Min 10 Years) |
| <b>*ophthalmics - misc.**-*ophthalmics - cystinosis agents**</b>                   |       |         |   |
| <b>CYSTARAN OPHTHALMIC SOLUTION 0.44 %</b>   | T3    |         | PA; RM  |
| <b>*prostaglandins - ophthalmic**-*prostaglandins - ophthalmic***</b>              |       |         |   |
| <i>latanoprost ophthalmic solution 0.005 %</i>                                     |       | T1      | RM; AI (Max #15ml Mail Order); QL (5 ML per 25 Days)                                  |
| <b>LUMIGAN OPHTHALMIC SOLUTION 0.01 %</b>  | T2    |         | RM; AI (Max #15ml Mail Order); QL (5 ML per 30 Days)                                  |
| <b>TRAVATAN Z OPHTHALMIC SOLUTION 0.004 %</b>                                      | T2    |         | RM; AI (Max #5ml Mail Order); AL (Min 18 Years)                                       |
| <b>*Otic Agents*</b>   |       |         |   |
| <b>*otic agents - miscellaneous**-*otic agents - miscellaneous***</b>              |       |         |   |
| <i>acetic acid otic solution 2 %</i>   |       | T1      | RM  |
| <i>acetic acid-aluminum acetate otic solution 2 %</i>                              |       | T3      | RM  |
| <b>*otic anti-infectives**-*otic anti-infectives***</b>                            |       |         |   |
| <i>ciprofloxacin hcl otic solution 0.2 %</i>                                       |       | T3      | RM  |
| <i>ofloxacin otic solution 0.3 %</i>   |       | T1      | RM  |
| <b>*otic combinations**-*otic analgesic combinations***</b>                        |       |         |   |
| <i>antipyrine-benzocaine otic solution 54-14 mg/ml</i>                             |       | T1      | RM  |
| <b>AURODEX OTIC SOLUTION (Antipyrine-Benzocaine) 5.4-1.4 %</b>                     | T1    | T1      | RM  |
| <i>otic care otic solution 5.4-1.4-0.0097 %</i>                                    |       | T3      | RM  |
| <i>pramoxine-hc-chloroxylenol aq otic solution 10-10-1 mg/ml</i>                   |       | T1      | RM  |
| <b>*otic combinations**-*otic steroid-anti-infective combinations***</b>           |       |         |   |
| <b>CIPRO HC OTIC SUSPENSION 0.2-1 %</b>  | T2    |         | RM  |

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|--|-------|---------|--|
| CIPRODEX OTIC SUSPENSION 0.3-0.1 %   | T2    |         | RM; AI (Max #22.5 Mail Order); QL (7.5 ML per 30 Days) |
| CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML  | T3    |         | RM   |
| <i>neomycin-polymyxin-hc otic solution 3.5-10000-1</i>   |       | T1      | RM   |
| <i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>   |       | T1      | RM   |
| <b>*otic steroids**-*otic steroids***</b>  |       |         |  |
| ACETASOL HC OTIC SOLUTION<br>(Hydrocortisone-Acetic Acid) 2-1 %  | T3    | T2      | RM   |
| DERMOTIC OTIC OIL (Fluocinolone Acetonide) 0.01 %  | T3    | T1      | RM; AI (Max #120 Mail Order); QL (40 ML per 30 Days)   |
| <b>*Oxytocics*</b>   |       |         |  |
| <b>*oxytocics**-*oxytocics***</b>  |       |         |  |
| <i>methylergonovine maleate oral tablet 0.2 mg</i>   |       | T1      | RM   |
| <b>*Passive Immunizing Agents*</b>   |       |         |  |
| <b>*immune serums**-*immune serums***</b>  |       |         |  |
| BIVIGAM INTRAVENOUS* SOLUTION 10 GM/100ML, 5 GM/50ML   | SP    |         | PA; SP   |
| CARIMUNE NF INTRAVENOUS* SOLUTION RECONSTITUTED 12 GM, 3 GM, 6 GM  | SP    |         | PA; SP   |
| CYTOGAM INTRAVENOUS* INJECTABLE 50 MG/ML   | SP    |         | SP   |
| FLEBOGAMMA DIF INTRAVENOUS* SOLUTION 0.5 GM/10ML   | SP    |         | PA; ST; SP   |
| FLEBOGAMMA DIF INTRAVENOUS* SOLUTION 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML | SP    |         | PA; SP   |
| FLEBOGAMMA DIF INTRAVENOUS* SOLUTION 20 GM/200ML   | SP    |         | PA; ST; RM   |
| FLEBOGAMMA INTRAVENOUS* SOLUTION 0.5 GM/10ML   | SP    |         | PA; SP   |
| GAMASTAN S/D INTRAMUSCULAR* INJECTABLE   | SP    |         | PA; SP   |
| GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML          | SP    |         | PA; SP   |
| GAMMAGARD S/D INTRAVENOUS* SOLUTION RECONSTITUTED 10 GM, 2.5 GM, 5 GM  | SP    |         | PA; SP   |
| GAMMAGARD S/D LESS IGA INTRAVENOUS* SOLUTION RECONSTITUTED 10 GM, 5 GM   | SP    |         | PA; SP   |
| GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 5 GM/50ML                        | SP    |         | PA; SP   |
| GAMMAPLEX INTRAVENOUS* SOLUTION 10 GM/200ML  | SP    |         | PA; ST; SP   |
| GAMMAPLEX INTRAVENOUS* SOLUTION 2.5 GM/50ML, 5 GM/100ML  | SP    |         | PA; SP   |

| Drug Name   | Brand | Generic | Additional Information |
|---|-------|---------|------------------------|
| <b>GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 5 GM/50ML</b>         | SP    |         | PA; RM                 |
| <b>HIZENTRA 20% SUBCUTANEOUS* SOLUTION 1 GM/5ML, 2 GM/10ML, 4 GM/20ML</b>                               | SP    |         | PA; SP                 |
| <b>OCTAGAM INTRAVENOUS* SOLUTION 1 GM/20ML, 10 GM/200ML, 2.5 GM/50ML, 25 GM/500ML, 5 GM/100ML</b>       | SP    |         | PA; SP                 |
| <b>PRIVIGEN INTRAVENOUS* SOLUTION 10 GM/100ML</b>   | SP    |         | PA; RM                 |
| <b>PRIVIGEN INTRAVENOUS* SOLUTION 20 GM/200ML</b>   | MB    |         | PA; ST; RM             |
| <b>WINRHO SDF INJECTION SOLUTION 1500 UNIT/1.3ML, 15000 UNIT/13ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML</b> | SP    |         | SP                     |
| <b>*monoclonal antibodies**-*antiviral monoclonal antibodies***</b>                                     |       |         |                        |
| <b>SYNAGIS INTRAMUSCULAR* SOLUTION 100 MG/ML, 50 MG/0.5ML</b>   | SP    |         | PA; SP                 |
| <b>*Penicillins*</b>  |       |         |                        |
| <b>*aminopenicillins**-*aminopenicillins***</b>   |       |         |                        |
| <i>amoxicillin oral capsule 250 mg, 500 mg</i>  |       | T1      | RM                     |
| <i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>         |       | T1      | RM                     |
| <i>amoxicillin oral tablet 500 mg, 875 mg</i>   |       | T1      | RM                     |
| <i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>  |       | T1      | RM                     |
| <i>ampicillin oral capsule 250 mg, 500 mg</i>   |       | T1      | RM                     |
| <i>ampicillin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>                                  |       | T1      | RM                     |
| <i>ampicillin sodium injection solution reconstituted 125 mg</i>  |       | MB      | RM                     |
| <i>ampicillin sodium intravenous* solution reconstituted 10 gm</i>                                      |       | MB      | RM                     |
| <b>MOXATAG ORAL TABLET EXTENDED RELEASE 24 HR* (Amoxicillin ER) 775 MG</b>                              | T3    | T3      | RM                     |
| <b>*natural penicillins**-*natural penicillins***</b>   |       |         |                        |
| <i>penicillin g pot in dextrose intravenous* solution 40000 unit/ml, 60000 unit/ml</i>                  |       | MB      | RM                     |
| <i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>                        |       | T1      | RM                     |
| <i>penicillin v potassium oral tablet 250 mg, 500 mg</i>  |       | T1      | RM                     |
| <b>PFIZERPEN-G INJECTION SOLUTION RECONSTITUTED 20000000 UNIT</b>                                       | MB    |         | RM                     |
| <b>PFIZERPEN-G INJECTION SOLUTION RECONSTITUTED (Penicillin G Potassium) 5000000 UNIT</b>               | MB    | MB      | RM                     |

| Drug Name   | Brand | Generic | Additional Information                                  |
|---|-------|---------|---|
| <b>*penicillin combinations**-*penicillin combinations***</b>   |       |         |   |
| <i>amoxicillin-pot clavulanate er oral tablet extended release 12 hr* 1000-62.5 mg</i>  |       | T3      | RM  |
| <i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i> |       | T1      | RM  |
| <i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>   |       | T1      | RM  |
| <i>amoxicillin-pot clavulanate oral tablet chewable 400-57 mg</i>   |       | T2      | RM  |
| <i>ampicillin-sulbactam sodium intravenous* solution reconstituted 15 (10-5) gm</i>   |       | MB      | RM  |
| <b>AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML</b>   | T3    |         | RM  |
| <b>BICILLIN C-R 900/300 INTRAMUSCULAR* SUSPENSION 900000-300000 UNIT/2ML</b>  | MB    |         | RM  |
| <b>BICILLIN C-R INTRAMUSCULAR* SUSPENSION 1200000 UNIT/2ML</b>  | MB    |         | RM  |
| <i>piperacillin sod-tazobactam so intravenous* solution reconstituted 36-4.5 gm</i>   |       | MB      | RM  |
| <b>TIMENTIN INTRAVENOUS* SOLUTION RECONSTITUTED 31 GM</b>   | MB    |         | RM  |
| <b>ZOSYN INTRAVENOUS* SOLUTION 3-0.375 GM/50ML, 4-0.5 GM/100ML</b>  | MB    |         | RM  |
| <b>ZOSYN INTRAVENOUS* SOLUTION RECONSTITUTED (Piperacillin Sod-Tazobactam So) 2-0.25 GM</b>                                       | MB    | MB      | RM  |
| <b>*penicillinase-resistant penicillins**-*penicillinase-resistant penicillins***</b>   |       |         |   |
| <i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>   |       | T1      | RM  |
| <i>nafcillin sodium injection solution reconstituted 1 gm</i>   |       | MB      | RM  |
| <i>nafcillin sodium intravenous* solution reconstituted 2 gm</i>  |       | MB      | RM  |
| <b>NALLPEN IN DEXTROSE INTRAVENOUS* SOLUTION 2 GM/100ML</b>   | MB    |         | RM  |
| <i>oxacillin sodium injection solution reconstituted 10 gm</i>  |       | MB      | RM  |
| <b>*Progestins*</b>   |       |         |   |
| <b>*progestins**-*progestins***</b>   |       |         |   |
| <b>MAKENA INTRAMUSCULAR* OIL 250 MG/ML</b>  | SP    |         | SP  |
| <i>medroxyprogesterone acetate oral tablet 10 mg</i>  |       | T2      | RM  |
| <i>medroxyprogesterone acetate oral tablet 2.5 mg, 5 mg</i>   |       | T1      | RM  |
| <b>MEGACE ES ORAL SUSPENSION 625 MG/5ML</b>   | T3    |         | RM; AI (Max #450ml Mail Order); QL (150 ML per 30 Days) |
| <i>norethindrone acetate oral tablet 5 mg</i>   |       | T1      | RM; F   |
| <i>progesterone intramuscular* oil 50 mg/ml</i>   |       | T3      | RM; F   |
| <i>progesterone micronized oral capsule 100 mg, 200 mg</i>  |       | T1      | RM; F   |

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| Drug Name   | Brand | Generic | Additional Information   |
|---|-------|---------|--|
| <b>*Psychotherapeutic And Neurological Agents - Misc.*</b>  |       |         |  |
| <b>*agents for chemical dependency**-*alcohol deterrents***</b>   |       |         |  |
| <i>acamprosate calcium oral tablet delayed release 333 mg</i>   |       | T1      | RM; QL (6 EA per 1 day)  |
| <b>ANTABUSE ORAL TABLET 250 MG, 500 MG</b>  | T3    |         | PA; ST; RM   |
| <b>CAMPRAL ORAL TABLET DELAYED RELEASE 333 MG</b>   | T3    |         | RM; AI ( ); QL (6 EA per 1 Day)  |
| <i>disulfiram oral tablet 250 mg, 500 mg</i>  |       | T1      | RM   |
| <b>*anti-cataplectic agents**-*anti-cataplectic agents***</b>   |       |         |  |
| <b>XYREM ORAL SOLUTION 500 MG/ML</b>  | SP    |         | PA; R; QL (540 ML Max Qty Per Fill Retail); AL (Min 18 Years and Max 65 Years) |
| <b>*antidementia agents**-*cholinomimetics - ache inhibitors***</b>                                       |       |         |  |
| <i>donepezil hcl oral tablet 10 mg, 5 mg</i>  |       | T1      | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)                               |
| <i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>  |       | T1      | RM   |
| <b>EXELON TRANSDERMAL PATCH 24 HR 13.3 MG/24HR, 4.6 MG/24HR, 9.5 MG/24HR</b>                              | T3    |         | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 18 Years)            |
| <i>galantamine hydrobromide oral tablet 12 mg, 8 mg</i>   |       | T2      | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)                              |
| <i>galantamine hydrobromide oral tablet 4 mg</i>  |       | T2      | RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day)                              |
| <b>RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR (Galantamine Hydrobromide ER) 16 MG, 24 MG, 8 MG</b> | T3    | T3      | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 18 Years)            |
| <b>RAZADYNE ORAL SOLUTION 4 MG/ML</b>   | SP    |         | RM   |
| <i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg</i>  |       | T3      | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)                              |
| <i>rivastigmine tartrate oral capsule 4.5 mg, 6 mg</i>  |       | T3      | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Copay)                            |
| <b>*antidementia agents**-*n-methyl-d-aspartate (nmda) receptor antagonists***</b>                        |       |         |  |
| <b>NAMENDA ORAL SOLUTION 10 MG/5ML</b>  | T3    |         | RM; AI (Max #1080 Mail Order); QL (360 ML per 30 Days); AL (Min 12 Years)      |
| <b>NAMENDA ORAL TABLET 10 MG</b>  | T3    |         | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)                              |
| <b>NAMENDA ORAL TABLET 5 MG</b>   | T3    |         | RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day)                              |
| <b>NAMENDA TITRATION PAK ORAL TABLET 5 (28)-10 (21) MG</b>  | T3    |         | RM   |
| <b>NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG</b>                         | T3    |         | RM   |

| Drug Name   | Brand | Generic | Additional Information   |
|---|-------|---------|--|
| NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7 & 14 & 21 & 28 MG | T3    |         | RM   |
| <b>*combination psychotherapeutics**-*phenothiazines &amp; tricyclic agents***</b>  |       |         |  |
| <i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg</i>                      |       | T2      | RM   |
| <b>*combination psychotherapeutics**-*thienbenzodiazepines &amp; ssris***</b>       |       |         |  |
| <i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-50 mg</i>  |       | T3      | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)   |
| <i>olanzapine-fluoxetine hcl oral capsule 6-25 mg</i>                               |       | T3      | RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day)  |
| <b>*fibromyalgia agents**-*fibromyalgia agent - snris***</b>                        |       |         |  |
| SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG                                   | T2    |         | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day); AL (Min 16 Years)                       |
| SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG                                       | T2    |         | RM; AI (Max #1 Titration Pack retail or mail); QL (1 EA per 1 Lifetime); AL (Min 16 Years) |
| <b>*movement disorder drug therapy**-*movement disorder drug therapy***</b>         |       |         |  |
| XENAZINE ORAL TABLET 12.5 MG, 25 MG   | SP    |         | SP   |
| <b>*multiple sclerosis agents**-*ms agents - pyrimidine synthesis inhibitors***</b> |       |         |  |
| AUBAGIO ORAL TABLET 14 MG, 7 MG   | SP    |         | PA; ST; RM   |
| <b>*multiple sclerosis agents**-*multiple sclerosis agents - interferons***</b>     |       |         |  |
| AVONEX INTRAMUSCULAR* KIT 30 MCG  | SP    |         | PA; SP   |
| AVONEX PEN INTRAMUSCULAR* KIT 30 MCG/0.5ML  | SP    |         | PA; SP   |
| AVONEX PREFILLED INTRAMUSCULAR* KIT 30 MCG/0.5ML                                    | SP    |         | PA; SP   |
| BETASERON SUBCUTANEOUS* KIT 0.3 MG  | MB    |         | PA; RM   |
| EXTAVIA SUBCUTANEOUS* KIT 0.3 MG  | SP    |         | PA; RM   |
| REBIF REBIDOSE SUBCUTANEOUS* SOLUTION 22 MCG/0.5ML, 44 MCG/0.5ML                    | SP    |         | PA; SP   |
| REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS* SOLUTION 6X8.8 & 6X22 MCG               | SP    |         | PA; SP   |
| REBIF SUBCUTANEOUS* SOLUTION 22 MCG/0.5ML, 44 MCG/0.5ML                             | SP    |         | PA; SP   |
| REBIF TITRATION PACK SUBCUTANEOUS* SOLUTION 6X8.8 & 6X22 MCG                        | SP    |         | PA; SP   |



| Drug Name   | Brand | Generic | Additional Information   |
|---|-------|---------|--|
| <b>*multiple sclerosis agents**-*multiple sclerosis agents - monoclonal antibodies***</b>                         |       |         |  |
| <b>TYSABRI INTRAVENOUS* CONCENTRATE 300 MG/15ML</b>   | SP    |         | PA; SP   |
| <b>*multiple sclerosis agents**-*multiple sclerosis agents - nrf2 pathway activators***</b>                       |       |         |  |
| <b>TECFIDERA ORAL 120 &amp; 240 MG</b>  | SP    |         | SP   |
| <b>TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG</b>  | SP    |         | SP   |
| <b>*multiple sclerosis agents**-*multiple sclerosis agents - potassium channel blockers***</b>                    |       |         |  |
| <b>AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR* 10 MG</b>   | SP    |         | PA; SP; AI (Max #180 Mail Order); QL (2 EA per 1 Day); AL (Min 18 Years)     |
| <b>*multiple sclerosis agents**-*multiple sclerosis agents***</b>   |       |         |  |
| <b>COPAXONE SUBCUTANEOUS* 40 MG/ML</b>  | SP    |         | PA; SP   |
| <b>COPAXONE SUBCUTANEOUS* KIT 20 MG/ML</b>  | SP    |         | PA; RM   |
| <b>*multiple sclerosis agents**-*sphingosine 1-phosphate (s1p) receptor modulators***</b>                         |       |         |  |
| <b>GILENYA ORAL CAPSULE 0.5 MG</b>  | SP    |         | PA; SP   |
| <b>*postherpetic neuralgia (phn) agents**-*postherpetic neuralgia (phn) agents***</b>                             |       |         |  |
| <b>GRALISE ORAL TABLET 300 MG, 600 MG</b>   | T3    |         | PA; ST; RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day); AL (Min 18 Years) |
| <b>*premenstrual dysphoric disorder (pmdd) agents**-*premenstrual dysphoric disorder (pmdd) agents - ssris***</b> |       |         |  |
| <i>fluoxetine hcl (pmdd) oral capsule 10 mg, 20 mg</i>  |       | T1      | RM   |
| <b>*pseudobulbar affect (pba) agents**-*pseudobulbar affect agent combinations***</b>                             |       |         |  |
| <b>NUEDEXTA ORAL CAPSULE 20-10 MG</b>   | SP    |         | PA; SP   |
| <b>*psychotherapeutic and neurological agents - misc.**-*psychotherapeutic and neurological agents - misc.***</b> |       |         |  |
| <i>ergoloid mesylates oral tablet 1 mg</i>  |       | T1      | PA; RM   |
| <b>ORAP ORAL TABLET 1 MG, 2 MG</b>  | T3    |         | RM   |
| <b>*smoking deterrents**-*smoking deterrents***</b>   |       |         |  |
| <b>BUPROBAN ORAL TABLET EXTENDED RELEASE 12 HR* (BuPROPion HCl ER (Smoking Det)) 150 MG</b>                       | \$0   | \$0     | RM; QL (2 EA per 1 Day); AL (Min 18 Years)                                   |
| <b>CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG</b>  | \$0   |         | RM; QL (2 EA per 1 Day); AL (Min 18 Years)                                   |
| <b>CHANTIX ORAL TABLET 0.5 MG, 1 MG</b>   | \$0   |         | RM; QL (2 EA per 1 Day); AL (Min 18 Years)                                   |
| <b>CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 &amp; 1 MG X 42</b>   | \$0   |         | RM; AL (Min 18 Years)  |

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| <b>Drug Name</b>  | <b>Brand</b> | <b>Generic</b> | <b>Additional Information</b> |
|---|--------------|----------------|-------------------------------|
| <b>COMMIT MOUTH/THROAT LOZENGE</b> ( <i>Nicotine Polacrilex</i> ) <b>2 MG</b>                           | \$0          | \$0            | RM; AL (Min 18 Years)         |
| <i>cvs nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>  |              | \$0            | RM; AL (Min 18 Years)         |
| <i>cvs nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>  |              | \$0            | RM; AL (Min 18 Years)         |
| <i>cvs nicotine transdermal patch 24 hr 14 mg/24hr, 7 mg/24hr</i>                                       |              | \$0            | RM; AL (Min 18 Years)         |
| <i>cvs nts step 1 transdermal patch 24 hr 21 mg/24hr</i>  |              | \$0            | RM; AL (Min 18 Years)         |
| <i>eq nicotine mouth/throat gum 4 mg</i>  |              | \$0            | RM; AL (Min 18 Years)         |
| <i>eq nicotine mouth/throat lozenge 4 mg</i>  |              | \$0            | RM; AL (Min 18 Years)         |
| <i>eq nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>   |              | \$0            | RM; AL (Min 18 Years)         |
| <i>eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>   |              | \$0            | RM; AL (Min 18 Years)         |
| <i>eq nicotine step 3 transdermal patch 24 hr 7 mg/24hr</i>   |              | \$0            | RM; AL (Min 18 Years)         |
| <i>eq nicotine transdermal patch 24 hr 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>                            |              | \$0            | RM; AL (Min 18 Years)         |
| <i>eql nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>  |              | \$0            | RM; AL (Min 18 Years)         |
| <i>eql nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>  |              | \$0            | RM; AL (Min 18 Years)         |
| <i>eql nicotine transdermal patch 24 hr 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>                           |              | \$0            | RM; AL (Min 18 Years)         |
| <i>gnp nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>  |              | \$0            | RM; AL (Min 18 Years)         |
| <i>gnp nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>  |              | \$0            | RM; AL (Min 18 Years)         |
| <i>hm nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>   |              | \$0            | RM; AL (Min 18 Years)         |
| <i>hm nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>   |              | \$0            | RM; AL (Min 18 Years)         |
| <i>hm nicotine transdermal patch 24 hr 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>                            |              | \$0            | RM; AL (Min 18 Years)         |
| <b>KLS QUIT2 MOUTH/THROAT GUM</b> ( <i>Nicotine Polacrilex</i> ) <b>2 MG</b>                            | \$0          | \$0            | RM; AL (Min 18 Years)         |
| <b>KLS QUIT2 MOUTH/THROAT LOZENGE</b> ( <i>Nicotine Polacrilex</i> ) <b>2 MG</b>                        | \$0          | \$0            | RM; AL (Min 18 Years)         |
| <b>KLS QUIT4 MOUTH/THROAT GUM</b> ( <i>Nicotine Polacrilex</i> ) <b>4 MG</b>                            | \$0          | \$0            | RM; AL (Min 18 Years)         |
| <b>NICODERM CQ TRANSDERMAL PATCH 24 HR</b> ( <i>Nicotine</i> ) <b>14 MG/24HR, 21 MG/24HR, 7 MG/24HR</b> | \$0          | \$0            | RM; AL (Min 18 Years)         |
| <b>NICORELIEF MOUTH/THROAT GUM</b> ( <i>Nicotine Polacrilex</i> ) <b>2 MG, 4 MG</b>                     | \$0          | \$0            | RM; AL (Min 18 Years)         |
| <b>NICORETTE MINI MOUTH/THROAT LOZENGE</b> ( <i>Nicotine Polacrilex</i> ) <b>2 MG, 4 MG</b>             | \$0          | \$0            | RM; AL (Min 18 Years)         |
| <b>NICORETTE MOUTH/THROAT GUM</b> ( <i>Nicotine Polacrilex</i> ) <b>2 MG, 4 MG</b>                      | \$0          | \$0            | RM; AL (Min 18 Years)         |
| <b>NICORETTE MOUTH/THROAT LOZENGE</b> ( <i>Nicotine Polacrilex</i> ) <b>2 MG, 4 MG</b>                  | \$0          | \$0            | RM; AL (Min 18 Years)         |
| <b>NICORETTE STARTER KIT MOUTH/THROAT GUM</b> ( <i>Nicotine Polacrilex</i> ) <b>2 MG, 4 MG</b>          | \$0          | \$0            | RM; AL (Min 18 Years)         |

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| <b>Drug Name</b>   | <b>Brand</b> | <b>Generic</b> | <b>Additional Information</b>              |
|--|--------------|----------------|--|
| <i>nicotine step 1 transdermal patch 24 hr 21 mg/24hr</i>                                |              | \$0            | RM; AL (Min 18 Years)                      |
| <i>nicotine step 2 transdermal patch 24 hr 14 mg/24hr</i>                                |              | \$0            | RM; AL (Min 18 Years)                      |
| <i>nicotine step 3 transdermal patch 24 hr 7 mg/24hr</i>                                 |              | \$0            | RM; AL (Min 18 Years)                      |
| <i>nicotine transdermal kit 21-14-7 mg/24hr</i>  |              | \$0            | RM; AL (Min 18 Years)                      |
| <b>NICOTROL INHALATION INHALER 10 MG</b>   | \$0          |                | RM; AL (Min 18 Years)                      |
| <b>NICOTROL NS NASAL SOLUTION 10 MG/ML</b>   | \$0          |                | RM; QL (4 ML per 1 Day); AL (Min 18 Years) |
| <i>px stop smoking aid mouth/throat gum 2 mg, 4 mg</i>                                   |              | \$0            | RM; AL (Min 18 Years)                      |
| <i>px stop smoking aid mouth/throat lozenge 2 mg, 4 mg</i>                               |              | \$0            | RM; AL (Min 18 Years)                      |
| <i>ra mini nicotine mouth/throat lozenge 2 mg, 4 mg</i>                                  |              | \$0            | RM; AL (Min 18 Years)                      |
| <i>ra nicotine mouth/throat gum 2 mg, 4 mg</i>   |              | \$0            | RM; AL (Min 18 Years)                      |
| <i>ra nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>                                |              | \$0            | RM; AL (Min 18 Years)                      |
| <i>ra nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>                            |              | \$0            | RM; AL (Min 18 Years)                      |
| <i>ra nicotine transdermal patch 24 hr 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>             |              | \$0            | RM; AL (Min 18 Years)                      |
| <i>sm nicotine mouth/throat gum 4 mg</i>   |              | \$0            | RM; AL (Min 18 Years)                      |
| <i>sm nicotine mouth/throat lozenge 2 mg</i>   |              | \$0            | RM; AL (Min 18 Years)                      |
| <i>sm nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>                                |              | \$0            | RM; AL (Min 18 Years)                      |
| <i>sm nicotine polacrilex mouth/throat lozenge 4 mg</i>                                  |              | \$0            | RM; AL (Min 18 Years)                      |
| <i>sm nicotine transdermal patch 24 hr 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>             |              | \$0            | RM; AL (Min 18 Years)                      |
| <i>sw nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>                                |              | \$0            | RM; AL (Min 18 Years)                      |
| <i>sw nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>                            |              | \$0            | RM; AL (Min 18 Years)                      |
| <i>tgt nicotine mouth/throat gum 2 mg, 4 mg</i>  |              | \$0            | RM; AL (Min 18 Years)                      |
| <i>tgt nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>                               |              | \$0            | RM; AL (Min 18 Years)                      |
| <i>tgt nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>                           |              | \$0            | RM; AL (Min 18 Years)                      |
| <i>tgt nicotine step one transdermal patch 24 hr 21 mg/24hr</i>                          |              | \$0            | RM; AL (Min 18 Years)                      |
| <i>tgt nicotine step three transdermal patch 24 hr 7 mg/24hr</i>                         |              | \$0            | RM; AL (Min 18 Years)                      |
| <i>tgt nicotine step two transdermal patch 24 hr 14 mg/24hr</i>                          |              | \$0            | RM; AL (Min 18 Years)                      |
| <b>THRIVE MOUTH/THROAT GUM (Nicotine Polacrilex) 2 MG, 4 MG</b>                          | \$0          | \$0            | RM; AL (Min 18 Years)                      |
| <b>ZYBAN ORAL TABLET EXTENDED RELEASE 12 HR* (BuPROPion HCl ER (Smoking Det)) 150 MG</b> | \$0          | \$0            | RM; QL (2 EA per 1 Day); AL (Min 18 Years) |
| <b>*vasomotor symptom agents**-*vasomotor symptom agents - ssris***</b>                  |              |                |  |
| <b>BRISDELLE ORAL CAPSULE 7.5 MG</b>   | T3           |                | PA; RM                                     |

| Drug Name   | Brand | Generic | Additional Information                                  |
|---|-------|---------|---|
| <b>*Respiratory Agents - Misc.*</b>   |       |         |   |
| <b>*alpha-proteinase inhibitor (human)**-*alpha-proteinase inhibitor (human)***</b> |       |         |   |
| ARALAST NP INTRAVENOUS* SOLUTION RECONSTITUTED 1000 MG, 400 MG, 500 MG, 800 MG      | SP    |         | SP  |
| GLASSIA INTRAVENOUS* SOLUTION 1000 MG/50ML  | SP    |         | PA; ST; SP  |
| PROLASTIN-C INTRAVENOUS* SOLUTION RECONSTITUTED 1000 MG                             | SP    |         | SP  |
| ZEMAIRA INTRAVENOUS* SOLUTION RECONSTITUTED 1000 MG                                 | SP    |         | SP  |
| <b>*cystic fibrosis agents**-*cftr potentiators***</b>                              |       |         |   |
| KALYDECO ORAL TABLET 150 MG   | SP    |         | PA; SP; QL (2 EA per 1 Day); AL (Min 6 Years)           |
| <b>*cystic fibrosis agents**-*hydrolytic enzymes***</b>                             |       |         |   |
| PULMOZYME INHALATION SOLUTION 1 MG/ML   | SP    |         | SP; AI (Max #540ml Mail Order); QL (180 ML per 30 Days) |
| <b>*respiratory agents - misc.**-*respiratory agents - misc.***</b>                 |       |         |   |
| INFASURF INHALATION SUSPENSION 35-0.9 MG/ML-%                                       | T1    |         | RM  |
| SURVANTA INHALATION SUSPENSION 25-0.9 MG/ML-%                                       | MB    |         | PA; ST; RM  |
| <b>*Sulfonamides*</b>   |       |         |   |
| <b>*sulfonamides**-*sulfonamides***</b>   |       |         |   |
| <i>sulfadiazine oral tablet 500 mg</i>  |       | T3      | RM  |
| <b>*Tetracyclines*</b>  |       |         |   |
| <b>*tetracyclines**-*tetracyclines***</b>   |       |         |   |
| <i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>                                |       | T3      | RM  |
| <i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>                               |       | T1      | RM  |
| <i>doxycycline hyclate oral tablet 100 mg</i>                                       |       | T2      | RM  |
| <i>doxycycline hyclate oral tablet 20 mg</i>  |       | T2      | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)       |
| <i>doxycycline hyclate oral tablet delayed release 100 mg</i>                       |       | T2      | RM; QL (2 EA per 1 Day)                                 |
| <i>doxycycline hyclate oral tablet delayed release 150 mg, 75 mg</i>                |       | T2      | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)       |
| <i>doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg</i>            |       | T2      | RM  |
| <i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>              |       | T1      | RM  |
| <i>doxycycline monohydrate oral tablet 100 mg</i>                                   |       | T2      | RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day)       |
| <i>doxycycline monohydrate oral tablet 150 mg</i>                                   |       | T2      | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)       |

| Drug Name  | Brand | Generic | Additional Information  |
|--|-------|---------|---|
| <i>doxycycline monohydrate oral tablet 50 mg, 75 mg</i>  |       | T2      | RM; AI (Max #360 Mail Order); QL (4 EA per 1 Day)                   |
| <b>MINOCIN ORAL CAPSULE (Minocycline HCl) 100 MG, 75 MG</b>  | T3    | T2      | RM  |
| <i>minocycline hcl er oral tablet extended release 24 hr* 135 mg, 45 mg, 90 mg</i>   |       | T3      | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 12 Years) |
| <i>minocycline hcl oral capsule 50 mg</i>  |       | T2      | RM  |
| <i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>  |       | T3      | RM  |
| <i>tetracycline hcl oral capsule 250 mg, 500 mg</i>  |       | T1      | RM  |
| <b>VIBRAMYCIN ORAL SYRUP 50 MG/5ML</b>   | T3    |         | RM  |
| <b>*Thyroid Agents*</b>  |       |         |   |
| <b>*antithyroid agents**-*antithyroid agents***</b>  |       |         |   |
| <i>propylthiouracil oral tablet 50 mg</i>  |       | T1      | RM  |
| <b>TAPAZOLE ORAL TABLET (Methimazole) 10 MG, 5 MG</b>  | T3    | T1      | RM  |
| <b>**thyroid hormones**-*thyroid hormones***</b>   |       |         |   |
| <b>ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG</b>  | T1    |         | RM  |
| <b>ARMOUR THYROID ORAL TABLET (NP Thyroid) 30 MG, 60 MG, 90 MG</b>   | T1    | T1      | RM  |
| <b>CYTOMEL ORAL TABLET (Liothyronine Sodium) 25 MCG, 5 MCG, 50 MCG</b>   | T3    | T2      | RM  |
| <i>levothyroxine sodium intravenous* solution reconstituted 100 mcg, 500 mcg</i>   |       | MB      | RM  |
| <b>LEVOXYL ORAL TABLET (Levothyroxine Sodium) 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG</b>            | T1    | T1      | RM  |
| <b>NATURE-THROID ORAL TABLET 113.75 MG, 130 MG, 16.25 MG, 162.5 MG, 195 MG, 32.5 MG, 325 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG</b>                        | T1    |         | RM  |
| <b>SYNTHROID ORAL TABLET (Levothyroxine Sodium) 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG</b> | T2    | T1      | RM  |
| <b>THYROLAR-1 ORAL TABLET 60 (12.5-50) MG (MCG)</b>  | T3    |         | RM  |
| <b>THYROLAR-1/2 ORAL TABLET 30 (6.25-25) MG (MCG)</b>  | T3    |         | RM  |
| <b>THYROLAR-1/4 ORAL TABLET 15 (3.1-12.5) MG (MCG)</b>   | T3    |         | RM  |
| <b>THYROLAR-2 ORAL TABLET 120 (25-100) MG (MCG)</b>  | T3    |         | RM  |
| <b>THYROLAR-3 ORAL TABLET 180 (37.5-150) MG (MCG)</b>  | T3    |         | RM  |
| <b>TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG</b>   | T2    |         | RM  |

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| Drug Name   | Brand | Generic | Additional Information |
|---|-------|---------|------------------------|
| <b>TRIOSTAT INTRAVENOUS* SOLUTION</b><br><i>(Liothyronine Sodium) 10 MCG/ML</i>   | MB    | MB      | RM                     |
| <b>UNITHROID DIRECT ORAL TABLET</b> <i>(Levothyroxine Sodium) 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG</i> | T1    | T1      | RM                     |
| <b>UNITHROID ORAL TABLET</b> <i>(Levothyroxine Sodium) 100 MCG, 112 MCG, 125 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG</i>                 | T1    | T1      | RM                     |
| <b>UNITHROID ORAL TABLET</b> <i>(Levothyroxine Sodium) 150 MCG</i>  | T2    | T1      | RM                     |
| <b>WESTHROID ORAL TABLET</b> 113.75 MG, 130 MG, 16.25 MG, 162.5 MG, 195 MG, 32.5 MG, 325 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG                                 | T1    |         | RM                     |
| <b>WP THYROID ORAL TABLET</b> 113.75 MG, 130 MG, 16.25 MG, 32.5 MG, 48.75 MG, 65 MG, 97.5 MG  | T1    |         | RM                     |
| <b>*Toxoids*</b>  |       |         |                        |
| <b>**toxoid combinations**-*toxoid combinations***</b>  |       |         |                        |
| <b>ADACEL INTRAMUSCULAR* SUSPENSION</b><br>5-2-15.5 LF-MCG/0.5  | \$0   |         | RM                     |
| <b>BOOSTRIX INTRAMUSCULAR* SUSPENSION</b><br>5-2.5-18.5   | \$0   |         | RM                     |
| <i>diphtheria-tetanus toxoids dt intramuscular* suspension 25-5 lfu/0.5ml</i>   |       | \$0     | RM                     |
| <b>INFANRIX INTRAMUSCULAR* SUSPENSION</b><br>25-58-10   | \$0   |         | RM                     |
| <b>KINRIX INTRAMUSCULAR* SUSPENSION</b>   | \$0   |         | RM                     |
| <b>PEDIARIX INTRAMUSCULAR* SUSPENSION</b>   | \$0   |         | RM                     |
| <i>tetanus-diphtheria toxoids td intramuscular* suspension 2-2 lf/0.5ml</i>   |       | \$0     | RM                     |
| <b>*Ulcer Drugs*</b>  |       |         |                        |
| <b>*antispasmodics**-*anticholinergic combinations***</b>   |       |         |                        |
| <i>belladonna alkaloids-opium suppository 16.2-60 mg</i>  |       | T3      | RM                     |
| <i>belladonna-opium suppository 16.2-30 mg</i>  |       | T3      | RM                     |
| <i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>   |       | T1      | RM                     |
| <b>DONNATAL ORAL ELIXIR 16.2 MG/5ML</b>   | T3    |         | RM                     |
| <b>DONNATAL ORAL TABLET 16.2 MG</b>   | T3    |         | RM                     |
| <b>*antispasmodics**-*antispasmodics***</b>   |       |         |                        |
| <b>BENTYL INTRAMUSCULAR* SOLUTION 10 MG/ML</b>  | T3    |         | RM                     |
| <b>BENTYL ORAL CAPSULE</b> <i>(Dicyclomine HCl) 10 MG</i>   | T3    | T1      | RM                     |
| <b>BENTYL ORAL TABLET</b> <i>(Dicyclomine HCl) 20 MG</i>  | T3    | T1      | RM                     |
| <i>dicyclomine hcl oral solution 10 mg/5ml</i>  |       | T1      | RM                     |
| <b>*antispasmodics**-*belladonna alkaloids***</b>   |       |         |                        |
| <i>atropine sulfate injection solution 0.05 mg/ml, 0.1 mg/ml</i>  |       | MB      | RM                     |

| Drug Name  | Brand | Generic | Additional Information                              |
|--|-------|---------|---|
| <i>ed-spaz oral tablet dispersible 0.125 mg</i>                              |       | T3      | RM; AI (Max #1080 Mail Order); QL (12 EA per 1 Day) |
| <b>HYOMAX-SL SUBLINGUAL TABLET SUBLINGUAL (Hyoscyamine Sulfate) 0.125 MG</b> | T1    | T1      | RM  |
| <i>hyoscyamine sulfate er oral tablet extended release 12 hr* 0.375 mg</i>   |       | T1      | RM  |
| <i>hyoscyamine sulfate oral solution 0.125 mg/ml</i>                         |       | T3      | RM  |
| <i>hyoscyamine sulfate oral tablet 0.125 mg</i>                              |       | T3      | RM  |
| <i>hyoscyamine sulfate oral tablet dispersible 0.125 mg</i>                  |       | T3      | RM; AI (Max #1080 Mail Order); QL (12 EA per 1 Day) |
| <i>hyosyne oral solution 0.125 mg/ml</i>                                     |       | T1      | RM  |
| <b>LEVSIN INJECTION SOLUTION 0.5 MG/ML</b>                                   | MB    |         | RM  |
| <i>oscimin oral tablet 0.125 mg</i>  |       | T3      | RM  |
| <i>oscimin oral tablet dispersible 0.125 mg</i>                              |       | T3      | RM; AI (Max #1080 Mail Order); QL (12 EA per 1 Day) |
| <i>oscimin sr oral tablet extended release 12 hr* 0.375 mg</i>               |       | T1      | RM  |
| <i>oscimin sublingual tablet sublingual 0.125 mg</i>                         |       | T1      | RM  |
| <i>scopolamine hbr injection solution 0.4 mg/ml</i>                          |       | MB      | RM  |
| <b>*antispasmodics**-*quaternary anticholinergics***</b>                     |       |         |   |
| <b>CANTIL ORAL TABLET 25 MG</b>  | T3    |         | RM  |
| <i>methscopolamine bromide oral tablet 2.5 mg</i>                            |       | T1      | RM; AI (Max #1080 Mail Order); QL (12 EA per 1 Day) |
| <b>PAMINE FORTE ORAL TABLET (Methscopolamine Bromide) 5 MG</b>               | T3    | T1      | RM  |
| <i>propantheline bromide oral tablet 15 mg</i>                               |       | T1      | RM  |
| <b>ROBINUL INJECTION SOLUTION (Glycopyrrolate) 0.2 MG/ML</b>                 | MB    | MB      | RM  |
| <b>ROBINUL ORAL TABLET (Glycopyrrolate) 1 MG</b>                             | T3    | T1      | RM  |
| <b>ROBINUL-FORTE ORAL TABLET (Glycopyrrolate) 2 MG</b>                       | T3    | T1      | RM  |
| <b>*h-2 antagonists**-*h-2 antagonists***</b>                                |       |         |   |
| <i>cimetidine hcl oral solution 300 mg/5ml</i>                               |       | T1      | RM  |
| <i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>                         |       | T1      | RM  |
| <i>famotidine oral suspension reconstituted 40 mg/5ml</i>                    |       | T1      | RM  |
| <i>famotidine oral tablet 20 mg, 40 mg</i>                                   |       | T1      | RM  |
| <i>nizatidine oral capsule 150 mg</i>  |       | T2      | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)   |
| <i>nizatidine oral capsule 300 mg</i>  |       | T2      | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)    |
| <i>nizatidine oral solution 15 mg/ml</i>                                     |       | T2      | RM  |
| <i>ranitidine hcl oral capsule 150 mg, 300 mg</i>                            |       | T1      | RM  |
| <i>ranitidine hcl oral syrup 15 mg/ml, 75 mg/5ml</i>                         |       | T1      | RM  |
| <i>ranitidine hcl oral tablet 300 mg</i>                                     |       | T1      | RM  |

| Drug Name  | Brand | Generic | Additional Information  |
|--|-------|---------|---|
| <b>*misc. anti-ulcer**-*misc. anti-ulcer***</b>                                  |       |         |   |
| <b>CARAFATE ORAL SUSPENSION 1 GM/10ML</b>  | T2    |         | RM  |
| <i>sucralfate oral tablet 1 gm</i>   |       | T1      | RM  |
| <b>*proton pump inhibitors**-*proton pump inhibitors***</b>                      |       |         |   |
| <b>ACIPHEX ORAL TABLET DELAYED RELEASE 20 MG</b>                                 | T3    |         | PA; ST; RM  |
| <b>DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG</b>                        | T3    |         | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)                            |
| <i>esomeprazole strontium oral capsule delayed release 49.3 mg</i>               |       | T3      | PA; RM; AI (Max #90 Mail Order); QL (1 EA per 1 day); AL (Min 16 Years)     |
| <b>FIRST-LANSOPRAZOLE ORAL SUSPENSION 3 MG/ML</b>                                | T2    |         | RM  |
| <b>FIRST-OMEPRAZOLE ORAL SUSPENSION 2 MG/ML</b>                                  | T2    |         | RM  |
| <i>lansoprazole oral capsule delayed release 15 mg</i>                           |       | T2      | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)                           |
| <i>lansoprazole oral capsule delayed release 30 mg</i>                           |       | T2      | RM  |
| <b>NEXIUM I.V. INTRAVENOUS* SOLUTION RECONSTITUTED 20 MG, 40 MG</b>              | MB    |         | RM  |
| <b>NEXIUM ORAL CAPSULE DELAYED RELEASE (Esomeprazole Magnesium) 20 MG, 40 MG</b> | T3    | T3      | PA; ST; RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)                   |
| <b>NEXIUM ORAL PACKET 10 MG, 20 MG, 40 MG</b>                                    | T3    |         | PA; ST; RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)                   |
| <i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>               |       | T1      | RM  |
| <b>OMEPRAZOLE+SYRSPEND SF ALKA ORAL SUSPENSION 2 MG/ML</b>                       | T2    |         | RM  |
| <i>pantoprazole sodium oral tablet delayed release 20 mg</i>                     |       | T1      | RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day)                           |
| <i>pantoprazole sodium oral tablet delayed release 40 mg</i>                     |       | T1      | RM; AI (Max #540 Mail Order); QL (6 EA per 1 Day)                           |
| <b>PREVACID 24HR ORAL CAPSULE DELAYED RELEASE 15 MG</b>                          | T3    |         | PA; RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)                       |
| <b>PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG</b>                               | T3    |         | PA; RM  |
| <b>PREVACID SOLUTAB ORAL TABLET DISPERSIBLE 15 MG</b>                            | T3    |         | PA; RM; AI (Covered at L3 without PA age 1 and under/); QL (1 EA per 1 Day) |
| <b>PREVACID SOLUTAB ORAL TABLET DISPERSIBLE 30 MG</b>                            | T3    |         | PA; RM; AI (Covered at L3 without PA age 1 and under/)                      |
| <b>PRILOSEC ORAL CAPSULE DELAYED RELEASE 10 MG, 20 MG, 40 MG</b>                 | T3    |         | PA; RM  |
| <b>PROTONIX ORAL TABLET DELAYED RELEASE 20 MG</b>                                | T3    |         | PA; RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day)                       |
| <b>PROTONIX ORAL TABLET DELAYED RELEASE 40 MG</b>                                | T3    |         | PA; RM; AI (Max #540 Mail Order); QL (6 EA per 1 Day)                       |



| Drug Name  | Brand | Generic | Additional Information  |
|--|-------|---------|---|
| <i>rabeprazole sodium oral tablet delayed release 20 mg</i>  |       | T1      | RM  |
| <b>*ulcer drugs - prostaglandins**-*ulcer drugs - prostaglandins***</b>                                |       |         |   |
| <b>CYTOTEC ORAL TABLET (Misoprostol) 100 MCG</b>   | T3    | T1      | RM  |
| <i>misoprostol oral tablet 200 mcg</i>   |       | T1      | RM  |
| <b>*ulcer therapy combinations**-*proton pump inhibitor-antacid combinations***</b>                    |       |         |   |
| <i>omeprazole-sodium bicarbonate oral capsule 40-1100 mg</i>   |       | T2      | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 18 Years)         |
| <b>ZEGERID ORAL CAPSULE 40-1100 MG</b>   | T3    |         | PA; RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 18 Years)     |
| <b>ZEGERID ORAL PACKET 20-1680 MG, 40-1680 MG</b>  | T3    |         | PA; ST; RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 18 Years) |
| <b>*ulcer therapy combinations**-*ulcer anti-infective w/ bismuth combinations***</b>                  |       |         |   |
| <b>HELIDAC ORAL</b>  | T3    |         | RM; AI (Max #1 box (#224) retail or 90 days); QL (1 EA per 30 Days)         |
| <b>*ulcer therapy combinations**-*ulcer anti-infective w/ proton pump inhibitors***</b>                |       |         |   |
| <b>OMECLAMOX-PAK ORAL 500-500-20 MG</b>  | T3    |         | RM  |
| <b>*Urinary Anti-Infectives*</b>   |       |         |   |
| <b>*urinary anti-infective combinations**-*methenamine combos***</b>                                   |       |         |   |
| <b>UROQID #2 ORAL TABLET 500-500 MG</b>  | T3    |         | RM  |
| <b>*urinary anti-infective combinations**-*urinary antiseptic-antispasmodic &amp;/or analgesics***</b> |       |         |   |
| <b>PHOSPHASAL ORAL TABLET (Urin DS) 81.6 MG</b>  | T2    | T2      | RM  |
| <i>ur n-c oral tablet 81.6 mg</i>  |       | T2      | RM  |
| <b>URELLE ORAL TABLET 81 MG</b>  | T3    |         | RM  |
| <b>UROGESIC-BLUE ORAL TABLET 81.6 MG</b>   | T3    |         | PA; ST; RM  |
| <b>USTELL ORAL CAPSULE (Uticap) 120 MG</b>   | T3    | T3      | RM  |
| <b>UTA ORAL CAPSULE 120 MG</b>   | T3    |         | RM  |
| <b>UTIRA-C ORAL TABLET (Urin DS) 81.6 MG</b>   | T2    | T2      | RM  |
| <b>UTRONA-C ORAL TABLET (Urin DS) 81.6 MG</b>  | T2    | T2      | RM  |
| <b>*urinary anti-infectives**-*urinary anti-infectives***</b>  |       |         |   |
| <b>MACRODANTIN ORAL CAPSULE 25 MG</b>  | T3    |         | RM  |
| <i>methenamine hippurate oral tablet 1 gm</i>  |       | T1      | RM  |
| <i>methenamine mandelate oral tablet 0.5 gm, 1 gm</i>  |       | T1      | RM  |
| <b>MONUROL ORAL PACKET 3 GM</b>  | T3    |         | RM  |
| <i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>  |       | T1      | RM  |
| <i>nitrofurantoin monohyd macro oral capsule 100 mg</i>  |       | T1      | RM  |
| <i>nitrofurantoin oral suspension 25 mg/5ml</i>  |       | T1      | RM  |

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| Drug Name  | Brand | Generic | Additional Information  |
|--|-------|---------|---|
| <b>*Urinary Antispasmodics*</b>  |       |         |   |
| <b>*urinary antispasmodic - antimuscarinics (anticholinergic)**-*urinary antispasmodic - antimuscarinic (anticholinergic)***</b> |       |         |   |
| <i>detrol la oral capsule extended release 24 hour 2 mg, 4 mg</i>  |       | T3      | RM  |
| <i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>  |       | T3      | RM  |
| <b>*urinary antispasmodics - beta-3 adrenergic agonists**-*urinary antispasmodics - beta-3 adrenergic agonists***</b>            |       |         |   |
| <b>MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR* 25 MG</b>   | T3    |         | PA; ST; RM  |
| <b>MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR* 50 MG</b>   | T3    |         | PA; RM  |
| <b>*urinary antispasmodics**-*urinary antispasmodics***</b>  |       |         |   |
| <i>bethanechol chloride oral tablet 10 mg, 25 mg, 50 mg</i>  |       | T1      | RM  |
| <b>DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG</b>  | T3    |         | RM  |
| <b>DETROL ORAL TABLET (Tolterodine Tartrate) 1 MG, 2 MG</b>  | T3    | T1      | RM  |
| <b>DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HR* (Oxybutynin Chloride ER) 15 MG</b>  | T3    | T2      | RM  |
| <b>ENABLEX ORAL TABLET EXTENDED RELEASE 24 HR* 15 MG, 7.5 MG</b>   | T3    |         | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 18 Years)         |
| <i>flavoxate hcl oral tablet 100 mg</i>  |       | T1      | RM  |
| <b>GELNIQUE TRANSDERMAL 10 %, 3 (28) % (MG/ACT)</b>  | T3    |         | PA; ST; RM  |
| <i>oxybutynin chloride er oral tablet extended release 24 hr* 10 mg, 5 mg</i>  |       | T2      | RM  |
| <i>oxybutynin chloride oral syrup 5 mg/5ml</i>   |       | T1      | RM  |
| <i>oxybutynin chloride oral tablet 5 mg</i>  |       | T1      | RM  |
| <b>OXYTROL TRANSDERMAL PATCH BIWEEKLY 3.9 MG/24HR</b>  | T3    |         | PA; ST; RM; AI (Max #24 Patches Mail Order); QL (8 EA per 30 Days)          |
| <b>TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR* 4 MG, 8 MG</b>   | T3    |         | PA; ST; RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 18 Years) |
| <i>tropium chloride er oral capsule extended release 24 hour 60 mg</i>   |       | T2      | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 18 Years)         |
| <i>tropium chloride oral tablet 20 mg</i>  |       | T2      | RM  |
| <b>VESICARE ORAL TABLET 10 MG, 5 MG</b>  | T3    |         | PA; ST; RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 18 Years) |
| <b>*Vaccines*</b>  |       |         |   |
| <b>*bacterial vaccines**-*bacterial vaccines***</b>  |       |         |   |
| <b>MENACTRA INTRAMUSCULAR* INJECTABLE</b>  | \$0   |         | RM  |
| <b>MENOMUNE SUBCUTANEOUS* INJECTABLE</b>   | \$0   |         | RM  |

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| Drug Name  | Brand | Generic | Additional Information         |
|--|-------|---------|--------------------------------|
| MENVEO INTRAMUSCULAR* SOLUTION RECONSTITUTED                     | \$0   |         | RM                             |
| PNEUMOVAX 23 INJECTION INJECTABLE 25 MCG/0.5ML                   | \$0   |         | RM                             |
| PREVNAR 13 INTRAMUSCULAR* SUSPENSION                             | \$0   |         | RM; QL (0.5 ML per 1 Lifetime) |
| TRUMENBA INTRAMUSCULAR*  | \$0   |         | R; AL (Max 26 Years)           |
| <b>*viral vaccines**-*viral vaccine combinations***</b>          |       |         |                                |
| M-M-R II SUBCUTANEOUS* INJECTABLE                                | \$0   |         | RM                             |
| TWINRIX INTRAMUSCULAR* SUSPENSION 720-20                         | \$0   |         | RM                             |
| <b>*viral vaccines**-*viral vaccines***</b>                      |       |         |                                |
| AFLURIA INTRAMUSCULAR* SUSPENSION                                | \$0   |         | RM                             |
| AFLURIA PRESERVATIVE FREE INTRAMUSCULAR* SUSPENSION              | \$0   |         | RM                             |
| CERVARIX INTRAMUSCULAR* SUSPENSION                               | \$0   |         | R; F; AL (Max 27 Years)        |
| ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML           | \$0   |         | RM                             |
| FLUARIX INTRAMUSCULAR* SUSPENSION                                | \$0   |         | RM                             |
| FLUARIX QUADRIVALENT INTRAMUSCULAR* SUSPENSION 0.5 ML            | \$0   |         | RM                             |
| FLUBLOK INTRAMUSCULAR* SOLUTION                                  | \$0   |         | RM                             |
| FLUCELVAX INTRAMUSCULAR* SUSPENSION                              | \$0   |         | RM                             |
| FLULAVAL INTRAMUSCULAR* INJECTABLE                               | \$0   |         | RM                             |
| FLULAVAL QUADRIVALENT INTRAMUSCULAR* SUSPENSION                  | \$0   |         | RM                             |
| FLUMIST NASAL LIQUID†  | \$0   |         | RM                             |
| FLUMIST QUADRIVALENT NASAL SUSPENSION                            | \$0   |         | RM                             |
| FLUVIRIN INTRAMUSCULAR* INJECTABLE                               | \$0   |         | RM                             |
| FLUVIRIN PRESERVATIVE FREE INTRAMUSCULAR* SUSPENSION             | \$0   |         | RM                             |
| FLUZONE HIGH-DOSE INTRAMUSCULAR* SUSPENSION                      | \$0   |         | R; AL (Min 65 Years)           |
| FLUZONE INTRADERMAL * DEVICE 9 MCG/STRAIN                        | \$0   |         | R                              |
| FLUZONE INTRAMUSCULAR* INJECTABLE                                | \$0   |         | R                              |
| FLUZONE PEDIATRIC PF INTRAMUSCULAR* SUSPENSION                   | \$0   |         | R                              |
| FLUZONE PRESERVATIVE FREE INTRAMUSCULAR* SUSPENSION              | \$0   |         | R                              |
| FLUZONE QUADRIVALENT INTRADERMAL * 9 MCG/STRAIN                  | \$0   |         | R                              |
| FLUZONE QUADRIVALENT INTRAMUSCULAR* SUSPENSION , 0.25 ML, 0.5 ML | \$0   |         | R                              |
| GARDASIL 9 INTRAMUSCULAR*  | \$0   |         | R; AL (Max 27 Years)           |
| GARDASIL 9 INTRAMUSCULAR* SUSPENSION                             | \$0   |         | R; AL (Max 27 Years)           |
| GARDASIL INTRAMUSCULAR* SUSPENSION                               | \$0   |         | R; AL (Max 27 Years)           |

| Drug Name   | Brand | Generic | Additional Information  |
|---|-------|---------|---|
| HAVRIX INTRAMUSCULAR* SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML                   | \$0   |         | RM  |
| IXIARO INTRAMUSCULAR* SUSPENSION  | T3    |         | PA; ST; RM  |
| RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML            | \$0   |         | RM  |
| VAQTA INTRAMUSCULAR* SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML                       | \$0   |         | RM  |
| VARIVAX SUBCUTANEOUS* INJECTABLE 1350 PFU/0.5ML                                 | \$0   |         | RM  |
| ZOSTAVAX SUBCUTANEOUS* SOLUTION RECONSTITUTED 19400 UNT/0.65ML                  | \$0   |         | R; AL (Min 50 Years)  |
| <b>*Vaginal Products*</b>   |       |         |   |
| <b>*miscellaneous vaginal products**-*miscellaneous vaginal combinations***</b> |       |         |   |
| RELAGARD VAGINAL 0.9-0.025 %  | T3    |         | RM; F   |
| <b>*spermicides**-*spermicides***</b>   |       |         |   |
| ENCARE VAGINAL SUPPOSITORY 100 MG   | \$0   |         | RM; AI (Max #12 Retail or #36 Mail Order); F                      |
| OPTIONS CONCEPTROL VAGINAL 4 %  | \$0   |         | RM; AI (Max #12 Retail or #36 Mail Order); F                      |
| OPTIONS GYNOL II CONTRACEPTIVE VAGINAL 3 %                                      | \$0   |         | RM; AI (Max #12 Retail or #36 Mail Order); F                      |
| SHUR-SEAL CONTRACEPTIVE VAGINAL 2 %   | \$0   |         | RM; AI (Max #12 Retail or #36 Mail Order); F                      |
| VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 %                                     | \$0   |         | RM; AI (Max #12 Retail or #36 Mail Order); F                      |
| VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM 12.5 %                                   | \$0   |         | RM; AI (Max #12 Retail or #36 Mail Order); F                      |
| <b>*vaginal anti-infectives**-*imidazole-related antifungals***</b>             |       |         |   |
| GYNAZOLE-1 VAGINAL CREAM 2 %  | T3    |         | RM; F   |
| TERAZOL 3 VAGINAL CREAM ( <i>Terconazole</i> ) 0.8 %                            | T3    | T2      | RM; F   |
| TERAZOL 3 VAGINAL SUPPOSITORY 80 MG   | T3    |         | RM; F   |
| TERAZOL 7 VAGINAL CREAM ( <i>Terconazole</i> ) 0.4 %                            | T3    | T2      | RM; F   |
| ZAZOLE VAGINAL CREAM ( <i>Terconazole</i> ) 0.4 %, 0.8 %                        | T3    | T2      | RM; F   |
| ZAZOLE VAGINAL SUPPOSITORY 80 MG  | T3    |         | RM; F   |
| <b>*vaginal anti-infectives**-*vaginal anti-infectives***</b>                   |       |         |   |
| CLEOCIN VAGINAL SUPPOSITORY 100 MG  | T3    |         | RM; AI (Max 3 mail or retail); F; QL (3 EA per 30 Days)           |
| <i>clindamycin phosphate vaginal cream 2 %</i>                                  |       | T1      | RM; AI (40gm per 7 days retail or mail); F; QL (40 GM per 7 Days) |
| VANDAZOLE VAGINAL ( <i>MetroNIDAZOLE</i> ) 0.75 %                               | T2    | T2      | RM; AI (Max #210gm Mail Order); F; QL (70 GM per 30 Days)         |
| <b>*vaginal estrogens**-*vaginal estrogens***</b>                               |       |         |   |
| ESTRACE VAGINAL CREAM 0.1 MG/GM   | T2    |         | RM; F   |

| Drug Name   | Brand | Generic | Additional Information  |
|---|-------|---------|---|
| FEMRING VAGINAL RING 0.05 MG/24HR                                   | T3    |         | RM; AI (Max #1 retail or Mailorder); F; QL (1 EA per 90 Days) |
| FEMRING VAGINAL RING 0.1 MG/24HR                                    | T3    |         | RM; AI (Max #1 Retail or Mailorder); F; QL (1 EA per 90 Days) |
| PREMARIN VAGINAL CREAM 0.625 MG/GM                                  | T2    |         | RM; F   |
| VAGIFEM VAGINAL TABLET 10 MCG                                       | T2    |         | RM; F   |
| <b>*vaginal progestins**-*vaginal progestins***</b>                 |       |         |   |
| CRINONE VAGINAL 4 %, 8 %  | SP    |         | PA; SP; F   |
| ENDOMETRIN VAGINAL INSERT 100 MG                                    | T3    |         | PA; RM; F   |
| <b>*Vasopressors*</b>   |       |         |   |
| <b>*anaphylaxis therapy agents**-*anaphylaxis therapy agents***</b> |       |         |   |
| EPIPEN 2-PAK INJECTION 0.3 MG/0.3ML                                 | T2    |         | RM; QL (2 EA per 1 Copay)                                     |
| EPIPEN JR 2-PAK INJECTION 0.15 MG/0.3ML                             | T2    |         | RM; QL (2 EA per 1 Copay)                                     |
| <b>*vasopressors**-*vasopressors***</b>                             |       |         |   |
| <i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>                |       | T3      | RM  |
| <b>*Vitamins*</b>   |       |         |   |
| <b>*oil soluble vitamins**-*vitamin a***</b>                        |       |         |   |
| AQUASOL A INTRAMUSCULAR* SOLUTION 50000 UNIT/ML                     | MB    |         | RM  |
| <b>*oil soluble vitamins**-*vitamin d***</b>                        |       |         |   |
| <i>aqueous vitamin d oral liquid† 400 unit/ml</i>                   |       | \$0     | RM; AL (Min 65 Years)   |
| BABY DDROPS ORAL LIQUID† 400 UNT/0.03ML                             | \$0   |         | RM; AL (Min 65 Years)   |
| BIO-D-MULSION FORTE ORAL LIQUID† 2000 UNT/0.03ML                    | \$0   |         | RM; AL (Min 65 Years)   |
| BIO-D-MULSION ORAL LIQUID† 400 UNT/0.03ML                           | \$0   |         | RM; AL (Min 65 Years)   |
| BPROTECTED PEDIA D-VITE ORAL LIQUID† (Vitamin D3) 400 UNIT/ML       | \$0   | \$0     | RM; AL (Min 65 Years)   |
| <i>cvs childrens vitamin d oral tablet chewable 400 unit</i>        |       | \$0     | RM; AL (Min 65 Years)   |
| <i>cvs vit d 5000 high-potency oral capsule 5000 unit</i>           |       | \$0     | RM; AL (Min 65 Years)   |
| <i>cvs vitamin d infants oral liquid† 400 unit/ml</i>               |       | \$0     | RM; AL (Min 65 Years)   |
| <i>cvs vitamin d oral capsule 2000 unit</i>                         |       | \$0     | RM; AL (Min 65 Years)   |
| <i>cvs vitamin d3 oral capsule 1000 unit, 400 unit</i>              |       | \$0     | RM; AL (Min 65 Years)   |
| <i>d 1000 oral capsule 1000 unit</i>                                |       | \$0     | RM; AL (Min 65 Years)   |
| <i>d 1000 oral tablet 1000 unit</i>                                 |       | \$0     | RM; AL (Min 65 Years)   |
| <i>d 1000 oral tablet chewable 1000 unit</i>                        |       | \$0     | RM; AL (Min 65 Years)   |
| <i>d 10000 oral capsule 10000 unit</i>                              |       | \$0     | RM; AL (Min 65 Years)   |
| <i>d 2000 oral tablet 2000 unit</i>                                 |       | \$0     | RM; AL (Min 65 Years)   |
| <i>d 400 oral tablet 400 unit</i>                                   |       | \$0     | RM; AL (Min 65 Years)   |
| <i>d 5000 oral capsule 5000 unit</i>                                |       | \$0     | RM; AL (Min 65 Years)   |
| <i>d 5000 oral tablet 5000 unit</i>                                 |       | \$0     | RM; AL (Min 65 Years)   |
| <i>d-1000 extra strength oral tablet 1000 unit</i>                  |       | \$0     | RM; AL (Min 65 Years)   |
| <i>d-1000 oral tablet 1000 unit</i>                                 |       | \$0     | RM; AL (Min 65 Years)   |

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| <b>Drug Name</b>   | <b>Brand</b> | <b>Generic</b> | <b>Additional Information</b> |
|--|--------------|----------------|-------------------------------|
| <i>d-2000 maximum strength oral tablet 2000 unit</i>                 |              | \$0            | RM; AL (Min 65 Years)         |
| <i>d2000 ultra strength oral capsule 2000 unit</i>                   |              | \$0            | RM; AL (Min 65 Years)         |
| <i>d3 adult oral tablet chewable 1000 unit</i>                       |              | \$0            | RM; AL (Min 65 Years)         |
| <b>D3 DOTS ORAL TABLET DISPERSIBLE 2000 UNIT</b>                     | \$0          |                | RM; AL (Min 65 Years)         |
| <i>d3 high potency oral capsule 1000 unit</i>                        |              | \$0            | RM; AL (Min 65 Years)         |
| <i>d3 kids oral tablet chewable 400 unit</i>                         |              | \$0            | RM; AL (Min 65 Years)         |
| <i>d3 maximum strength oral capsule 5000 unit</i>                    |              | \$0            | RM; AL (Min 65 Years)         |
| <i>d3 maximum strength oral liquid† 5000 unit/ml</i>                 |              | \$0            | RM; AL (Min 65 Years)         |
| <i>d3 super strength oral capsule 2000 unit</i>                      |              | \$0            | RM; AL (Min 65 Years)         |
| <i>d3-1000 oral capsule 1000 unit</i>                                |              | \$0            | RM; AL (Min 65 Years)         |
| <i>d3-1000 oral tablet 1000 unit</i>                                 |              | \$0            | RM; AL (Min 65 Years)         |
| <b>D3-50 ORAL CAPSULE (Vitamin D3) 50000 UNIT</b>                    | \$0          | \$0            | RM; AL (Min 65 Years)         |
| <i>d-400 oral tablet 400 unit</i>                                    |              | \$0            | RM; AL (Min 65 Years)         |
| <i>d-5000 maximum strength oral capsule 5000 unit</i>                |              | \$0            | RM; AL (Min 65 Years)         |
| <i>d-5000 oral tablet 5000 unit</i>                                  |              | \$0            | RM; AL (Min 65 Years)         |
| <b>DDROPS ORAL LIQUID† (Super Daily D3) 1000 UNT/0.03ML</b>          | \$0          | \$0            | RM; AL (Min 65 Years)         |
| <b>DDROPS ORAL LIQUID† 2000 UNT/0.03ML</b>                           | \$0          |                | RM; AL (Min 65 Years)         |
| <b>DECARA ORAL CAPSULE 25000 UNIT</b>                                | \$0          |                | RM; AL (Min 65 Years)         |
| <b>DECARA ORAL CAPSULE (Vitamin D3) 50000 UNIT</b>                   | \$0          | \$0            | RM; AL (Min 65 Years)         |
| <i>delta d3 oral tablet 400 unit</i>                                 |              | \$0            | RM; AL (Min 65 Years)         |
| <b>DIALYVITE VITAMIN D 5000 ORAL CAPSULE (D-3-5) 5000 UNIT</b>       | \$0          | \$0            | RM; AL (Min 65 Years)         |
| <b>DIALYVITE VITAMIN D3 MAX ORAL TABLET 50000 UNIT</b>               | \$0          |                | RM; AL (Min 65 Years)         |
| <b>DRISDOL ORAL CAPSULE (Ergocalciferol) 50000 UNIT</b>              | T3           | T1             | RM                            |
| <b>D-VI-SOL ORAL LIQUID† (Vitamin D3) 400 UNIT/ML</b>                | \$0          | \$0            | RM; AL (Min 65 Years)         |
| <b>D-VITA ORAL LIQUID† (Vitamin D3) 400 UNIT/ML</b>                  | \$0          | \$0            | RM; AL (Min 65 Years)         |
| <i>eql vitamin d gummies child oral tablet chewable 400 unit</i>     |              | \$0            | RM; AL (Min 65 Years)         |
| <i>eql vitamin d3 oral tablet 1000 unit</i>                          |              | \$0            | RM; AL (Min 65 Years)         |
| <i>eql vitamin d-3 oral tablet 400 unit</i>                          |              | \$0            | RM; AL (Min 65 Years)         |
| <i>gnp vitamin d maximum strength oral tablet 2000 unit</i>          |              | \$0            | RM; AL (Min 65 Years)         |
| <i>gnp vitamin d oral tablet 1000 unit</i>                           |              | \$0            | RM; AL (Min 65 Years)         |
| <i>gnp vitamin d oral tablet chewable 400 unit</i>                   |              | \$0            | RM; AL (Min 65 Years)         |
| <i>gnp vitamin d super strength oral tablet 5000 unit</i>            |              | \$0            | RM; AL (Min 65 Years)         |
| <i>gnp vitamin d3 extra strength oral tablet 1000 unit</i>           |              | \$0            | RM; AL (Min 65 Years)         |
| <b>HEALTHY KIDS VITAMIN D3 ORAL TABLET CHEWABLE (D 400) 400 UNIT</b> | \$0          | \$0            | RM; AL (Min 65 Years)         |
| <i>hm vitamin d oral tablet 1000 unit, 400 unit</i>                  |              | \$0            | RM; AL (Min 65 Years)         |
| <i>hm vitamin d3 oral capsule 2000 unit, 4000 unit</i>               |              | \$0            | RM; AL (Min 65 Years)         |
| <b>JUST D ORAL LIQUID† (Vitamin D3) 400 UNIT/ML</b>                  | \$0          | \$0            | RM; AL (Min 65 Years)         |

| <b>Drug Name</b>   | <b>Brand</b> | <b>Generic</b> | <b>Additional Information</b> |
|--|--------------|----------------|-------------------------------|
| <i>kp vitamin d oral capsule 1000 unit</i>                                   |              | \$0            | RM; AL (Min 65 Years)         |
| <i>kp vitamin d oral tablet chewable 400 unit</i>                            |              | \$0            | RM; AL (Min 65 Years)         |
| <b>MAXIMUM D3 ORAL CAPSULE (Vitamin D3) 10000 UNIT</b>                       | \$0          | \$0            | RM; AL (Min 65 Years)         |
| <b>OPTIMAL-D ORAL CAPSULE (Vitamin D3) 50000 UNIT</b>                        | \$0          | \$0            | RM; AL (Min 65 Years)         |
| <b>OPURITY VITAMIN D ORAL TABLET CHEWABLE (Vitamin D3) 5000 UNIT</b>         | \$0          | \$0            | RM; AL (Min 65 Years)         |
| <i>pa vitamin d-3 gummy oral tablet chewable 400 unit</i>                    |              | \$0            | RM; AL (Min 65 Years)         |
| <i>pa vitamin d-3 oral capsule 2000 unit, 5000 unit</i>                      |              | \$0            | RM; AL (Min 65 Years)         |
| <i>pa vitamin d-3 oral tablet 1000 unit</i>                                  |              | \$0            | RM; AL (Min 65 Years)         |
| <b>PRONUTRIENTS VITAMIN D3 ORAL CAPSULE (Vitamin D3) 1000 UNIT</b>           | \$0          | \$0            | RM; AL (Min 65 Years)         |
| <i>ra vitamin d-3 oral capsule 2000 unit, 5000 unit</i>                      |              | \$0            | RM; AL (Min 65 Years)         |
| <i>ra vitamin d-3 oral tablet 1000 unit</i>                                  |              | \$0            | RM; AL (Min 65 Years)         |
| <b>REPLESTA CHILDRENS ORAL WAFER 14000 UNIT</b>                              | \$0          |                | RM; AL (Min 65 Years)         |
| <b>REPLESTA NX ORAL WAFER 14000 UNIT</b>                                     | \$0          |                | RM; AL (Min 65 Years)         |
| <b>REPLESTA ORAL WAFER 50000 UNIT</b>  | \$0          |                | RM; AL (Min 65 Years)         |
| <i>sm vitamin d oral tablet 400 unit</i>                                     |              | \$0            | RM; AL (Min 65 Years)         |
| <i>sm vitamin d3 oral capsule 2000 unit, 4000 unit</i>                       |              | \$0            | RM; AL (Min 65 Years)         |
| <i>sm vitamin d3 oral tablet 1000 unit</i>                                   |              | \$0            | RM; AL (Min 65 Years)         |
| <i>th vitamin d3 oral capsule 1000 unit, 2000 unit</i>                       |              | \$0            | RM; AL (Min 65 Years)         |
| <i>th vitamin d3 oral tablet chewable 400 unit</i>                           |              | \$0            | RM; AL (Min 65 Years)         |
| <b>THERA-D 2000 ORAL TABLET (Vitamin D) 2000 UNIT</b>                        | \$0          | \$0            | RM; AL (Min 65 Years)         |
| <b>THERA-D 4000 ORAL TABLET 4000 UNIT</b>                                    | \$0          |                | RM; AL (Min 65 Years)         |
| <b>THERA-D RAPID REPLETION ORAL TABLET (Vitamin D) 2000 UNIT</b>             | \$0          | \$0            | RM; AL (Min 65 Years)         |
| <b>VITAMELTS VITAMIN D ORAL TABLET DISPERSIBLE 1000 UNIT</b>                 | \$0          |                | RM; AL (Min 65 Years)         |
| <i>vitamin d (cholecalciferol) oral tablet chewable 400 unit</i>             |              | \$0            | RM; AL (Min 65 Years)         |
| <i>vitamin d (ergocalciferol) oral capsule 50000 unit</i>                    |              | T1             | RM                            |
| <i>vitamin d high potency oral capsule 1000 unit</i>                         |              | \$0            | RM; AL (Min 65 Years)         |
| <i>vitamin d oral capsule 1000 unit, 2000 unit, 400 unit</i>                 |              | \$0            | RM; AL (Min 65 Years)         |
| <i>vitamin d oral liquid† 400 unit/ml</i>                                    |              | \$0            | RM; AL (Min 65 Years)         |
| <i>vitamin d oral tablet 400 unit</i>  |              | \$0            | RM; AL (Min 65 Years)         |
| <b>VITAMIN D-1000 MAX ST ORAL TABLET (Vitamin D) 1000 UNIT</b>               | \$0          | \$0            | RM; AL (Min 65 Years)         |
| <i>vitamin d3 high potency oral capsule 1000 unit</i>                        |              | \$0            | RM; AL (Min 65 Years)         |
| <i>vitamin d3 maximum strength oral capsule 5000 unit</i>                    |              | \$0            | RM; AL (Min 65 Years)         |
| <i>vitamin d-3 oral capsule 1000 unit</i>                                    |              | \$0            | RM; AL (Min 65 Years)         |
| <i>vitamin d3 oral capsule 2000 unit, 400 unit, 5000 unit</i>                |              | \$0            | RM; AL (Min 65 Years)         |
| <i>vitamin d3 oral liquid† 1000 unit/spray, 1200 unit/15ml, 5000 unit/ml</i> |              | \$0            | RM; AL (Min 65 Years)         |

Last Revision Date: 3/10/15

| <b>Drug Name</b>   | <b>Brand</b> | <b>Generic</b> | <b>Additional Information</b> |
|--|--------------|----------------|-------------------------------|
| <i>vitamin d3 oral tablet 1000 unit, 2000 unit, 3000 unit, 400 unit, 5000 unit</i> |              | \$0            | RM; AL (Min 65 Years)         |
| <i>vitamin d-3 oral tablet 5000 unit</i>   |              | \$0            | RM; AL (Min 65 Years)         |
| <i>vitamin d3 oral tablet chewable 1000 unit, 2000 unit, 400 unit</i>              |              | \$0            | RM; AL (Min 65 Years)         |
| <i>vitamin d3 super strength oral tablet 2000 unit</i>                             |              | \$0            | RM; AL (Min 65 Years)         |
| <i>vitamin d-400 oral tablet 400 unit</i>  |              | \$0            | RM; AL (Min 65 Years)         |
| <b>WELLESSE VITAMIN D3 ORAL LIQUID† 1000 UNIT/10ML</b>                             | \$0          |                | RM; AL (Min 65 Years)         |
| <b>*oil soluble vitamins**-*vitamin k***</b>                                       |              |                |                               |
| <b>MEPHYTON ORAL TABLET 5 MG</b>   | T2           |                | RM                            |
| <b>*water soluble vitamins**-*paba***</b>  |              |                |                               |
| <b>POTABA ORAL CAPSULE 500 MG</b>  | T3           |                | RM                            |
| <b>POTABA ORAL TABLET 500 MG</b>   | T3           |                | RM                            |





Medical Benefit

| Drug Name  | Brand | Generic | Additional Information |
|--|-------|---------|------------------------|
| <b>ADASUVE INHALATION AEROSOL POWDER, BREATH ACTIVATED 10 MG</b>               | MB    |         | RM                     |
| <b>ALFENTA INJECTION INJECTABLE 500 MCG/ML</b>                                 | MB    |         | ST; R                  |
| <i>alfentanil injection injectable 500 mcg/ml</i>                              | MB    |         | R                      |
| <b>ALFERON N INJECTION SOLUTION 5000000 UNIT/ML</b>                            | MB    |         | PA; ST; R              |
| <b>ALIMTA INTRAVENOUS* SOLUTION RECONSTITUTED 100 MG, 500 MG</b>               | MB    |         | SP                     |
| <b>ALKERAN INTRAVENOUS* SOLUTION RECONSTITUTED 50 MG</b>                       | MB    |         | R                      |
| <i>amifostine intravenous* solution reconstituted 500 mg</i>                   | MB    |         | R                      |
| <b>AMMONUL INTRAVENOUS* SOLUTION 10-10 %</b>                                   | MB    |         | SP                     |
| <b>ARRANON INTRAVENOUS* SOLUTION 5 MG/ML</b>                                   | MB    |         | SP                     |
| <b>ARZERRA INTRAVENOUS* CONCENTRATE 100 MG/5ML, 1000 MG/50ML</b>               | MB    |         | SP                     |
| <b>ATGAM INTRAVENOUS* INJECTABLE 50 MG/ML</b>                                  | MB    |         | PA; SP                 |
| <b>AVASTIN INTRAVENOUS* SOLUTION 100 MG/4ML, 400 MG/16ML</b>                   | MB    |         | SP                     |
| <i>bleomycin sulfate injection solution reconstituted 15 unit, 30 unit</i>     | MB    |         | SP                     |
| <b>BONIVA INTRAVENOUS* SOLUTION 3 MG/3ML</b>                                   | MB    |         | SP                     |
| <b>BUSULFEX INTRAVENOUS* SOLUTION 6 MG/ML</b>                                  | MB    |         | SP                     |
| <i>calcitriol intravenous* solution 1 mcg/ml</i>                               | MB    |         | RM                     |
| <b>CELLCEPT INTRAVENOUS INTRAVENOUS* SOLUTION RECONSTITUTED 500 MG</b>         | MB    |         | SP                     |
| <i>chorionic gonadotropin intramuscular* solution reconstituted 10000 unit</i> | MB    |         | PA; RM                 |
| <i>cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg</i>    | MB    |         | SP                     |
| <b>ELOXATIN INTRAVENOUS* SOLUTION 100 MG/20ML, 200 MG/40ML, 50 MG/10ML</b>     | MB    |         | SP                     |
| <b>ELSPAR INJECTION SOLUTION RECONSTITUTED 10000 UNIT</b>                      | MB    |         | PA; RM                 |
| <b>ETHYOL INTRAVENOUS* SOLUTION RECONSTITUTED 500 MG</b>                       | MB    |         | R                      |
| <b>HECTOROL INTRAVENOUS* SOLUTION 4 MCG/2ML</b>                                | MB    |         | SP                     |
| <b>NOVAREL INTRAMUSCULAR* SOLUTION RECONSTITUTED 10000 UNIT</b>                | MB    |         | PA; RM                 |
| <b>PREGNYL INTRAMUSCULAR* SOLUTION RECONSTITUTED 10000 UNIT</b>                | MB    |         | PA; RM                 |
| <b>PRIALT INTRATHECAL* SOLUTION 100 MCG/ML, 500 MCG/20ML, 500 MCG/5ML</b>      | MB    |         | SP                     |
| <b>PROLEUKIN INTRAVENOUS* SOLUTION RECONSTITUTED 22000000 UNIT</b>             | MB    |         | SP                     |

| <b>Drug Name</b>  | <b>Brand</b> | <b>Generic</b> | <b>Additional Information</b> |
|---|--------------|----------------|-------------------------------|
| <b>SANDIMMUNE INTRAVENOUS* SOLUTION 50 MG/ML</b>          | SP           |                | SP                            |
| <b>TEMODAR INTRAVENOUS* SOLUTION RECONSTITUTED 100 MG</b> | MB           |                | SP                            |
| <b>TRISENOX INTRAVENOUS* SOLUTION 10 MG/10ML</b>          | MB           |                | SP                            |

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