



***Tufts Health RITogether***  
**Pharmacy program and *Preferred Drug List***  
**December 1, 2020**

## **Introduction**

### **Pharmacy program**

We aim to provide high-quality, cost-effective options for drug therapy. We work with your health care providers and pharmacists to make sure we cover the most important and useful drugs for a variety of conditions and diseases. We cover both first-time prescriptions and refills. We also cover some [over-the-counter \(OTC\) drugs](#) if your provider writes a prescription and it is filled at a pharmacy.

Our pharmacy program does not cover all drugs and prescriptions. Some drugs must meet certain clinical guidelines before we can cover them. Your provider must ask us for prior approval before we will cover these drugs.

### ***Preferred Drug List (PDL)***

We list all drugs according to their therapeutic category and drug class, followed by generic or brand drug name. Use the index to find a drug according to its generic or brand name. In general, we cover brand-name medications only when a generic medication is not available or if we give prior approval for the brand-name drug.

### **Co-payments**

Outpatient drugs that are medically necessary are covered when they are prescribed by a provider who is licensed to prescribe drugs. Some drugs on the *Tufts Health RITogether* formulary are only covered when your provider submits a prior approval request. Eligibility for outpatient prescription drug benefits and co-payment amounts are based on your individual benefit plan.

The *PDL* applies only to drugs you get at retail and specialty pharmacies. The *PDL* does not apply to drugs you get if you are in the hospital. Drugs you get while in the hospital are covered as part of your stay.

For the most current *PDL* coverage information, please visit [tuftshealthplan.com](http://tuftshealthplan.com) or call us at **866.738.4116** (TTY: 711).

### **Prior approval**

Some drugs always require prior approval, which means your provider must ask us for approval before we will cover the drug. One of our clinicians will review this request. We will cover the drug according to our clinical guidelines if:

- There is a medical reason you need the particular drug
- Depending on the drug, other drugs on the *PDL* have not worked

If we do not approve the request for prior approval, you or your authorized

representative, if you identify one, can appeal the decision. See your [Member Handbook](#) for our member grievances and appeals information.

### **Step therapy program**

We cover some types of drugs only through our step therapy program. Our step therapy program requires you to try first-level drugs before we will cover another drug of that type. If you and your provider feel a certain drug is not appropriate for treating your health condition, your provider can ask us for prior approval for the other drug. One of our clinicians will review the request. We will cover the drug according to our clinical guidelines. If we do not approve the request for prior approval, you or your authorized representative, if you identify one, can appeal the decision. See your [Member Handbook](#) for our grievances and appeals information.

### **Quantity limit**

To make sure the drugs you take are safe and that you are getting the right amount, we may limit how much you can get at one time. Your provider can ask us for prior approval if you need more than we cover. One of our clinicians will review the request. We will cover the drug according to our clinical guidelines if there is a medical reason you need this particular amount. If we do not approve the request for prior approval, you or your authorized representative, if you identify one, can appeal the decision. See your [Member Handbook](#) for our grievances and appeals information.

### **Generic drugs**

Generic drugs have the same active ingredients and work the same as brand-name drugs. Rhode Island has a Generic First Program and requires that all members use generic drugs first. When generic drugs are available, we will not cover the brand-name drug without giving prior approval. If you and your provider feel a generic drug is not right for treating your health condition and that the brand-name drug is medically necessary, your provider can ask for prior approval. One of our clinicians will review the request. If we do not approve the request for prior approval, you or your authorized representative, if you identify one, can appeal the decision. See your [Member Handbook for our](#) grievances and appeals information.

### **New-to-market drugs**

We review new drugs for safety and effectiveness before we add them to our *PDL*.

### **Coverage limits**

The Requirements/Limits column in the *PDL* shows when a drug has a certain requirement or limit for coverage. Coverage limits include:

- AGE — Age restriction may apply  
This medication requires prior approval if the drug is not covered based on your age. Your provider should send us a prior approval request if the drug is medically necessary.
- PA — Prior approval  
This medication requires prior approval. Your provider may prescribe a different medication on the *PDL* or send us a prior approval request.
- QL — Quantity limit  
This medication is limited to a specific amount. If a larger amount is medically necessary, your provider should send us a prior approval request.
- ST — Step therapy  
This medication requires prior approval if you have not already used a first-line medication on the *PDL*. Your provider may prescribe another medication on the *PDL* or send us a prior approval request.

**Specialty pharmacy program**

A specialty pharmacy may supply you with some drugs often used to treat chronic conditions like hepatitis C or multiple sclerosis. These types of drugs need additional expertise and support. Specialty pharmacies have knowledge in these areas. These pharmacies can give extra support to members and providers.

CVS Specialty is our specialty pharmacy and can provide you with these drugs. In addition to providing specific specialty drugs, CVS Specialty will:

- Deliver drugs to your home, provider's office or any delivery address you choose (except for a P.O. box)
- Answer your questions and offer help with your drugs
- Give you information, materials and ongoing support to help you manage your health condition and make sure you take your drugs the right way
- Have staff pharmacists available who can help you at 800.237.2767.

# DISCRIMINATION IS AGAINST THE LAW



**Tufts Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Tufts Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.**

## **Tufts Health Plan:**

- ☐ Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- ☐ Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Tufts Health Plan at 888.257.1985.

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

### **Tufts Health Plan**

Attention: Civil Rights Coordinator, Legal Dept.  
705 Mount Auburn St.  
Watertown, MA 02472  
Phone: 888.880.8699 ext. 48000, [TTY number— 711 or 800.439.2370]  
Fax: 617.972.9048  
Email: [OCRCoordinator@tufts-health.com](mailto:OCRCoordinator@tufts-health.com)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Tufts Health Plan Civil Rights Coordinator is available to help you.

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

### **U.S. Department of Health and Human Services**

200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
Phone: 800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

[tuftshealthplan.com](http://tuftshealthplan.com) | 888.257.1985

# LA DISCRIMINACIÓN ES CONTRA LA LEY



**Tufts Health Plan cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Tufts Health Plan no excluye a las personas ni las trata de forma diferente debido a su raza, color, nacionalidad, edad, discapacidad o sexo.**

## **Tufts Health Plan:**

- Proporciona asistencia y servicios gratuitos a las personas con discapacidades para que se comuniquen de manera eficaz con nosotros, como los siguientes:
  - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)
- Proporciona servicios lingüísticos gratuitos a personas cuya lengua materna no es el inglés, como los siguientes:
  - Intérpretes capacitados
  - Información escrita en otros idiomas

Si necesita recibir estos servicios, comuníquese con Servicios para Miembros de Tufts Health Plan a 888.257.1985.

Si considera que Tufts Health Plan no le proporcionó estos servicios o lo discriminó de otra manera por motivos de raza, color, nacionalidad, edad, discapacidad o sexo, puede presentar un reclamo a la siguiente persona:

### **Tufts Health Plan**

Attention: Civil Rights Coordinator, Legal Dept.  
705 Mount Auburn St.  
Watertown, MA 02472  
Phone: 888.880.8699 ext. 48000, [TTY number— 866-930-9252]  
Fax: 617.972.9048  
Email: OCRCoordinator@tufts-health.com

Puede presentar el reclamo en persona o por correo postal, fax o correo electrónico. Si necesita ayuda para hacerlo, el coordinador de derechos civiles con Tufts Health Plan está a su disposición para brindársela.

También puede presentar un reclamo de derechos civiles ante la Office for Civil Rights (Oficina de Derechos Civiles) del Department of Health and Human Services (Departamento de Salud y Servicios Humanos) de EE. UU. de manera electrónica a través de Office for Civil Rights Complaint Portal, disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o bien, por correo postal a la siguiente dirección o por teléfono a los números que figuran a continuación:

### **U.S. Department of Health and Human Services**

200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
Phone: 800.368.1019, 800.537.7697 (TDD)

Puede obtener los formularios de reclamo en el sitio web <http://www.hhs.gov/ocr/office/file/index.html>.

[tuftshealthplan.com](http://tuftshealthplan.com) | 888.257.1985

For no-cost translation in English, call **866.738.4116**.

**Arabic** للحصول على خدمة الترجمة المجانية باللغة العربية، يرجى الاتصال على الرقم 866.738.4116

**Chinese** 若需免費的中文版本，請撥打 **866.738.4116**。

**French** Pour demander une traduction gratuite en français, composez le **866.738.4116**.

**German** Um eine kostenlose deutsche Übersetzung zu erhalten, rufen Sie bitte die folgende Telefonnummer an: **866.738.4116**.

**Greek** Για δωρεάν μετάφραση στα ελληνικά, καλέστε στο **866.738.4116**.

**Haitian Creole** Pou tradiksyon gratis nan Kreyòl Ayisyen, rele **866.738.4116**.

**Italian** Per la traduzione in italiano senza costi aggiuntivi, è possibile chiamare il numero **866.738.4116**.

**Japanese** 日本語の無料翻訳については **866.738.4116** に電話してください。

**Khmer (Cambodian)** សម្រាប់សេវាបកប្រែបន្ថែមឥតគិតថ្លៃ លេខ ភាសា ឬ មើល  
សូមទូរស័ព្ទសេវាកម្មសេរី **866.738.4116** ។

**Korean** 한국어로 무료 통역을 원하시면, **866.738.4116** 로 전화하십시오.

**Laotian** ແຈ້ງການດາວໂຫລດ ບັນທຶກສາວ ບໍ່ມີຄ່າ ສຳລັບ ພາສາ , ໄຫລດ **866.738.4116**.  
ວີດີໂອ

**Navajo** Dinek'ehgo shika at'ohwol ninisingo, kwiiigigo holne' **866.738.4116**.

**naisreP** زنگ بزنید. **866.738.4116**. برای ترجمه رایگان به فارسی به شماره تلفن

**Polish** Aby uzyskać bezpłatne tłumaczenie w języku polskim, należy zadzwonić na numer **866.738.4116**.

**Portuguese** Para tradução grátis para português, ligue para o número **866.738.4116**.

**Russian** Для получения услуг бесплатного перевода на русский язык позвоните по номеру **866.738.4116**.

**Spanish** Para servicio de traducción gratuito en español, llame al **866.738.4116**.

**Tagalog** Kung kailangan ninyo ang tulong sa Tagalog tumawag sa **866.738.4116**.

**Vietnamese** Để có bản dịch tiếng Việt không phải trả phí, gọi theo số **866.738.4116**.

List-Languages-THP-Number-07/16

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| Drug                                                                       | Status  | Notes                                                              |
|----------------------------------------------------------------------------|---------|--------------------------------------------------------------------|
| <b>*5-HT4 RECEPTOR AGONISTS***</b>                                         |         |                                                                    |
| <b>MOTEGRITY ORAL TABLET</b>                                               | Brand   | PA; QL (30 EA per 30 days)                                         |
| <b>*ACL INHIB-INTESTINAL CHOLESTEROL ABSORPTION INHIB COMB***</b>          |         |                                                                    |
| <b>NEXLIZET ORAL TABLET</b>                                                | Brand   | PA                                                                 |
| <b>*ADENOSINE RECEPTOR ANTAGONIST***</b>                                   |         |                                                                    |
| <b>NOURIANZ ORAL TABLET</b>                                                | Brand   | PA; QL (1 EA per 1 day)                                            |
| <b>*ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS***</b>           |         |                                                                    |
| <b>NEXLETOL ORAL TABLET</b>                                                | Brand   | PA                                                                 |
| <b>*ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS*</b>                     |         |                                                                    |
| <b>ADHANSIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>                   | Brand   | PA; QL (30 EA per 30 days)                                         |
| <b>ALLI ORAL CAPSULE</b>                                                   | Brand   | PA                                                                 |
| <i>amphetamine-dextroamphetamine oral capsule extended release 24 hour</i> | Generic | PA; ¥ (PA applies to members 25 and older); QL (60 EA per 30 days) |
| <i>amphetamine-dextroamphetamine oral tablet</i>                           | Generic | PA; ¥ (PA applies to members 25 and older); QL (90 EA per 30 days) |
| <i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>                      | Generic | PA; QL (30 Tablets per 30 days)                                    |
| <i>armodafinil oral tablet 50 mg</i>                                       | Generic | PA; QL (60 Tablets per 30 days)                                    |
| <i>atomoxetine hcl oral capsule</i>                                        | Generic | QL (60 EA per 30 days)                                             |
| <b>BELVIQ ORAL TABLET</b>                                                  | Brand   | PA                                                                 |
| <b>BELVIQ XR ORAL TABLET EXTENDED RELEASE 24 HOUR</b>                      | Brand   | PA                                                                 |
| <i>benzphetamine hcl oral tablet</i>                                       | Generic | PA                                                                 |
| <i>caffeine citrate oral solution</i>                                      | Generic |                                                                    |
| <i>clonidine hcl er oral tablet extended release 12 hour</i>               | Generic | PA; QL (60 EA per 30 days)                                         |
| <b>DAYTRANA TRANSDERMAL PATCH</b>                                          | Brand   | PA; QL (30 patches per 30 days)                                    |
| <b>DEXEDRINE ORAL TABLET</b>                                               | Brand   | PA; ¥ (PA applies to members 25 and older); QL (90 EA per 30 days) |

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| <b>Drug</b>                                                                                                    | <b>Status</b> | <b>Notes</b>                                                         |
|----------------------------------------------------------------------------------------------------------------|---------------|----------------------------------------------------------------------|
| <i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> | Generic       | PA; ¥ (PA applies to members 25 and older); QL (30 EA per 30 days)   |
| <i>dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg, 35 mg</i>                            | Generic       | PA; QL (30 EA per 30 days)                                           |
| <i>dexmethylphenidate hcl oral tablet</i>                                                                      | Generic       | PA; ¥ (PA applies to members 25 and older); QL (60 EA per 30 days)   |
| <i>dextroamphetamine sulfate er oral capsule extended release 24 hour</i>                                      | Generic       | PA; ¥ (PA applies to members 25 and older); QL (90 EA per 30 days)   |
| <i>dextroamphetamine sulfate oral solution</i>                                                                 | Generic       | PA; ¥ (PA applies to members 25 and older); QL (1200 mL per 30 days) |
| <i>dextroamphetamine sulfate oral tablet</i>                                                                   | Generic       | PA; ¥ (PA applies to members 25 and older); QL (90 EA per 30 days)   |
| <i>diethylpropion hcl er oral tablet extended release 24 hour</i>                                              | Generic       | PA                                                                   |
| <i>diethylpropion hcl oral tablet</i>                                                                          | Generic       | PA                                                                   |
| <b>DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE</b>                                                            | Brand         | PA; QL (240 ML per 30 days)                                          |
| <b>EVEKEO ODT ORAL TABLET DISPERSIBLE</b>                                                                      | Brand         | PA                                                                   |
| <i>guanfacine hcl er oral tablet extended release 24 hour</i>                                                  | Generic       |                                                                      |
| <i>methamphetamine hcl oral tablet</i>                                                                         | Generic       | PA; ¥ (PA applies to members 25 and older); QL (150 EA per 30 days)  |
| <i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i>             | Generic       | PA; ¥ (PA applies to members 25 and older); QL (30 EA per 30 days)   |
| <i>methylphenidate hcl er (cd) oral capsule extended release 30 mg</i>                                         | Generic       | PA; ¥ (PA applies to members 25 and older); QL (60 EA per 30 days)   |
| <i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 60 mg</i>                          | Generic       | PA; QL (30 EA per 30 days)                                           |
| <i>methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 40 mg</i>                          | Generic       | PA; ¥ (PA applies to members 25 and older); QL (30 EA per 30 days)   |

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| <b>Drug</b>                                                                    | <b>Status</b> | <b>Notes</b>                                                        |
|--------------------------------------------------------------------------------|---------------|---------------------------------------------------------------------|
| <i>methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg</i> | Generic       | PA; ¥ (PA applies to members 25 and older); QL (60 EA per 30 days)  |
| <i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>        | Generic       | PA; ¥ (PA applies to members 25 and older); QL (90 EA per 30 days)  |
| <i>methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 54 mg</i> | Generic       | PA; ¥ (PA applies to members 25 and older); QL (30 EA per 30 days)  |
| <i>methylphenidate hcl er oral tablet extended release 24 hour</i>             | Generic       | PA; ¥ (PA applies to members 25 and older); QL (30 EA per 30 days)  |
| <i>methylphenidate hcl er oral tablet extended release 36 mg</i>               | Generic       | PA; ¥ (PA applies to members 25 and older); QL (60 EA per 30 days)  |
| <i>methylphenidate hcl oral solution</i>                                       | Generic       | PA; ¥ (PA applies to members 25 and older); QL (900 mL per 30 days) |
| <i>methylphenidate hcl oral tablet</i>                                         | Generic       | PA; ¥ (PA applies to members 25 and older); QL (90 EA per 30 days)  |
| <i>methylphenidate hcl oral tablet chewable</i>                                | Generic       | PA; ¥ (PA applies to members 25 and older); QL (90 EA per 30 days)  |
| <i>modafinil oral tablet</i>                                                   | Generic       | PA; QL (30 EA per 30 days)                                          |
| <i>phendimetrazine tartrate er oral capsule extended release 24 hour</i>       | Generic       | PA                                                                  |
| <i>phendimetrazine tartrate oral tablet</i>                                    | Generic       | PA                                                                  |
| <i>phentermine hcl oral capsule</i>                                            | Generic       | PA                                                                  |
| <i>phentermine hcl oral tablet</i>                                             | Generic       | PA                                                                  |
| <b>QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>                            | Brand         | PA                                                                  |
| <b>QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED</b>                             | Brand         | PA; QL (360 mL per 30 days)                                         |
| <b>SUPRENZA ORAL TABLET DISPERSIBLE</b>                                        | Brand         | PA                                                                  |
| <b>VYVANSE ORAL CAPSULE</b>                                                    | Brand         | PA; QL (30 EA per 30 days)                                          |
| <b>XENICAL ORAL CAPSULE</b>                                                    | Brand         | PA                                                                  |

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| Drug                                                          | Status          | Notes                                                              |
|---------------------------------------------------------------|-----------------|--------------------------------------------------------------------|
| ZENZEDI ORAL TABLET 10 MG, 5 MG                               | Brand           | PA; ¥ (PA applies to members 25 and older); QL (90 EA per 30 days) |
| <b>*ALS AGENTS - MISCELLANEOUS***</b>                         |                 |                                                                    |
| RADICAVA INTRAVENOUS SOLUTION                                 | Medical Benefit | PA                                                                 |
| <b>*AMEBICIDES*</b>                                           |                 |                                                                    |
| SOLOSEC ORAL PACKET                                           | Brand           | PA                                                                 |
| <b>*AMINO ACIDS***</b>                                        |                 |                                                                    |
| ENDARI ORAL PACKET                                            | Brand           | PA                                                                 |
| <b>*AMINOGLYCOSIDES*</b>                                      |                 |                                                                    |
| ARIKAYCE INHALATION SUSPENSION                                | Brand           |                                                                    |
| <i>neomycin sulfate oral tablet</i>                           | Generic         |                                                                    |
| <i>paromomycin sulfate oral capsule</i>                       | Generic         |                                                                    |
| TOBI PODHALER INHALATION CAPSULE                              | Brand           | PA; SP; QL (8 EA per 1 day)                                        |
| <i>tobramycin inhalation nebulization solution 300 mg/5ml</i> | Generic         |                                                                    |
| <b>*AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA***</b>          |                 |                                                                    |
| GIVLAARI SUBCUTANEOUS SOLUTION                                | Medical Benefit | PA                                                                 |
| <b>*AMINOMETHYLCYCLINES***</b>                                |                 |                                                                    |
| NUZYRA ORAL TABLET 150 MG                                     | Brand           | PA                                                                 |
| <b>*ANALGESICS - ANTI-INFLAMMATORY*</b>                       |                 |                                                                    |
| ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR            | Brand           | PA; SP; QL (4 Syringes per 28 days)                                |
| ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML                      | Medical Benefit | PA; QL (4 vials per 28 days)                                       |
| ACTEMRA INTRAVENOUS SOLUTION 400 MG/20ML                      | Medical Benefit | PA; QL (2 vials per 28 days)                                       |
| ACTEMRA INTRAVENOUS SOLUTION 80 MG/4ML                        | Medical Benefit | PA; QL (10 vials per 28 days)                                      |
| ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE               | Brand           | PA; SP; QL (4 syringes per 28 days)                                |
| ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED                  | Brand           | PA; SP; QL (4 Vials per 28 days)                                   |
| <i>celecoxib oral capsule</i>                                 | Generic         | QL (60 EA per 30 days)                                             |
| <i>diclofenac potassium oral tablet</i>                       | Generic         |                                                                    |

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| <b>Drug</b>                                                                                                                    | <b>Status</b> | <b>Notes</b>                          |
|--------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------|
| <i>diclofenac sodium er oral tablet extended release 24 hour</i>                                                               | Generic       |                                       |
| <i>diclofenac sodium oral tablet delayed release</i>                                                                           | Generic       |                                       |
| <b>ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE</b>                                                                             | Brand         | PA; SP; QL (4 cartridges per 28 days) |
| <b>ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML</b>                                                                                | Brand         | PA; SP; QL (8 syringes per 28 days)   |
| <b>ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML</b>                                                              | Brand         | PA; SP; QL (8 syringes per 28 days)   |
| <b>ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML</b>                                                                 | Brand         | PA; SP; QL (4 syringes per 28 days)   |
| <b>ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED</b>                                                                              | Brand         | PA; SP; QL (8 syringes per 28 days)   |
| <b>ENBREL SURECLICK SUBCUTANEOUS SOLUTION</b>                                                                                  | Brand         | PA; SP; QL (4 syringes per 28 days)   |
| <b>ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>                                                                    | Brand         | PA; SP; QL (4 syringes per 28 days)   |
| <i>etodolac er oral tablet extended release 24 hour</i>                                                                        | Generic       |                                       |
| <i>etodolac oral capsule</i>                                                                                                   | Generic       |                                       |
| <i>etodolac oral tablet</i>                                                                                                    | Generic       |                                       |
| <i>fenoprofen calcium oral tablet</i>                                                                                          | Generic       |                                       |
| <i>flurbiprofen oral tablet</i>                                                                                                | Generic       |                                       |
| <b>HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML, 80 MG/0.8ML, 80 MG/0.8ML &amp; 40MG/0.4ML</b> | Brand         | PA; SP; ¥ (1 Fill per life of plan)   |
| <b>HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT</b>                                                                                | Brand         | PA; SP; QL (2 EA per 28 days)         |
| <b>HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT</b>                                                               | Brand         | PA; SP; ¥ (1 Fill per life of plan)   |
| <b>HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT</b>                                                            | Brand         | PA; SP; ¥ (1 Fill per life of plan)   |
| <b>HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT</b>                                                                               | Brand         | PA; SP; QL (2 EA per 28 days)         |
| <i>ibuprofen oral suspension</i>                                                                                               | Generic       |                                       |
| <i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>                                                                            | Generic       |                                       |

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|-----------------------------------------------------------------------------|-----------------|------------------------------------------------------|
| <b>ILARIS (150MG DELIVERED)<br/>SUBCUTANEOUS SOLUTION<br/>RECONSTITUTED</b> | Medical Benefit | PA                                                   |
| <b>ILARIS SUBCUTANEOUS SOLUTION</b>                                         | Medical Benefit | PA                                                   |
| <i>indomethacin er oral capsule extended release</i>                        | Generic         |                                                      |
| <i>indomethacin oral capsule 25 mg, 50 mg</i>                               | Generic         |                                                      |
| <i>ketoprofen er oral capsule extended release 24 hour</i>                  | Generic         |                                                      |
| <i>ketoprofen oral capsule</i>                                              | Generic         |                                                      |
| <i>ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml</i>         | Generic         | ¥ (Max of 5 days per Rx); QL (120 MG per 1 day)      |
| <i>ketorolac tromethamine intramuscular solution 60 mg/2ml</i>              | Generic         | ¥ (Max of 5 days per Rx); QL (120 mg per 1 day)      |
| <i>ketorolac tromethamine nasal solution</i>                                | Generic         | PA; ¥ (Max of 5 days per Rx); QL (4 units per 1 day) |
| <i>ketorolac tromethamine oral tablet</i>                                   | Generic         | QL (20 EA per 30 days)                               |
| <b>KEVZARA SUBCUTANEOUS SOLUTION<br/>AUTO-INJECTOR</b>                      | Brand           | PA; SP; QL (2.28 ML per 30 days)                     |
| <b>KEVZARA SUBCUTANEOUS SOLUTION<br/>PREFILLED SYRINGE</b>                  | Brand           | PA; QL (2.28 ML per 30 days)                         |
| <b>KINERET SUBCUTANEOUS SOLUTION<br/>PREFILLED SYRINGE</b>                  | Brand           | PA; QL (28 Syringes per 28 days)                     |
| <i>leflunomide oral tablet</i>                                              | Generic         |                                                      |
| <i>meclofenamate sodium oral capsule</i>                                    | Generic         |                                                      |
| <i>mefenamic acid oral capsule</i>                                          | Generic         | PA                                                   |
| <i>meloxicam oral suspension</i>                                            | Generic         |                                                      |
| <i>meloxicam oral tablet</i>                                                | Generic         |                                                      |
| <i>nabumetone oral tablet</i>                                               | Generic         |                                                      |
| <i>naproxen dr oral tablet delayed release</i>                              | Generic         |                                                      |
| <i>naproxen oral suspension</i>                                             | Generic         |                                                      |
| <i>naproxen oral tablet</i>                                                 | Generic         |                                                      |
| <i>naproxen sodium oral tablet</i>                                          | Generic         |                                                      |
| <b>OLUMIANT ORAL TABLET</b>                                                 | Brand           | PA                                                   |
| <b>ORENCIA CLICKJECT SUBCUTANEOUS<br/>SOLUTION AUTO-INJECTOR</b>            | Brand           | PA; SP; QL (4 ML per 28 days)                        |
| <b>ORENCIA INTRAVENOUS SOLUTION<br/>RECONSTITUTED</b>                       | Medical Benefit | PA; QL (4 VIALS per 28 days)                         |

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| Drug                                                                                      | Status          | Notes                                 |
|-------------------------------------------------------------------------------------------|-----------------|---------------------------------------|
| <b>ORENCIA SUBCUTANEOUS SOLUTION<br/>PREFILLED SYRINGE 125 MG/ML</b>                      | Brand           | PA; SP; QL (4 ML per 28 days)         |
| <b>ORENCIA SUBCUTANEOUS SOLUTION<br/>PREFILLED SYRINGE 50 MG/0.4ML, 87.5<br/>MG/0.7ML</b> | Brand           | PA; QL (1.6 ML per 28 days)           |
| <i>oxaprozin oral tablet</i>                                                              | Generic         |                                       |
| <i>piroxicam oral capsule</i>                                                             | Generic         |                                       |
| <b>RINVOQ ORAL TABLET EXTENDED<br/>RELEASE 24 HOUR</b>                                    | Brand           | PA; SP; QL (30 EA per 30 days)        |
| <b>SIMPONI ARIA INTRAVENOUS<br/>SOLUTION</b>                                              | Medical Benefit | PA; QL (5 vials per 8 Weeks)          |
| <b>SIMPONI SUBCUTANEOUS SOLUTION<br/>AUTO-INJECTOR</b>                                    | Brand           | PA; SP; QL (1 syringe per 28<br>days) |
| <b>SIMPONI SUBCUTANEOUS SOLUTION<br/>PREFILLED SYRINGE</b>                                | Brand           | PA; SP; QL (1 syringe per 28<br>days) |
| <i>sulindac oral tablet</i>                                                               | Generic         |                                       |
| <i>tolmetin sodium oral capsule</i>                                                       | Generic         |                                       |
| <i>tolmetin sodium oral tablet</i>                                                        | Generic         |                                       |
| <b>XELJANZ ORAL TABLET</b>                                                                | Brand           | PA; SP; QL (60 EA per 30 days)        |
| <b>XELJANZ XR ORAL TABLET EXTENDED<br/>RELEASE 24 HOUR</b>                                | Brand           | PA; SP; QL (1 EA per 1 day)           |
| <b>*ANALGESICS - NONNARCOTIC*</b>                                                         |                 |                                       |
| <i>butalbital-acetaminophen oral tablet 50-325 mg</i>                                     | Generic         | QL (180 EA per 30 days)               |
| <i>butalbital-apap-caffeine oral capsule 50-325-40<br/>mg</i>                             | Generic         | QL (180 EA per 30 days)               |
| <i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>                                  | Generic         | QL (180 EA per 30 days)               |
| <i>butalbital-aspirin-caffeine oral capsule</i>                                           | Generic         | QL (180 EA per 30 days)               |
| <i>choline &amp; mag trisalicylate oral tablet 1000 mg</i>                                | Generic         |                                       |
| <i>choline-mag trisalicylate oral liquid</i>                                              | Generic         |                                       |
| <i>diflunisal oral tablet</i>                                                             | Generic         |                                       |
| <i>salsalate oral tablet</i>                                                              | Generic         |                                       |
| <b>*ANALGESICS - OPIOID*</b>                                                              |                 |                                       |
| <b>ABSTRAL SUBLINGUAL TABLET<br/>SUBLINGUAL</b>                                           | Brand           | PA                                    |
| <i>acetaminophen-codeine #2 oral tablet</i>                                               | Generic         | QL (12 EA per 1 day)                  |
| <i>acetaminophen-codeine #3 oral tablet</i>                                               | Generic         | QL (12 EA per 1 day)                  |

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|-----------------------------------------------------------------------------|---------------|-----------------------------------------------------------------------------|
| <i>acetaminophen-codeine #4 oral tablet</i>                                 | Generic       | QL (6 EA per 1 day)                                                         |
| <i>acetaminophen-codeine oral solution</i>                                  | Generic       | ¥ (Max of 4 g of acetaminophen or 360 mg of codeine); QL (150 ML per 1 day) |
| <i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>               | Generic       | QL (12 EA per 1 day)                                                        |
| <i>acetaminophen-codeine oral tablet 300-60 mg</i>                          | Generic       | QL (6 EA per 1 day)                                                         |
| <b>APADAZ ORAL TABLET</b>                                                   | Brand         | PA; QL (168 EA per 14 days)                                                 |
| <b>ARYMO ER ORAL TABLET EXTENDED RELEASE ABUSE-DETERRENT</b>                | Brand         | PA; QL (3 EA per 1 day)                                                     |
| <b>ASCOMP-CODEINE ORAL CAPSULE</b>                                          | Generic       | QL (180 EA per 30 days)                                                     |
| <b>BELBUCA BUCCAL FILM</b>                                                  | Brand         | PA; QL (60 Films per 30 days)                                               |
| <b>BUNAVAIL BUCCAL FILM 2.1-0.3 MG, 6.3-1 MG</b>                            | Brand         | PA; ¥ (Max of 32 mg/day for the first 6 months); QL (30 EA per 30 days)     |
| <b>BUNAVAIL BUCCAL FILM 4.2-0.7 MG</b>                                      | Brand         | PA; ¥ (Max of 32 mg/day for the first 6 months); QL (60 EA per 30 days)     |
| <i>buprenorphine hcl sublingual tablet sublingual</i>                       | Generic       | PA                                                                          |
| <i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 4-1 mg</i>       | Generic       | ¥ (Max of 32 mg/day for the first 6 months); QL (30 EA per 30 days)         |
| <i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>              | Generic       | ¥ (Max of 32 mg/day for the first 6 months); QL (90 EA per 30 days)         |
| <i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>                | Generic       | ¥ (Max of 32 mg/day for the first 6 months); QL (60 EA per 30 days)         |
| <i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i> | Generic       | ¥ (Max of 32 mg/day for the first 6 months); QL (90 EA per 30 days)         |
| <i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>   | Generic       | ¥ (Max of 32 mg/day for the first 6 months); QL (60 EA per 30 days)         |
| <i>buprenorphine transdermal patch weekly</i>                               | Generic       | PA; QL (4 EA per 28 days)                                                   |
| <i>butalbital-asa-caff-codeine oral capsule</i>                             | Generic       | QL (180 EA per 30 days)                                                     |
| <i>butorphanol tartrate injection solution</i>                              | Generic       |                                                                             |
| <i>butorphanol tartrate nasal solution</i>                                  | Generic       |                                                                             |
| <i>codeine sulfate oral tablet</i>                                          | Generic       | QL (360 mg per 1 day)                                                       |
| <b>EMBEDA ORAL CAPSULE EXTENDED RELEASE</b>                                 | Brand         | PA; QL (2 EA per 1 day)                                                     |
| <i>fentanyl citrate buccal lozenge on a handle</i>                          | Generic       | PA; QL (120 EA per 30 days)                                                 |

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|-----------------------------------------------------------------------------------------------|---------------|----------------------------|
| <i>fentanyl transdermal patch 72 hour</i>                                                     | Generic       | PA; QL (10 EA per 30 days) |
| <b>FENTORA BUCCAL TABLET 100 MCG</b>                                                          | Brand         | PA; QL (4 EA per 1 day)    |
| <i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i> | Generic       | QL (90 ML per 1 day)       |
| <i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>                            | Generic       | QL (6 EA per 1 day)        |
| <i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>                                       | Generic       | QL (12 EA per 1 day)       |
| <i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>                                         | Generic       | QL (8 EA per 1 day)        |
| <i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>                      | Generic       | QL (5 EA per 1 day)        |
| <i>hydromorphone hcl er oral tablet er 24 hour abuse-deterrent</i>                            | Generic       | PA; QL (1 EA per 1 day)    |
| <i>hydromorphone hcl oral liquid</i>                                                          | Generic       | QL (20 ML per 1 day)       |
| <i>hydromorphone hcl oral tablet 2 mg</i>                                                     | Generic       | QL (10 EA per 1 day)       |
| <i>hydromorphone hcl oral tablet 4 mg</i>                                                     | Generic       | QL (5 EA per 1 day)        |
| <i>hydromorphone hcl oral tablet 8 mg</i>                                                     | Generic       | QL (2 EA per 1 day)        |
| <i>hydromorphone hcl rectal suppository</i>                                                   | Generic       | QL (4 EA per 1 day)        |
| <b>IBUDONE ORAL TABLET</b>                                                                    | Generic       | QL (5 EA per 1 day)        |
| <b>KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG</b>                                    | Brand         | PA; QL (2 EA per 1 day)    |
| <i>meperidine hcl oral solution</i>                                                           | Generic       | QL (90 ML per 1 day)       |
| <i>meperidine hcl oral tablet 100 mg</i>                                                      | Generic       | QL (9 EA per 1 day)        |
| <i>meperidine hcl oral tablet 50 mg</i>                                                       | Generic       | QL (18 EA per 1 day)       |
| Methadone HCl Injection Solution                                                              | MB/RX         | PA; QL (2 ML per 1 day)    |
| <b>METHADONE HCL INTENSOL CONCENTRATE 10 MG/ML ORAL</b>                                       | Generic       | PA; QL (2 ML per 1 day)    |
| <i>methadone hcl oral solution 10 mg/5ml</i>                                                  | Generic       | PA; QL (10 ML per 1 day)   |
| <i>methadone hcl oral solution 5 mg/5ml</i>                                                   | Generic       | PA; QL (20 ML per 1 day)   |
| <i>methadone hcl oral tablet 10 mg</i>                                                        | Generic       | PA; QL (2 EA per 1 day)    |
| <i>methadone hcl oral tablet 5 mg</i>                                                         | Generic       | PA; QL (3 EA per 1 day)    |
| <b>MORPHABOND ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT</b>                                   | Brand         | PA; QL (60 EA per 30 days) |
| <i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>                                | Generic       | QL (4.5 ML per 1 day)      |

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| <b>Drug</b>                                                            | <b>Status</b> | <b>Notes</b>            |
|------------------------------------------------------------------------|---------------|-------------------------|
| <i>morphine sulfate er beads oral capsule extended release 24 hour</i> | Generic       | PA; QL (1 EA per 1 day) |
| <i>morphine sulfate er oral capsule extended release 24 hour</i>       | Generic       | PA; QL (2 EA per 1 day) |
| <i>morphine sulfate er oral tablet extended release</i>                | Generic       | PA; QL (3 EA per 1 day) |
| <i>morphine sulfate oral solution 10 mg/5ml</i>                        | Generic       | QL (45 ML per 1 day)    |
| <i>morphine sulfate oral solution 20 mg/5ml</i>                        | Generic       | QL (22.5 ML per 1 day)  |
| <i>morphine sulfate oral tablet 15 mg</i>                              | Generic       | QL (6 EA per 1 day)     |
| <i>morphine sulfate oral tablet 30 mg</i>                              | Generic       | QL (3 EA per 1 day)     |
| <b>NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR</b>                 | Brand         | PA; QL (2 EA per 1 day) |
| <b>NUCYNTA ORAL TABLET 100 MG</b>                                      | Brand         | PA; QL (2 EA per 1 day) |
| <b>NUCYNTA ORAL TABLET 50 MG</b>                                       | Brand         | PA; QL (4 EA per 1 day) |
| <b>NUCYNTA ORAL TABLET 75 MG</b>                                       | Brand         | PA; QL (3 EA per 1 day) |
| <b>OPANA ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT</b>                 | Brand         | PA; QL (2 EA per 1 day) |
| <i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent</i>         | Generic       | PA; QL (2 EA per 1 day) |
| <i>oxycodone hcl oral capsule</i>                                      | Generic       | QL (12 EA per 1 day)    |
| <i>oxycodone hcl oral concentrate 100 mg/5ml</i>                       | Generic       | QL (3 ML per 1 day)     |
| <i>oxycodone hcl oral solution</i>                                     | Generic       | QL (60 ML per 1 day)    |
| <i>oxycodone hcl oral tablet 10 mg</i>                                 | Generic       | QL (6 EA per 1 day)     |
| <i>oxycodone hcl oral tablet 15 mg</i>                                 | Generic       | QL (4 EA per 1 day)     |
| <i>oxycodone hcl oral tablet 20 mg</i>                                 | Generic       | QL (3 EA per 1 day)     |
| <i>oxycodone hcl oral tablet 30 mg</i>                                 | Generic       | QL (2 EA per 1 day)     |
| <i>oxycodone hcl oral tablet 5 mg</i>                                  | Generic       | QL (12 EA per 1 day)    |
| <i>oxycodone-acetaminophen oral solution</i>                           | Generic       | QL (60 ML per 1 day)    |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg</i>                   | Generic       | QL (6 EA per 1 day)     |
| <i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>        | Generic       | QL (12 EA per 1 day)    |
| <i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>                  | Generic       | QL (8 EA per 1 day)     |
| <i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>                     | Generic       | QL (12 EA per 1 day)    |
| <i>oxycodone-ibuprofen oral tablet</i>                                 | Generic       | PA; QL (4 EA per 1 day) |
| <b>OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT</b>                | Brand         | PA; QL (2 EA per 1 day) |

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|-----------------------------------------------------------------------------------------------|-----------------|-------------------------------------------------------------------------|
| <i>oxymorphone hcl er oral tablet extended release 12 hour</i>                                | Generic         | PA; QL (2 EA per 1 day)                                                 |
| <i>oxymorphone hcl oral tablet 10 mg</i>                                                      | Generic         | PA; QL (3 EA per 1 day)                                                 |
| <i>oxymorphone hcl oral tablet 5 mg</i>                                                       | Generic         | PA; QL (6 EA per 1 day)                                                 |
| <b>PROBUPHINE IMPLANT KIT<br/>SUBCUTANEOUS IMPLANT</b>                                        | Medical Benefit | PA                                                                      |
| <b>SUBLOCADE SUBCUTANEOUS<br/>SOLUTION PREFILLED SYRINGE</b>                                  | Medical Benefit | PA                                                                      |
| <i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i> | Generic         | PA; QL (1 EA per 1 day)                                                 |
| <i>tramadol hcl er oral tablet extended release 24 hour 100 mg</i>                            | Generic         | PA; QL (1 EA per 1 day)                                                 |
| <i>tramadol hcl er oral tablet extended release 24 hour 200 mg, 300 mg</i>                    | Generic         | PA; QL (30 EA per 30 days)                                              |
| <i>tramadol hcl oral tablet 50 mg</i>                                                         | Generic         | QL (240 EA per 30 days)                                                 |
| <i>tramadol-acetaminophen oral tablet</i>                                                     | Generic         | QL (240 EA per 30 days)                                                 |
| <b>ZOHYDRO ER ORAL CAPSULE ER 12<br/>HOUR ABUSE-DETERRENT</b>                                 | Brand           | PA; QL (2 EA per 1 day)                                                 |
| <b>ZUBSOLV SUBLINGUAL TABLET<br/>SUBLINGUAL 1.4-0.36 MG, 2.9-0.71 MG, 5.7-<br/>1.4 MG</b>     | Brand           | PA; ¥ (Max of 32 mg/day for the first 6 months); QL (60 EA per 30 days) |
| <b>ZUBSOLV SUBLINGUAL TABLET<br/>SUBLINGUAL 11.4-2.9 MG, 8.6-2.1 MG</b>                       | Brand           | PA; ¥ (Max of 32 mg/day for the first 6 months); QL (30 EA per 30 days) |
| <b>*ANDROGENS-ANABOLIC*</b>                                                                   |                 |                                                                         |
| <b>ANADROL-50 ORAL TABLET</b>                                                                 | Brand           | PA                                                                      |
| <b>ANDRODERM TRANSDERMAL PATCH 24<br/>HOUR</b>                                                | Brand           | PA                                                                      |
| <b>AVEED INTRAMUSCULAR SOLUTION</b>                                                           | Medical Benefit | PA                                                                      |
| <i>danazol oral capsule</i>                                                                   | Generic         |                                                                         |
| <b>JATENZO ORAL CAPSULE 158 MG, 237<br/>MG</b>                                                | Brand           | PA; QL (2 EA per 1 day)                                                 |
| <b>JATENZO ORAL CAPSULE 198 MG</b>                                                            | Brand           | PA; QL (4 EA per 1 day)                                                 |
| <i>methitest oral tablet</i>                                                                  | Brand           | PA                                                                      |
| <i>methyltestosterone oral capsule</i>                                                        | Generic         | PA                                                                      |
| <i>oxandrolone oral tablet 10 mg</i>                                                          | Generic         | PA; QL (60 EA per 30 days)                                              |
| <i>oxandrolone oral tablet 2.5 mg</i>                                                         | Generic         | PA; QL (240 EA per 30 days)                                             |

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|------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------------------------|
| <b>STRIANT BUCCAL</b>                                                                                            | Brand           | PA                                          |
| <b>TESTOPEL IMPLANT PELLETT</b>                                                                                  | Medical Benefit | PA                                          |
| <i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>                                        | Generic         |                                             |
| <i>testosterone enanthate injection solution</i>                                                                 | Generic         |                                             |
| <i>testosterone enanthate intramuscular solution</i>                                                             | Generic         |                                             |
| <i>testosterone transdermal gel 1.62 %, 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)</i> | Generic         | PA                                          |
| <i>testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>           | Generic         |                                             |
| <i>testosterone transdermal solution</i>                                                                         | Generic         | PA                                          |
| <b>XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>                                                               | Brand           | PA                                          |
| <b>*ANORECTAL AGENTS*</b>                                                                                        |                 |                                             |
| <b>COLOCORT RECTAL ENEMA</b>                                                                                     | Generic         |                                             |
| <b>HEMMOREX-HC RECTAL SUPPOSITORY</b>                                                                            | Generic         |                                             |
| <i>hydrocortisone ace-pramoxine rectal cream</i>                                                                 | Generic         |                                             |
| <i>hydrocortisone acetate rectal suppository</i>                                                                 | Generic         |                                             |
| <i>hydrocortisone rectal cream</i>                                                                               | Generic         |                                             |
| <i>hydrocortisone rectal enema</i>                                                                               | Generic         |                                             |
| <i>pramcort rectal cream</i>                                                                                     | Generic         |                                             |
| <b>PROCTO-PAK RECTAL CREAM</b>                                                                                   | Generic         |                                             |
| <b>PROCTOSOL HC RECTAL CREAM</b>                                                                                 | Generic         |                                             |
| <b>PROCTOZONE-HC RECTAL CREAM</b>                                                                                | Generic         |                                             |
| <b>UCERIS RECTAL FOAM</b>                                                                                        | Brand           | PA                                          |
| <b>*ANTHELMINTICS*</b>                                                                                           |                 |                                             |
| <i>albendazole oral tablet</i>                                                                                   | Generic         |                                             |
| <i>benznidazole oral tablet</i>                                                                                  | Brand           |                                             |
| <i>ivermectin oral tablet</i>                                                                                    | Generic         |                                             |
| <i>praziquantel oral tablet</i>                                                                                  | Generic         |                                             |
| <b>*ANTIANGINAL AGENTS*</b>                                                                                      |                 |                                             |
| <i>isosorbide dinitrate er oral tablet extended release</i>                                                      | Generic         | ¥ (Can be filled for up to a 90 day supply) |
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>                                                | Generic         | ¥ (Can be filled for up to a 90 day supply) |

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| <b>Drug</b>                                                           | <b>Status</b> | <b>Notes</b>                                                         |
|-----------------------------------------------------------------------|---------------|----------------------------------------------------------------------|
| <i>isosorbide mononitrate er oral tablet extended release 24 hour</i> | Generic       | ¥ (Can be filled for up to a 90 day supply)                          |
| <i>isosorbide mononitrate oral tablet</i>                             | Generic       | ¥ (Can be filled for up to a 90 day supply)                          |
| <i>nitroglycerin sublingual tablet sublingual</i>                     | Generic       |                                                                      |
| <i>nitroglycerin transdermal patch 24 hour</i>                        | Generic       | ¥ (Can be filled for up to a 90 day supply)                          |
| <i>nitroglycerin translingual aerosol solution</i>                    | Generic       |                                                                      |
| <i>nitroglycerin translingual solution</i>                            | Generic       |                                                                      |
| <i>ranolazine er oral tablet extended release 12 hour</i>             | Generic       | PA; ¥ (Can be filled for up to a 90 day supply); QL (2 EA per 1 day) |
| <b>*ANTI-ANXIETY AGENTS*</b>                                          |               |                                                                      |
| <i>alprazolam er oral tablet extended release 24 hour</i>             | Generic       |                                                                      |
| <i>alprazolam oral tablet</i>                                         | Generic       |                                                                      |
| <i>alprazolam oral tablet dispersible</i>                             | Generic       |                                                                      |
| <i>alprazolam xr oral tablet extended release 24 hour</i>             | Generic       |                                                                      |
| <i>buspirone hcl oral tablet 10 mg, 15 mg, 5 mg, 7.5 mg</i>           | Generic       |                                                                      |
| <i>buspirone hcl oral tablet 30 mg</i>                                | Generic       | PA                                                                   |
| <i>chlordiazepoxide hcl oral capsule</i>                              | Generic       |                                                                      |
| <i>clorazepate dipotassium oral tablet</i>                            | Generic       |                                                                      |
| <b>DIAZEPAM INTENSOL ORAL CONCENTRATE</b>                             | Generic       |                                                                      |
| <i>diazepam oral concentrate</i>                                      | Generic       |                                                                      |
| <i>diazepam oral solution</i>                                         | Generic       |                                                                      |
| <i>diazepam oral tablet</i>                                           | Generic       |                                                                      |
| <i>hydroxyzine hcl oral syrup</i>                                     | Generic       |                                                                      |
| <i>hydroxyzine hcl oral tablet</i>                                    | Generic       |                                                                      |
| <i>hydroxyzine pamoate oral capsule</i>                               | Generic       |                                                                      |
| <b>LORAZEPAM INTENSOL ORAL CONCENTRATE</b>                            | Generic       |                                                                      |
| <i>lorazepam oral concentrate 2 mg/ml</i>                             | Generic       |                                                                      |
| <i>lorazepam oral tablet</i>                                          | Generic       |                                                                      |
| <i>oxazepam oral capsule</i>                                          | Generic       |                                                                      |

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|-------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------------|
| <b>*ANTIARRHYTHMICS*</b>                                                                                                |               |                                             |
| <i>amiodarone hcl oral tablet</i>                                                                                       | Generic       | ¥ (Can be filled for up to a 90 day supply) |
| <i>disopyramide phosphate oral capsule</i>                                                                              | Generic       | ¥ (Can be filled for up to a 90 day supply) |
| <i>dofetilide oral capsule</i>                                                                                          | Generic       |                                             |
| <i>flecainide acetate oral tablet</i>                                                                                   | Generic       | ¥ (Can be filled for up to a 90 day supply) |
| <i>mexiletine hcl oral capsule</i>                                                                                      | Generic       | ¥ (Can be filled for up to a 90 day supply) |
| <i>propafenone hcl er oral capsule extended release 12 hour</i>                                                         | Generic       | ¥ (Can be filled for up to a 90 day supply) |
| <i>propafenone hcl oral tablet</i>                                                                                      | Generic       | ¥ (Can be filled for up to a 90 day supply) |
| <i>quinidine gluconate er oral tablet extended release</i>                                                              | Generic       | ¥ (Can be filled for up to a 90 day supply) |
| <i>quinidine sulfate er oral tablet extended release</i>                                                                | Generic       |                                             |
| <i>quinidine sulfate oral tablet</i>                                                                                    | Generic       | ¥ (Can be filled for up to a 90 day supply) |
| <b>*ANTIASTHMATIC AND BRONCHODILATOR AGENTS*</b>                                                                        |               |                                             |
| <b>ADVAIR HFA INHALATION AEROSOL</b>                                                                                    | Brand         | PA                                          |
| <i>albuterol sulfate er oral tablet extended release 12 hour</i>                                                        | Generic       |                                             |
| <i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>                                          | Generic       |                                             |
| <i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml</i> | Generic       |                                             |
| <i>albuterol sulfate oral syrup</i>                                                                                     | Generic       |                                             |
| <i>albuterol sulfate oral tablet</i>                                                                                    | Generic       |                                             |
| <b>ALVESCO INHALATION AEROSOL SOLUTION</b>                                                                              | Brand         |                                             |
| <b>ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED</b>                                                         | Brand         | PA                                          |

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| <b>Drug</b>                                                                           | <b>Status</b> | <b>Notes</b>                                                                                                                                            |
|---------------------------------------------------------------------------------------|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>ASMANEX (120 METERED DOSES)<br/>INHALATION AEROSOL POWDER<br/>BREATH ACTIVATED</b> | Brand         |                                                                                                                                                         |
| <b>ASMANEX (14 METERED DOSES)<br/>INHALATION AEROSOL POWDER<br/>BREATH ACTIVATED</b>  | Brand         |                                                                                                                                                         |
| <b>ASMANEX (30 METERED DOSES)<br/>INHALATION AEROSOL POWDER<br/>BREATH ACTIVATED</b>  | Brand         |                                                                                                                                                         |
| <b>ASMANEX (60 METERED DOSES)<br/>INHALATION AEROSOL POWDER<br/>BREATH ACTIVATED</b>  | Brand         |                                                                                                                                                         |
| <b>ASMANEX (7 METERED DOSES)<br/>INHALATION AEROSOL POWDER<br/>BREATH ACTIVATED</b>   | Brand         |                                                                                                                                                         |
| <b>ASMANEX HFA INHALATION AEROSOL</b>                                                 | Brand         |                                                                                                                                                         |
| <b>ATROVENT HFA INHALATION AEROSOL<br/>SOLUTION</b>                                   | Brand         |                                                                                                                                                         |
| <b>BREO ELLIPTA INHALATION AEROSOL<br/>POWDER BREATH ACTIVATED</b>                    | Brand         | PA; QL (1 EA per 30 days)                                                                                                                               |
| <i>budesonide inhalation suspension</i>                                               | Generic       |                                                                                                                                                         |
| <i>budesonide-formoterol fumarate inhalation<br/>aerosol 160-4.5 mcg/act</i>          | Generic       | PA                                                                                                                                                      |
| <i>budesonide-formoterol fumarate inhalation<br/>aerosol 80-4.5 mcg/act</i>           | Generic       | PA; ¥ (PA applies to members 0-5<br>years of age and members 12 years<br>of age and older (no PA required<br>for members 6 through 11 years of<br>age)) |
| <b>COMBIVENT RESPIMAT INHALATION<br/>AEROSOL SOLUTION</b>                             | Brand         |                                                                                                                                                         |
| <i>cromolyn sodium inhalation nebulization solution</i>                               | Generic       |                                                                                                                                                         |
| <b>DALIRESP ORAL TABLET</b>                                                           | Brand         | PA                                                                                                                                                      |
| <b>DULERA INHALATION AEROSOL</b>                                                      | Brand         | PA                                                                                                                                                      |
| <i>epinephrine hcl injection solution 1 mg/ml</i>                                     | Generic       |                                                                                                                                                         |
| <b>FLOVENT DISKUS INHALATION<br/>AEROSOL POWDER BREATH<br/>ACTIVATED</b>              | Brand         |                                                                                                                                                         |
| <b>FLOVENT HFA INHALATION AEROSOL</b>                                                 | Brand         |                                                                                                                                                         |

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|------------------------------------------------------------------------------------------------|---------------|-------------------------------------------------------------------------------------------------------------------------|
| <i>fluticasone-salmeterol inhalation aerosol powder breath activated</i>                       | Generic       |                                                                                                                         |
| <b>INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED</b>                              | Brand         |                                                                                                                         |
| <i>ipratropium bromide inhalation solution</i>                                                 | Generic       |                                                                                                                         |
| <i>ipratropium-albuterol inhalation solution</i>                                               | Generic       |                                                                                                                         |
| <i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i> | Generic       |                                                                                                                         |
| <i>levalbuterol tartrate inhalation aerosol</i>                                                | Generic       |                                                                                                                         |
| <i>metaproterenol sulfate oral syrup</i>                                                       | Generic       |                                                                                                                         |
| <i>metaproterenol sulfate oral tablet</i>                                                      | Generic       |                                                                                                                         |
| <i>montelukast sodium oral packet</i>                                                          | Generic       | STPA; ¥ (Covered for members 6 through 23 months of age. Can be filled for up to a 90 day supply.); QL (1 EA per 1 day) |
| <i>montelukast sodium oral tablet</i>                                                          | Generic       | ¥ (Can be filled for up to a 90 day supply); QL (1 EA per 1 day)                                                        |
| <i>montelukast sodium oral tablet chewable</i>                                                 | Generic       | ¥ (Can be filled for up to a 90 day supply); QL (1 EA per 1 day)                                                        |
| <b>PERFOROMIST INHALATION NEBULIZATION SOLUTION</b>                                            | Brand         |                                                                                                                         |
| <b>PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED</b>                             | Brand         | PA                                                                                                                      |
| <b>PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED</b>                            | Brand         | PA                                                                                                                      |
| <b>PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED</b>                          | Brand         |                                                                                                                         |
| <b>QVAR INHALATION AEROSOL SOLUTION</b>                                                        | Brand         |                                                                                                                         |
| <b>QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED</b>                                      | Brand         | QL (10.6 GM per 30 days)                                                                                                |
| <b>SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT</b>                               | Brand         |                                                                                                                         |
| <b>STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION</b>                                          | Brand         |                                                                                                                         |

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|---------------------------------------------------------------------------|-----------------|---------------------------------------------|
| <i>terbutaline sulfate oral tablet</i>                                    | Generic         |                                             |
| <i>theophylline er oral tablet extended release 12 hour</i>               | Generic         | ¥ (Can be filled for up to a 90 day supply) |
| <i>theophylline er oral tablet extended release 24 hour</i>               | Generic         | ¥ (Can be filled for up to a 90 day supply) |
| <i>theophylline oral solution</i>                                         | Generic         | ¥ (Can be filled for up to a 90 day supply) |
| <b>WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED</b>            | Generic         |                                             |
| <b>XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>                     | Medical Benefit | PA; SP; QL (6 Vials per 28 days)            |
| <b>XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED</b>                         | Medical Benefit | PA; QL (6 vials per 28 days)                |
| <i>zafirlukast oral tablet</i>                                            | Brand           | ¥ (Can be filled for up to a 90 day supply) |
| <b>*ANTICOAGULANTS*</b>                                                   |                 |                                             |
| <b>ELIQUIS DVT/PE STARTER PACK ORAL TABLET</b>                            | Brand           | QL (1 Pack per 1 Lifetime)                  |
| <b>ELIQUIS ORAL TABLET</b>                                                | Brand           | QL (60 EA per 30 days)                      |
| <i>enoxaparin sodium injection solution</i>                               | Generic         |                                             |
| <i>enoxaparin sodium subcutaneous solution</i>                            | Generic         |                                             |
| <i>fondaparinux sodium subcutaneous solution</i>                          | Generic         |                                             |
| <i>heparin (porcine) in nacl intravenous solution 5000-0.9 ut/500ml-%</i> | Brand           |                                             |
| <i>heparin sodium (porcine) injection solution</i>                        | Generic         |                                             |
| <b>IPRIVASK SUBCUTANEOUS SOLUTION RECONSTITUTED</b>                       | Brand           | QL (24 vials per 12 days)                   |
| <i>warfarin sodium oral tablet</i>                                        | Generic         |                                             |
| <b>*ANTICONVULSANTS*</b>                                                  |                 |                                             |
| <b>APTOM ORAL TABLET</b>                                                  | Brand           | PA                                          |
| <b>BANZEL ORAL SUSPENSION</b>                                             | Brand           | PA                                          |
| <b>BANZEL ORAL TABLET</b>                                                 | Brand           | PA                                          |
| <b>BRIVIACT ORAL SOLUTION</b>                                             | Brand           | PA                                          |
| <b>BRIVIACT ORAL TABLET</b>                                               | Brand           | PA                                          |
| <i>carbamazepine er oral capsule extended release 12 hour</i>             | Generic         |                                             |

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| <b>Drug</b>                                                                                                  | <b>Status</b> | <b>Notes</b>                                    |
|--------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------------------|
| <i>carbamazepine er oral tablet extended release 12 hour</i>                                                 | Generic       |                                                 |
| <i>carbamazepine oral suspension</i>                                                                         | Generic       |                                                 |
| <i>carbamazepine oral tablet</i>                                                                             | Generic       |                                                 |
| <i>carbamazepine oral tablet chewable</i>                                                                    | Generic       |                                                 |
| <i>clobazam oral suspension</i>                                                                              | Generic       | PA                                              |
| <i>clobazam oral tablet</i>                                                                                  | Generic       | PA; QL (60 EA per 30 days)                      |
| <i>clonazepam oral tablet</i>                                                                                | Generic       |                                                 |
| <b>DIACOMIT ORAL CAPSULE</b>                                                                                 | Brand         | PA                                              |
| <b>DIACOMIT ORAL PACKET</b>                                                                                  | Brand         | PA                                              |
| <i>diazepam rectal gel</i>                                                                                   | Generic       | QL (1 System per 1 Rx)                          |
| <b>DILANTIN ORAL CAPSULE 30 MG</b>                                                                           | Brand         | PA; ¥ (PA applies to members 6 years and under) |
| <i>divalproex sodium er oral tablet extended release 24 hour</i>                                             | Generic       |                                                 |
| <i>divalproex sodium oral capsule delayed release sprinkle</i>                                               | Generic       |                                                 |
| <i>divalproex sodium oral tablet delayed release</i>                                                         | Generic       |                                                 |
| <b>EPIDIOLEX ORAL SOLUTION</b>                                                                               | Brand         | PA                                              |
| <b>EPITOL ORAL TABLET</b>                                                                                    | Generic       |                                                 |
| <i>ethosuximide oral capsule</i>                                                                             | Generic       |                                                 |
| <i>ethosuximide oral solution</i>                                                                            | Generic       |                                                 |
| <i>felbamate oral suspension</i>                                                                             | Generic       | PA                                              |
| <i>felbamate oral tablet</i>                                                                                 | Generic       | PA                                              |
| <b>FINTEPLA ORAL SOLUTION</b>                                                                                | Brand         | PA                                              |
| <b>FYCOMPA ORAL SUSPENSION</b>                                                                               | Brand         | PA                                              |
| <b>FYCOMPA ORAL TABLET</b>                                                                                   | Brand         | PA                                              |
| <i>gabapentin oral capsule</i>                                                                               | Generic       |                                                 |
| <i>gabapentin oral solution 250 mg/5ml</i>                                                                   | Generic       |                                                 |
| <i>gabapentin oral tablet</i>                                                                                | Generic       |                                                 |
| <i>lamotrigine er oral tablet extended release 24 hour</i>                                                   | Generic       | PA; QL (90 EA per 30 days)                      |
| <i>lamotrigine odt oral tablet dispersible</i>                                                               | Generic       |                                                 |
| <i>lamotrigine oral kit 21 x 25 mg &amp; 7 x 50 mg, 25 &amp; 50 &amp; 100 mg, 42 x 50 mg &amp; 14x100 mg</i> | Generic       |                                                 |

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| <b>Drug</b>                                                            | <b>Status</b> | <b>Notes</b>                  |
|------------------------------------------------------------------------|---------------|-------------------------------|
| <i>lamotrigine oral tablet 100 mg, 150 mg</i>                          | Generic       | QL (90 EA per 30 days)        |
| <i>lamotrigine oral tablet 200 mg</i>                                  | Generic       |                               |
| <i>lamotrigine oral tablet 25 mg</i>                                   | Generic       | QL (180 EA per 30 days)       |
| <i>lamotrigine oral tablet chewable</i>                                | Generic       | QL (180 EA per 30 days)       |
| <i>lamotrigine oral tablet dispersible</i>                             | Generic       |                               |
| <i>lamotrigine starter kit-blue oral kit</i>                           | Generic       |                               |
| <i>lamotrigine starter kit-green oral kit</i>                          | Generic       |                               |
| <i>lamotrigine starter kit-orange oral kit</i>                         | Generic       |                               |
| <i>lamotrigine titration oral kit</i>                                  | Generic       |                               |
| <i>levetiracetam er oral tablet extended release 24 hour 500 mg</i>    | Generic       | PA; QL (180 EA per 30 days)   |
| <i>levetiracetam er oral tablet extended release 24 hour 750 mg</i>    | Generic       | PA; QL (120 EA per 30 days)   |
| <i>levetiracetam oral solution</i>                                     | Generic       |                               |
| <i>levetiracetam oral tablet</i>                                       | Generic       |                               |
| <b>NAYZILAM NASAL SOLUTION</b>                                         | Brand         | PA                            |
| <i>oxcarbazepine oral suspension</i>                                   | Generic       |                               |
| <i>oxcarbazepine oral tablet</i>                                       | Generic       |                               |
| <b>OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG</b> | Brand         | PA; QL (30 EA per 30 days)    |
| <b>OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 600 MG</b>         | Brand         | PA; QL (120 EA per 30 days)   |
| <b>PEGANONE ORAL TABLET</b>                                            | Brand         | PA                            |
| <b>PHENYTOIN INFATABS ORAL TABLET CHEWABLE</b>                         | Generic       |                               |
| <i>phenytoin oral suspension 125 mg/5ml</i>                            | Generic       |                               |
| <i>phenytoin oral tablet chewable</i>                                  | Generic       |                               |
| <i>phenytoin sodium extended oral capsule</i>                          | Generic       |                               |
| <i>pregabalin oral capsule</i>                                         | Generic       | PA; QL (3 capsules per 1 day) |
| <i>pregabalin oral solution</i>                                        | Generic       | PA; QL (900 ML per 30 days)   |
| <i>primidone oral tablet</i>                                           | Generic       |                               |
| <b>SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE</b>                      | Brand         | PA; QL (60 EA per 30 days)    |
| <b>SYMPAZAN ORAL FILM</b>                                              | Brand         | PA                            |
| <i>tiagabine hcl oral tablet 2 mg, 4 mg</i>                            | Generic       |                               |

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|-------------------------------------------------------------------------------|---------------|---------------------------------|
| <i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 25 mg, 50 mg</i>    | Generic       | PA; QL (30 EA per 30 days)      |
| <i>topiramate er oral capsule er 24 hour sprinkle 150 mg, 200 mg</i>          | Generic       | PA; QL (60 EA per 30 days)      |
| <i>topiramate oral capsule sprinkle 15 mg</i>                                 | Generic       |                                 |
| <i>topiramate oral capsule sprinkle 25 mg</i>                                 | Generic       | QL (180 EA per 30 days)         |
| <i>topiramate oral tablet 100 mg, 50 mg</i>                                   | Generic       | QL (90 EA per 30 days)          |
| <i>topiramate oral tablet 200 mg</i>                                          | Generic       |                                 |
| <i>topiramate oral tablet 25 mg</i>                                           | Generic       | QL (180 EA per 30 days)         |
| <b>TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG</b> | Brand         | PA; QL (30 EA per 30 days)      |
| <b>TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG</b>               | Brand         | PA; QL (60 EA per 30 days)      |
| <i>valproic acid oral capsule</i>                                             | Generic       |                                 |
| <i>valproic acid oral solution</i>                                            | Generic       |                                 |
| <i>valproic acid oral syrup</i>                                               | Generic       |                                 |
| <b>VALTOCO 10 MG DOSE NASAL LIQUID</b>                                        | Brand         | PA; QL (1 box per 1 fill)       |
| <b>VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK</b>                           | Brand         | PA; QL (1 box per 1 fill)       |
| <b>VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK</b>                           | Brand         | PA; QL (1 box per 1 fill)       |
| <b>VALTOCO 5 MG DOSE NASAL LIQUID</b>                                         | Brand         | PA; QL (1 box per 1 fill)       |
| <i>vigabatrin oral packet</i>                                                 | Generic       | PA; SP; QL (180 EA per 30 days) |
| <i>vigabatrin oral tablet</i>                                                 | Generic       | PA; SP; QL (180 EA per 30 days) |
| <b>VIMPAT ORAL SOLUTION</b>                                                   | Brand         | PA; QL (1200 ML per 30 days)    |
| <b>VIMPAT ORAL TABLET</b>                                                     | Brand         | PA; QL (60 EA per 30 days)      |
| <b>XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK</b>                    | Brand         | PA                              |
| <b>XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK</b>                    | Brand         | PA                              |
| <b>XCOPRI ORAL TABLET</b>                                                     | Brand         | PA                              |
| <b>XCOPRI ORAL TABLET THERAPY PACK</b>                                        | Brand         | PA                              |
| <i>zonisamide oral capsule</i>                                                | Generic       |                                 |
| <b>*ANTIDEPRESSANTS*</b>                                                      |               |                                 |
| <i>amitriptyline hcl oral tablet</i>                                          | Generic       |                                 |

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|----------------------------------------------------------------------------------|---------------|----------------------------|
| <i>amoxapine oral tablet</i>                                                     | Generic       |                            |
| <b>BRINTELLIX ORAL TABLET</b>                                                    | Brand         | PA; QL (30 EA per 30 days) |
| <i>bupropion hcl er (sr) oral tablet extended release 12 hour</i>                | Generic       |                            |
| <i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i> | Generic       |                            |
| <i>bupropion hcl oral tablet</i>                                                 | Generic       |                            |
| <i>citalopram hydrobromide oral solution</i>                                     | Generic       |                            |
| <i>citalopram hydrobromide oral tablet</i>                                       | Generic       |                            |
| <i>clomipramine hcl oral capsule</i>                                             | Generic       |                            |
| <i>desipramine hcl oral tablet</i>                                               | Generic       |                            |
| <i>desvenlafaxine er oral tablet extended release 24 hour</i>                    | Generic       | PA; STPA                   |
| <i>desvenlafaxine fumarate er oral tablet extended release 24 hour</i>           | Brand         | PA; STPA                   |
| <i>doxepin hcl oral capsule</i>                                                  | Generic       |                            |
| <i>doxepin hcl oral concentrate</i>                                              | Generic       |                            |
| <b>DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG</b>      | Brand         | PA; QL (60 EA per 30 days) |
| <b>DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG</b>      | Brand         | PA; QL (90 EA per 30 days) |
| <i>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</i>        | Generic       | QL (60 EA per 30 days)     |
| <i>duloxetine hcl oral capsule delayed release particles 30 mg</i>               | Generic       | QL (30 EA per 30 days)     |
| <b>EMSAM TRANSDERMAL PATCH 24 HOUR</b>                                           | Brand         | PA; QL (30 EA per 30 days) |
| <i>escitalopram oxalate oral solution</i>                                        | Generic       |                            |
| <i>escitalopram oxalate oral tablet</i>                                          | Generic       |                            |
| <b>FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>                             | Brand         | PA; QL (30 EA per 30 days) |
| <b>FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK</b>                    | Brand         | PA; QL (28 EA per 28 days) |
| <i>fluoxetine hcl oral capsule</i>                                               | Generic       |                            |
| <i>fluoxetine hcl oral solution</i>                                              | Generic       |                            |
| <i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>                                   | Generic       | PA                         |

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|---------------------------------------------------------------------|---------------|---------------------------------------------|
| <i>fluvoxamine maleate er oral capsule extended release 24 hour</i> | Generic       | PA; QL (30 EA per 30 days)                  |
| <i>fluvoxamine maleate oral tablet</i>                              | Generic       |                                             |
| <i>imipramine hcl oral tablet</i>                                   | Generic       |                                             |
| <i>imipramine pamoate oral capsule</i>                              | Generic       | PA                                          |
| <i>maprotiline hcl oral tablet</i>                                  | Generic       |                                             |
| <i>mirtazapine oral tablet</i>                                      | Generic       |                                             |
| <i>mirtazapine oral tablet dispersible</i>                          | Generic       |                                             |
| <i>nefazodone hcl oral tablet</i>                                   | Generic       |                                             |
| <i>nortriptyline hcl oral capsule</i>                               | Generic       |                                             |
| <i>nortriptyline hcl oral solution</i>                              | Generic       |                                             |
| <b>OLEPTRO ORAL TABLET EXTENDED RELEASE 24 HOUR</b>                 | Brand         | PA; STPA                                    |
| <i>paroxetine hcl er oral tablet extended release 24 hour</i>       | Generic       | PA; QL (30 EA per 30 days)                  |
| <i>paroxetine hcl oral tablet</i>                                   | Generic       |                                             |
| <i>phenelzine sulfate oral tablet</i>                               | Generic       |                                             |
| <b>PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 50 MG</b>   | Brand         | STPA                                        |
| <i>protriptyline hcl oral tablet</i>                                | Generic       | PA                                          |
| <i>sertraline hcl oral concentrate</i>                              | Generic       |                                             |
| <i>sertraline hcl oral tablet</i>                                   | Generic       |                                             |
| <i>tranylcypromine sulfate oral tablet</i>                          | Generic       |                                             |
| <i>trazodone hcl oral tablet</i>                                    | Generic       |                                             |
| <i>trimipramine maleate oral capsule</i>                            | Generic       | PA                                          |
| <b>TRINTELLIX ORAL TABLET</b>                                       | Brand         | PA; QL (30 EA per 30 days)                  |
| <i>venlafaxine hcl er oral capsule extended release 24 hour</i>     | Generic       |                                             |
| <i>venlafaxine hcl er oral tablet extended release 24 hour</i>      | Generic       | STPA                                        |
| <i>venlafaxine hcl oral tablet</i>                                  | Generic       |                                             |
| <b>VIIBRYD ORAL TABLET</b>                                          | Brand         | PA; QL (30 EA per 30 days)                  |
| <b>VIIBRYD STARTER PACK ORAL KIT</b>                                | Brand         | PA                                          |
| <b>*ANTIDIABETICS*</b>                                              |               |                                             |
| <i>acarbose oral tablet</i>                                         | Generic       | ¥ (Can be filled for up to a 90 day supply) |

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|-----------------------------------------------------------------|---------------|----------------------------------------------------------------------|
| <b>ACTOPLUS MET XR ORAL TABLET<br/>EXTENDED RELEASE 24 HOUR</b> | Brand         | PA                                                                   |
| <b>ADLYXIN STARTER PACK<br/>SUBCUTANEOUS PEN-INJECTOR KIT</b>   | Brand         | PA                                                                   |
| <b>ADLYXIN SUBCUTANEOUS SOLUTION<br/>PEN-INJECTOR</b>           | Brand         | PA                                                                   |
| <b>ADMELOG SOLOSTAR SUBCUTANEOUS<br/>SOLUTION PEN-INJECTOR</b>  | Brand         |                                                                      |
| <b>ADMELOG SUBCUTANEOUS SOLUTION</b>                            | Brand         |                                                                      |
| <i>alogliptin benzoate oral tablet</i>                          | Generic       | PA; ¥ (Can be filled for up to a 90 day supply); QL (1 EA per 1 day) |
| <i>alogliptin-metformin hcl oral tablet</i>                     | Generic       | PA; ¥ (Can be filled for up to a 90 day supply); QL (2 EA per 1 day) |
| <i>alogliptin-pioglitazone oral tablet</i>                      | Generic       | PA; ¥ (Can be filled for up to a 90 day supply); QL (1 EA per 1 day) |
| <b>AVANDAMET ORAL TABLET 2-1000 MG</b>                          | Brand         | PA                                                                   |
| <b>AVANDIA ORAL TABLET</b>                                      | Brand         | PA                                                                   |
| <b>BASAGLAR KWIKPEN SUBCUTANEOUS<br/>SOLUTION PEN-INJECTOR</b>  | Brand         |                                                                      |
| <b>BYDUREON SUBCUTANEOUS PEN-<br/>INJECTOR</b>                  | Brand         | PA                                                                   |
| <b>BYDUREON SUBCUTANEOUS<br/>SUSPENSION RECONSTITUTED ER</b>    | Brand         | PA                                                                   |
| <b>BYETTA 10 MCG PEN SUBCUTANEOUS<br/>SOLUTION</b>              | Brand         | PA                                                                   |
| <b>BYETTA 10 MCG PEN SUBCUTANEOUS<br/>SOLUTION PEN-INJECTOR</b> | Brand         | PA                                                                   |
| <b>BYETTA 5 MCG PEN SUBCUTANEOUS<br/>SOLUTION</b>               | Brand         | PA                                                                   |
| <b>BYETTA 5 MCG PEN SUBCUTANEOUS<br/>SOLUTION PEN-INJECTOR</b>  | Brand         | PA                                                                   |
| <i>chlorpropamide oral tablet</i>                               | Generic       | ¥ (Can be filled for up to a 90 day supply)                          |
| <i>diazoxide oral suspension</i>                                | Generic       |                                                                      |
| <b>FARXIGA ORAL TABLET</b>                                      | Brand         | PA; QL (30 EA per 30 days)                                           |
| <i>glimepiride oral tablet</i>                                  | Generic       | ¥ (Can be filled for up to a 90 day supply)                          |

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|-----------------------------------------------------------------------|---------------|---------------------------------------------|
| <i>glipizide er oral tablet extended release 24 hour</i>              | Generic       | ¥ (Can be filled for up to a 90 day supply) |
| <i>glipizide oral tablet</i>                                          | Generic       | ¥ (Can be filled for up to a 90 day supply) |
| <i>glipizide xl oral tablet extended release 24 hour</i>              | Generic       |                                             |
| <i>glipizide-metformin hcl oral tablet</i>                            | Generic       | ¥ (Can be filled for up to a 90 day supply) |
| <b>GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED</b>              | Brand         |                                             |
| <b>GLUCAGON EMERGENCY INJECTION KIT</b>                               | Brand         |                                             |
| <i>glyburide micronized oral tablet</i>                               | Generic       | ¥ (Can be filled for up to a 90 day supply) |
| <i>glyburide oral tablet</i>                                          | Generic       | ¥ (Can be filled for up to a 90 day supply) |
| <i>glyburide-metformin oral tablet</i>                                | Generic       | ¥ (Can be filled for up to a 90 day supply) |
| <b>HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR</b> | Brand         |                                             |
| <b>HUMALOG MIX 50/50 PEN SUBCUTANEOUS SUSPENSION</b>                  | Brand         |                                             |
| <b>HUMALOG MIX 50/50 PEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR</b>     | Brand         |                                             |
| <b>HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION</b>                      | Brand         |                                             |
| <b>HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR</b> | Brand         |                                             |
| <b>HUMALOG MIX 75/25 PEN SUBCUTANEOUS SUSPENSION</b>                  | Brand         |                                             |
| <b>HUMALOG MIX 75/25 PEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR</b>     | Brand         |                                             |
| <b>HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION</b>                      | Brand         |                                             |

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|----------------------------------------------------------------------------------------|---------------|----------------------------------------------------|
| <b>HUMULIN 70/30 KWIKPEN<br/>SUBCUTANEOUS SUSPENSION PEN-<br/>INJECTOR</b>             | Brand         |                                                    |
| <b>HUMULIN 70/30 SUBCUTANEOUS<br/>SUSPENSION</b>                                       | Brand         |                                                    |
| <b>HUMULIN N KWIKPEN SUBCUTANEOUS<br/>SUSPENSION PEN-INJECTOR</b>                      | Brand         |                                                    |
| <b>HUMULIN N SUBCUTANEOUS<br/>SUSPENSION</b>                                           | Brand         |                                                    |
| <b>HUMULIN R INJECTION SOLUTION</b>                                                    | Brand         |                                                    |
| <b>HUMULIN R U-500 (CONCENTRATED)<br/>SUBCUTANEOUS SOLUTION</b>                        | Brand         |                                                    |
| <b>HUMULIN R U-500 KWIKPEN<br/>SUBCUTANEOUS SOLUTION PEN-<br/>INJECTOR</b>             | Brand         |                                                    |
| <i>insulin asp prot &amp; asp flexpen subcutaneous<br/>suspension pen-injector</i>     | Generic       |                                                    |
| <i>insulin aspart prot &amp; aspart subcutaneous<br/>suspension</i>                    | Generic       |                                                    |
| <i>insulin lispro prot &amp; lispro subcutaneous<br/>suspension pen-injector</i>       | Generic       |                                                    |
| <b>INVOKANA ORAL TABLET 100 MG</b>                                                     | Brand         | PA; QL (60 EA per 30 days)                         |
| <b>INVOKANA ORAL TABLET 300 MG</b>                                                     | Brand         | PA; QL (30 EA per 30 days)                         |
| <b>JARDIANCE ORAL TABLET</b>                                                           | Brand         | PA; QL (1 EA per 1 day)                            |
| <b>KORLYM ORAL TABLET</b>                                                              | Brand         | PA                                                 |
| <i>metformin hcl er (mod) oral tablet extended<br/>release 24 hour</i>                 | Generic       | PA; ¥ (Can be filled for up to a 90<br>day supply) |
| <i>metformin hcl er (osm) oral tablet extended<br/>release 24 hour 1000 mg, 500 mg</i> | Generic       | PA; ¥ (Can be filled for up to a 90<br>day supply) |
| <i>metformin hcl er oral tablet extended release 24<br/>hour</i>                       | Generic       | ¥ (Can be filled for up to a 90 day<br>supply)     |
| <i>metformin hcl oral solution</i>                                                     | Generic       |                                                    |
| <i>metformin hcl oral tablet</i>                                                       | Generic       | ¥ (Can be filled for up to a 90 day<br>supply)     |
| <i>miglitol oral tablet</i>                                                            | Generic       | ¥ (Can be filled for up to a 90 day<br>supply)     |
| <i>nateglinide oral tablet</i>                                                         | Generic       | ¥ (Can be filled for up to a 90 day<br>supply)     |

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|-------------------------------------------------------------------------|---------------|---------------------------------------------|
| <b>NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION</b>                     | Brand         |                                             |
| <b>NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION</b>                            | Brand         |                                             |
| <b>NOVOLIN N RELION SUBCUTANEOUS SUSPENSION</b>                         | Brand         |                                             |
| <b>NOVOLIN N SUBCUTANEOUS SUSPENSION</b>                                | Brand         |                                             |
| <b>NOVOLIN R INJECTION SOLUTION</b>                                     | Brand         |                                             |
| <b>NOVOLIN R RELION INJECTION SOLUTION</b>                              | Brand         |                                             |
| <b>NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR</b>   | Brand         |                                             |
| <b>NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION</b>                        | Brand         |                                             |
| <b>OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR</b> | Brand         | PA                                          |
| <b>OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>           | Brand         | PA                                          |
| <i>pioglitazone hcl oral tablet</i>                                     | Generic       | ¥ (Can be filled for up to a 90 day supply) |
| <i>pioglitazone hcl-glimepiride oral tablet</i>                         | Generic       | ¥ (Can be filled for up to a 90 day supply) |
| <i>pioglitazone hcl-metformin hcl oral tablet</i>                       | Generic       | ¥ (Can be filled for up to a 90 day supply) |
| <i>repaglinide oral tablet</i>                                          | Generic       | ¥ (Can be filled for up to a 90 day supply) |
| <i>repaglinide-metformin hcl oral tablet</i>                            | Generic       | ¥ (Can be filled for up to a 90 day supply) |
| <b>RYBELSUS ORAL TABLET</b>                                             | Brand         | PA; QL (1 EA per 1 day)                     |
| <b>STEGLATRO ORAL TABLET</b>                                            | Brand         | PA; QL (1 EA per 1 day)                     |
| <b>SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>                 | Brand         | PA                                          |
| <b>SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>                  | Brand         | PA                                          |
| <b>TANZEUM SUBCUTANEOUS PEN-INJECTOR</b>                                | Brand         | PA                                          |

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| <b>Drug</b>                                                 | <b>Status</b>   | <b>Notes</b>                                                            |
|-------------------------------------------------------------|-----------------|-------------------------------------------------------------------------|
| <i>tolazamide oral tablet</i>                               | Generic         | ¥ (Can be filled for up to a 90 day supply)                             |
| <i>tolbutamide oral tablet</i>                              | Generic         | ¥ (Can be filled for up to a 90 day supply)                             |
| <b>TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR</b> | Brand           |                                                                         |
| <b>TRESIBA SUBCUTANEOUS SOLUTION</b>                        | Brand           |                                                                         |
| <b>TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>         | Brand           | PA                                                                      |
| <b>VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>           | Brand           | PA                                                                      |
| <b>*ANTIDIARRHEALS*</b>                                     |                 |                                                                         |
| <i>diphenoxylate-atropine oral liquid</i>                   | Generic         |                                                                         |
| <i>diphenoxylate-atropine oral tablet</i>                   | Generic         |                                                                         |
| <i>loperamide hcl oral capsule</i>                          | Generic         |                                                                         |
| <i>opium oral tincture</i>                                  | Generic         |                                                                         |
| <i>paregoric oral tincture</i>                              | Generic         |                                                                         |
| <b>*ANTIDOTES AND SPECIFIC ANTAGONISTS*</b>                 |                 |                                                                         |
| <b>VISTOGARD ORAL PACKET</b>                                | Brand           | QL (20 EA per 30 days)                                                  |
| <b>*ANTIDOTES*</b>                                          |                 |                                                                         |
| <i>deferasirox oral tablet</i>                              | Generic         | PA; SP                                                                  |
| <b>EVZIO INJECTION SOLUTION AUTO-INJECTOR</b>               | Brand           | PA; ¥ (Max of 4 units per 30 days); QL (2 Units per 1 Rx)               |
| <b>FERRIPROX ORAL SOLUTION</b>                              | Brand           | PA                                                                      |
| <b>FERRIPROX ORAL TABLET</b>                                | Brand           | PA                                                                      |
| <b>FERRIPROX TWICE-A-DAY ORAL TABLET</b>                    | Brand           | PA                                                                      |
| <b>JADENU SPRINKLE ORAL PACKET</b>                          | Brand           | PA                                                                      |
| <i>naloxone hcl injection solution 0.4 mg/ml</i>            | Generic         |                                                                         |
| <i>naltrexone hcl oral tablet</i>                           | Generic         |                                                                         |
| <b>NARCAN NASAL LIQUID</b>                                  | Brand           | ¥ (1 kit(box) per RX, 2 kits(boxes) per 30 days); QL (1 Units per 1 RX) |
| <b>VISTOGARD ORAL PACKET</b>                                | Brand           | QL (20 EA per 30 days)                                                  |
| <b>VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED</b>      | Medical Benefit |                                                                         |

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| Drug                                                           | Status  | Notes                                                           |
|----------------------------------------------------------------|---------|-----------------------------------------------------------------|
| <b>*ANTIEMETICS*</b>                                           |         |                                                                 |
| <b>AKYNZEO ORAL CAPSULE</b>                                    | Brand   | PA; QL (1 EA per 1 Fill)                                        |
| <b>ANZEMET ORAL TABLET 100 MG</b>                              | Brand   | PA; QL (10 EA per 1 fill)                                       |
| <b>ANZEMET ORAL TABLET 50 MG</b>                               | Brand   | PA; QL (5 EA per 1 fill)                                        |
| <b>BONJESTA ORAL TABLET EXTENDED RELEASE</b>                   | Brand   | PA                                                              |
| <b>CESAMET ORAL CAPSULE</b>                                    | Brand   | PA                                                              |
| <i>dimenhydrinate oral tablet</i>                              | Generic |                                                                 |
| <i>doxylamine-pyridoxine oral tablet delayed release</i>       | Generic | PA                                                              |
| <i>dronabinol oral capsule</i>                                 | Generic |                                                                 |
| <b>EMEND ORAL CAPSULE</b>                                      | Brand   | PA; QL (6 EA per 1 Rx)                                          |
| <b>EMEND ORAL SUSPENSION RECONSTITUTED</b>                     | Brand   | PA; QL (3 Units per 7 days)                                     |
| <i>granisetron hcl oral tablet</i>                             | Generic | QL (14 EA per 1 Fill)                                           |
| <i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>                | Generic |                                                                 |
| <i>ondansetron hcl injection solution 4 mg/2ml, 40 mg/20ml</i> | Generic |                                                                 |
| <i>ondansetron hcl oral solution</i>                           | Generic | QL (105 ML per 1 Fill)                                          |
| <i>ondansetron hcl oral tablet</i>                             | Generic | QL (21 EA per 1 Fill)                                           |
| <i>ondansetron oral tablet dispersible</i>                     | Generic | QL (21 EA per 1 Fill)                                           |
| <b>SANCUSO TRANSDERMAL PATCH</b>                               | Brand   | PA                                                              |
| <b>SYNDROS ORAL SOLUTION</b>                                   | Brand   | PA                                                              |
| <i>trimethobenzamide hcl oral capsule</i>                      | Generic |                                                                 |
| <b>VARUBI ORAL TABLET</b>                                      | Brand   | PA; ¥ (Max of 6 tablets per 30 days); QL (2 Tablets per 1 Fill) |
| <b>*ANTIFUNGALS*</b>                                           |         |                                                                 |
| <b>CRESEMBA ORAL CAPSULE</b>                                   | Brand   | PA                                                              |
| <i>fluconazole oral suspension reconstituted</i>               | Generic |                                                                 |
| <i>fluconazole oral tablet</i>                                 | Generic |                                                                 |
| <i>flucytosine oral capsule</i>                                | Generic | PA                                                              |
| <i>griseofulvin microsize oral suspension</i>                  | Generic |                                                                 |
| <i>griseofulvin microsize oral tablet</i>                      | Generic |                                                                 |
| <i>griseofulvin ultramicrosize oral tablet</i>                 | Generic |                                                                 |
| <i>itraconazole oral capsule</i>                               | Generic |                                                                 |
| <i>ketoconazole oral tablet</i>                                | Generic |                                                                 |

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| Drug                                                       | Status  | Notes                                                      |
|------------------------------------------------------------|---------|------------------------------------------------------------|
| LAMISIL ORAL PACKET                                        | Brand   | PA; ¥ (Max of 6 weeks); QL (2 Packets per 1 day)           |
| NOXAFIL ORAL SUSPENSION                                    | Brand   | PA                                                         |
| NOXAFIL ORAL TABLET DELAYED RELEASE                        | Brand   | PA                                                         |
| <i>nystatin oral powder</i>                                | Generic |                                                            |
| <i>nystatin oral tablet</i>                                | Generic |                                                            |
| <i>terbinafine hcl oral tablet</i>                         | Generic | ¥ (Max of 90 tablets per 365 days); QL (30 EA per 30 days) |
| <i>voriconazole oral suspension reconstituted</i>          | Generic | PA                                                         |
| <i>voriconazole oral tablet</i>                            | Generic | PA; QL (180 EA per 30 days)                                |
| <b>*ANTIHEMOPHILIC PRODUCTS - MONOCLONAL ANTIBODIES***</b> |         |                                                            |
| HEMLIBRA SUBCUTANEOUS SOLUTION                             | Brand   | PA                                                         |
| <b>*ANTIHISTAMINES*</b>                                    |         |                                                            |
| <i>cetirizine hcl oral solution 1 mg/ml</i>                | Generic | PA                                                         |
| <i>cetirizine hcl oral syrup 1 mg/ml</i>                   | Generic | PA                                                         |
| CLARINEX ORAL SYRUP                                        | Brand   | PA                                                         |
| <i>clemastine fumarate oral tablet 2.68 mg</i>             | Generic |                                                            |
| <i>cyproheptadine hcl oral syrup</i>                       | Generic |                                                            |
| <i>cyproheptadine hcl oral tablet</i>                      | Generic |                                                            |
| <i>desloratadine oral tablet</i>                           | Generic | PA                                                         |
| <i>diphenhydramine hcl oral capsule 25 mg</i>              | Brand   |                                                            |
| <i>diphenhydramine hcl oral capsule 50 mg</i>              | Generic |                                                            |
| <i>diphenhydramine hcl oral elixir</i>                     | Brand   |                                                            |
| <i>levocetirizine dihydrochloride oral solution</i>        | Generic | PA                                                         |
| <i>levocetirizine dihydrochloride oral tablet</i>          | Generic | PA                                                         |
| PHENERGAN RECTAL SUPPOSITORY 12.5 MG                       | Generic |                                                            |
| <i>promethazine hcl oral solution</i>                      | Generic |                                                            |
| <i>promethazine hcl oral syrup</i>                         | Generic |                                                            |
| <i>promethazine hcl oral tablet</i>                        | Generic |                                                            |
| <i>promethazine hcl rectal suppository</i>                 | Generic |                                                            |
| <b>*ANTIHYPERLIPIDEMICS*</b>                               |         |                                                            |
| ANTARA ORAL CAPSULE 30 MG, 90 MG                           | Brand   | PA; QL (30 EA per 30 days)                                 |

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|-------------------------------------------------------------------|---------------|----------------------------------------------------------------------|
| <i>atorvastatin calcium oral tablet</i>                           | Generic       | ¥ (Can be filled for up to a 90 day supply)                          |
| <i>cholestyramine light oral packet</i>                           | Generic       | ¥ (Can be filled for up to a 90 day supply)                          |
| <i>cholestyramine light oral powder</i>                           | Generic       | ¥ (Can be filled for up to a 90 day supply)                          |
| <i>cholestyramine oral packet</i>                                 | Generic       | ¥ (Can be filled for up to a 90 day supply)                          |
| <i>cholestyramine oral powder</i>                                 | Generic       | ¥ (Can be filled for up to a 90 day supply)                          |
| <i>colesevelam hcl oral tablet</i>                                | Generic       | PA; ¥ (Can be filled for up to a 90 day supply)                      |
| <i>colestipol hcl oral packet</i>                                 | Generic       | ¥ (Can be filled for up to a 90 day supply)                          |
| <i>colestipol hcl oral tablet</i>                                 | Generic       | ¥ (Can be filled for up to a 90 day supply)                          |
| <b>EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE</b>                     | Brand         | PA; QL (30 EA per 30 days)                                           |
| <i>ezetimibe oral tablet</i>                                      | Generic       | ¥ (Can be filled for up to a 90 day supply); QL (1 EA per 1 day)     |
| <i>ezetimibe-simvastatin oral tablet</i>                          | Generic       | PA; ¥ (Can be filled for up to a 90 day supply); QL (1 EA per 1 day) |
| <i>fenofibrate micronized oral capsule 130 mg, 43 mg</i>          | Generic       | PA; ¥ (Can be filled for up to a 90 day supply); QL (1 EA per 1 day) |
| <i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>  | Generic       | ¥ (Can be filled for up to a 90 day supply); QL (1 EA per 1 day)     |
| <i>fenofibrate oral capsule 150 mg, 50 mg</i>                     | Generic       | PA; ¥ (Can be filled for up to a 90 day supply); QL (1 EA per 1 day) |
| <i>fenofibrate oral tablet 120 mg, 40 mg</i>                      | Generic       | PA; ¥ (Can be filled for up to a 90 day supply); QL (1 EA per 1 day) |
| <i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>       | Generic       | ¥ (Can be filled for up to a 90 day supply); QL (1 EA per 1 day)     |
| <i>fenofibric acid oral capsule delayed release</i>               | Generic       | PA; ¥ (Can be filled for up to a 90 day supply); QL (1 EA per 1 day) |
| <i>fenofibric acid oral tablet</i>                                | Generic       | PA; ¥ (Can be filled for up to a 90 day supply); QL (1 EA per 1 day) |
| <i>flolipid oral suspension</i>                                   | Brand         | PA                                                                   |
| <i>fluvastatin sodium er oral tablet extended release 24 hour</i> | Generic       | PA; ¥ (Can be filled for up to a 90 day supply); QL (1 EA per 1 day) |

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|--------------------------------------------------------------------|---------------|----------------------------------------------------------------------|
| <i>fluvastatin sodium oral capsule</i>                             | Generic       | PA; ¥ (Can be filled for up to a 90 day supply); QL (1 EA per 1 day) |
| <i>gemfibrozil oral tablet</i>                                     | Generic       | ¥ (Can be filled for up to a 90 day supply)                          |
| <b>JUXTAPID ORAL CAPSULE</b>                                       | Brand         | PA; QL (30 EA per 30 days)                                           |
| <b>KYNAMRO SUBCUTANEOUS SOLUTION</b>                               | Brand         | SP; QL (4 EA per 28 days)                                            |
| <b>KYNAMRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>             | Brand         | SP; QL (4 EA per 28 days)                                            |
| <b>LIVALO ORAL TABLET</b>                                          | Brand         | PA; QL (30 EA per 30 days)                                           |
| <i>lovastatin oral tablet</i>                                      | Generic       | ¥ (Can be filled for up to a 90 day supply)                          |
| <i>micronized colestipol hcl oral tablet</i>                       | Generic       | ¥ (Can be filled for up to a 90 day supply)                          |
| <i>niacin er (antihyperlipidemic) oral tablet extended release</i> | Generic       | ¥ (Can be filled for up to a 90 day supply)                          |
| <b>NIACOR ORAL TABLET</b>                                          | Generic       | ¥ (Can be filled for up to a 90 day supply)                          |
| <i>pravastatin sodium oral tablet</i>                              | Generic       | ¥ (Can be filled for up to a 90 day supply)                          |
| <i>rosuvastatin calcium oral tablet</i>                            | Generic       | ¥ (Can be filled for up to a 90 day supply); QL (1 EA per 1 day)     |
| <i>simvastatin oral tablet</i>                                     | Generic       | ¥ (Can be filled for up to a 90 day supply)                          |
| <b>VASCEPA ORAL CAPSULE</b>                                        | Brand         | PA                                                                   |
| <b>ZYPITAMAG ORAL TABLET</b>                                       | Brand         | PA                                                                   |
| <b>*ANTIHYPERTENSIVES*</b>                                         |               |                                                                      |
| <i>aliskiren fumarate oral tablet</i>                              | Generic       | PA; ¥ (Can be filled for up to a 90 day supply); QL (1 EA per 1 day) |
| <i>amlodipine besy-benazepril hcl oral capsule</i>                 | Generic       | ¥ (Can be filled for up to a 90 day supply); QL (1 EA per 1 day)     |
| <i>amlodipine besylate-valsartan oral tablet</i>                   | Generic       | ¥ (Can be filled for up to a 90 day supply); QL (1 EA per 1 day)     |
| <i>amlodipine-olmesartan oral tablet</i>                           | Generic       | STPA; ¥ (Can be filled for up to a 90 day supply)                    |
| <i>amlodipine-valsartan-hctz oral tablet</i>                       | Generic       | PA; ¥ (Can be filled for up to a 90 day supply); QL (1 EA per 1 day) |
| <i>atenolol-chlorthalidone oral tablet</i>                         | Generic       | ¥ (Can be filled for up to a 90 day supply)                          |

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|---------------------------------------------------|---------------|----------------------------------------------------------------------|
| <i>benazepril hcl oral tablet</i>                 | Generic       | ¥ (Can be filled for up to a 90 day supply)                          |
| <i>benazepril-hydrochlorothiazide oral tablet</i> | Generic       | ¥ (Can be filled for up to a 90 day supply)                          |
| <i>bisoprolol-hydrochlorothiazide oral tablet</i> | Generic       | ¥ (Can be filled for up to a 90 day supply)                          |
| <i>candesartan cilexetil oral tablet</i>          | Generic       | PA; ¥ (Can be filled for up to a 90 day supply)                      |
| <i>candesartan cilexetil-hctz oral tablet</i>     | Generic       | PA; ¥ (Can be filled for up to a 90 day supply)                      |
| <i>captopril oral tablet</i>                      | Generic       | ¥ (Can be filled for up to a 90 day supply)                          |
| <i>captopril-hydrochlorothiazide oral tablet</i>  | Generic       | ¥ (Can be filled for up to a 90 day supply)                          |
| <i>clonidine hcl oral tablet</i>                  | Generic       |                                                                      |
| <i>clonidine hcl transdermal patch weekly</i>     | Generic       |                                                                      |
| <b>CLOPRES ORAL TABLET</b>                        | Generic       |                                                                      |
| <i>doxazosin mesylate oral tablet</i>             | Generic       | ¥ (Can be filled for up to a 90 day supply)                          |
| <b>EDARBI ORAL TABLET</b>                         | Brand         | PA                                                                   |
| <i>enalapril maleate oral tablet</i>              | Generic       | ¥ (Can be filled for up to a 90 day supply)                          |
| <i>enalapril-hydrochlorothiazide oral tablet</i>  | Generic       | ¥ (Can be filled for up to a 90 day supply)                          |
| <i>eplerenone oral tablet</i>                     | Generic       | PA; ¥ (Can be filled for up to a 90 day supply); QL (2 EA per 1 day) |
| <i>eprosartan mesylate oral tablet</i>            | Generic       | PA; ¥ (Can be filled for up to a 90 day supply)                      |
| <i>fosinopril sodium oral tablet</i>              | Generic       | ¥ (Can be filled for up to a 90 day supply)                          |
| <i>fosinopril sodium-hctz oral tablet</i>         | Generic       | ¥ (Can be filled for up to a 90 day supply)                          |
| <i>guanfacine hcl oral tablet</i>                 | Generic       |                                                                      |
| <i>hydralazine hcl oral tablet</i>                | Generic       | ¥ (Can be filled for up to a 90 day supply)                          |
| <i>irbesartan oral tablet</i>                     | Generic       | ¥ (Can be filled for up to a 90 day supply)                          |

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|---------------------------------------------------|---------------|---------------------------------------------|
| <i>irbesartan-hydrochlorothiazide oral tablet</i> | Generic       | ¥ (Can be filled for up to a 90 day supply) |
| <i>lisinopril oral tablet</i>                     | Generic       | ¥ (Can be filled for up to a 90 day supply) |
| <i>lisinopril-hydrochlorothiazide oral tablet</i> | Generic       | ¥ (Can be filled for up to a 90 day supply) |
| <i>losartan potassium oral tablet</i>             | Generic       | ¥ (Can be filled for up to a 90 day supply) |
| <i>losartan potassium-hctz oral tablet</i>        | Generic       | ¥ (Can be filled for up to a 90 day supply) |
| <i>methyldopa oral tablet</i>                     | Generic       | ¥ (Can be filled for up to a 90 day supply) |
| <i>methyldopa-hydrochlorothiazide oral tablet</i> | Generic       | ¥ (Can be filled for up to a 90 day supply) |
| <i>metoprolol-hydrochlorothiazide oral tablet</i> | Generic       | ¥ (Can be filled for up to a 90 day supply) |
| <i>metirosine oral capsule</i>                    | Generic       |                                             |
| <i>minoxidil oral tablet</i>                      | Generic       | ¥ (Can be filled for up to a 90 day supply) |
| <i>moexipril hcl oral tablet</i>                  | Generic       | ¥ (Can be filled for up to a 90 day supply) |
| <i>moexipril-hydrochlorothiazide oral tablet</i>  | Generic       | ¥ (Can be filled for up to a 90 day supply) |
| <i>nadolol-bendroflumethiazide oral tablet</i>    | Generic       | ¥ (Can be filled for up to a 90 day supply) |
| <i>olmesartan medoxomil oral tablet</i>           | Generic       | ¥ (Can be filled for up to a 90 day supply) |
| <i>olmesartan medoxomil-hctz oral tablet</i>      | Generic       | ¥ (Can be filled for up to a 90 day supply) |
| <i>perindopril erbumine oral tablet</i>           | Generic       | ¥ (Can be filled for up to a 90 day supply) |
| <i>phenoxybenzamine hcl oral capsule</i>          | Generic       |                                             |
| <i>prazosin hcl oral capsule</i>                  | Generic       | ¥ (Can be filled for up to a 90 day supply) |
| <i>propranolol-hctz oral tablet</i>               | Generic       | ¥ (Can be filled for up to a 90 day supply) |
| <i>quinapril hcl oral tablet</i>                  | Generic       | ¥ (Can be filled for up to a 90 day supply) |

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|-------------------------------------------------------------------|---------------|-------------------------------------------------|
| <i>quinapril-hydrochlorothiazide oral tablet</i>                  | Generic       | ¥ (Can be filled for up to a 90 day supply)     |
| <i>ramipril oral capsule</i>                                      | Generic       | ¥ (Can be filled for up to a 90 day supply)     |
| <i>reserpine oral tablet</i>                                      | Generic       |                                                 |
| <b>TEKTURNA HCT ORAL TABLET</b>                                   | Brand         | PA; QL (30 EA per 30 days)                      |
| <i>telmisartan oral tablet</i>                                    | Generic       | ¥ (Can be filled for up to a 90 day supply)     |
| <i>telmisartan-hctz oral tablet</i>                               | Generic       | PA; ¥ (Can be filled for up to a 90 day supply) |
| <i>terazosin hcl oral capsule</i>                                 | Generic       | ¥ (Can be filled for up to a 90 day supply)     |
| <i>trandolapril oral tablet</i>                                   | Generic       | ¥ (Can be filled for up to a 90 day supply)     |
| <i>trandolapril-verapamil hcl er oral tablet extended release</i> | Generic       | ¥ (Can be filled for up to a 90 day supply)     |
| <i>valsartan oral tablet</i>                                      | Generic       | ¥ (Can be filled for up to a 90 day supply)     |
| <i>valsartan-hydrochlorothiazide oral tablet</i>                  | Generic       | ¥ (Can be filled for up to a 90 day supply)     |
| <b>*ANTI-INFECTIVE AGENTS - MISC.*</b>                            |               |                                                 |
| <b>AEMCOLO ORAL TABLET DELAYED RELEASE</b>                        | Brand         | PA; QL (12 EA per 1 Fill)                       |
| <i>atovaquone oral suspension</i>                                 | Generic       |                                                 |
| <i>clindamycin hcl oral capsule</i>                               | Generic       |                                                 |
| <i>clindamycin palmitate hcl oral solution reconstituted</i>      | Generic       |                                                 |
| <i>dapsone oral tablet</i>                                        | Brand         |                                                 |
| <b>HYOPHEN ORAL TABLET</b>                                        | Generic       |                                                 |
| <b>IMPAVIDO ORAL CAPSULE</b>                                      | Brand         |                                                 |
| <i>linezolid oral suspension reconstituted</i>                    | Generic       | QL (840 ML per 14 days)                         |
| <i>linezolid oral tablet</i>                                      | Generic       | QL (28 EA per 14 days)                          |
| <i>me/naphos/mb/hyo1 oral tablet</i>                              | Generic       |                                                 |
| <i>metronidazole oral capsule</i>                                 | Generic       |                                                 |
| <i>metronidazole oral tablet</i>                                  | Generic       |                                                 |
| <b>PHOSPHASAL ORAL TABLET</b>                                     | Generic       |                                                 |
| <b>SIVEXTRO ORAL TABLET</b>                                       | Brand         | PA; QL (6 EA per 365 days)                      |

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| Drug                                                               | Status  | Notes                     |
|--------------------------------------------------------------------|---------|---------------------------|
| <i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i> | Generic |                           |
| <i>sulfamethoxazole-trimethoprim oral tablet</i>                   | Generic |                           |
| <i>tinidazole oral tablet</i>                                      | Generic |                           |
| <i>trimethoprim oral tablet</i>                                    | Generic |                           |
| <b>URIMAR-T ORAL TABLET</b>                                        | Generic |                           |
| <b>UROLET MB ORAL TABLET</b>                                       | Generic |                           |
| <b>UROPHEN MB ORAL TABLET</b>                                      | Generic |                           |
| <b>URYL ORAL TABLET</b>                                            | Generic |                           |
| <b>XIFAXAN ORAL TABLET 200 MG</b>                                  | Brand   | PA; QL (9 EA per 30 days) |
| <b>XIFAXAN ORAL TABLET 550 MG</b>                                  | Brand   | PA; QL (6 EA per 30 days) |
| <b>*ANTIMALARIALS*</b>                                             |         |                           |
| <i>atovaquone-proguanil hcl oral tablet</i>                        | Generic |                           |
| <i>chloroquine phosphate oral tablet</i>                           | Generic | PA                        |
| <b>COARTEM ORAL TABLET</b>                                         | Brand   | QL (24 EA per 30 days)    |
| <i>hydroxychloroquine sulfate oral tablet</i>                      | Generic | PA                        |
| <b>KRINTAFEL ORAL TABLET</b>                                       | Brand   | QL (2 EA per 1 Fill)      |
| <i>mefloquine hcl oral tablet</i>                                  | Generic |                           |
| <i>quinine sulfate oral capsule</i>                                | Generic | PA                        |
| <b>*ANTIMYASTHENIC AGENTS*</b>                                     |         |                           |
| <b>FIRDAPSE ORAL TABLET</b>                                        | Brand   | PA                        |
| <i>guanidine hcl oral tablet</i>                                   | Brand   | PA                        |
| <i>pyridostigmine bromide er oral tablet extended release</i>      | Generic |                           |
| <i>pyridostigmine bromide oral tablet 60 mg</i>                    | Generic |                           |
| <b>RUZURGI ORAL TABLET</b>                                         | Brand   | PA                        |
| <b>*ANTIMYASTHENIC/CHOLINERGIC AGENTS*</b>                         |         |                           |
| <b>FIRDAPSE ORAL TABLET</b>                                        | Brand   | PA                        |
| <i>guanidine hcl oral tablet</i>                                   | Brand   | PA                        |
| <i>pyridostigmine bromide er oral tablet extended release</i>      | Generic |                           |
| <i>pyridostigmine bromide oral tablet 60 mg</i>                    | Generic |                           |
| <b>RUZURGI ORAL TABLET</b>                                         | Brand   | PA                        |

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| Drug                                                               | Status  | Notes  |
|--------------------------------------------------------------------|---------|--------|
| <b>*ANTIMYCOBACTERIAL AGENTS*</b>                                  |         |        |
| <i>cycloserine oral capsule</i>                                    | Generic |        |
| <i>ethambutol hcl oral tablet</i>                                  | Generic |        |
| <i>isoniazid oral syrup</i>                                        | Generic |        |
| <i>isoniazid oral tablet</i>                                       | Generic |        |
| <b>PASER ORAL PACKET</b>                                           | Brand   | PA     |
| <i>pretomanid oral tablet</i>                                      | Brand   | PA     |
| <b>PRIFTIN ORAL TABLET</b>                                         | Brand   | PA     |
| <i>pyrazinamide oral tablet</i>                                    | Generic |        |
| <i>rifabutin oral capsule</i>                                      | Generic |        |
| <i>rifampin oral capsule</i>                                       | Generic |        |
| <b>SIRTURO ORAL TABLET</b>                                         | Brand   | PA     |
| <b>TRECATOR ORAL TABLET</b>                                        | Brand   | PA     |
| <b>*ANTINEOPLASTIC - BCL-2 INHIBITORS***</b>                       |         |        |
| <b>VENCLEXTA ORAL TABLET</b>                                       | Brand   | PA     |
| <b>VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK</b>            | Brand   | PA     |
| <b>*ANTINEOPLASTIC - FGFR KINASE INHIBITORS***</b>                 |         |        |
| <b>BALVERSA ORAL TABLET</b>                                        | Brand   | PA     |
| <b>PEMAZYRE ORAL TABLET</b>                                        | Brand   | PA     |
| <b>*ANTINEOPLASTIC - METHYLTRANSFERASE INHIBITORS***</b>           |         |        |
| <b>TAZVERIK ORAL TABLET</b>                                        | Brand   | PA     |
| <b>*ANTINEOPLASTIC - TROPOMYOSIN RECEPTOR KINASE INHIBITORS***</b> |         |        |
| <b>ROZLYTREK ORAL CAPSULE</b>                                      | Brand   | PA; SP |
| <b>VITRAKVI ORAL CAPSULE</b>                                       | Brand   | PA     |
| <b>VITRAKVI ORAL SOLUTION</b>                                      | Brand   | PA     |
| <b>*ANTINEOPLASTIC - XPO1 INHIBITORS***</b>                        |         |        |
| <b>XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK</b>        | Brand   | PA     |
| <b>XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK</b>         | Brand   | PA     |

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| <b>Drug</b>                                                 | <b>Status</b>   | <b>Notes</b>                    |
|-------------------------------------------------------------|-----------------|---------------------------------|
| <b>XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK</b> | Brand           | PA                              |
| <b>XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK</b>  | Brand           | PA                              |
| <b>XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK</b> | Brand           | PA                              |
| <b>XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK</b>  | Brand           | PA                              |
| <b>XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK</b> | Brand           | PA                              |
| <b>*ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES*</b>           |                 |                                 |
| <i>abiraterone acetate oral tablet</i>                      | Generic         | PA; SP; QL (120 EA per 30 days) |
| <b>ACTIMMUNE SUBCUTANEOUS SOLUTION</b>                      | Brand           | PA; SP                          |
| <b>AFINITOR DISPERZ ORAL TABLET SOLUBLE</b>                 | Brand           | PA; SP; QL (60 EA per 30 days)  |
| <b>AFINITOR ORAL TABLET</b>                                 | Brand           | PA; SP; QL (30 EA per 30 days)  |
| <b>ALECENSA ORAL CAPSULE</b>                                | Brand           | PA; SP                          |
| <b>ALFERON N INJECTION SOLUTION</b>                         | Medical Benefit | PA                              |
| <b>ALUNBRIG ORAL TABLET</b>                                 | Brand           | PA; SP                          |
| <b>ALUNBRIG ORAL TABLET THERAPY PACK</b>                    | Brand           | PA; SP                          |
| <i>anastrozole oral tablet</i>                              | Generic         |                                 |
| <b>AYVAKIT ORAL TABLET</b>                                  | Brand           | PA; QL (1 tablet per 1 day)     |
| <i>bexarotene oral capsule</i>                              | Generic         |                                 |
| <i>bicalutamide oral tablet</i>                             | Generic         |                                 |
| <b>BOSULIF ORAL TABLET 100 MG</b>                           | Brand           | PA; SP; QL (120 EA per 30 days) |
| <b>BOSULIF ORAL TABLET 500 MG</b>                           | Brand           | PA; SP; QL (30 EA per 30 days)  |
| <b>BRAFTOVI ORAL CAPSULE</b>                                | Brand           | PA                              |
| <b>BRUKINSA ORAL CAPSULE</b>                                | Brand           | PA                              |
| <b>CABOMETYX ORAL TABLET</b>                                | Brand           | PA; SP                          |
| <b>CALQUENCE ORAL CAPSULE</b>                               | Brand           | PA                              |
| <i>capecitabine oral tablet</i>                             | Generic         |                                 |
| <b>CAPRELSA ORAL TABLET 100 MG</b>                          | Brand           | PA; QL (60 EA per 30 days)      |
| <b>CAPRELSA ORAL TABLET 300 MG</b>                          | Brand           | PA; QL (30 EA per 30 days)      |

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|---------------------------------------------------------------------|-----------------|--------------------------------|
| <b>COMETRIQ (100 MG DAILY DOSE) ORAL KIT 1 X 80 &amp; 1 X 20 MG</b> | Brand           | PA                             |
| <b>COMETRIQ (140 MG DAILY DOSE) ORAL KIT 1 X 80 &amp; 3 X 20 MG</b> | Brand           | PA                             |
| <b>COMETRIQ (60 MG DAILY DOSE) ORAL KIT</b>                         | Brand           | PA                             |
| <b>COTELLIC ORAL TABLET</b>                                         | Brand           | PA; SP                         |
| <i>cyclophosphamide oral capsule</i>                                | Generic         |                                |
| <b>DAURISMO ORAL TABLET</b>                                         | Brand           | PA                             |
| <b>ELIGARD SUBCUTANEOUS KIT</b>                                     | Medical Benefit | PA                             |
| <b>EMCYT ORAL CAPSULE</b>                                           | Brand           |                                |
| <b>ERIVEDGE ORAL CAPSULE</b>                                        | Brand           | PA; SP                         |
| <i>erlotinib hcl oral tablet 100 mg, 150 mg</i>                     | Generic         | SP; QL (30 EA per 30 days)     |
| <i>erlotinib hcl oral tablet 25 mg</i>                              | Generic         | SP; QL (90 EA per 30 days)     |
| <i>etoposide oral capsule</i>                                       | Generic         |                                |
| <i>exemestane oral tablet</i>                                       | Generic         |                                |
| <b>FARYDAK ORAL CAPSULE</b>                                         | Brand           | PA; SP                         |
| <i>flutamide oral capsule</i>                                       | Generic         |                                |
| <b>GAVRETO ORAL CAPSULE</b>                                         | Brand           | PA                             |
| <b>GILOTRIF ORAL TABLET</b>                                         | Brand           | PA                             |
| <b>GLEOSTINE ORAL CAPSULE 5 MG</b>                                  | Brand           |                                |
| <b>HEXALEN ORAL CAPSULE</b>                                         | Brand           |                                |
| <b>HYCAMTIN ORAL CAPSULE 0.25 MG</b>                                | Brand           | PA; SP; QL (15 EA per 21 days) |
| <b>HYCAMTIN ORAL CAPSULE 1 MG</b>                                   | Brand           | PA; SP; QL (25 EA per 21 days) |
| <i>hydroxyurea oral capsule</i>                                     | Generic         |                                |
| <b>ICLUSIG ORAL TABLET</b>                                          | Brand           | PA                             |
| <i>imatinib mesylate oral tablet 100 mg</i>                         | Generic         |                                |
| <i>imatinib mesylate oral tablet 400 mg</i>                         | Brand           |                                |
| <b>IMBRUVICA ORAL CAPSULE 70 MG</b>                                 | Brand           | PA                             |
| <b>IMBRUVICA ORAL TABLET</b>                                        | Brand           | PA                             |
| <b>INLYTA ORAL TABLET</b>                                           | Brand           | PA; SP                         |
| <b>INQOVI ORAL TABLET</b>                                           | Brand           | PA                             |
| <b>INREBIC ORAL CAPSULE</b>                                         | Brand           | PA; SP                         |
| <b>IRESSA ORAL TABLET</b>                                           | Brand           | PA                             |
| <b>JAKAFI ORAL TABLET</b>                                           | Brand           | PA; SP                         |

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|----------------------------------------------------------------|-----------------|---------------------------------|
| <b>KOSELUGO ORAL CAPSULE</b>                                   | Brand           | PA                              |
| <i>lapatinib ditosylate oral tablet</i>                        | Generic         | PA; SP; QL (180 EA per 30 days) |
| <b>LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK</b>    | Brand           | PA                              |
| <b>LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK</b>    | Brand           | PA                              |
| <b>LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK</b>    | Brand           | PA                              |
| <b>LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK</b>    | Brand           | PA                              |
| <b>LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK</b>    | Brand           | PA                              |
| <b>LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK</b>     | Brand           | PA                              |
| <i>letrozole oral tablet</i>                                   | Generic         |                                 |
| <i>leucovorin calcium oral tablet</i>                          | Generic         |                                 |
| <b>LEUKERAN ORAL TABLET</b>                                    | Brand           |                                 |
| <i>leuprolide acetate injection kit</i>                        | Medical Benefit | PA                              |
| <i>lomustine oral capsule</i>                                  | Generic         |                                 |
| <b>LONSURF ORAL TABLET</b>                                     | Brand           | PA; SP                          |
| <b>LORBRENA ORAL TABLET</b>                                    | Brand           | PA; SP                          |
| <b>LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT</b>                | Medical Benefit | PA                              |
| <b>LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT</b>                | Medical Benefit | PA                              |
| <b>LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT</b>                | Medical Benefit | PA                              |
| <b>LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT</b>                | Medical Benefit | PA                              |
| <b>LUPRON INJECTION KIT</b>                                    | Medical Benefit | PA                              |
| <b>LUPRON SUBCUTANEOUS SOLUTION</b>                            | Medical Benefit | PA                              |
| <b>LYSODREN ORAL TABLET</b>                                    | Brand           |                                 |
| <b>MATULANE ORAL CAPSULE</b>                                   | Brand           |                                 |
| <i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml</i> | Generic         |                                 |
| <i>megestrol acetate oral tablet</i>                           | Generic         |                                 |
| <b>MEKINIST ORAL TABLET</b>                                    | Brand           | PA; SP                          |

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|-------------------------------------------------------|-----------------|-----------------------------------|
| <b>MEKTOVI ORAL TABLET</b>                            | Brand           | PA                                |
| <i>melphalan oral tablet</i>                          | Generic         |                                   |
| <i>mercaptopurine oral tablet</i>                     | Generic         |                                   |
| <b>MESNEX ORAL TABLET</b>                             | Brand           |                                   |
| <i>methotrexate oral tablet</i>                       | Generic         |                                   |
| <b>MYLERAN ORAL TABLET</b>                            | Brand           |                                   |
| <b>NERLYNX ORAL TABLET</b>                            | Brand           | PA                                |
| <b>NEXAVAR ORAL TABLET</b>                            | Brand           | PA; SP; QL (120 EA per 30 days)   |
| <i>nilutamide oral tablet</i>                         | Generic         |                                   |
| <b>NINLARO ORAL CAPSULE</b>                           | Brand           | PA; SP                            |
| <b>ODOMZO ORAL CAPSULE</b>                            | Brand           | PA                                |
| <b>ONUREG ORAL TABLET</b>                             | Brand           | PA; SP                            |
| <b>PHESGO SUBCUTANEOUS SOLUTION</b>                   | Medical Benefit | PA                                |
| <b>POMALYST ORAL CAPSULE</b>                          | Brand           | PA; SP                            |
| <b>PURIXAN ORAL SUSPENSION</b>                        | Brand           |                                   |
| <b>QINLOCK ORAL TABLET</b>                            | Brand           | PA                                |
| <b>RETEVMO ORAL CAPSULE 40 MG</b>                     | Brand           | PA; QL (180 capsules per 30 days) |
| <b>RETEVMO ORAL CAPSULE 80 MG</b>                     | Brand           | PA; QL (120 capsules per 30 days) |
| <b>RITUXAN INTRAVENOUS SOLUTION</b>                   | Medical Benefit | PA                                |
| <b>RUXIENCE INTRAVENOUS SOLUTION</b>                  | Medical Benefit | PA                                |
| <b>RYDAPT ORAL CAPSULE</b>                            | Brand           | PA                                |
| <b>SOLTAMOX ORAL SOLUTION</b>                         | Brand           |                                   |
| <b>SPRYCEL ORAL TABLET 100 MG, 140 MG</b>             | Brand           | PA; SP; QL (30 EA per 30 days)    |
| <b>SPRYCEL ORAL TABLET 20 MG, 50 MG, 70 MG, 80 MG</b> | Brand           | PA; SP; QL (60 EA per 30 days)    |
| <b>STIVARGA ORAL TABLET</b>                           | Brand           | PA; SP; QL (84 EA per 28 days)    |
| <b>SUTENT ORAL CAPSULE</b>                            | Brand           | PA; SP                            |
| <b>TABLOID ORAL TABLET</b>                            | Brand           |                                   |
| <b>TABRECTA ORAL TABLET</b>                           | Brand           | PA                                |
| <b>TAFINLAR ORAL CAPSULE</b>                          | Brand           | PA; SP                            |
| <b>TAGRISSO ORAL TABLET 40 MG</b>                     | Brand           | PA; QL (30 Tablets per 30 days)   |
| <b>TAGRISSO ORAL TABLET 80 MG</b>                     | Brand           | PA                                |
| <i>tamoxifen citrate oral tablet</i>                  | Generic         |                                   |
| <b>TASIGNA ORAL CAPSULE</b>                           | Brand           | PA; SP                            |

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|------------------------------------------------------|-----------------|---------------------------------------------|
| <i>temozolomide oral capsule</i>                     | Generic         |                                             |
| <i>toremifene citrate oral tablet</i>                | Generic         |                                             |
| <i>tretinoin oral capsule</i>                        | Generic         |                                             |
| <b>TREXALL ORAL TABLET</b>                           | Brand           |                                             |
| <b>TRUXIMA INTRAVENOUS SOLUTION</b>                  | Medical Benefit | PA                                          |
| <b>TUKYSA ORAL TABLET</b>                            | Brand           | PA                                          |
| <b>TURALIO ORAL CAPSULE</b>                          | Brand           | PA                                          |
| <b>VIZIMPRO ORAL TABLET</b>                          | Brand           | PA; SP                                      |
| <b>VOTRIENT ORAL TABLET</b>                          | Brand           | PA; SP; QL (120 EA per 30 days)             |
| <b>XALKORI ORAL CAPSULE</b>                          | Brand           | PA; SP                                      |
| <b>XATMEP ORAL SOLUTION</b>                          | Brand           | PA                                          |
| <b>XOSPATA ORAL TABLET</b>                           | Brand           | PA                                          |
| <b>XTANDI ORAL CAPSULE</b>                           | Brand           | PA; SP; QL (120 EA per 30 days)             |
| <b>ZELBORAF ORAL TABLET</b>                          | Brand           | PA; SP                                      |
| <b>ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG</b>          | Medical Benefit | PA; QL (1 EA per 84 days)                   |
| <b>ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG</b>           | Medical Benefit | PA; QL (1 EA per 28 days)                   |
| <b>ZOLINZA ORAL CAPSULE</b>                          | Brand           | PA; SP                                      |
| <b>ZYKADIA ORAL CAPSULE</b>                          | Brand           | PA; SP                                      |
| <b>ZYKADIA ORAL TABLET</b>                           | Brand           | PA; SP                                      |
| <b>*ANTI-OBESITY - GLP-1 RECEPTOR AGONISTS***</b>    |                 |                                             |
| <b>SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>    | Brand           | PA                                          |
| <b>*ANTI-OBESITY AGENT COMBINATIONS**</b>            |                 |                                             |
| <b>CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR</b> | Brand           | PA                                          |
| <b>*ANTIPARKINSON AGENTS*</b>                        |                 |                                             |
| <i>amantadine hcl oral capsule</i>                   | Generic         | ¥ (Can be filled for up to a 90 day supply) |
| <i>amantadine hcl oral syrup</i>                     | Generic         | ¥ (Can be filled for up to a 90 day supply) |
| <i>amantadine hcl oral tablet</i>                    | Generic         | ¥ (Can be filled for up to a 90 day supply) |

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|-----------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------------------------------------------|
| <i>benztropine mesylate oral tablet</i>                                                                                     | Generic       |                                                                      |
| <i>bromocriptine mesylate oral capsule</i>                                                                                  | Generic       |                                                                      |
| <i>bromocriptine mesylate oral tablet</i>                                                                                   | Generic       |                                                                      |
| <i>carbidopa oral tablet</i>                                                                                                | Generic       | ¥ (Can be filled for up to a 90 day supply)                          |
| <i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>                                              | Generic       | ¥ (Can be filled for up to a 90 day supply)                          |
| <i>carbidopa-levodopa oral tablet</i>                                                                                       | Generic       | ¥ (Can be filled for up to a 90 day supply)                          |
| <i>carbidopa-levodopa oral tablet dispersible</i>                                                                           | Generic       | ¥ (Can be filled for up to a 90 day supply)                          |
| <i>carbidopa-levodopa-entacapone oral tablet</i>                                                                            | Generic       | ¥ (Can be filled for up to a 90 day supply)                          |
| <i>entacapone oral tablet</i>                                                                                               | Generic       | ¥ (Can be filled for up to a 90 day supply)                          |
| <b>GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>                                                                        | Brand         | PA                                                                   |
| <b>INBRIJA INHALATION CAPSULE</b>                                                                                           | Brand         | PA                                                                   |
| <b>NEUPRO TRANSDERMAL PATCH 24 HOUR</b>                                                                                     | Brand         | PA; QL (30 EA per 30 days)                                           |
| <i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 4.5 mg</i> | Generic       | ¥ (Can be filled for up to a 90 day supply)                          |
| <i>pramipexole dihydrochloride er oral tablet extended release 24 hour 3.75 mg</i>                                          | Generic       |                                                                      |
| <i>pramipexole dihydrochloride oral tablet</i>                                                                              | Generic       | ¥ (Can be filled for up to a 90 day supply)                          |
| <i>rasagiline mesylate oral tablet</i>                                                                                      | Generic       | ¥ (Can be filled for up to a 90 day supply)                          |
| <i>ropinirole hcl er oral tablet extended release 24 hour</i>                                                               | Generic       | ¥ (Can be filled for up to a 90 day supply)                          |
| <i>ropinirole hcl oral tablet</i>                                                                                           | Generic       | ¥ (Can be filled for up to a 90 day supply)                          |
| <i>selegiline hcl oral capsule</i>                                                                                          | Generic       |                                                                      |
| <i>selegiline hcl oral tablet</i>                                                                                           | Generic       |                                                                      |
| <i>tolcapone oral tablet</i>                                                                                                | Generic       | PA; ¥ (Can be filled for up to a 90 day supply); QL (6 EA per 1 day) |
| <i>trihexyphenidyl hcl oral elixir</i>                                                                                      | Generic       |                                                                      |

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|-------------------------------------------------------------------------|---------------|----------------------------------------------------------|
| <i>trihexyphenidyl hcl oral tablet</i>                                  | Generic       |                                                          |
| <b>XADAGO ORAL TABLET</b>                                               | Brand         | PA                                                       |
| <b>ZELAPAR ORAL TABLET DISPERSIBLE</b>                                  | Brand         | PA; QL (60 EA per 30 days)                               |
| <b>*ANTIPSYCHOTICS/ANTIMANIC AGENTS*</b>                                |               |                                                          |
| Abilify Maintena Intramuscular Prefilled Syringe                        | MB/RX         | PA                                                       |
| Abilify Maintena Intramuscular Suspension Reconstituted ER              | MB/RX         | PA                                                       |
| <b>ABILIFY MYCITE ORAL TABLET</b>                                       | Brand         | PA; QL (1 EA per 1 day)                                  |
| <i>aripiprazole oral solution</i>                                       | Generic       | PA; QL (750 ML per 30 days)                              |
| <i>aripiprazole oral tablet</i>                                         | Generic       | QL (30 EA per 30 days)                                   |
| <i>aripiprazole oral tablet dispersible</i>                             | Generic       | PA; QL (30 EA per 30 days)                               |
| Aristada Initio Intramuscular Prefilled Syringe                         | MB/RX         | PA                                                       |
| Aristada Intramuscular Prefilled Syringe                                | MB/RX         | PA                                                       |
| <b>CAPLYTA ORAL CAPSULE</b>                                             | Brand         | PA; QL (1 capsule per 1 day)                             |
| <i>chlorpromazine hcl oral tablet</i>                                   | Generic       |                                                          |
| <i>clozapine oral tablet</i>                                            | Generic       |                                                          |
| <i>clozapine oral tablet dispersible</i>                                | Generic       | QL (60 EA per 30 days)                                   |
| <b>COMPRO RECTAL SUPPOSITORY</b>                                        | Generic       |                                                          |
| <b>FANAPT ORAL TABLET</b>                                               | Brand         | PA; QL (60 EA per 30 days)                               |
| <b>FANAPT TITRATION PACK ORAL TABLET</b>                                | Brand         | PA                                                       |
| <i>fluphenazine decanoate injection solution</i>                        | Generic       |                                                          |
| <i>fluphenazine hcl oral concentrate</i>                                | Generic       |                                                          |
| <i>fluphenazine hcl oral elixir</i>                                     | Generic       |                                                          |
| <i>fluphenazine hcl oral tablet</i>                                     | Generic       |                                                          |
| <i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i> | Generic       |                                                          |
| <i>haloperidol lactate injection solution 5 mg/ml</i>                   | Generic       |                                                          |
| <i>haloperidol lactate oral concentrate</i>                             | Generic       |                                                          |
| <i>haloperidol oral tablet</i>                                          | Generic       |                                                          |
| Invega Sustenna Intramuscular Suspension                                | MB/RX         | PA; ¥ (2 vials for first month); QL (1 vial per 30 days) |
| Invega Trinza Intramuscular Suspension                                  | MB/RX         | PA                                                       |
| <b>LATUDA ORAL TABLET</b>                                               | Brand         | PA; QL (30 EA per 30 days)                               |

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| <b>Drug</b>                                                        | <b>Status</b> | <b>Notes</b>                      |
|--------------------------------------------------------------------|---------------|-----------------------------------|
| <i>lithium carbonate er oral tablet extended release</i>           | Generic       |                                   |
| <i>lithium carbonate oral capsule</i>                              | Generic       |                                   |
| <i>lithium carbonate oral tablet</i>                               | Generic       |                                   |
| <i>lithium oral solution</i>                                       | Generic       |                                   |
| <i>loxapine succinate oral capsule</i>                             | Generic       |                                   |
| <b>NUPLAZID ORAL CAPSULE</b>                                       | Brand         | PA; SP; QL (30 EA per 30 days)    |
| <b>NUPLAZID ORAL TABLET</b>                                        | Brand         | PA; SP; QL (60 EA per 30 days)    |
| <i>olanzapine oral tablet</i>                                      | Generic       | QL (30 EA per 30 days)            |
| <i>olanzapine oral tablet dispersible</i>                          | Generic       | QL (30 EA per 30 days)            |
| <i>paliperidone er oral tablet extended release 24 hour</i>        | Generic       | PA; QL (30 EA per 30 days)        |
| <i>perphenazine oral tablet</i>                                    | Generic       |                                   |
| Perseris Subcutaneous Prefilled Syringe                            | MB/RX         | PA; QL (1 Syringe per 30 days)    |
| <i>prochlorperazine edisylate injection solution 5 mg/ml</i>       | Generic       |                                   |
| <i>prochlorperazine maleate oral tablet</i>                        | Generic       |                                   |
| <i>prochlorperazine rectal suppository</i>                         | Generic       |                                   |
| <i>quetiapine fumarate er oral tablet extended release 24 hour</i> | Generic       | PA                                |
| <i>quetiapine fumarate oral tablet</i>                             | Generic       | QL (90 EA per 30 days)            |
| <b>REXULTI ORAL TABLET</b>                                         | Brand         | PA; QL (30 EA per 30 days)        |
| RisperDAL Consta Intramuscular Suspension Reconstituted            | MB/RX         | PA; QL (2 injections per 28 days) |
| <b>RISPERIDONE M-TAB ORAL TABLET DISPERSIBLE</b>                   | Generic       |                                   |
| <i>risperidone oral solution</i>                                   | Generic       |                                   |
| <i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>   | Generic       | QL (60 EA per 30 days)            |
| <i>risperidone oral tablet 4 mg</i>                                | Generic       |                                   |
| <i>risperidone oral tablet dispersible</i>                         | Generic       |                                   |
| <b>SAPHRIS SUBLINGUAL TABLET SUBLINGUAL</b>                        | Brand         | PA; QL (60 EA per 30 days)        |
| <b>SECUADO TRANSDERMAL PATCH 24 HOUR</b>                           | Brand         | PA                                |
| <i>thioridazine hcl oral tablet</i>                                | Generic       |                                   |
| <i>thiothixene oral capsule</i>                                    | Generic       |                                   |

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| Drug                                                                   | Status  | Notes                        |
|------------------------------------------------------------------------|---------|------------------------------|
| <i>trifluoperazine hcl oral tablet</i>                                 | Generic |                              |
| <b>VRAYLAR ORAL CAPSULE</b>                                            | Brand   | PA                           |
| <b>VRAYLAR ORAL CAPSULE THERAPY PACK</b>                               | Brand   | PA                           |
| <i>ziprasidone hcl oral capsule</i>                                    | Generic | QL (60 EA per 30 days)       |
| ZyPREXA Relprevv Intramuscular Suspension Reconstituted 210 MG, 300 MG | MB/RX   | PA; QL (2 vials per 28 days) |
| ZyPREXA Relprevv Intramuscular Suspension Reconstituted 405 MG         | MB/RX   | PA; QL (1 vial per 28 days)  |
| <b>*ANTIRETROVIRALS - GP120-DIRECTED ATTACHMENT INHIBITOR***</b>       |         |                              |
| <i>rukobia oral tablet extended release 12 hour</i>                    | Brand   |                              |
| <b>*ANTIRETROVIRALS ADJUVANTS***</b>                                   |         |                              |
| <b>TYBOST ORAL TABLET</b>                                              | Brand   |                              |
| <b>*ANTISENSE OLIGONUCLEOTIDE (ASO) INHIBITOR AGENTS***</b>            |         |                              |
| <b>TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>                 | Brand   | PA; QL (6 ML per 30 days)    |
| <b>*ANTIVIRALS*</b>                                                    |         |                              |
| <i>abacavir sulfate oral solution</i>                                  | Generic |                              |
| <i>abacavir sulfate oral tablet</i>                                    | Generic |                              |
| <i>abacavir sulfate-lamivudine oral tablet</i>                         | Generic |                              |
| <i>abacavir-lamivudine-zidovudine oral tablet</i>                      | Generic |                              |
| <i>acyclovir oral capsule</i>                                          | Generic |                              |
| <i>acyclovir oral suspension</i>                                       | Generic |                              |
| <i>acyclovir oral tablet</i>                                           | Generic |                              |
| <i>adefovir dipivoxil oral tablet</i>                                  | Generic |                              |
| <b>APTIVUS ORAL CAPSULE</b>                                            | Brand   |                              |
| <b>APTIVUS ORAL SOLUTION</b>                                           | Brand   |                              |
| <i>atazanavir sulfate oral capsule</i>                                 | Generic |                              |
| <b>BARACLUDE ORAL SOLUTION</b>                                         | Brand   |                              |
| <b>BIKTARVY ORAL TABLET</b>                                            | Brand   |                              |
| <b>CIMDUO ORAL TABLET</b>                                              | Brand   |                              |
| <b>COMPLERA ORAL TABLET</b>                                            | Brand   |                              |
| <b>CRIXIVAN ORAL CAPSULE 200 MG, 400 MG</b>                            | Brand   |                              |

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|---------------------------------------------------|---------------|------------------------|
| <b>DAKLINZA ORAL TABLET</b>                       | Brand         | PA; SP                 |
| <b>DELSTRIGO ORAL TABLET</b>                      | Brand         |                        |
| <b>DESCOVY ORAL TABLET</b>                        | Brand         |                        |
| <i>didanosine oral capsule delayed release</i>    | Generic       |                        |
| <b>DOVATO ORAL TABLET</b>                         | Brand         |                        |
| <b>EDURANT ORAL TABLET</b>                        | Brand         |                        |
| <i>efavirenz oral capsule</i>                     | Generic       |                        |
| <i>efavirenz oral tablet</i>                      | Generic       |                        |
| <i>efavirenz-emtricitab-tenofovir oral tablet</i> | Generic       |                        |
| <i>efavirenz-lamivudine-tenofovir oral tablet</i> | Generic       |                        |
| <i>emtricitabine oral capsule</i>                 | Generic       |                        |
| <i>emtricitabine-tenofovir df oral tablet</i>     | Generic       |                        |
| <b>EMTRIVA ORAL SOLUTION</b>                      | Brand         |                        |
| <i>entecavir oral tablet</i>                      | Generic       |                        |
| <b>EVOTAZ ORAL TABLET</b>                         | Brand         |                        |
| <i>famciclovir oral tablet</i>                    | Generic       |                        |
| <i>fosamprenavir calcium oral tablet</i>          | Generic       |                        |
| <b>FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED</b> | Brand         | SP                     |
| <b>GENVOYA ORAL TABLET</b>                        | Brand         |                        |
| <b>INTELENCE ORAL TABLET</b>                      | Brand         |                        |
| <b>INVIRASE ORAL CAPSULE</b>                      | Brand         |                        |
| <b>INVIRASE ORAL TABLET</b>                       | Brand         |                        |
| <b>ISENTRESS HD ORAL TABLET</b>                   | Brand         | QL (60 EA per 30 days) |
| <b>ISENTRESS ORAL PACKET</b>                      | Brand         | QL (60 EA per 30 days) |
| <b>ISENTRESS ORAL TABLET</b>                      | Brand         |                        |
| <b>ISENTRESS ORAL TABLET CHEWABLE</b>             | Brand         |                        |
| <b>JULUCA ORAL TABLET</b>                         | Brand         |                        |
| <b>KALETRA ORAL SOLUTION</b>                      | Brand         |                        |
| <b>KALETRA ORAL TABLET</b>                        | Brand         |                        |
| <i>lamivudine oral solution</i>                   | Generic       |                        |
| <i>lamivudine oral tablet</i>                     | Generic       |                        |
| <i>lamivudine-zidovudine oral tablet</i>          | Generic       |                        |
| <b>LEXIVA ORAL SUSPENSION</b>                     | Brand         |                        |

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| <b>Drug</b>                                                         | <b>Status</b>   | <b>Notes</b>                                           |
|---------------------------------------------------------------------|-----------------|--------------------------------------------------------|
| <i>nevirapine er oral tablet extended release 24 hour</i>           | Generic         |                                                        |
| <i>nevirapine oral suspension</i>                                   | Generic         |                                                        |
| <i>nevirapine oral tablet</i>                                       | Generic         |                                                        |
| <b>NORVIR ORAL CAPSULE</b>                                          | Brand           |                                                        |
| <b>NORVIR ORAL PACKET</b>                                           | Brand           |                                                        |
| <b>NORVIR ORAL SOLUTION</b>                                         | Brand           |                                                        |
| <b>ODEFSEY ORAL TABLET</b>                                          | Brand           |                                                        |
| <b>OLYSIO ORAL CAPSULE</b>                                          | Brand           | PA; SP                                                 |
| <i>oseltamivir phosphate oral capsule 30 mg</i>                     | Generic         | ¥ (Max of 2 fills per year); QL (20 EA per 1 Fill)     |
| <i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>              | Generic         | ¥ (Max of 2 fills per year); QL (10 EA per 1 Fill)     |
| <i>oseltamivir phosphate oral suspension reconstituted</i>          | Generic         | ¥ (Max of 2 fills per year); QL (180 ML per 1 Fill)    |
| <b>PIFELTRO ORAL TABLET</b>                                         | Brand           |                                                        |
| <b>PREVYMIS INTRAVENOUS SOLUTION</b>                                | Medical Benefit | PA                                                     |
| <b>PREVYMIS ORAL TABLET</b>                                         | Brand           | PA                                                     |
| <b>PREZCOBIX ORAL TABLET</b>                                        | Brand           |                                                        |
| <b>PREZISTA ORAL SUSPENSION</b>                                     | Brand           |                                                        |
| <b>PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG</b>           | Brand           |                                                        |
| <b>RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED</b> | Brand           | ¥ (Max of 2 fills per year); QL (20 Blisters per 1 Rx) |
| <b>RESCRIPTOR ORAL TABLET</b>                                       | Brand           |                                                        |
| <b>REYATAZ ORAL PACKET</b>                                          | Brand           |                                                        |
| <b>RIBASPHERE ORAL CAPSULE</b>                                      | Generic         | QL (210 EA per 30 days)                                |
| <b>RIBASPHERE ORAL TABLET 200 MG</b>                                | Generic         | QL (210 EA per 30 days)                                |
| <i>ribavirin oral capsule</i>                                       | Generic         |                                                        |
| <i>ribavirin oral tablet 200 mg</i>                                 | Generic         |                                                        |
| <i>rimantadine hcl oral tablet</i>                                  | Generic         |                                                        |
| <i>ritonavir oral tablet</i>                                        | Generic         |                                                        |
| <b>SELZENTRY ORAL SOLUTION</b>                                      | Brand           | QL (1800 ML per 30 days)                               |
| <b>SELZENTRY ORAL TABLET</b>                                        | Brand           |                                                        |
| <b>SOVALDI ORAL TABLET 200 MG</b>                                   | Brand           | PA; SP; QL (60 EA per 30 days)                         |

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|---------------------------------------------------------|-----------------|--------------|
| <b>SOVALDI ORAL TABLET 400 MG</b>                       | Brand           | PA; SP       |
| <i>stavudine oral capsule</i>                           | Brand           |              |
| <i>stavudine oral solution reconstituted</i>            | Brand           |              |
| <b>STRIBILD ORAL TABLET</b>                             | Brand           |              |
| <b>SYMTUZA ORAL TABLET</b>                              | Brand           |              |
| <i>tenofovir disoproxil fumarate oral tablet</i>        | Generic         |              |
| <b>TIVICAY ORAL TABLET</b>                              | Brand           |              |
| <b>TIVICAY PD ORAL TABLET SOLUBLE</b>                   | Brand           |              |
| <b>TRIUMEQ ORAL TABLET</b>                              | Brand           |              |
| <i>valacyclovir hcl oral tablet</i>                     | Generic         |              |
| <i>valganciclovir hcl oral solution reconstituted</i>   | Generic         |              |
| <i>valganciclovir hcl oral tablet</i>                   | Generic         |              |
| <b>VEMLIDY ORAL TABLET</b>                              | Brand           |              |
| <b>VIDEX ORAL SOLUTION RECONSTITUTED 2 GM</b>           | Brand           |              |
| <b>VIRACEPT ORAL TABLET</b>                             | Brand           |              |
| <b>VIREAD ORAL POWDER</b>                               | Brand           |              |
| <b>VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG</b>        | Brand           |              |
| <i>zidovudine oral capsule</i>                          | Generic         |              |
| <i>zidovudine oral syrup</i>                            | Generic         |              |
| <i>zidovudine oral tablet</i>                           | Generic         |              |
| <b>*ANTI-VON WILLEBRAND FACTOR AGENTS***</b>            |                 |              |
| <b>CABLIVI INJECTION KIT</b>                            | Brand           |              |
| <b>*ASSORTED CLASSES*</b>                               |                 |              |
| <i>azathioprine oral tablet</i>                         | Generic         |              |
| <b>BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED</b>      | Medical Benefit | PA           |
| <b>BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>     | Brand           | PA           |
| <b>BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b> | Brand           | PA           |
| <i>cyclosporine modified oral capsule</i>               | Generic         |              |
| <i>cyclosporine modified oral solution</i>              | Generic         |              |

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|----------------------------------------------------------------|-----------------|-------------------------------|
| <i>cyclosporine oral capsule</i>                               | Generic         |                               |
| <b>ENSPRYNG SUBCUTANEOUS SOLUTION<br/>PREFILLED SYRINGE</b>    | Brand           | PA; SP                        |
| <i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>         | Generic         | SP                            |
| <b>GENGRAF ORAL CAPSULE</b>                                    | Generic         |                               |
| <b>GENGRAF ORAL SOLUTION</b>                                   | Generic         |                               |
| <b>KIONEX ORAL POWDER</b>                                      | Generic         |                               |
| <b>KIONEX ORAL SUSPENSION</b>                                  | Generic         |                               |
| <b>LOKELMA ORAL PACKET</b>                                     | Brand           | PA                            |
| <i>mycophenolate mofetil oral capsule</i>                      | Generic         |                               |
| <i>mycophenolate mofetil oral suspension<br/>reconstituted</i> | Generic         |                               |
| <i>mycophenolate mofetil oral tablet</i>                       | Generic         |                               |
| <i>mycophenolic acid oral tablet delayed release</i>           | Generic         |                               |
| <i>penicillamine oral tablet</i>                               | Generic         |                               |
| <b>PROGRAF ORAL PACKET 1 MG</b>                                | Brand           |                               |
| <b>REVLIMID ORAL CAPSULE</b>                                   | Brand           | PA; SP                        |
| <i>sirolimus oral solution</i>                                 | Generic         |                               |
| <i>sirolimus oral tablet</i>                                   | Generic         |                               |
| <i>sodium polystyrene sulfonate oral powder</i>                | Generic         |                               |
| <i>sodium polystyrene sulfonate oral suspension</i>            | Generic         |                               |
| <i>sodium polystyrene sulfonate rectal suspension</i>          | Generic         |                               |
| <b>SPS ORAL SUSPENSION</b>                                     | Generic         |                               |
| <i>tacrolimus oral capsule</i>                                 | Generic         |                               |
| <b>THALOMID ORAL CAPSULE</b>                                   | Brand           | SP                            |
| <i>trientine hcl oral capsule</i>                              | Generic         | PA                            |
| <b>UPLIZNA INTRAVENOUS SOLUTION</b>                            | Medical Benefit | PA                            |
| <b>VELTASSA ORAL PACKET</b>                                    | Brand           | PA                            |
| <b>XIAFLEX INJECTION SOLUTION<br/>RECONSTITUTED</b>            | Medical Benefit | PA                            |
| <b>ZORTRESS ORAL TABLET 1 MG</b>                               | Brand           | SP                            |
| <b>*ATOPIC DERMATITIS - MONOCLONAL<br/>ANTIBODIES***</b>       |                 |                               |
| <b>DUPIXENT SUBCUTANEOUS SOLUTION<br/>PEN-INJECTOR</b>         | Brand           | PA; SP; QL (4 ML per 30 days) |

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| Drug                                                                      | Status          | Notes                                                                      |
|---------------------------------------------------------------------------|-----------------|----------------------------------------------------------------------------|
| <b>DUPIXENT SUBCUTANEOUS SOLUTION<br/>PREFILLED SYRINGE 200 MG/1.14ML</b> | Brand           | PA; SP; QL (2 ML per 28 days)                                              |
| <b>DUPIXENT SUBCUTANEOUS SOLUTION<br/>PREFILLED SYRINGE 300 MG/2ML</b>    | Brand           | PA; SP; QL (4 ML per 28 days)                                              |
| <b>*BACTERIAL MONOCLONAL<br/>ANTIBODIES***</b>                            |                 |                                                                            |
| <b>ZINPLAVA INTRAVENOUS SOLUTION</b>                                      | Medical Benefit |                                                                            |
| <b>*BETA BLOCKERS*</b>                                                    |                 |                                                                            |
| <i>acebutolol hcl oral capsule</i>                                        | Generic         | ¥ (Can be filled for up to a 90 day supply)                                |
| <i>atenolol oral tablet</i>                                               | Generic         | ¥ (Can be filled for up to a 90 day supply)                                |
| <i>betaxolol hcl oral tablet</i>                                          | Generic         |                                                                            |
| <i>bisoprolol fumarate oral tablet</i>                                    | Generic         | ¥ (Can be filled for up to a 90 day supply)                                |
| <b>BYSTOLIC ORAL TABLET</b>                                               | Brand           | PA; STPA; QL (30 EA per 30 days)                                           |
| <i>carvedilol oral tablet</i>                                             | Generic         | ¥ (Can be filled for up to a 90 day supply)                                |
| <i>carvedilol phosphate er oral capsule extended release 24 hour</i>      | Generic         | PA; STPA; ¥ (Can be filled for up to a 90 day supply); QL (1 EA per 1 day) |
| <i>labetalol hcl oral tablet</i>                                          | Generic         | ¥ (Can be filled for up to a 90 day supply)                                |
| <i>metoprolol succinate er oral tablet extended release 24 hour</i>       | Generic         | ¥ (Can be filled for up to a 90 day supply)                                |
| <i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>               | Generic         | ¥ (Can be filled for up to a 90 day supply)                                |
| <i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>                     | Generic         | PA                                                                         |
| <i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>                            | Generic         | ¥ (Can be filled for up to a 90 day supply)                                |
| <i>pindolol oral tablet</i>                                               | Generic         | ¥ (Can be filled for up to a 90 day supply)                                |
| <i>propranolol hcl er oral capsule extended release 24 hour</i>           | Generic         | ¥ (Can be filled for up to a 90 day supply)                                |
| <i>propranolol hcl oral solution</i>                                      | Generic         | ¥ (Can be filled for up to a 90 day supply)                                |

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|------------------------------------------------------------------|-----------------|---------------------------------------------|
| <i>propranolol hcl oral tablet</i>                               | Generic         | ¥ (Can be filled for up to a 90 day supply) |
| <i>sotalol hcl (af) oral tablet 120 mg, 80 mg</i>                | Generic         | ¥ (Can be filled for up to a 90 day supply) |
| <i>sotalol hcl oral tablet</i>                                   | Generic         | ¥ (Can be filled for up to a 90 day supply) |
| <i>timolol maleate oral tablet</i>                               | Generic         | ¥ (Can be filled for up to a 90 day supply) |
| <b>*BILE ACID SYNTHESIS DISORDER AGENTS***</b>                   |                 |                                             |
| <b>CHOLBAM ORAL CAPSULE</b>                                      | Brand           | PA                                          |
| <b>*BIOLOGICALS MISC*</b>                                        |                 |                                             |
| <b>PALFORZIA (12 MG DAILY DOSE) ORAL</b>                         | Brand           | PA                                          |
| <b>PALFORZIA (120 MG DAILY DOSE) ORAL</b>                        | Brand           | PA                                          |
| <b>PALFORZIA (160 MG DAILY DOSE) ORAL</b>                        | Brand           | PA                                          |
| <b>PALFORZIA (20 MG DAILY DOSE) ORAL</b>                         | Brand           | PA                                          |
| <b>PALFORZIA (200 MG DAILY DOSE) ORAL</b>                        | Brand           | PA                                          |
| <b>PALFORZIA (240 MG DAILY DOSE) ORAL</b>                        | Brand           | PA                                          |
| <b>PALFORZIA (3 MG DAILY DOSE) ORAL</b>                          | Brand           | PA                                          |
| <b>PALFORZIA (300 MG MAINTENANCE) ORAL PACKET</b>                | Brand           | PA                                          |
| <b>PALFORZIA (300 MG TITRATION) ORAL PACKET</b>                  | Brand           | PA                                          |
| <b>PALFORZIA (40 MG DAILY DOSE) ORAL</b>                         | Brand           | PA                                          |
| <b>PALFORZIA (6 MG DAILY DOSE) ORAL</b>                          | Brand           | PA                                          |
| <b>PALFORZIA (80 MG DAILY DOSE) ORAL</b>                         | Brand           | PA                                          |
| <b>PALFORZIA INITIAL ESCALATION ORAL</b>                         | Brand           | PA                                          |
| <b>*CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG***</b> |                 |                                             |
| <b>AIMOVIG (140 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b> | Brand           | PA; QL (2 ML per 30 days)                   |
| <b>AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML</b>      | Brand           | PA; QL (1 ML per 30 days)                   |
| <b>VYEPTI INTRAVENOUS SOLUTION</b>                               | Medical Benefit | PA; QL (3 ML per 90 days)                   |

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| Drug                                                                                 | Status  | Notes                                           |
|--------------------------------------------------------------------------------------|---------|-------------------------------------------------|
| <b>*CALCITONIN GENE-RELATED PEPTIDE RECEPTOR ANTAG (CGRP)***</b>                     |         |                                                 |
| <b>NURTEC ORAL TABLET DISPERSIBLE</b>                                                | Brand   | PA; QL (8 EA per 30 days)                       |
| <b>UBRELVY ORAL TABLET</b>                                                           | Brand   | PA; QL (8 EA per 30 days)                       |
| <b>*CALCIUM CHANNEL BLOCKERS*</b>                                                    |         |                                                 |
| <i>amlodipine besylate oral tablet</i>                                               | Generic | ¥ (Can be filled for up to a 90 day supply)     |
| <b>CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG</b>                       | Brand   | PA                                              |
| <i>cartia xt oral capsule extended release 24 hour</i>                               | Generic | ¥ (Can be filled for up to a 90 day supply)     |
| <i>diltiazem cd oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>     | Generic |                                                 |
| <i>diltiazem hcl er beads oral capsule extended release 24 hour</i>                  | Generic | ¥ (Can be filled for up to a 90 day supply)     |
| <i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>           | Generic | ¥ (Can be filled for up to a 90 day supply)     |
| <i>diltiazem hcl er coated beads oral tablet extended release 24 hour</i>            | Generic | PA; ¥ (Can be filled for up to a 90 day supply) |
| <i>diltiazem hcl er oral capsule extended release 12 hour</i>                        | Generic | ¥ (Can be filled for up to a 90 day supply)     |
| <i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i> | Generic | ¥ (Can be filled for up to a 90 day supply)     |
| <i>diltiazem hcl oral tablet</i>                                                     | Generic | ¥ (Can be filled for up to a 90 day supply)     |
| <i>dilt-xr oral capsule extended release 24 hour 120 mg</i>                          | Generic | ¥ (Can be filled for up to a 90 day supply)     |
| <i>felodipine er oral tablet extended release 24 hour</i>                            | Generic | ¥ (Can be filled for up to a 90 day supply)     |
| <i>isradipine oral capsule</i>                                                       | Generic | PA; ¥ (Can be filled for up to a 90 day supply) |
| <b>MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 420 MG</b> | Generic | PA                                              |
| <b>MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 360 MG</b>                         | Generic | PA; ¥ (Can be filled for up to a 90 day supply) |
| <i>nicardipine hcl oral capsule</i>                                                  | Generic | ¥ (Can be filled for up to a 90 day supply)     |

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| <b>Drug</b>                                                                 | <b>Status</b> | <b>Notes</b>                                                         |
|-----------------------------------------------------------------------------|---------------|----------------------------------------------------------------------|
| <b>NIFEDIAC CC ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG</b>        | Generic       |                                                                      |
| <i>nifedipine er oral tablet extended release 24 hour</i>                   | Generic       | ¥ (Can be filled for up to a 90 day supply)                          |
| <i>nifedipine er osmotic release oral tablet extended release 24 hour</i>   | Generic       | ¥ (Can be filled for up to a 90 day supply)                          |
| <i>nifedipine oral capsule</i>                                              | Generic       | ¥ (Can be filled for up to a 90 day supply)                          |
| <i>nimodipine oral capsule</i>                                              | Generic       | PA; ¥ (Can be filled for up to a 90 day supply)                      |
| <i>nisoldipine er oral tablet extended release 24 hour</i>                  | Generic       | ¥ (Can be filled for up to a 90 day supply)                          |
| <i>verapamil hcl er oral capsule extended release 24 hour</i>               | Generic       | ¥ (Can be filled for up to a 90 day supply)                          |
| <i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i> | Generic       | ¥ (Can be filled for up to a 90 day supply)                          |
| <i>verapamil hcl oral tablet</i>                                            | Generic       | ¥ (Can be filled for up to a 90 day supply)                          |
| <b>*CARDIOTONICS*</b>                                                       |               |                                                                      |
| <b>DIGITEK ORAL TABLET 125 MCG</b>                                          | Generic       | ¥ (Can be filled for up to a 90 day supply)                          |
| <b>DIGITEK ORAL TABLET 250 MCG</b>                                          | Generic       |                                                                      |
| <b>DIGOX ORAL TABLET</b>                                                    | Generic       |                                                                      |
| <i>digoxin oral solution</i>                                                | Generic       | ¥ (Can be filled for up to a 90 day supply)                          |
| <i>digoxin oral tablet</i>                                                  | Generic       | ¥ (Can be filled for up to a 90 day supply)                          |
| <b>*CARDIOVASCULAR AGENTS - MISC.*</b>                                      |               |                                                                      |
| <b>ADEMPAS ORAL TABLET</b>                                                  | Brand         | PA; SP                                                               |
| <i>ambrisentan oral tablet</i>                                              | Generic       | PA; SP; QL (30 EA per 30 days)                                       |
| <i>amlodipine-atorvastatin oral tablet</i>                                  | Generic       | PA; ¥ (Can be filled for up to a 90 day supply); QL (1 EA per 1 day) |
| <b>BIDIL ORAL TABLET</b>                                                    | Brand         | PA                                                                   |
| <i>bosentan oral tablet</i>                                                 | Generic       | PA; SP; QL (60 EA per 30 days)                                       |
| <b>CIALIS ORAL TABLET 5 MG</b>                                              | Brand         | PA; QL (30 EA per 30 days)                                           |
| Epoprostenol Sodium Intravenous Solution Reconstituted                      | MB/RX         | PA                                                                   |

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|-------------------------------------------------------------------------------|-----------------|---------------------------------|
| <b>OPSUMIT ORAL TABLET</b>                                                    | Brand           | PA; SP                          |
| <b>ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG</b> | Brand           | PA; SP                          |
| <b>ORENITRAM ORAL TABLET EXTENDED RELEASE 5 MG</b>                            | Brand           | PA                              |
| <b>REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML</b>     | Medical Benefit | PA                              |
| <i>sildenafil citrate oral suspension reconstituted</i>                       | Generic         | PA; SP                          |
| <i>sildenafil citrate oral tablet 20 mg</i>                                   | Generic         | PA; QL (90 EA per 30 days)      |
| <i>tadalafil (pah) oral tablet</i>                                            | Generic         | PA; SP; QL (60 EA per 30 days)  |
| <i>tadalafil oral tablet 5 mg</i>                                             | Generic         | PA; QL (30 EA per 30 days)      |
| <b>TRACLEER ORAL TABLET SOLUBLE</b>                                           | Brand           | PA; SP; QL (120 EA per 30 days) |
| Tyvaso Inhalation Solution                                                    | MB/RX           | PA; SP                          |
| Tyvaso Refill Inhalation Solution                                             | MB/RX           | PA; SP                          |
| Tyvaso Starter Inhalation Solution                                            | MB/RX           | PA; SP                          |
| Veletri Intravenous Solution Reconstituted                                    | MB/RX           | PA                              |
| Ventavis Inhalation Solution                                                  | MB/RX           | PA; SP; QL (9 Vials per 1 day)  |
| <b>*CEPHALOSPORINS*</b>                                                       |                 |                                 |
| <i>cefaclor oral capsule</i>                                                  | Generic         |                                 |
| <i>cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>          | Generic         |                                 |
| <i>cefadroxil oral capsule</i>                                                | Generic         |                                 |
| <i>cefadroxil oral suspension reconstituted</i>                               | Generic         |                                 |
| <i>cefadroxil oral tablet</i>                                                 | Generic         |                                 |
| <i>cefдинир oral capsule</i>                                                  | Generic         |                                 |
| <i>cefдинир oral suspension reconstituted</i>                                 | Generic         |                                 |
| <i>cefditoren pivoxil oral tablet 200 mg</i>                                  | Generic         |                                 |
| <i>cefixime oral capsule</i>                                                  | Generic         | PA                              |
| <i>cefixime oral suspension reconstituted</i>                                 | Generic         |                                 |
| <i>cefpodoxime proxetil oral suspension reconstituted</i>                     | Generic         |                                 |
| <i>cefpodoxime proxetil oral tablet</i>                                       | Generic         |                                 |
| <i>cefprozil oral suspension reconstituted</i>                                | Generic         |                                 |
| <i>cefprozil oral tablet</i>                                                  | Generic         |                                 |
| <i>ceftibuten oral capsule</i>                                                | Generic         |                                 |

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| Drug                                                             | Status          | Notes                     |
|------------------------------------------------------------------|-----------------|---------------------------|
| <b>CEFTIN ORAL SUSPENSION RECONSTITUTED</b>                      | Brand           | PA                        |
| <i>cefuroxime axetil oral tablet</i>                             | Generic         |                           |
| <i>cephalexin oral capsule</i>                                   | Generic         |                           |
| <i>cephalexin oral suspension reconstituted</i>                  | Generic         |                           |
| <i>cephalexin oral tablet</i>                                    | Generic         |                           |
| <b>SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML</b>           | Brand           | PA                        |
| <b>SUPRAX ORAL TABLET CHEWABLE</b>                               | Brand           | PA                        |
| <b>*CGRP RECEPTOR ANTAGONISTS - MONOCLONAL ANTIBODIES***</b>     |                 |                           |
| <b>AIMOVIG (140 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b> | Brand           | PA; QL (2 ML per 30 days) |
| <b>AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML</b>      | Brand           | PA; QL (1 ML per 30 days) |
| <b>VYEPTI INTRAVENOUS SOLUTION</b>                               | Medical Benefit | PA; QL (3 ML per 90 days) |
| <b>*CONTRACEPTIVES*</b>                                          |                 |                           |
| <b>ALTAVERA ORAL TABLET</b>                                      | Generic         |                           |
| <i>alyacen 1/35 oral tablet</i>                                  | Generic         |                           |
| <i>alyacen 7/7/7 oral tablet</i>                                 | Generic         |                           |
| <b>AMETHIA LO ORAL TABLET</b>                                    | Generic         |                           |
| <b>AMETHIA ORAL TABLET</b>                                       | Generic         |                           |
| <b>AMETHYST ORAL TABLET</b>                                      | Generic         |                           |
| <b>APRI ORAL TABLET</b>                                          | Generic         |                           |
| <b>ARANELLE ORAL TABLET</b>                                      | Generic         |                           |
| <b>ASHLYNA ORAL TABLET</b>                                       | Generic         |                           |
| <b>AUBRA ORAL TABLET</b>                                         | Generic         |                           |
| <b>AVIANE ORAL TABLET</b>                                        | Generic         |                           |
| <b>AZURETTE ORAL TABLET</b>                                      | Generic         |                           |
| <b>BALZIVA ORAL TABLET</b>                                       | Generic         |                           |
| <b>BEKYREE ORAL TABLET</b>                                       | Generic         |                           |
| <b>BLISOVI 24 FE ORAL TABLET</b>                                 | Generic         |                           |
| <b>BLISOVI FE 1.5/30 ORAL TABLET</b>                             | Generic         |                           |
| <b>BLISOVI FE 1/20 ORAL TABLET</b>                               | Generic         |                           |

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|---------------------------------------------------------------------------|---------------|--------------|
| <i>briellyn oral tablet</i>                                               | Generic       |              |
| <b>CAMILA ORAL TABLET</b>                                                 | Generic       |              |
| <b>CAMRESE LO ORAL TABLET</b>                                             | Generic       |              |
| <b>CAMRESE ORAL TABLET</b>                                                | Generic       |              |
| <b>CAZIAN T ORAL TABLET</b>                                               | Generic       |              |
| <b>CHATEAL ORAL TABLET</b>                                                | Generic       |              |
| <b>CRYSELLE-28 ORAL TABLET</b>                                            | Generic       |              |
| <b>CYCLAFEM 1/35 ORAL TABLET</b>                                          | Generic       |              |
| <b>CYCLAFEM 7/7/7 ORAL TABLET</b>                                         | Generic       |              |
| <b>CYRED ORAL TABLET</b>                                                  | Generic       |              |
| <b>DASETTA 1/35 ORAL TABLET</b>                                           | Generic       |              |
| <b>DASETTA 7/7/7 ORAL TABLET</b>                                          | Generic       |              |
| <b>DAYSEE ORAL TABLET</b>                                                 | Generic       |              |
| <b>DEBLITANE ORAL TABLET</b>                                              | Generic       |              |
| <i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i> | \$0           |              |
| <i>desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg</i>           | Generic       |              |
| <i>drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg</i>         | Generic       |              |
| <i>drospirenone-ethinyl estradiol oral tablet</i>                         | Generic       |              |
| <b>ELINEST ORAL TABLET</b>                                                | Generic       |              |
| <b>ELLA ORAL TABLET</b>                                                   | Brand         |              |
| <b>EMOQUETTE ORAL TABLET</b>                                              | Generic       |              |
| <b>ENPRESSE-28 ORAL TABLET</b>                                            | Generic       |              |
| <b>ENSKYCE ORAL TABLET 0.15-30 MG-MCG</b>                                 | Generic       |              |
| <b>ERRIN ORAL TABLET</b>                                                  | Generic       |              |
| <b>ESTARYLLA ORAL TABLET</b>                                              | Generic       |              |
| <b>FALMINA ORAL TABLET</b>                                                | Generic       |              |
| <b>GIANVI ORAL TABLET</b>                                                 | Generic       |              |
| <b>GILDAGIA ORAL TABLET</b>                                               | Generic       |              |
| <b>GILDESS 1.5/30 ORAL TABLET</b>                                         | Generic       |              |
| <b>GILDESS 1/20 ORAL TABLET</b>                                           | Generic       |              |
| <b>GILDESS 24 FE ORAL TABLET</b>                                          | Generic       |              |

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|--------------------------------------------------------------------------------|---------------|--------------|
| <b>GILDESS FE 1.5/30 ORAL TABLET</b>                                           | Generic       |              |
| <b>GILDESS FE 1/20 ORAL TABLET</b>                                             | Generic       |              |
| <b>HEATHER ORAL TABLET</b>                                                     | Generic       |              |
| <b>INTROVALE ORAL TABLET</b>                                                   | Generic       |              |
| <b>JENCYCLA ORAL TABLET</b>                                                    | Generic       |              |
| <b>JOLESSA ORAL TABLET</b>                                                     | Generic       |              |
| <b>JOLIVETTE ORAL TABLET</b>                                                   | Generic       |              |
| <b>JULEBER ORAL TABLET</b>                                                     | Generic       |              |
| <b>JUNEL 1.5/30 ORAL TABLET</b>                                                | Generic       |              |
| <b>JUNEL 1/20 ORAL TABLET</b>                                                  | Generic       |              |
| <b>JUNEL FE 1.5/30 ORAL TABLET</b>                                             | Generic       |              |
| <b>JUNEL FE 1/20 ORAL TABLET</b>                                               | Generic       |              |
| <b>JUNEL FE 24 ORAL TABLET</b>                                                 | Generic       |              |
| <b>KAITLIB FE ORAL TABLET CHEWABLE</b>                                         | Generic       |              |
| <b>KARIVA ORAL TABLET</b>                                                      | Generic       |              |
| <b>KELNOR 1/35 ORAL TABLET</b>                                                 | Generic       |              |
| <b>KIMIDESS ORAL TABLET</b>                                                    | Generic       |              |
| <b>KURVELO ORAL TABLET</b>                                                     | Generic       |              |
| <b>LARIN 1.5/30 ORAL TABLET</b>                                                | Generic       |              |
| <b>LARIN 1/20 ORAL TABLET</b>                                                  | Generic       |              |
| <b>LARIN 24 FE ORAL TABLET</b>                                                 | Generic       |              |
| <b>LARIN FE 1.5/30 ORAL TABLET</b>                                             | Generic       |              |
| <b>LARIN FE 1/20 ORAL TABLET</b>                                               | Generic       |              |
| <b>LAYOLIS FE ORAL TABLET CHEWABLE</b>                                         | Generic       |              |
| <b>LEENA ORAL TABLET</b>                                                       | Generic       |              |
| <b>LESSINA ORAL TABLET</b>                                                     | Generic       |              |
| <b>LEVONEST ORAL TABLET</b>                                                    | Generic       |              |
| <i>levonorgest-eth estrad 91-day oral tablet</i>                               | Generic       |              |
| <i>levonorgestrel oral tablet 1.5 mg</i>                                       | Generic       |              |
| <i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i> | Generic       |              |
| <i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i>                     | \$0           |              |
| <i>levonorg-eth estrad triphasic oral tablet</i>                               | Generic       |              |

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| <b>Drug</b>                                                                | <b>Status</b> | <b>Notes</b> |
|----------------------------------------------------------------------------|---------------|--------------|
| <b>LEVORA 0.15/30 (28) ORAL TABLET</b>                                     | Generic       |              |
| <b>LO LOESTRIN FE ORAL TABLET</b>                                          | Generic       |              |
| <b>LOMEDIA 24 FE ORAL TABLET</b>                                           | Generic       |              |
| <b>LORYNA ORAL TABLET</b>                                                  | Generic       |              |
| <b>LOW-OGESTREL ORAL TABLET</b>                                            | Generic       |              |
| <b>LUTERA ORAL TABLET</b>                                                  | Generic       |              |
| <b>LYZA ORAL TABLET</b>                                                    | Generic       |              |
| <i>marlissa oral tablet</i>                                                | Generic       |              |
| <b>MICROGESTIN 1.5/30 ORAL TABLET</b>                                      | Generic       |              |
| <b>MICROGESTIN 1/20 ORAL TABLET</b>                                        | Generic       |              |
| <b>MICROGESTIN 24 FE ORAL TABLET</b>                                       | Generic       |              |
| <b>MICROGESTIN FE 1.5/30 ORAL TABLET</b>                                   | Generic       |              |
| <b>MICROGESTIN FE 1/20 ORAL TABLET</b>                                     | Generic       |              |
| <b>MONO-LINYAH ORAL TABLET</b>                                             | Generic       |              |
| <b>MONONESSA ORAL TABLET</b>                                               | Generic       |              |
| <b>MY WAY ORAL TABLET</b>                                                  | Generic       |              |
| <b>MYZILRA ORAL TABLET</b>                                                 | Generic       |              |
| <b>NATAZIA ORAL TABLET</b>                                                 | Generic       |              |
| <b>NECON 0.5/35 (28) ORAL TABLET</b>                                       | Generic       |              |
| <b>NECON 1/35 (28) ORAL TABLET</b>                                         | Generic       |              |
| <b>NECON 1/50 (28) ORAL TABLET</b>                                         | Generic       |              |
| <b>NECON 10/11 (28) ORAL TABLET</b>                                        | Generic       |              |
| <b>NECON 7/7/7 ORAL TABLET</b>                                             | Generic       |              |
| <b>NEXT CHOICE ONE DOSE ORAL TABLET</b>                                    | Generic       |              |
| <b>NIKKI ORAL TABLET</b>                                                   | Generic       |              |
| <b>NORA-BE ORAL TABLET</b>                                                 | Generic       |              |
| <i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1-20 mg-mcg(24)</i> | Generic       |              |
| <i>norethin ace-eth estrad-fe oral tablet chewable</i>                     | Generic       |              |
| <i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>              | Generic       |              |
| <i>norethindrone oral tablet</i>                                           | Generic       |              |
| <i>norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg</i>        | Generic       |              |

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|--------------------------------------------------------------|---------------|--------------|
| <i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i> | Generic       |              |
| <i>norgestim-eth estrad triphasic oral tablet</i>            | Generic       |              |
| <i>norgestrel-ethinyl estradiol oral tablet</i>              | Generic       |              |
| <b>NORTREL 0.5/35 (28) ORAL TABLET</b>                       | Generic       |              |
| <b>NORTREL 1/35 (21) ORAL TABLET</b>                         | Generic       |              |
| <b>NORTREL 1/35 (28) ORAL TABLET</b>                         | Generic       |              |
| <b>NORTREL 7/7/7 ORAL TABLET</b>                             | Generic       |              |
| <b>NUVARING VAGINAL RING</b>                                 | Brand         |              |
| <b>OCELLA ORAL TABLET</b>                                    | Generic       |              |
| <b>OGESTREL ORAL TABLET</b>                                  | Generic       |              |
| <b>ORSYTHIA ORAL TABLET</b>                                  | Generic       |              |
| <b>PHILITH ORAL TABLET</b>                                   | Generic       |              |
| <b>PIMTREA ORAL TABLET</b>                                   | Generic       |              |
| <b>PIRMELLA 1/35 ORAL TABLET</b>                             | Generic       |              |
| <b>PIRMELLA 7/7/7 ORAL TABLET</b>                            | Generic       |              |
| <b>PORTIA-28 ORAL TABLET</b>                                 | Generic       |              |
| <b>PREVIFEM ORAL TABLET</b>                                  | Generic       |              |
| <b>QUASENSE ORAL TABLET</b>                                  | Generic       |              |
| <b>RECLIPSEN ORAL TABLET</b>                                 | Generic       |              |
| <b>SETLAKIN ORAL TABLET</b>                                  | Generic       |              |
| <b>SHAROBEL ORAL TABLET</b>                                  | Generic       |              |
| <b>SPRINTEC 28 ORAL TABLET</b>                               | Generic       |              |
| <b>SRONYX ORAL TABLET</b>                                    | Generic       |              |
| <b>SYEDA ORAL TABLET</b>                                     | Generic       |              |
| <b>TARINA FE 1/20 ORAL TABLET</b>                            | Generic       |              |
| <b>TILIA FE ORAL TABLET</b>                                  | Generic       |              |
| <b>TRI-ESTARYLLA ORAL TABLET</b>                             | Generic       |              |
| <b>TRI-LEGEST FE ORAL TABLET</b>                             | Generic       |              |
| <b>TRI-LINYAH ORAL TABLET</b>                                | Generic       |              |
| <b>TRI-LO-ESTARYLLA ORAL TABLET</b>                          | Generic       |              |
| <b>TRI-LO-MARZIA ORAL TABLET</b>                             | Generic       |              |
| <b>TRI-LO-SPRINTEC ORAL TABLET</b>                           | Generic       |              |
| <b>TRINESSA (28) ORAL TABLET</b>                             | Generic       |              |

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|--------------------------------------------------------------------------------------|---------|----------------------------|
| TRINESSA LO ORAL TABLET                                                              | Generic |                            |
| TRI-PREVIFEM ORAL TABLET                                                             | Generic |                            |
| TRI-SPRINTEC ORAL TABLET                                                             | Generic |                            |
| TRIVORA (28) ORAL TABLET                                                             | Generic |                            |
| VELIVET ORAL TABLET                                                                  | Generic |                            |
| VESTURA ORAL TABLET                                                                  | Generic |                            |
| VIENVA ORAL TABLET                                                                   | Generic |                            |
| <i>viorele oral tablet</i>                                                           | Generic |                            |
| VYFEMLA ORAL TABLET                                                                  | Generic |                            |
| WERA ORAL TABLET                                                                     | Generic |                            |
| WYMZYA FE ORAL TABLET CHEWABLE                                                       | Generic |                            |
| XULANE TRANSDERMAL PATCH WEEKLY                                                      | Generic |                            |
| ZARAH ORAL TABLET                                                                    | Generic |                            |
| ZENCHENT FE ORAL TABLET CHEWABLE                                                     | Generic |                            |
| ZENCHENT ORAL TABLET                                                                 | Generic |                            |
| ZOVIA 1/35E (28) ORAL TABLET                                                         | Generic |                            |
| ZOVIA 1/50E (28) ORAL TABLET                                                         | Generic |                            |
| <b>*CORTICOSTEROIDS*</b>                                                             |         |                            |
| <i>budesonide er oral tablet extended release 24 hour</i>                            | Generic | PA                         |
| <i>budesonide oral capsule delayed release particles</i>                             | Generic |                            |
| <i>cortisone acetate oral tablet</i>                                                 | Generic |                            |
| <i>dexamethasone oral elixir</i>                                                     | Generic |                            |
| <i>dexamethasone oral solution</i>                                                   | Generic |                            |
| <i>dexamethasone oral tablet</i>                                                     | Generic |                            |
| EMFLAZA ORAL SUSPENSION                                                              | Brand   | PA; QL (26 ML per 30 days) |
| EMFLAZA ORAL TABLET                                                                  | Brand   | PA; QL (30 EA per 30 days) |
| <i>fludrocortisone acetate oral tablet</i>                                           | Generic |                            |
| <i>hydrocortisone oral tablet</i>                                                    | Generic |                            |
| <i>methylprednisolone oral tablet</i>                                                | Generic |                            |
| <i>methylprednisolone oral tablet therapy pack</i>                                   | Generic |                            |
| <i>methylprednisolone sodium succ injection solution reconstituted 125 mg, 40 mg</i> | Generic |                            |

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|----------------------------------------------------------------------------------------------|---------------|----------------------|
| <b>ORTIKOS ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>                                         | Brand         | PA                   |
| <i>prednisolone oral solution</i>                                                            | Generic       |                      |
| <i>prednisolone oral syrup 15 mg/5ml</i>                                                     | Generic       |                      |
| <i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i> | Generic       |                      |
| <i>prednisolone sodium phosphate oral tablet dispersible</i>                                 | Generic       |                      |
| <i>prednisone oral solution</i>                                                              | Generic       |                      |
| <i>prednisone oral tablet</i>                                                                | Generic       |                      |
| <i>prednisone oral tablet therapy pack</i>                                                   | Generic       |                      |
| <b>*CORTISOL SYNTHESIS INHIBITORS***</b>                                                     |               |                      |
| <b>ISTURISA ORAL TABLET</b>                                                                  | Brand         | PA                   |
| <b>*COUGH/COLD/ALLERGY*</b>                                                                  |               |                      |
| <i>acetylcysteine inhalation solution</i>                                                    | Generic       |                      |
| <i>benzonatate oral capsule 100 mg, 200 mg</i>                                               | Generic       |                      |
| <b>CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR</b>                               | Brand         | PA                   |
| <i>guaifenesin er oral tablet extended release 12 hour 600 mg</i>                            | Generic       |                      |
| <i>guaifenesin-codeine oral solution</i>                                                     | Generic       | QL (60 ML per 1 day) |
| <i>guaifenesin-codeine oral syrup</i>                                                        | Generic       | QL (60 ML per 1 day) |
| <i>phenyleph-promethazine-cod oral syrup</i>                                                 | Generic       |                      |
| <i>phenylephrine-guaifenesin oral liquid</i>                                                 | Generic       |                      |
| <i>promethazine vc plain oral syrup</i>                                                      | Generic       |                      |
| <i>promethazine vc/codeine oral syrup</i>                                                    | Generic       | QL (30 ML per 1 day) |
| <i>promethazine-codeine oral solution</i>                                                    | Generic       | QL (30 ML per 1 day) |
| <i>promethazine-codeine oral syrup</i>                                                       | Generic       |                      |
| <i>promethazine-dm oral syrup</i>                                                            | Generic       |                      |
| <i>promethazine-phenylephrine oral syrup</i>                                                 | Generic       |                      |
| <b>SEMPREX-D ORAL CAPSULE</b>                                                                | Brand         | PA                   |
| <b>*CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS***</b>                                         |               |                      |
| <b>IBRANCE ORAL CAPSULE</b>                                                                  | Brand         | PA; SP               |
| <b>IBRANCE ORAL TABLET</b>                                                                   | Brand         | PA                   |

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|-----------------------------------------------------|---------------|---------------------------------|
| <b>KISQALI 200 DOSE ORAL TABLET</b>                 | Brand         | PA                              |
| <b>KISQALI 400 DOSE ORAL TABLET</b>                 | Brand         | PA                              |
| <b>KISQALI 600 DOSE ORAL TABLET</b>                 | Brand         | PA                              |
| <b>VERZENIO ORAL TABLET</b>                         | Brand         | PA; SP                          |
| <b>*CYSTIC FIBROSIS AGENT - COMBINATIONS***</b>     |               |                                 |
| <b>ORKAMBI ORAL PACKET</b>                          | Brand         | PA; QL (56 EA per 28 days)      |
| <b>ORKAMBI ORAL TABLET 200-125 MG</b>               | Brand         | PA; SP; QL (120 EA per 30 days) |
| <b>SYMDEKO ORAL TABLET THERAPY PACK</b>             | Brand         | PA; QL (56 EA per 28 days)      |
| <b>TRIKAFTA ORAL TABLET THERAPY PACK</b>            | Brand         | PA; QL (84 EA per 28 days)      |
| <b>*DERMATOLOGICALS*</b>                            |               |                                 |
| <b>ABSORICA LD ORAL CAPSULE</b>                     | Brand         | PA                              |
| <b>ABSORICA ORAL CAPSULE</b>                        | Brand         | PA                              |
| <i>acitretin oral capsule</i>                       | Generic       | QL (60 EA per 30 days)          |
| <i>acne medication 5 external gel</i>               | Generic       |                                 |
| <i>acyclovir external cream</i>                     | Generic       | PA; QL (5 GM per 1 Fill)        |
| <i>acyclovir external ointment</i>                  | Generic       |                                 |
| <b>ACZONE EXTERNAL GEL 7.5 %</b>                    | Brand         | PA; QL (60 GM per 30 days)      |
| <i>adapalene external cream</i>                     | Generic       | STPA                            |
| <i>adapalene external gel</i>                       | Generic       | STPA                            |
| <i>adapalene external lotion</i>                    | Generic       | STPA                            |
| <i>alclometasone dipropionate external cream</i>    | Generic       |                                 |
| <i>alclometasone dipropionate external ointment</i> | Generic       |                                 |
| <b>ALTRENO EXTERNAL LOTION</b>                      | Brand         | PA                              |
| <i>amcinonide external cream</i>                    | Generic       | PA                              |
| <i>amcinonide external lotion</i>                   | Generic       | PA                              |
| <i>amcinonide external ointment</i>                 | Generic       | PA                              |
| <i>ammonium lactate external cream</i>              | Generic       |                                 |
| <i>ammonium lactate external lotion</i>             | Generic       |                                 |
| <b>AMNESTEEM ORAL CAPSULE</b>                       | Generic       | PA                              |
| <b>APEXICON E EXTERNAL CREAM</b>                    | Brand         | PA                              |
| <b>AVAR CLEANSER EXTERNAL EMULSION</b>              | Generic       |                                 |
| <b>AVITA EXTERNAL CREAM</b>                         | Generic       | PA; Age Limit (Max 26 Years)    |

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|----------------------------------------------------------|---------------|------------------------------|
| <b>AVITA EXTERNAL GEL</b>                                | Generic       | PA; Age Limit (Max 26 Years) |
| <i>azelaic acid external gel</i>                         | Generic       | QL (50 GM per 1 Rx)          |
| <b>AZELEX EXTERNAL CREAM</b>                             | Brand         | PA; QL (30 grams per 1 fill) |
| <i>benzoyl peroxide cleanser external liquid</i>         | Generic       |                              |
| <i>benzoyl peroxide creamy wash external liquid† 4 %</i> | Generic       |                              |
| <i>benzoyl peroxide external gel 10 %, 2.5 %, 5 %</i>    | Generic       |                              |
| <i>benzoyl peroxide wash external liquid</i>             | Generic       |                              |
| <i>benzoyl peroxide-erythromycin external gel</i>        | Generic       | PA; QL (23 GM per 30 days)   |
| <i>betamethasone dipropionate aug external cream</i>     | Generic       |                              |
| <i>betamethasone dipropionate aug external gel</i>       | Generic       |                              |
| <i>betamethasone dipropionate aug external lotion</i>    | Generic       |                              |
| <i>betamethasone dipropionate aug external ointment</i>  | Generic       |                              |
| <i>betamethasone dipropionate external cream</i>         | Generic       |                              |
| <i>betamethasone dipropionate external lotion</i>        | Generic       |                              |
| <i>betamethasone dipropionate external ointment</i>      | Generic       |                              |
| <i>betamethasone valerate external cream</i>             | Generic       |                              |
| <i>betamethasone valerate external foam</i>              | Generic       |                              |
| <i>betamethasone valerate external lotion</i>            | Generic       |                              |
| <i>betamethasone valerate external ointment</i>          | Generic       |                              |
| <i>bp foaming wash external liquid</i>                   | Generic       |                              |
| <i>bp wash external liquid 10 %, 5 %</i>                 | Generic       |                              |
| <i>bp wash external liquid 2.5 %</i>                     | Generic       | PA                           |
| <i>bpo external gel</i>                                  | Brand         | PA                           |
| <b>BRYHALI EXTERNAL LOTION</b>                           | Brand         | PA                           |
| <i>calcipotriene external cream</i>                      | Generic       |                              |
| <i>calcipotriene external ointment</i>                   | Generic       |                              |
| <i>calcipotriene external solution</i>                   | Generic       |                              |
| <i>calcipotriene-betameth diprop external ointment</i>   | Generic       | PA                           |
| <b>CALCITRENE EXTERNAL OINTMENT</b>                      | Generic       |                              |
| <i>calcitriol external ointment</i>                      | Generic       |                              |
| <b>CAPEX EXTERNAL SHAMPOO</b>                            | Brand         | PA                           |
| <b>CEROVEL EXTERNAL LOTION</b>                           | Generic       |                              |

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|-------------------------------------------------------------------|---------------|-------------------------------------------------|
| <b>CICLODAN EXTERNAL CREAM</b>                                    | Generic       |                                                 |
| <b>CICLODAN EXTERNAL SOLUTION</b>                                 | Generic       |                                                 |
| <i>ciclopirox external gel</i>                                    | Generic       |                                                 |
| <i>ciclopirox external shampoo</i>                                | Brand         | PA                                              |
| <i>ciclopirox external solution</i>                               | Brand         |                                                 |
| <i>ciclopirox olamine external cream</i>                          | Generic       |                                                 |
| <i>ciclopirox olamine external suspension</i>                     | Generic       | PA                                              |
| <b>CIDALEAZE EXTERNAL CREAM</b>                                   | Generic       |                                                 |
| <b>CLARAVIS ORAL CAPSULE</b>                                      | Generic       | PA; ¥ (Max of 5 months); QL (60 EA per 30 days) |
| <i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %</i> | Generic       | PA; QL (50 GM per 30 days)                      |
| <i>clindamycin phosphate external foam</i>                        | Generic       | PA                                              |
| <i>clindamycin phosphate external gel</i>                         | Generic       |                                                 |
| <i>clindamycin phosphate external lotion</i>                      | Generic       |                                                 |
| <i>clindamycin phosphate external solution</i>                    | Generic       |                                                 |
| <i>clindamycin phosphate external swab</i>                        | Generic       |                                                 |
| <i>clobetasol propionate e external cream</i>                     | Generic       |                                                 |
| <i>clobetasol propionate external cream</i>                       | Generic       | PA                                              |
| <i>clobetasol propionate external foam</i>                        | Generic       |                                                 |
| <i>clobetasol propionate external gel</i>                         | Generic       | PA                                              |
| <i>clobetasol propionate external liquid</i>                      | Generic       | PA                                              |
| <i>clobetasol propionate external lotion</i>                      | Generic       |                                                 |
| <i>clobetasol propionate external ointment</i>                    | Generic       | PA                                              |
| <i>clobetasol propionate external shampoo</i>                     | Generic       |                                                 |
| <i>clobetasol propionate external solution</i>                    | Generic       | PA                                              |
| <i>clocortolone pivalate external cream</i>                       | Generic       | PA                                              |
| <i>clocortolone pivalate pump external cream</i>                  | Generic       | PA                                              |
| <i>clotrimazole anti-fungal external cream</i>                    | Generic       |                                                 |
| <i>clotrimazole external cream</i>                                | Generic       |                                                 |
| <i>clotrimazole external solution</i>                             | Generic       |                                                 |
| <i>clotrimazole-betamethasone external cream</i>                  | Generic       |                                                 |
| <i>clotrimazole-betamethasone external lotion</i>                 | Generic       |                                                 |
| <b>CORDRAN EXTERNAL TAPE</b>                                      | Brand         | PA                                              |

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|---------------------------------------------------------------------------------------|-----------------|------------------------------------------------------|
| <b>COSENTYX (300 MG DOSE)<br/>SUBCUTANEOUS SOLUTION PREFILLED<br/>SYRINGE</b>         | Brand           | PA; SP; QL (2 Syringes per 28 days)                  |
| <b>COSENTYX SENSOREADY (300 MG)<br/>SUBCUTANEOUS SOLUTION AUTO-<br/>INJECTOR</b>      | Brand           | PA; SP; QL (2 Syringes per 28 days)                  |
| <b>COSENTYX SENSOREADY PEN<br/>SUBCUTANEOUS SOLUTION AUTO-<br/>INJECTOR 150 MG/ML</b> | Brand           | PA; SP; QL (1 Syringe per 28 days)                   |
| <b>COSENTYX SUBCUTANEOUS SOLUTION<br/>PREFILLED SYRINGE</b>                           | Brand           | PA; SP; QL (1 Syringe per 28 days)                   |
| <i>dapsone external gel 5 %</i>                                                       | Generic         | PA; QL (60 GM per 30 days)                           |
| <b>DENAVIR EXTERNAL CREAM</b>                                                         | Brand           | PA; QL (5 GM per 1 Fill)                             |
| <i>desonide external cream</i>                                                        | Generic         | PA                                                   |
| <i>desonide external lotion</i>                                                       | Generic         | PA                                                   |
| <i>desonide external ointment</i>                                                     | Generic         | PA                                                   |
| <i>desoximetasone external cream 0.05 %</i>                                           | Generic         | PA                                                   |
| <i>desoximetasone external cream 0.25 %</i>                                           | Generic         |                                                      |
| <i>desoximetasone external gel</i>                                                    | Generic         |                                                      |
| <i>desoximetasone external ointment 0.05 %</i>                                        | Generic         | PA                                                   |
| <i>desoximetasone external ointment 0.25 %</i>                                        | Generic         |                                                      |
| <i>diclofenac epolamine transdermal patch</i>                                         | Generic         | PA; ¥ (Max of 3 months); QL (60 EA per 30 days)      |
| <i>diclofenac sodium transdermal gel 3 %</i>                                          | Generic         | ¥ (Max of 90 days per year); QL (200 GM per 30 days) |
| <i>diclofenac sodium transdermal solution</i>                                         | Generic         | PA                                                   |
| <i>diflorasone diacetate external cream</i>                                           | Generic         | PA                                                   |
| <i>diflorasone diacetate external ointment</i>                                        | Generic         | PA                                                   |
| <i>doxepin hcl external cream</i>                                                     | Generic         | QL (45 grams per 1 Fill)                             |
| <b>DYSPORT (GLABELLAR LINES)<br/>INTRAMUSCULAR SOLUTION<br/>RECONSTITUTED</b>         | Medical Benefit | PA                                                   |
| <i>econazole nitrate external cream</i>                                               | Generic         |                                                      |
| <b>ECOZA EXTERNAL FOAM</b>                                                            | Brand           | PA                                                   |
| <i>erythromycin external gel</i>                                                      | Generic         |                                                      |
| <i>erythromycin external solution</i>                                                 | Generic         |                                                      |
| <b>EXELDERM EXTERNAL CREAM</b>                                                        | Brand           | PA                                                   |

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|------------------------------------------------------------|---------------|-----------------------------|
| <b>EXELDERM EXTERNAL SOLUTION</b>                          | Brand         | PA                          |
| <b>FABIOR EXTERNAL FOAM</b>                                | Brand         | PA                          |
| <b>FINACEA EXTERNAL FOAM</b>                               | Brand         | PA; QL (50 GM per 1 Rx)     |
| <i>fluocinolone acetonide body external oil</i>            | Generic       |                             |
| <i>fluocinolone acetonide external cream</i>               | Generic       |                             |
| <i>fluocinolone acetonide external ointment</i>            | Generic       |                             |
| <i>fluocinolone acetonide external solution</i>            | Generic       |                             |
| <i>fluocinolone acetonide scalp external oil</i>           | Generic       |                             |
| <i>fluocinonide external cream 0.05 %</i>                  | Generic       | QL (60 GM per 30 days)      |
| <i>fluocinonide external cream 0.1 %</i>                   | Generic       | PA; QL (120 GM per 30 days) |
| <i>fluocinonide external gel</i>                           | Generic       | QL (60 GM per 30 days)      |
| <i>fluocinonide external ointment</i>                      | Generic       | QL (60 GM per 30 days)      |
| <i>fluocinonide external solution</i>                      | Generic       | QL (60 ML per 30 days)      |
| <i>fluorouracil external cream</i>                         | Generic       |                             |
| <i>fluorouracil external solution</i>                      | Generic       |                             |
| <i>flurandrenolide external cream</i>                      | Generic       | PA                          |
| <i>flurandrenolide external lotion</i>                     | Generic       | PA                          |
| <i>flurandrenolide external ointment</i>                   | Generic       | PA                          |
| <i>fluticasone propionate external cream</i>               | Generic       |                             |
| <i>fluticasone propionate external lotion</i>              | Generic       |                             |
| <i>fluticasone propionate external ointment</i>            | Generic       |                             |
| <i>gentamicin sulfate external cream</i>                   | Generic       |                             |
| <i>gentamicin sulfate external ointment</i>                | Generic       |                             |
| <b>GLYDO EXTERNAL GEL</b>                                  | Generic       |                             |
| <i>halcinonide external cream</i>                          | Generic       | PA                          |
| <i>halobetasol propionate external cream</i>               | Generic       | PA                          |
| <i>halobetasol propionate external ointment</i>            | Generic       | PA                          |
| <b>HALOG EXTERNAL OINTMENT</b>                             | Brand         | PA                          |
| <i>hydrocortisone ace-pramoxine external cream 2.5-1 %</i> | Generic       |                             |
| <i>hydrocortisone butyrate external cream</i>              | Generic       | PA                          |
| <i>hydrocortisone butyrate external ointment</i>           | Generic       | PA                          |
| <i>hydrocortisone butyrate external solution</i>           | Generic       | PA                          |
| <i>hydrocortisone external cream 1 %, 2.5 %</i>            | Generic       |                             |

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|-----------------------------------------------------------|-----------------|-----------------------------|
| <i>hydrocortisone external lotion 1 %, 2.5 %</i>          | Generic         |                             |
| <i>hydrocortisone external ointment 1 %, 2.5 %</i>        | Generic         |                             |
| <i>hydrocortisone valerate external cream</i>             | Generic         |                             |
| <i>hydrocortisone valerate external ointment</i>          | Generic         |                             |
| <b>ILUMYA SUBCUTANEOUS SOLUTION<br/>PREFILLED SYRINGE</b> | Medical Benefit | PA                          |
| <i>imiquimod external cream</i>                           | Generic         |                             |
| <i>imiquimod pump external cream</i>                      | Generic         | PA; QL (7.5 GM per 14 days) |
| <i>isotretinoin oral capsule</i>                          | Generic         | PA                          |
| <b>JUBLIA EXTERNAL SOLUTION</b>                           | Brand           | PA                          |
| <i>ketoconazole external cream</i>                        | Generic         |                             |
| <i>ketoconazole external foam</i>                         | Generic         |                             |
| <i>ketoconazole external shampoo 2 %</i>                  | Generic         |                             |
| <b>KETODAN EXTERNAL FOAM</b>                              | Generic         |                             |
| <b>LATRIX EXTERNAL SUSPENSION</b>                         | Generic         |                             |
| <b>LEXETTE EXTERNAL FOAM</b>                              | Brand           | PA                          |
| <b>LICART TRANSDERMAL PATCH 24<br/>HOUR</b>               | Brand           | PA; QL (30 EA per 30 days)  |
| <i>lidocaine external ointment</i>                        | Generic         | QL (50 GM per 30 days)      |
| <i>lidocaine external patch 5 %</i>                       | Generic         |                             |
| <i>lidocaine hcl external cream 3 %</i>                   | Generic         |                             |
| <i>lidocaine hcl external gel 2 %</i>                     | Generic         |                             |
| <i>lidocaine hcl external lotion</i>                      | Generic         |                             |
| <i>lidocaine hcl external solution</i>                    | Generic         |                             |
| <i>lidocaine-prilocaine external cream</i>                | Generic         |                             |
| <i>lidocaine-prilocaine external kit</i>                  | Generic         |                             |
| <i>lindane external lotion</i>                            | Generic         |                             |
| <i>lindane external shampoo</i>                           | Generic         |                             |
| <i>luliconazole external cream</i>                        | Generic         | PA                          |
| <i>malathion external lotion</i>                          | Generic         |                             |
| <i>methoxsalen rapid oral capsule</i>                     | Generic         |                             |
| <i>metronidazole external cream</i>                       | Generic         |                             |
| <i>metronidazole external gel</i>                         | Generic         |                             |
| <i>metronidazole external lotion</i>                      | Generic         |                             |

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|-------------------------------------------------|---------------|------------------------------|
| <b>MIRVASO EXTERNAL GEL</b>                     | Brand         | PA                           |
| <i>mometasone furoate external cream</i>        | Generic       |                              |
| <i>mometasone furoate external ointment</i>     | Generic       |                              |
| <i>mometasone furoate external solution</i>     | Generic       |                              |
| <i>mupirocin calcium external cream</i>         | Generic       | PA                           |
| <i>mupirocin external ointment</i>              | Generic       |                              |
| <b>MYORISAN ORAL CAPSULE</b>                    | Generic       | PA                           |
| <i>naftifine hcl external cream</i>             | Generic       | PA                           |
| <b>NEUAC EXTERNAL GEL</b>                       | Brand         | PA                           |
| <b>NORITATE EXTERNAL CREAM</b>                  | Brand         | PA                           |
| <b>NYAMYC EXTERNAL POWDER</b>                   | Generic       |                              |
| <i>nystatin external cream</i>                  | Generic       |                              |
| <i>nystatin external ointment</i>               | Generic       |                              |
| <i>nystatin external powder</i>                 | Generic       |                              |
| <i>nystatin-triamcinolone external cream</i>    | Generic       |                              |
| <i>nystatin-triamcinolone external ointment</i> | Generic       |                              |
| <b>NYSTOP EXTERNAL POWDER</b>                   | Generic       |                              |
| <i>oxiconazole nitrate external cream</i>       | Generic       | PA                           |
| <b>OXISTAT EXTERNAL LOTION</b>                  | Brand         | PA                           |
| <b>PANRETIN EXTERNAL GEL</b>                    | Brand         | PA                           |
| <b>PENNSAID TRANSDERMAL SOLUTION 2 %</b>        | Brand         | PA                           |
| <i>permethrin external cream</i>                | Generic       |                              |
| <b>PICATO EXTERNAL GEL</b>                      | Brand         | PA; QL (1 Box per 1 Rx)      |
| <i>pimecrolimus external cream</i>              | Generic       | PA                           |
| <i>podofilox external solution</i>              | Generic       |                              |
| <i>prednicarbate external cream</i>             | Generic       |                              |
| <i>premium lidocaine external ointment</i>      | Generic       | QL (50 GM per 30 days)       |
| <b>QBREXZA EXTERNAL PAD</b>                     | Brand         | PA; QL (1 EA per 1 day)      |
| <b>REA LO 40 EXTERNAL CREAM</b>                 | Generic       |                              |
| <b>REA LO 40 EXTERNAL LOTION</b>                | Generic       |                              |
| <b>REMEVEN EXTERNAL CREAM</b>                   | Generic       |                              |
| <b>RETIN-A MICRO PUMP EXTERNAL GEL 0.08 %</b>   | Brand         | PA; Age Limit (Max 26 Years) |

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|-----------------------------------------------------------------|---------------|---------------------------------------------------------------------------------------|
| <b>ROSANIL CLEANSER EXTERNAL EMULSION</b>                       | Generic       |                                                                                       |
| <i>selenium sulfide external lotion</i>                         | Generic       |                                                                                       |
| <i>selenium sulfide external shampoo 2.25 %</i>                 | Generic       |                                                                                       |
| <i>selenium sulf-pyrrithione-urea external shampoo</i>          | Generic       |                                                                                       |
| <b>SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>            | Brand         | PA; SP; QL (3 ML per 28 days)                                                         |
| <i>silver sulfadiazine external cream</i>                       | Generic       |                                                                                       |
| <b>SKLICE EXTERNAL LOTION</b>                                   | Brand         | PA; STPA; QL (117 GM per 1 day)                                                       |
| <b>SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT</b> | Brand         | PA; SP; QL (2 EA per 84 days)                                                         |
| <b>SOOLANTRA EXTERNAL CREAM</b>                                 | Brand         | PA                                                                                    |
| <i>spinosad external suspension</i>                             | Brand         | PA; STPA; QL (120 ML per 1 Fill)                                                      |
| <b>SSD EXTERNAL CREAM</b>                                       | Generic       |                                                                                       |
| <b>STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>          | Brand         | PA; SP; QL (1 Syringe per 84 days)                                                    |
| <i>sulfacetamide sodium (acne) external lotion</i>              | Generic       |                                                                                       |
| <i>sulfacetamide sodium external suspension</i>                 | Generic       |                                                                                       |
| <i>sulfacetamide sodium-sulfur external emulsion</i>            | Generic       |                                                                                       |
| <i>sulfacetamide sodium-sulfur external lotion 10-5 %</i>       | Generic       |                                                                                       |
| <b>SYNALAR (CREAM) EXTERNAL KIT</b>                             | Brand         | PA                                                                                    |
| <b>SYNALAR (OINTMENT) EXTERNAL KIT</b>                          | Brand         | PA                                                                                    |
| <b>TACLONEX EXTERNAL SUSPENSION</b>                             | Brand         | PA                                                                                    |
| <i>tacrolimus external ointment</i>                             | Generic       | PA                                                                                    |
| <b>TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>                | Brand         | PA; SP; ¥ (One 80 mg auto-injector/syringe per 28 days); QL (1 Injection per 28 days) |
| <b>TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>            | Brand         | PA; SP; ¥ (One 80 mg auto-injector/syringe per 28 days); QL (1 Injection per 28 days) |
| <i>tazarotene external cream</i>                                | Generic       | PA                                                                                    |
| <b>TAZORAC EXTERNAL CREAM</b>                                   | Brand         | PA                                                                                    |
| <b>TAZORAC EXTERNAL GEL</b>                                     | Brand         | PA                                                                                    |

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|------------------------------------------------------------------------|---------------|-----------------------------------------------------|
| <b>TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>                      | Brand         | PA; SP; QL (1 ML per 54 days)                       |
| <b>TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>                 | Brand         | PA; SP; QL (1 ML per 54 days)                       |
| <i>tretinoin external cream</i>                                        | Generic       | PA; ^ (Preferred Product); Age Limit (Max 26 Years) |
| <i>tretinoin external gel 0.01 %, 0.025 %</i>                          | Generic       | PA; ^ (Preferred Product); Age Limit (Max 26 Years) |
| <i>tretinoin external gel 0.05 %</i>                                   | Generic       | PA; Age Limit (Max 26 Years)                        |
| <i>tretinoin microsphere external gel</i>                              | Generic       | PA; Age Limit (Max 26 Years)                        |
| <i>tretinoin microsphere pump external gel</i>                         | Generic       | PA; Age Limit (Max 26 Years)                        |
| <i>triamcinolone acetonide external aerosol solution</i>               | Generic       | PA                                                  |
| <i>triamcinolone acetonide external cream</i>                          | Generic       |                                                     |
| <i>triamcinolone acetonide external lotion</i>                         | Generic       |                                                     |
| <i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i> | Generic       |                                                     |
| <b>ULESFIA EXTERNAL LOTION</b>                                         | Brand         | PA; QL (12 Bottles per 1 Rx)                        |
| <i>urea external cream 40 %, 50 %</i>                                  | Generic       |                                                     |
| <i>urea external lotion 40 %</i>                                       | Generic       |                                                     |
| <i>urea external suspension</i>                                        | Generic       |                                                     |
| <i>urea nail film external suspension</i>                              | Generic       |                                                     |
| <i>urea-c40 external lotion</i>                                        | Generic       |                                                     |
| <i>ure-k external cream</i>                                            | Generic       |                                                     |
| <b>VEREGEN EXTERNAL OINTMENT</b>                                       | Brand         | PA                                                  |
| <b>VOLTAREN TRANSDERMAL GEL</b>                                        | Brand         | ^ (OTC Only); QL (200 GM per 30 days)               |
| <b>XEPI EXTERNAL CREAM</b>                                             | Brand         | PA; QL (30 GM per 1 Fill)                           |
| <b>ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG</b>                       | Generic       | PA                                                  |
| <b>ZENATANE ORAL CAPSULE 40 MG</b>                                     | Brand         | PA                                                  |
| <b>ZYCLARA EXTERNAL CREAM</b>                                          | Brand         | PA; QL (28 EA per 14 days)                          |
| <b>ZYCLARA PUMP EXTERNAL CREAM 2.5 %</b>                               | Brand         | PA; QL (7.5 GM per 14 days)                         |
| <b>*DIAGNOSTIC PRODUCTS*</b>                                           |               |                                                     |
| <b>FREESTYLE INSULINX TEST IN VITRO STRIP</b>                          | \$0           | QL (300 EA per 30 days)                             |

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|---------------------------------------------------------------|---------|-------------------------------------------------|
| <b>FREESTYLE LITE TEST IN VITRO STRIP</b>                     | \$0     | QL (300 EA per 30 days)                         |
| <b>FREESTYLE PRECISION NEO TEST IN VITRO STRIP</b>            | \$0     | QL (300 EA per 30 days)                         |
| <b>FREESTYLE TEST IN VITRO STRIP</b>                          | \$0     | QL (300 EA per 30 days)                         |
| <b>PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP</b>            | \$0     | QL (300 EA per 30 days)                         |
| <b>*DIGESTIVE AIDS*</b>                                       |         |                                                 |
| <b>CREON ORAL CAPSULE DELAYED RELEASE PARTICLES</b>           | Brand   |                                                 |
| <b>VIOKACE ORAL TABLET</b>                                    | Brand   |                                                 |
| <b>ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES</b>          | Brand   |                                                 |
| <b>*DIRECT-ACTING P2Y12 INHIBITORS***</b>                     |         |                                                 |
| <b>BRILINTA ORAL TABLET</b>                                   | Brand   | PA; QL (60 EA per 30 days)                      |
| <b>*DIURETICS*</b>                                            |         |                                                 |
| <i>acetazolamide er oral capsule extended release 12 hour</i> | Generic | ¥ (Can be filled for up to a 90 day supply)     |
| <i>acetazolamide oral tablet</i>                              | Generic | ¥ (Can be filled for up to a 90 day supply)     |
| <i>amiloride hcl oral tablet</i>                              | Generic | ¥ (Can be filled for up to a 90 day supply)     |
| <i>amiloride-hydrochlorothiazide oral tablet</i>              | Generic | ¥ (Can be filled for up to a 90 day supply)     |
| <i>bumetanide oral tablet</i>                                 | Generic | ¥ (Can be filled for up to a 90 day supply)     |
| <i>chlorothiazide oral tablet</i>                             | Generic | ¥ (Can be filled for up to a 90 day supply)     |
| <i>chlorthalidone oral tablet</i>                             | Generic | ¥ (Can be filled for up to a 90 day supply)     |
| <i>ethacrynic acid oral tablet</i>                            | Generic | PA; ¥ (Can be filled for up to a 90 day supply) |
| <i>furosemide injection solution 10 mg/ml</i>                 | Generic |                                                 |
| <i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>             | Generic | ¥ (Can be filled for up to a 90 day supply)     |
| <i>furosemide oral tablet</i>                                 | Generic | ¥ (Can be filled for up to a 90 day supply)     |
| <i>hydrochlorothiazide oral capsule</i>                       | Generic | ¥ (Can be filled for up to a 90 day supply)     |

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|--------------------------------------------------------------------|---------------|---------------------------------------------------------------------|
| <i>hydrochlorothiazide oral tablet</i>                             | Generic       | ¥ (Can be filled for up to a 90 day supply)                         |
| <i>indapamide oral tablet</i>                                      | Generic       | ¥ (Can be filled for up to a 90 day supply)                         |
| <b>KEVEYIS ORAL TABLET</b>                                         | Brand         | PA                                                                  |
| <i>methazolamide oral tablet</i>                                   | Generic       | ¥ (Can be filled for up to a 90 day supply)                         |
| <i>methyclothiazide oral tablet</i>                                | Generic       | ¥ (Can be filled for up to a 90 day supply)                         |
| <i>metolazone oral tablet</i>                                      | Generic       | ¥ (Can be filled for up to a 90 day supply)                         |
| <i>spironolactone oral tablet</i>                                  | Generic       | ¥ (Can be filled for up to a 90 day supply)                         |
| <i>spironolactone-hctz oral tablet</i>                             | Generic       | ¥ (Can be filled for up to a 90 day supply)                         |
| <i>torsemide oral tablet</i>                                       | Generic       | ¥ (Can be filled for up to a 90 day supply)                         |
| <i>triamterene oral capsule</i>                                    | Generic       | ¥ (Can be filled for up to a 90 day supply)                         |
| <i>triamterene-hctz oral capsule</i>                               | Generic       | ¥ (Can be filled for up to a 90 day supply)                         |
| <i>triamterene-hctz oral tablet</i>                                | Generic       | ¥ (Can be filled for up to a 90 day supply)                         |
| <b>*DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)***</b> |               |                                                                     |
| <b>SUNOSI ORAL TABLET</b>                                          | Brand         | PA; QL (30 EA per 30 days)                                          |
| <b>*ENDOCRINE AND METABOLIC AGENTS - MISC.*</b>                    |               |                                                                     |
| <b>ACTHAR INJECTION GEL</b>                                        | Brand         | PA                                                                  |
| <i>alendronate sodium oral tablet 10 mg, 5 mg</i>                  | Generic       | ¥ (Can be filled for up to a 90 day supply); QL (1 EA per 1 day)    |
| <i>alendronate sodium oral tablet 35 mg, 70 mg</i>                 | Generic       | ¥ (Can be filled for up to a 90 day supply); QL (4 EA per 28 days)  |
| <i>alendronate sodium oral tablet 40 mg</i>                        | Generic       | ¥ (Can be filled for up to a 90 day supply); QL (1 EA per 6 Months) |
| <b>BYNFEZIA PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>             | Brand         | PA; SP                                                              |
| <i>cabergoline oral tablet</i>                                     | Generic       |                                                                     |

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|-----------------------------------------------------------------------------------------|-----------------|------------------------------------------------------------------------|
| <i>calcitonin (salmon) nasal solution</i>                                               | Generic         | ¥ (Can be filled for up to a 90 day supply)                            |
| <i>calcitriol oral capsule</i>                                                          | Generic         | ¥ (Can be filled for up to a 90 day supply)                            |
| <i>calcitriol oral solution</i>                                                         | Generic         | ¥ (Can be filled for up to a 90 day supply)                            |
| <b>CARBAGLU ORAL TABLET</b>                                                             | Brand           | PA                                                                     |
| <i>cinacalcet hcl oral tablet</i>                                                       | Generic         | PA; SP                                                                 |
| <i>clomiphene citrate oral tablet</i>                                                   | Generic         | PA                                                                     |
| <i>desmopressin ace rhinal tube nasal solution</i>                                      | Generic         |                                                                        |
| <i>desmopressin ace spray refrig nasal solution</i>                                     | Generic         |                                                                        |
| <i>desmopressin acetate oral tablet</i>                                                 | Generic         |                                                                        |
| <i>desmopressin acetate spray nasal solution</i>                                        | Generic         |                                                                        |
| <i>doxercalciferol oral capsule</i>                                                     | Generic         | ¥ (Can be filled for up to a 90 day supply)                            |
| <b>EGRIFTA SUBCUTANEOUS SOLUTION RECONSTITUTED</b>                                      | Brand           | PA; SP                                                                 |
| <i>etidronate disodium oral tablet</i>                                                  | Generic         |                                                                        |
| <b>FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED</b>                                     | Medical Benefit | PA                                                                     |
| <b>FENSOLVI (6 MONTH) SUBCUTANEOUS KIT</b>                                              | Medical Benefit | PA                                                                     |
| <b>FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML</b>                                       | Brand           | PA; SP; QL (1 vial per 30 days)                                        |
| <b>FOSAMAX PLUS D ORAL TABLET</b>                                                       | Brand           | PA; QL (4 EA per 28 days)                                              |
| <b>GALAFOLD ORAL CAPSULE</b>                                                            | Brand           | PA                                                                     |
| <i>ibandronate sodium oral tablet</i>                                                   | Generic         | PA; ¥ (Can be filled for up to a 90 day supply); QL (1 EA per 28 days) |
| <b>INCRELEX SUBCUTANEOUS SOLUTION</b>                                                   | Brand           | PA; SP                                                                 |
| <b>JYNARQUE ORAL TABLET</b>                                                             | Brand           |                                                                        |
| <b>JYNARQUE ORAL TABLET THERAPY PACK 45 &amp; 15 MG, 60 &amp; 30 MG, 90 &amp; 30 MG</b> | Brand           |                                                                        |
| <i>levocarnitine oral solution</i>                                                      | Generic         |                                                                        |
| <i>levocarnitine oral tablet</i>                                                        | Generic         |                                                                        |
| <b>LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT</b>                                     | Medical Benefit | PA                                                                     |

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|---------------------------------------------------------------------------------------------|-----------------|------------------------------------------------------------------------|
| <b>LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT</b>                                         | Medical Benefit | PA                                                                     |
| <b>MIACALCIN INJECTION SOLUTION</b>                                                         | Brand           |                                                                        |
| <b>MYCAPSSA ORAL CAPSULE DELAYED RELEASE</b>                                                | Brand           | PA; SP                                                                 |
| <b>NATPARA SUBCUTANEOUS CARTRIDGE</b>                                                       | Brand           | SP; QL (2 Cartridges per 21 days)                                      |
| <i>nitisinone oral capsule</i>                                                              | Generic         |                                                                        |
| <b>NITYR ORAL TABLET</b>                                                                    | Brand           | PA                                                                     |
| <b>NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION</b>                                            | Brand           | PA; SP                                                                 |
| <i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml</i> | Generic         | PA; SP; QL (30 ML per 30 days)                                         |
| <i>octreotide acetate injection solution 500 mcg/ml</i>                                     | Brand           | PA; SP; QL (30 ML per 30 days)                                         |
| <b>ORFADIN ORAL CAPSULE 20 MG</b>                                                           | Brand           | PA                                                                     |
| <b>ORFADIN ORAL SUSPENSION</b>                                                              | Brand           | PA                                                                     |
| <b>ORILISSA ORAL TABLET 150 MG</b>                                                          | Brand           | PA; QL (30 EA per 30 days)                                             |
| <b>ORILISSA ORAL TABLET 200 MG</b>                                                          | Brand           | PA; QL (60 EA per 30 days)                                             |
| <b>OSPHENA ORAL TABLET</b>                                                                  | Brand           | PA                                                                     |
| <b>PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML</b>           | Brand           | PA                                                                     |
| <b>PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML</b>                            | Brand           | PA; QL (1 ML per 1 day)                                                |
| <i>paricalcitol oral capsule</i>                                                            | Generic         | PA                                                                     |
| <b>PROLIA SUBCUTANEOUS SOLUTION</b>                                                         | Medical Benefit | PA; QL (1 syringe per 180 days)                                        |
| <i>raloxifene hcl oral tablet</i>                                                           | Generic         | ¥ (Can be filled for up to a 90 day supply)                            |
| <b>RAVICTI ORAL LIQUID</b>                                                                  | Brand           | PA; SP                                                                 |
| <i>risedronate sodium oral tablet 150 mg</i>                                                | Generic         | PA; ¥ (Can be filled for up to a 90 day supply); QL (1 EA per 30 days) |
| <i>risedronate sodium oral tablet 30 mg, 5 mg</i>                                           | Generic         | PA; ¥ (Can be filled for up to a 90 day supply); QL (1 EA per 1 day)   |
| <i>risedronate sodium oral tablet 35 mg</i>                                                 | Generic         | PA; ¥ (Can be filled for up to a 90 day supply); QL (4 EA per 28 days) |

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|----------------------------------------------------------------------------|-----------------|------------------------------------------------------------------------|
| <i>risedronate sodium oral tablet delayed release</i>                      | Generic         | PA; ¥ (Can be filled for up to a 90 day supply); QL (4 EA per 28 days) |
| <i>sapropterin dihydrochloride oral packet</i>                             | Generic         | PA; SP                                                                 |
| <i>sapropterin dihydrochloride oral tablet soluble</i>                     | Generic         | PA; SP                                                                 |
| <b>SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG</b>       | Brand           | PA; SP                                                                 |
| <b>SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 30 MG</b> | Medical Benefit | PA                                                                     |
| <b>SIGNIFOR SUBCUTANEOUS SOLUTION</b>                                      | Brand           | PA; QL (60 ML per 30 days)                                             |
| <b>SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED</b>                        | Brand           | PA; SP; QL (30 EA per 30 days)                                         |
| <b>SUPPRELIN LA SUBCUTANEOUS KIT</b>                                       | Medical Benefit | PA; SP                                                                 |
| <b>SYNAREL NASAL SOLUTION</b>                                              | Brand           | PA                                                                     |
| <b>TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>                           | Brand           | PA; QL (2 ML per 30 days)                                              |
| <b>XGEVA SUBCUTANEOUS SOLUTION</b>                                         | Medical Benefit | PA; QL (1 vial per 30 days)                                            |
| <b>ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED</b>                        | Brand           | PA; SP                                                                 |
| <b>*ERYTHROID MATURATION AGENTS***</b>                                     |                 |                                                                        |
| <b>REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED</b>                        | Medical Benefit | PA                                                                     |
| <b>*ESTROGEN-PROGESTIN-GNRH ANTAGONIST***</b>                              |                 |                                                                        |
| <b>ORIAHNN ORAL CAPSULE THERAPY PACK</b>                                   | Brand           | PA; QL (56 EA per 28 days)                                             |
| <b>*ESTROGENS*</b>                                                         |                 |                                                                        |
| <i>est estrogens-methyltest hs oral tablet</i>                             | Generic         | ¥ (Can be filled for up to a 90 day supply)                            |
| <i>est estrogens-methyltest oral tablet</i>                                | Generic         | ¥ (Can be filled for up to a 90 day supply)                            |
| <i>estradiol oral tablet</i>                                               | Generic         | ¥ (Can be filled for up to a 90 day supply)                            |
| <i>estradiol transdermal patch twice weekly</i>                            | Generic         | ¥ (Can be filled for up to a 90 day supply)                            |
| <i>estradiol transdermal patch weekly</i>                                  | Generic         | ¥ (Can be filled for up to a 90 day supply)                            |

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|----------------------------------------------------------------------------|-----------------|---------------------------------------------|
| <i>estradiol-norethindrone acet oral tablet</i>                            | Generic         | ¥ (Can be filled for up to a 90 day supply) |
| <i>estropipate oral tablet</i>                                             | Generic         | ¥ (Can be filled for up to a 90 day supply) |
| <i>norethindrone-eth estradiol oral tablet</i>                             | Generic         | ¥ (Can be filled for up to a 90 day supply) |
| <b>PREMPHASE ORAL TABLET</b>                                               | Brand           |                                             |
| <b>PREMPRO ORAL TABLET</b>                                                 | Brand           |                                             |
| <b>*FARNESOID X RECEPTOR (FXR) AGONISTS***</b>                             |                 |                                             |
| <b>OICALIVA ORAL TABLET</b>                                                | Brand           | PA; SP; QL (30 TABS per 30 days)            |
| <b>*FLUOROQUINOLONES*</b>                                                  |                 |                                             |
| <b>BAXDELA ORAL TABLET</b>                                                 | Brand           | PA                                          |
| <i>ciprofloxacin hcl oral tablet</i>                                       | Generic         |                                             |
| <i>ciprofloxacin oral suspension reconstituted</i>                         | Generic         |                                             |
| <i>ciprofloxacin-ciproflox hcl er oral tablet extended release 24 hour</i> | Generic         |                                             |
| <i>levofloxacin oral solution</i>                                          | Generic         |                                             |
| <i>levofloxacin oral tablet</i>                                            | Generic         |                                             |
| <i>moxifloxacin hcl oral tablet</i>                                        | Generic         |                                             |
| <i>ofloxacin oral tablet 400 mg</i>                                        | Generic         |                                             |
| <b>*GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID***</b>                   |                 |                                             |
| <b>ZULRESSO INTRAVENOUS SOLUTION</b>                                       | Medical Benefit | PA                                          |
| <b>*GASTROINTESTINAL AGENTS - MISC.*</b>                                   |                 |                                             |
| <i>alosetron hcl oral tablet</i>                                           | Generic         |                                             |
| <b>AMITIZA ORAL CAPSULE</b>                                                | Brand           | PA; QL (60 EA per 30 days)                  |
| <b>AURYXIA ORAL TABLET</b>                                                 | Brand           | PA                                          |
| <b>AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED</b>                           | Medical Benefit | PA                                          |
| <i>balsalazide disodium oral capsule</i>                                   | Generic         |                                             |
| <i>calcium acetate (phos binder) oral capsule</i>                          | Generic         | ¥ (Can be filled for up to a 90 day supply) |
| <i>calcium acetate (phos binder) oral tablet</i>                           | Generic         | ¥ (Can be filled for up to a 90 day supply) |

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|---------------------------------------------------------------|-----------------|-------------------------------------------------------------------------|
| <b>CIMZIA PREFILLED SUBCUTANEOUS KIT</b>                      | Brand           | PA; SP; QL (2 EA per 28 days)                                           |
| <b>CIMZIA STARTER KIT SUBCUTANEOUS KIT</b>                    | Brand           | PA; SP; ¥ (For first 4 weeks of treatment); QL (6 Syringes per 28 days) |
| <b>CIMZIA SUBCUTANEOUS KIT 2 X 200 MG</b>                     | Brand           | PA; SP; QL (2 EA per 28 days)                                           |
| <i>cromolyn sodium oral concentrate</i>                       | Generic         |                                                                         |
| <i>enulose oral solution</i>                                  | Generic         |                                                                         |
| <b>GATTEX SUBCUTANEOUS KIT</b>                                | Brand           | SP; QL (1 Kit per 1 day)                                                |
| <i>generlac oral solution</i>                                 | Generic         |                                                                         |
| <b>INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED</b>           | Medical Benefit | PA                                                                      |
| <i>lactulose encephalopathy oral solution</i>                 | Generic         |                                                                         |
| <b>LINZESS ORAL CAPSULE</b>                                   | Brand           | PA; QL (30 EA per 30 days)                                              |
| <i>mesalamine oral tablet delayed release 1.2 gm</i>          | Generic         | ¥ (Can be filled for up to a 90 day supply)                             |
| <i>mesalamine oral tablet delayed release 800 mg</i>          | Generic         |                                                                         |
| <i>mesalamine rectal enema</i>                                | Generic         |                                                                         |
| <i>mesalamine rectal suppository</i>                          | Generic         |                                                                         |
| <i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>  | Generic         |                                                                         |
| <i>metoclopramide hcl oral tablet</i>                         | Generic         |                                                                         |
| <b>MOVANTI<sup>®</sup> ORAL TABLET</b>                        | Brand           | PA                                                                      |
| <b>RELISTOR ORAL TABLET</b>                                   | Brand           | PA; QL (90 Tablets per 30 days)                                         |
| <b>RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML</b> | Brand           | PA                                                                      |
| <b>REMICADE INTRAVENOUS SOLUTION RECONSTITUTED</b>            | Medical Benefit | PA                                                                      |
| <b>RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED</b>           | Medical Benefit | PA                                                                      |
| <i>sulfasalazine oral tablet</i>                              | Generic         | ¥ (Can be filled for up to a 90 day supply)                             |
| <i>sulfasalazine oral tablet delayed release</i>              | Generic         | ¥ (Can be filled for up to a 90 day supply)                             |
| <b>SYMPROIC ORAL TABLET</b>                                   | Brand           | PA                                                                      |
| <i>ursodiol oral capsule</i>                                  | Generic         |                                                                         |
| <i>ursodiol oral tablet</i>                                   | Generic         |                                                                         |

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| Drug                                                         | Status          | Notes                                                                  |
|--------------------------------------------------------------|-----------------|------------------------------------------------------------------------|
| <b>*GENITOURINARY AGENTS - MISCELLANEOUS*</b>                |                 |                                                                        |
| <i>alfuzosin hcl er oral tablet extended release 24 hour</i> | Generic         | ¥ (Can be filled for up to a 90 day supply)                            |
| <b>CYSTAGON ORAL CAPSULE</b>                                 | Brand           | PA; SP                                                                 |
| <i>cytra-2 oral solution</i>                                 | Generic         |                                                                        |
| <i>dutasteride oral capsule</i>                              | Generic         | PA; ¥ (Can be filled for up to a 90 day supply); QL (1 EA per 1 day)   |
| <i>dutasteride-tamsulosin hcl oral capsule</i>               | Generic         | PA; ¥ (Can be filled for up to a 90 day supply); QL (1 EA per 1 day)   |
| <i>finasteride oral tablet 5 mg</i>                          | Generic         | ¥ (Can be filled for up to a 90 day supply)                            |
| <i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>        | Generic         |                                                                        |
| <i>potassium citrate er oral tablet extended release</i>     | Generic         |                                                                        |
| <i>silodosin oral capsule</i>                                | Generic         | PA; ¥ (Can be filled for up to a 90 day supply)                        |
| <i>tamsulosin hcl oral capsule</i>                           | Generic         | ¥ (Can be filled for up to a 90 day supply)                            |
| <b>*GLYCOPEPTIDES***</b>                                     |                 |                                                                        |
| <b>FIRVANQ ORAL SOLUTION RECONSTITUTED</b>                   | Brand           | QL (2 Bottles per 10 days)                                             |
| <b>*GOUT AGENTS*</b>                                         |                 |                                                                        |
| <i>allopurinol oral tablet</i>                               | Generic         | ¥ (Can be filled for up to a 90 day supply)                            |
| <i>colchicine oral tablet</i>                                | Generic         |                                                                        |
| <i>colchicine-probenecid oral tablet</i>                     | Generic         |                                                                        |
| <i>febuxostat oral tablet</i>                                | Generic         | STPA; ¥ (Can be filled for up to a 90 day supply); QL (1 EA per 1 day) |
| <b>KRYSTEXXA INTRAVENOUS SOLUTION</b>                        | Medical Benefit | PA                                                                     |
| <i>probenecid oral tablet</i>                                | Generic         |                                                                        |
| <b>*HEMATOLOGICAL AGENTS - MISC.*</b>                        |                 |                                                                        |
| Advate Intravenous Solution Reconstituted                    | MB/RX           | PA; SP                                                                 |
| Adynovate Intravenous Solution Reconstituted                 | MB/RX           | PA; SP                                                                 |
| Afstyla Intravenous Kit                                      | MB/RX           | PA; SP                                                                 |
| Alphanate Intravenous Solution Reconstituted                 | MB/RX           | PA; SP                                                                 |

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| <b>Drug</b>                                                                                                                                                       | <b>Status</b> | <b>Notes</b>                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------------------------------------------|
| Alphanate/VWF Complex/Human Intravenous Solution Reconstituted                                                                                                    | MB/RX         | PA; SP                                                           |
| AlphaNine SD Intravenous Solution Reconstituted                                                                                                                   | MB/RX         | PA; SP                                                           |
| Alprolix Intravenous Solution Reconstituted                                                                                                                       | MB/RX         | PA; SP                                                           |
| <i>anagrelide hcl oral capsule</i>                                                                                                                                | Generic       |                                                                  |
| <i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>                                                                                              | Generic       | ¥ (Can be filled for up to a 90 day supply); QL (2 EA per 1 day) |
| Bebulin Intravenous Solution Reconstituted                                                                                                                        | MB/RX         | PA; SP                                                           |
| BeneFIX Intravenous Kit                                                                                                                                           | MB/RX         | PA; SP                                                           |
| BeneFIX Intravenous Solution Reconstituted 1000 UNIT, 2000 UNIT, 500 UNIT                                                                                         | MB/RX         | PA; SP                                                           |
| Berinert Intravenous Kit                                                                                                                                          | MB/RX         | SP                                                               |
| <b>BRILINTA ORAL TABLET</b>                                                                                                                                       | Brand         | PA; QL (60 EA per 30 days)                                       |
| <i>cilostazol oral tablet</i>                                                                                                                                     | Generic       |                                                                  |
| Cinryze Intravenous Solution Reconstituted                                                                                                                        | MB/RX         | PA                                                               |
| <i>clopidogrel bisulfate oral tablet</i>                                                                                                                          | Generic       | ¥ (Can be filled for up to a 90 day supply)                      |
| Coagadex Intravenous Solution Reconstituted                                                                                                                       | MB/RX         | PA; SP                                                           |
| Corifact Intravenous Kit                                                                                                                                          | MB/RX         | PA; SP                                                           |
| <i>dipyridamole oral tablet</i>                                                                                                                                   | Generic       | ¥ (Can be filled for up to a 90 day supply)                      |
| Eloctate Intravenous Solution Reconstituted                                                                                                                       | MB/RX         | PA; SP                                                           |
| Esperoct Intravenous Solution Reconstituted                                                                                                                       | MB/RX         | PA                                                               |
| Feiba Intravenous Solution Reconstituted                                                                                                                          | MB/RX         | PA; SP                                                           |
| <b>HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED</b>                                                                                                               | Brand         | PA                                                               |
| Helixate FS Intravenous Kit                                                                                                                                       | MB/RX         | PA; SP                                                           |
| Hemofil M Intravenous Solution Reconstituted 1000 UNIT, 1501-2000 UNIT, 1700 UNIT, 1701-2000 UNIT, 220-400 UNIT, 250 UNIT, 500 UNIT, 801-1500 UNIT, 801-1700 UNIT | MB/RX         | PA; SP                                                           |
| Humate-P Intravenous Solution Reconstituted                                                                                                                       | MB/RX         | PA; SP                                                           |
| <i>icatibant acetate subcutaneous solution</i>                                                                                                                    | Generic       | PA; SP; QL (6 ML per 1 FILL)                                     |
| Idelvion Intravenous Solution Reconstituted                                                                                                                       | MB/RX         | PA; SP                                                           |
| Ixinity Intravenous Solution Reconstituted                                                                                                                        | MB/RX         | PA; SP                                                           |

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| <b>Drug</b>                                           | <b>Status</b>   | <b>Notes</b>                                |
|-------------------------------------------------------|-----------------|---------------------------------------------|
| Jivi Intravenous Solution Reconstituted               | MB/RX           | PA; SP                                      |
| Koate Intravenous Solution Reconstituted              | MB/RX           | PA; SP                                      |
| Koate-DVI Intravenous Solution Reconstituted          | MB/RX           | PA; SP                                      |
| Kogenate FS Bio-Set Intravenous Kit                   | MB/RX           | PA; SP                                      |
| Kogenate FS Intravenous Kit                           | MB/RX           | PA; SP                                      |
| Kovaltry Intravenous Solution Reconstituted           | MB/RX           | PA; SP                                      |
| Monoclalte-P Intravenous Kit                          | MB/RX           | PA; SP                                      |
| Mononine Intravenous Solution Reconstituted           | MB/RX           | PA; SP                                      |
| Novoeight Intravenous Solution Reconstituted          | MB/RX           | PA; SP                                      |
| NovoSeven Intravenous Solution Reconstituted          | MB/RX           | PA; SP                                      |
| NovoSeven RT Intravenous Solution Reconstituted       | MB/RX           | PA; SP                                      |
| Nuwiq Intravenous Kit                                 | MB/RX           | PA; SP                                      |
| Nuwiq Intravenous Solution Reconstituted              | MB/RX           | PA; SP                                      |
| Obizur Intravenous Solution Reconstituted             | MB/RX           | PA; SP                                      |
| <i>pentoxifylline er oral tablet extended release</i> | Generic         |                                             |
| <i>prasugrel hcl oral tablet</i>                      | Generic         | ¥ (Can be filled for up to a 90 day supply) |
| Profilnine Intravenous Solution Reconstituted         | MB/RX           | PA; SP                                      |
| Profilnine SD Intravenous Solution Reconstituted      | MB/RX           | PA; SP                                      |
| Rebinyn Intravenous Solution Reconstituted            | MB/RX           | PA; SP                                      |
| Recombinate Intravenous Solution Reconstituted        | MB/RX           | PA; SP                                      |
| Rixubis Intravenous Solution Reconstituted            | MB/RX           | PA; SP                                      |
| Ruconest Intravenous Solution Reconstituted           | MB/RX           | SP                                          |
| Sevenfact Intravenous Solution Reconstituted          | MB/RX           | PA; SP                                      |
| <b>SOLIRIS INTRAVENOUS SOLUTION 10 MG/ML</b>          | Medical Benefit | PA                                          |
| Tretten Intravenous Solution Reconstituted            | MB/RX           | PA; SP                                      |
| <b>ULTOMIRIS INTRAVENOUS SOLUTION</b>                 | Medical Benefit | PA                                          |
| Vonvendi Intravenous Solution Reconstituted           | MB/RX           | PA; SP                                      |
| Wilate Intravenous Kit                                | MB/RX           | PA; SP                                      |
| Wilate Intravenous Solution Reconstituted             | MB/RX           | PA; SP                                      |
| Xyntha Intravenous Kit                                | MB/RX           | PA; SP                                      |
| Xyntha Solofuse Intravenous Kit                       | MB/RX           | PA; SP                                      |

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| Drug                                                                                                                                                                                 | Status          | Notes                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------------------------|
| <b>*HEMATOPOIETIC AGENTS*</b>                                                                                                                                                        |                 |                                             |
| <b>ARANESP (ALBUMIN FREE) INJECTION SOLUTION 10 MCG/0.4ML, 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML</b>                                                   | Brand           | SP; QL (4 ML per 30 days)                   |
| <b>ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML</b> | Brand           | SP; QL (4 ML per 30 days)                   |
| <b>CERDELGA ORAL CAPSULE</b>                                                                                                                                                         | Brand           | SP                                          |
| <b>CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED</b>                                                                                                                                   | Medical Benefit | PA                                          |
| <i>cyanocobalamin injection solution</i>                                                                                                                                             | Generic         |                                             |
| <b>DOPTELET ORAL TABLET 20 MG</b>                                                                                                                                                    | Brand           | PA                                          |
| <b>DROXIA ORAL CAPSULE</b>                                                                                                                                                           | Brand           |                                             |
| <b>ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED</b>                                                                                                                                    | Medical Benefit | PA                                          |
| <b>EPOGEN INJECTION SOLUTION 10000 UNIT/ML</b>                                                                                                                                       | Brand           | SP; QL (10 ML per 14 days)                  |
| <b>EPOGEN INJECTION SOLUTION 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML</b>                                                                                             | Brand           | SP                                          |
| <i>folbee oral tablet</i>                                                                                                                                                            | Generic         |                                             |
| <i>folic acid oral tablet 1 mg</i>                                                                                                                                                   | Generic         | ¥ (Can be filled for up to a 90 day supply) |
| <i>folic acid oral tablet 400 mcg, 800 mcg</i>                                                                                                                                       | Brand           | ¥ (Can be filled for up to a 90 day supply) |
| <b>FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>                                                                                                                              | Brand           | PA; SP; QL (0.6 ML per 14 days)             |
| <b>GRANIX SUBCUTANEOUS SOLUTION</b>                                                                                                                                                  | Brand           | PA; SP                                      |
| <b>GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>                                                                                                                                | Brand           | PA; SP; QL (10 ML per 14 days)              |
| <b>MULPLETA ORAL TABLET</b>                                                                                                                                                          | Brand           | PA; SP                                      |
| <b>NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT</b>                                                                                                                             | Brand           | PA; SP; QL (0.6 ML per 14 days)             |
| <b>NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>                                                                                                                              | Brand           | PA; SP; QL (0.6 ML per 14 days)             |

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| Drug                                                                                               | Status          | Notes                            |
|----------------------------------------------------------------------------------------------------|-----------------|----------------------------------|
| NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML                                              | Brand           | PA; SP; QL (10 ML per 14 days)   |
| NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE                                                      | Brand           | PA; SP; QL (10 ML per 14 days)   |
| NIVESTYM INJECTION SOLUTION                                                                        | Brand           | PA; QL (10 EA per 14 days)       |
| NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE                                                      | Brand           | PA; QL (10 Syringes per 14 days) |
| PROCRIT INJECTION SOLUTION                                                                         | Brand           | SP; QL (10 ML per 14 days)       |
| PROMACTA ORAL PACKET 12.5 MG                                                                       | Brand           | SP                               |
| PROMACTA ORAL PACKET 25 MG                                                                         | Brand           |                                  |
| PROMACTA ORAL TABLET                                                                               | Brand           | SP                               |
| RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML | Brand           | SP; QL (10 Vials per 14 days)    |
| SIKLOS ORAL TABLET                                                                                 | Brand           | PA                               |
| UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                                    | Brand           | PA; SP; QL (0.6 ML per 14 days)  |
| VPRIV INTRAVENOUS SOLUTION RECONSTITUTED                                                           | Medical Benefit | PA                               |
| ZARXIO INJECTION SOLUTION PREFILLED SYRINGE                                                        | Brand           | SP; QL (10 Syringes per 14 days) |
| ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                                  | Brand           | PA; QL (0.6 ML per 14 days)      |
| <b>*HEMOGLOBIN S (HBS) POLYMERIZATION INHIBITORS***</b>                                            |                 |                                  |
| OXBRYTA ORAL TABLET                                                                                | Brand           | PA; SP                           |
| <b>*HEMOSTATICS*</b>                                                                               |                 |                                  |
| <i>aminocaproic acid oral tablet</i>                                                               | Generic         |                                  |
| <i>tranexamic acid oral tablet</i>                                                                 | Generic         | PA                               |
| <b>*HEPATITIS C AGENT - COMBINATIONS***</b>                                                        |                 |                                  |
| EPCLUSA ORAL TABLET 400-100 MG                                                                     | Brand           | PA; SP                           |
| HARVONI ORAL TABLET 45-200 MG                                                                      | Brand           | PA; SP; QL (30 EA per 30 days)   |
| HARVONI ORAL TABLET 90-400 MG                                                                      | Brand           | PA; SP                           |
| MAVYRET ORAL TABLET                                                                                | Brand           | PA; SP                           |
| TECHNIVIE ORAL TABLET                                                                              | Brand           | PA; SP                           |

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| Drug                                                         | Status  | Notes                            |
|--------------------------------------------------------------|---------|----------------------------------|
| <b>VIEKIRA PAK ORAL TABLET THERAPY PACK</b>                  | Brand   | PA; SP                           |
| <b>VIEKIRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR</b>       | Brand   | PA; SP                           |
| <b>VOSEVI ORAL TABLET</b>                                    | Brand   | PA; SP                           |
| <b>ZEPATIER ORAL TABLET</b>                                  | Brand   | PA; SP                           |
| <b>*HEREDITARY OROTIC ACIDURIA TREATMENT - AGENTS**</b>      |         |                                  |
| <b>XURIDEN ORAL PACKET</b>                                   | Brand   | PA; QL (120 Packets per 30 days) |
| <b>*HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS***</b> |         |                                  |
| <b>WAKIX ORAL TABLET</b>                                     | Brand   | PA; QL (2 EA per 1 day)          |
| <b>*HYPNOTICS*</b>                                           |         |                                  |
| <b>EDLUAR SUBLINGUAL TABLET SUBLINGUAL</b>                   | Brand   | PA; QL (30 EA per 30 days)       |
| <i>estazolam oral tablet 1 mg</i>                            | Generic |                                  |
| <i>eszopiclone oral tablet</i>                               | Generic | QL (30 EA per 30 days)           |
| <i>flurazepam hcl oral capsule</i>                           | Generic |                                  |
| <b>HETLIOZ ORAL CAPSULE</b>                                  | Brand   | PA; QL (30 EA per 30 days)       |
| <i>phenobarbital oral elixir</i>                             | Generic |                                  |
| <i>phenobarbital oral solution</i>                           | Generic |                                  |
| <i>phenobarbital oral tablet</i>                             | Generic |                                  |
| <i>ramelteon oral tablet</i>                                 | Generic | PA; QL (30 EA per 30 days)       |
| <i>temazepam oral capsule</i>                                | Generic |                                  |
| <i>zaleplon oral capsule</i>                                 | Generic | QL (30 EA per 30 days)           |
| <i>zolpidem tartrate er oral tablet extended release</i>     | Generic | PA; QL (30 EA per 30 days)       |
| <i>zolpidem tartrate oral tablet</i>                         | Generic | QL (30 EA per 30 days)           |
| <i>zolpidem tartrate sublingual tablet sublingual</i>        | Generic | PA; QL (30 EA per 30 days)       |
| <b>*HYPOPHOSPHATASIA (HPP) AGENTS***</b>                     |         |                                  |
| <b>STRENSIQ SUBCUTANEOUS SOLUTION</b>                        | Brand   | PA; QL (24 Vials per 28 days)    |
| <b>*IBS AGENT - MU-OPIOID RECEPTOR AGONISTS***</b>           |         |                                  |
| <b>VIBERZI ORAL TABLET</b>                                   | Brand   | PA                               |

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| Drug                                                                | Status          | Notes                                                    |
|---------------------------------------------------------------------|-----------------|----------------------------------------------------------|
| <b>*INSULIN-LIKE GROWTH FACTOR-1 RECEPTOR INHIBITORS(IGF-1R)***</b> |                 |                                                          |
| TEPEZZA INTRAVENOUS SOLUTION RECONSTITUTED                          | Medical Benefit | PA                                                       |
| <b>*INTEGRIN RECEPTOR ANTAGONISTS***</b>                            |                 |                                                          |
| ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED                          | Medical Benefit | PA                                                       |
| <b>*INTERLEUKIN ANTAGONISTS***</b>                                  |                 |                                                          |
| STELARA INTRAVENOUS SOLUTION                                        | Medical Benefit | PA; ¥ (1 Fill per life of plan); QL (4 VIALS per 1 Fill) |
| <b>*INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)***</b>                   |                 |                                                          |
| FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR                     | Brand           | PA; SP                                                   |
| FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                     | Medical Benefit | PA                                                       |
| NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR                          | Brand           | PA                                                       |
| NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                      | Brand           | PA                                                       |
| NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED                          | Medical Benefit | PA                                                       |
| <b>*INTERLEUKIN-5 ANTAGONISTS (IGG4 KAPPA)***</b>                   |                 |                                                          |
| CINQAIR INTRAVENOUS SOLUTION                                        | Medical Benefit | PA                                                       |
| <b>*ISOCITRATE DEHYDROGENASE-1 (IDH1) INHIBITORS***</b>             |                 |                                                          |
| TIBSOVO ORAL TABLET                                                 | Brand           | PA                                                       |
| <b>*ISOCITRATE DEHYDROGENASE-2 (IDH2) INHIBITORS***</b>             |                 |                                                          |
| IDHIFA ORAL TABLET                                                  | Brand           | PA; QL (30 EA per 30 days)                               |
| <b>*LAXATIVES*</b>                                                  |                 |                                                          |
| <i>constulose oral solution</i>                                     | Generic         |                                                          |
| GAVILYTE-C ORAL SOLUTION RECONSTITUTED                              | Generic         |                                                          |
| GAVILYTE-G ORAL SOLUTION RECONSTITUTED                              | Generic         |                                                          |

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| <b>Drug</b>                                                      | <b>Status</b>   | <b>Notes</b>                  |
|------------------------------------------------------------------|-----------------|-------------------------------|
| <b>GAVILYTE-H ORAL KIT</b>                                       | Generic         |                               |
| <i>lactulose oral solution</i>                                   | Generic         |                               |
| <i>peg 3350/electrolytes oral solution reconstituted</i>         | Generic         |                               |
| <i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted</i>   | Generic         |                               |
| <i>peg-3350/electrolytes oral solution reconstituted</i>         | Generic         |                               |
| <i>polyethylene glycol 3350 oral powder</i>                      | Generic         |                               |
| <b>TRILYTE ORAL SOLUTION RECONSTITUTED</b>                       | Generic         |                               |
| <b>*LEPTIN ANALOGUES***</b>                                      |                 |                               |
| <b>MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED</b>               | Brand           | PA; QL (30 Vials per 30 days) |
| <b>*LYSOSOMAL ACID LIPASE (LAL) DEFICIENCY - AGENTS***</b>       |                 |                               |
| <b>KANUMA INTRAVENOUS SOLUTION</b>                               | Medical Benefit | PA                            |
| <b>*MACROLIDES*</b>                                              |                 |                               |
| <i>azithromycin oral packet</i>                                  | Generic         |                               |
| <i>azithromycin oral suspension reconstituted</i>                | Generic         |                               |
| <i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>           | Generic         |                               |
| <i>clarithromycin er oral tablet extended release 24 hour</i>    | Generic         |                               |
| <i>clarithromycin oral suspension reconstituted</i>              | Generic         |                               |
| <i>clarithromycin oral tablet</i>                                | Generic         |                               |
| <b>DIFICID ORAL TABLET</b>                                       | Brand           | PA; QL (20 EA per 1 Fill)     |
| <b>E.E.S. 400 ORAL TABLET</b>                                    | Generic         |                               |
| <b>ERY-TAB ORAL TABLET DELAYED RELEASE</b>                       | Generic         |                               |
| <b>ERYTHROCIN STEARATE ORAL TABLET 250 MG</b>                    | Generic         |                               |
| <i>erythromycin base oral capsule delayed release particles</i>  | Generic         |                               |
| <i>erythromycin base oral tablet</i>                             | Generic         |                               |
| <i>erythromycin ethylsuccinate oral suspension reconstituted</i> | Generic         |                               |
| <i>erythromycin ethylsuccinate oral tablet</i>                   | Generic         |                               |

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| Drug                                                                                                                                                                                     | Status | Notes                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------------------|
| <b>*MEDICAL DEVICES*</b>                                                                                                                                                                 |        |                                                                |
| ACCU-CHEK SAFE-T PRO LANCETS                                                                                                                                                             | Brand  |                                                                |
| ACCU-CHEK SOFT TOUCH LANCETS                                                                                                                                                             | Brand  |                                                                |
| ACCU-CHEK SOFTCLIX LANCETS                                                                                                                                                               | Brand  |                                                                |
| AT LAST LANCETS                                                                                                                                                                          | Brand  |                                                                |
| BD INSULIN SYRINGE 25G X 1" 1 ML, 25G X 5/8" 1 ML, 26G X 1/2" 1 ML, 27.5G X 5/8" 2 ML, 27G X 1/2" 1 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 29G X 1/2" 2 ML, U-100 1 ML | Brand  |                                                                |
| BD INSULIN SYRINGE MICROFINE                                                                                                                                                             | Brand  |                                                                |
| BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML                                                                                                                                                   | Brand  |                                                                |
| BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML                                                                 | Brand  |                                                                |
| BD LANCET ULTRAFINE 33G                                                                                                                                                                  | Brand  |                                                                |
| BD SAFETY-LOK INSULIN SYRINGE                                                                                                                                                            | Brand  |                                                                |
| BD SYRINGE SLIP TIP 3 ML                                                                                                                                                                 | Brand  |                                                                |
| CLEANLET LANCETS 28G                                                                                                                                                                     | Brand  |                                                                |
| <i>comfort lancets</i>                                                                                                                                                                   | Brand  |                                                                |
| DEXCOM G6 RECEIVER DEVICE                                                                                                                                                                | \$0    | PA; QL (1 EA per 365 days)                                     |
| DEXCOM G6 SENSOR                                                                                                                                                                         | \$0    | PA; ¥ (1 pack/box contains 3 sensors); QL (1 PACK per 30 days) |
| DEXCOM G6 TRANSMITTER                                                                                                                                                                    | \$0    | PA; QL (1 EA per 90 days)                                      |
| <i>easy comfort insulin syringe 32g x 5/16" 0.5 ml, 32g x 5/16" 1 ml</i>                                                                                                                 | Brand  |                                                                |
| EZ-LETS LANCETS 26G                                                                                                                                                                      | Brand  |                                                                |
| FINGERSTIX LANCETS                                                                                                                                                                       | Brand  |                                                                |
| FREESTYLE LANCETS                                                                                                                                                                        | Brand  |                                                                |
| GENTLE-LET GP LANCETS                                                                                                                                                                    | Brand  |                                                                |
| GENTLE-LET LANCETS                                                                                                                                                                       | Brand  |                                                                |
| GLUCOSOURCE LANCETS                                                                                                                                                                      | Brand  |                                                                |
| <i>gnp lancets</i>                                                                                                                                                                       | Brand  |                                                                |

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| <b>Drug</b>                                                                                                                                                                                                                                           | <b>Status</b> | <b>Notes</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------|
| <i>gnp ultra com insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml</i>                                                                                                                        | Brand         |              |
| <b>HAEMOLANCE LOW FLOW LANCETS</b>                                                                                                                                                                                                                    | Brand         |              |
| <b>HY-VEE LANCETS</b>                                                                                                                                                                                                                                 | Brand         |              |
| <i>hy-vee thin lancets</i>                                                                                                                                                                                                                            | Brand         |              |
| <i>insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1" 0.3 ml, 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, 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> | Brand         |              |
| <i>insulin syringe/needle</i>                                                                                                                                                                                                                         | Brand         |              |
| <i>kinney lancets</i>                                                                                                                                                                                                                                 | Brand         |              |
| <i>kinney thin lancets</i>                                                                                                                                                                                                                            | Brand         |              |
| <i>kinray insulin syringe 29g x 1/2" 0.5 ml</i>                                                                                                                                                                                                       | Brand         |              |
| <i>lancets</i>                                                                                                                                                                                                                                        | Brand         |              |
| <i>lancets thin</i>                                                                                                                                                                                                                                   | Brand         |              |
| <b>LIFESCAN UNISTIK II LANCETS</b>                                                                                                                                                                                                                    | Brand         |              |
| <i>lite touch lancets</i>                                                                                                                                                                                                                             | Brand         |              |
| <i>longs lancets thin</i>                                                                                                                                                                                                                             | Brand         |              |
| <b>MEDISENSE THIN LANCETS</b>                                                                                                                                                                                                                         | Brand         |              |
| <b>MEIJER LANCETS</b>                                                                                                                                                                                                                                 | Brand         |              |
| <b>MICROTAINER SAFETY FLOW LANCET</b>                                                                                                                                                                                                                 | Brand         |              |
| <b>MONOJECT CONTROL SYRINGE</b>                                                                                                                                                                                                                       | Brand         |              |
| <b>MONOJECT FILTER ASPIRATOR</b>                                                                                                                                                                                                                      | Brand         |              |
| <b>MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, U-100 1 ML</b>                                      | Brand         |              |
| <b>MONOJECT PHARMACY TRAY 20 ML , 3 ML , 35 ML , 6 ML , 60 ML</b>                                                                                                                                                                                     | Brand         |              |
| <b>MONOJECT PISTON SYRINGE</b>                                                                                                                                                                                                                        | Brand         |              |
| <b>MONOJECT SAFETY SYRINGE/SHIELD 12 ML , 20G X 1-1/2" 12 ML, 21G X 1" 3 ML, 21G X 1-1/2" 12 ML, 21G X 1-1/2" 3 ML, 22G X 1-1/2" 3 ML, 3 ML</b>                                                                                                       | Brand         |              |

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| Drug                                                                                                                                                                                                                                                                                                                                                                                                                 | Status | Notes                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------------------------|
| MONOJECT SYRINGE 12 ML , 18G X 1" 12 ML, 20G X 1" 3 ML, 20G X 1-1/2" 12 ML, 20G X 1-1/2" 3 ML, 20G X 1-1/2" 6 ML, 20G X 3/4" 3 ML, 21G X 1" 12 ML, 21G X 1" 3 ML, 21G X 1" 6 ML, 21G X 1-1/2" 12 ML, 21G X 1-1/2" 3 ML, 21G X 1-1/2" 6 ML, 22G X 1" 3 ML, 22G X 1-1/2" 12 ML, 22G X 1-1/2" 3 ML, 22G X 1-1/2" 6 ML, 23G X 1" 3 ML, 25G X 1" 3 ML, 25G X 1-1/4" 3 ML, 25G X 5/8" 3 ML, 27G X 1-1/4" 3 ML, 3 ML , 6 ML | Brand  |                           |
| MONOJECT SYRINGE CATH TIP                                                                                                                                                                                                                                                                                                                                                                                            | Brand  |                           |
| MONOJECT SYRINGE ECC LUER 35 ML                                                                                                                                                                                                                                                                                                                                                                                      | Brand  |                           |
| MONOJECT SYRINGE LUER LOCK                                                                                                                                                                                                                                                                                                                                                                                           | Brand  |                           |
| MONOJECT SYRINGE REG LUER 12 ML , 20 ML , 3 ML , 35 ML , 6 ML                                                                                                                                                                                                                                                                                                                                                        | Brand  |                           |
| MONOJECT TB SAFETY SYRINGE 28G X 1/2" 1 ML                                                                                                                                                                                                                                                                                                                                                                           | Brand  |                           |
| MONOJECT TB SYRINGE 25G X 5/8" 1 ML, 26G X 3/8" 1 ML, 28G X 1/2" 1 ML                                                                                                                                                                                                                                                                                                                                                | Brand  |                           |
| MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML                                                                                                                                                                                                                                                                                                                                                                     | Brand  |                           |
| MONOLET LANCETS                                                                                                                                                                                                                                                                                                                                                                                                      | Brand  |                           |
| OMNIPOD DASH 5 PACK PODS                                                                                                                                                                                                                                                                                                                                                                                             | \$0    | QL (10 pods per 30 dayss) |
| ONETOUCH CLUB LANCETS FINE PT                                                                                                                                                                                                                                                                                                                                                                                        | Brand  |                           |
| ONETOUCH FINEPOINT LANCETS                                                                                                                                                                                                                                                                                                                                                                                           | Brand  |                           |
| ONETOUCH LANCETS                                                                                                                                                                                                                                                                                                                                                                                                     | Brand  |                           |
| ONETOUCH ULTRASOFT LANCETS                                                                                                                                                                                                                                                                                                                                                                                           | Brand  |                           |
| PRECISION SURE-DOSE SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML                                                                                                                                                                                                                                                                                                                                    | Brand  |                           |
| PRECISION THIN LANCETS                                                                                                                                                                                                                                                                                                                                                                                               | Brand  |                           |
| PRECISION THINS GP LANCETS                                                                                                                                                                                                                                                                                                                                                                                           | Brand  |                           |
| PRECISION ULTRA LANCET                                                                                                                                                                                                                                                                                                                                                                                               | Brand  |                           |
| <i>preferred plus lancets colored</i>                                                                                                                                                                                                                                                                                                                                                                                | Brand  |                           |
| <i>preferred plus lancets thin</i>                                                                                                                                                                                                                                                                                                                                                                                   | Brand  |                           |
| PSS SELECT GP LANCETS                                                                                                                                                                                                                                                                                                                                                                                                | Brand  |                           |
| PSS SELECT SAFETY LANCETS                                                                                                                                                                                                                                                                                                                                                                                            | Brand  |                           |
| <i>reality lancets</i>                                                                                                                                                                                                                                                                                                                                                                                               | Brand  |                           |

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| Drug                                                                                                                                                                                    | Status          | Notes                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------|
| <i>reality trigger lancets</i>                                                                                                                                                          | Brand           |                           |
| <i>sb lancets thin</i>                                                                                                                                                                  | Brand           |                           |
| <i>sb lancets ultra thin</i>                                                                                                                                                            | Brand           |                           |
| <i>super thin lancets</i>                                                                                                                                                               | Brand           |                           |
| <i>sure comfort insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 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, 30g x 5/16" 1 ml</i> | Brand           |                           |
| <b>SURELITE LANCETS</b>                                                                                                                                                                 | Brand           |                           |
| <i>tb syringe 1 ml</i>                                                                                                                                                                  | Brand           |                           |
| <b>TECHLITE LANCETS</b>                                                                                                                                                                 | Brand           |                           |
| <b>THINLETS GP LANCETS</b>                                                                                                                                                              | Brand           |                           |
| <b>THINLETS LANCET</b>                                                                                                                                                                  | Brand           |                           |
| <i>topco insulin syringe</i>                                                                                                                                                            | Brand           |                           |
| <b>ULTILET CLASSIC LANCETS</b>                                                                                                                                                          | Brand           |                           |
| <b>ULTILET LANCETS</b>                                                                                                                                                                  | Brand           |                           |
| <b>ULTRA-THIN II AUTO LANCET</b>                                                                                                                                                        | Brand           |                           |
| <b>ULTRA-THIN II LANCETS</b>                                                                                                                                                            | Brand           |                           |
| <b>UNILET COMFORTOUCH LANCET</b>                                                                                                                                                        | Brand           |                           |
| <b>UNILET G.P. LANCET</b>                                                                                                                                                               | Brand           |                           |
| <b>UNILET G.P. SUPERLITE LANCET</b>                                                                                                                                                     | Brand           |                           |
| <b>UNILET LANCET</b>                                                                                                                                                                    | Brand           |                           |
| <b>UNILET SUPERLITE LANCET</b>                                                                                                                                                          | Brand           |                           |
| <b>UNISTIK 1</b>                                                                                                                                                                        | Brand           |                           |
| <b>VITALET PRO LANCETS</b>                                                                                                                                                              | Brand           |                           |
| <b>VITALET PRO PLUS LANCETS</b>                                                                                                                                                         | Brand           |                           |
| <b>W&amp;F LANCETS 26G</b>                                                                                                                                                              | Brand           |                           |
| <b>W&amp;F LANCETS COLORED 21G</b>                                                                                                                                                      | Brand           |                           |
| <b>*MELANOCORTIN RECEPTOR AGONISTS (UV PROTECTIVE)***</b>                                                                                                                               |                 |                           |
| <b>SCENESSE SUBCUTANEOUS IMPLANT</b>                                                                                                                                                    | Medical Benefit | PA                        |
| <b>*MIGRAINE PRODUCTS*</b>                                                                                                                                                              |                 |                           |
| <i>almotriptan malate oral tablet</i>                                                                                                                                                   | Generic         | PA; QL (9 EA per 30 days) |
| <i>dihydroergotamine mesylate nasal solution</i>                                                                                                                                        | Generic         |                           |
| <i>eletriptan hydrobromide oral tablet</i>                                                                                                                                              | Generic         | PA; QL (9 EA per 30 days) |

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| <b>Drug</b>                                                                             | <b>Status</b> | <b>Notes</b>                       |
|-----------------------------------------------------------------------------------------|---------------|------------------------------------|
| <i>frovatriptan succinate oral tablet</i>                                               | Generic       | PA; QL (9 EA per 30 days)          |
| <i>isometheptene-dichloral-apap oral capsule</i>                                        | Generic       | QL (300 EA per 30 days)            |
| <b>MIGERGOT RECTAL SUPPOSITORY</b>                                                      | Generic       |                                    |
| <i>naratriptan hcl oral tablet</i>                                                      | Generic       | STPA; QL (9 EA per 30 days)        |
| <b>NODOLOR ORAL CAPSULE</b>                                                             | Generic       | QL (300 EA per 30 days)            |
| <i>rizatriptan benzoate oral tablet</i>                                                 | Generic       | QL (9 EA per 30 days)              |
| <i>rizatriptan benzoate oral tablet dispersible</i>                                     | Generic       | QL (9 EA per 30 days)              |
| <i>sumatriptan nasal solution</i>                                                       | Generic       | QL (6 Units per 30 days)           |
| <i>sumatriptan succinate oral tablet</i>                                                | Generic       | QL (9 EA per 30 days)              |
| <i>sumatriptan succinate refill subcutaneous solution cartridge</i>                     | Generic       | QL (4 EA per 30 days)              |
| <i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>                           | Generic       | QL (4 EA per 30 days)              |
| <i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i> | Generic       | QL (4 EA per 30 days)              |
| <i>sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml</i>         | Generic       | QL (4 EA per 30 days)              |
| <b>TOSYMRA NASAL SOLUTION</b>                                                           | Brand         | PA; QL (6 EA per 30 days)          |
| <i>zolmitriptan oral tablet</i>                                                         | Generic       | STPA; QL (9 EA per 30 days)        |
| <i>zolmitriptan oral tablet dispersible</i>                                             | Generic       | STPA; QL (9 EA per 30 days)        |
| <b>ZOMIG NASAL SOLUTION</b>                                                             | Brand         | PA; STPA; QL (6 Units per 30 days) |
| <b>*MINERALS &amp; ELECTROLYTES*</b>                                                    |               |                                    |
| <b>FLUOR-A-DAY ORAL SOLUTION</b>                                                        | Generic       |                                    |
| <b>FLURA-DROPS ORAL SOLUTION 0.55 (0.25 F) MG/DROP</b>                                  | Generic       |                                    |
| <b>PHOSPHA 250 NEUTRAL ORAL TABLET</b>                                                  | Generic       |                                    |
| <i>pot bicarb-pot chloride oral tablet effervescent</i>                                 | Generic       |                                    |
| <i>potassium bicarbonate oral tablet effervescent</i>                                   | Generic       |                                    |
| <i>potassium chloride crys er oral tablet extended release</i>                          | Generic       |                                    |
| <i>potassium chloride er oral capsule extended release</i>                              | Generic       |                                    |
| <i>potassium chloride er oral tablet extended release</i>                               | Generic       |                                    |
| <i>potassium chloride oral packet</i>                                                   | Generic       |                                    |

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| <b>Drug</b>                                                                  | <b>Status</b> | <b>Notes</b>               |
|------------------------------------------------------------------------------|---------------|----------------------------|
| <i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i> | Generic       |                            |
| <i>sodium fluoride oral solution</i>                                         | Generic       |                            |
| <i>sodium fluoride oral tablet 2.2 (1 f) mg</i>                              | Generic       |                            |
| <i>sodium fluoride oral tablet chewable</i>                                  | Generic       |                            |
| <b>*MIXED ALLERGENIC EXTRACTS***</b>                                         |               |                            |
| <b>ODACTRA SUBLINGUAL TABLET SUBLINGUAL</b>                                  | Brand         | PA; QL (30 EA per 30 days) |
| <b>ORALAIR SUBLINGUAL TABLET SUBLINGUAL</b>                                  | Brand         | PA; QL (30 EA per 30 days) |
| <b>*MONOBACTAMS***</b>                                                       |               |                            |
| <b>CAYSTON INHALATION SOLUTION RECONSTITUTED</b>                             | Brand         |                            |
| <b>*MOUTH/THROAT/DENTAL AGENTS*</b>                                          |               |                            |
| <i>cevimeline hcl oral capsule</i>                                           | Generic       |                            |
| <i>chlorhexidine gluconate mouth/throat solution</i>                         | Generic       |                            |
| <b>CLINPRO 5000 DENTAL PASTE</b>                                             | Generic       |                            |
| <i>clotrimazole mouth/throat lozenge</i>                                     | Generic       |                            |
| <i>clotrimazole mouth/throat troche</i>                                      | Generic       |                            |
| <b>DENTA 5000 PLUS DENTAL CREAM</b>                                          | Generic       |                            |
| <b>DENTAGEL DENTAL GEL</b>                                                   | Generic       |                            |
| <b>FLUORIDEX DAILY DEFENSE DENTAL GEL</b>                                    | Generic       |                            |
| <b>FLUORIDEX ENHANCED WHITENING DENTAL GEL</b>                               | Generic       |                            |
| <b>FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE</b>                             | Generic       |                            |
| <i>lidocaine viscous mouth/throat solution</i>                               | Generic       |                            |
| <i>nystatin mouth/throat suspension</i>                                      | Generic       |                            |
| <b>PAROEX MOUTH/THROAT SOLUTION</b>                                          | Generic       |                            |
| <b>PERIOGARD MOUTH/THROAT SOLUTION</b>                                       | Generic       |                            |
| <b>PHOS-FLUR DENTAL GEL</b>                                                  | Generic       |                            |
| <i>pilocarpine hcl oral tablet</i>                                           | Generic       |                            |
| <i>sf 5000 plus dental cream</i>                                             | Generic       |                            |
| <i>sf dental gel</i>                                                         | Generic       |                            |

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| Drug                                                                                     | Status  | Notes                          |
|------------------------------------------------------------------------------------------|---------|--------------------------------|
| <i>triamcinolone acetonide mouth/throat paste</i>                                        | Generic |                                |
| <b>*MULTIPLE SCLEROSIS AGENTS -<br/>ANTIMETABOLITES***</b>                               |         |                                |
| <b>MAVENCLAD (10 TABS) ORAL TABLET<br/>THERAPY PACK</b>                                  | Brand   | PA; SP; QL (10 EA per 30 days) |
| <b>MAVENCLAD (4 TABS) ORAL TABLET<br/>THERAPY PACK</b>                                   | Brand   | PA; SP; QL (10 EA per 30 days) |
| <b>MAVENCLAD (5 TABS) ORAL TABLET<br/>THERAPY PACK</b>                                   | Brand   | PA; SP; QL (10 EA per 30 days) |
| <b>MAVENCLAD (6 TABS) ORAL TABLET<br/>THERAPY PACK</b>                                   | Brand   | PA; SP; QL (10 EA per 30 days) |
| <b>MAVENCLAD (7 TABS) ORAL TABLET<br/>THERAPY PACK</b>                                   | Brand   | PA; SP; QL (10 EA per 30 days) |
| <b>MAVENCLAD (8 TABS) ORAL TABLET<br/>THERAPY PACK</b>                                   | Brand   | PA; SP; QL (10 EA per 30 days) |
| <b>MAVENCLAD (9 TABS) ORAL TABLET<br/>THERAPY PACK</b>                                   | Brand   | PA; SP; QL (10 EA per 30 days) |
| <b>*MULTIPLE VITAMINS &amp; FLUORIDE-<br/>FOLIC ACID***</b>                              |         |                                |
| <i>multivitamin/fluoride oral tablet chewable 0.25-<br/>0.3 mg, 0.5-0.3 mg, 1-0.3 mg</i> | Generic |                                |
| <b>*MULTIVITAMINS*</b>                                                                   |         |                                |
| <i>bp multinatal plus oral tablet chewable</i>                                           | Generic |                                |
| <i>daily multi oral tablet</i>                                                           | Brand   |                                |
| <b>ELITE-OB ORAL TABLET</b>                                                              | Generic |                                |
| <b>INATAL ADVANCE ORAL TABLET</b>                                                        | Generic |                                |
| <b>MULTI COMPLETE ORAL CAPSULE</b>                                                       | Generic |                                |
| <i>multi vitamin/fluoride oral tablet chewable</i>                                       | Brand   |                                |
| <i>multi vitamin/minerals oral tablet</i>                                                | Generic |                                |
| <i>multi-vit/fluoride oral solution</i>                                                  | Generic |                                |
| <i>multi-vit/fluoride/iron oral solution</i>                                             | Generic |                                |
| <i>multivitamin/fluoride oral tablet chewable 0.25<br/>mg, 0.5 mg, 1 mg</i>              | Generic |                                |
| <i>multi-vitamin/fluoride oral tablet chewable 0.5<br/>mg</i>                            | Brand   |                                |
| <i>mynephrocaps oral capsule</i>                                                         | Generic |                                |
| <i>prenatabs fa oral tablet</i>                                                          | Generic |                                |

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|---------------------------------------------------------------------|-----------------|-------------------------------|
| <i>prenatal 19 oral tablet</i>                                      | Generic         |                               |
| <i>prenatal 19 oral tablet chewable</i>                             | Generic         |                               |
| <i>prenatal oral tablet 27-0.8 mg</i>                               | Generic         |                               |
| <b>RENAL ORAL CAPSULE</b>                                           | Generic         |                               |
| <b>TRINATE ORAL TABLET</b>                                          | Generic         |                               |
| <i>tri-vit/fluoride/iron oral solution</i>                          | Brand           |                               |
| <i>tri-vitamin/fluoride oral solution</i>                           | Generic         |                               |
| <i>weight loss daily multi oral tablet</i>                          | Generic         |                               |
| <b>*MUSCULAR DYSTROPHY AGENTS***</b>                                |                 |                               |
| <b>EXONDYS 51 INTRAVENOUS SOLUTION</b>                              | Medical Benefit | PA                            |
| <b>VYONDYS 53 INTRAVENOUS SOLUTION</b>                              | Medical Benefit | PA                            |
| <b>*MUSCULOSKELETAL THERAPY AGENTS*</b>                             |                 |                               |
| <i>baclofen oral tablet</i>                                         | Generic         |                               |
| <i>carisoprodol oral tablet 350 mg</i>                              | Generic         |                               |
| <i>carisoprodol-aspirin oral tablet</i>                             | Generic         |                               |
| <i>chlorzoxazone oral tablet 500 mg</i>                             | Generic         |                               |
| <i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>                  | Generic         |                               |
| <i>dantrolene sodium oral capsule</i>                               | Generic         |                               |
| <b>EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE</b>          | Medical Benefit | PA                            |
| <i>metaxalone oral tablet 800 mg</i>                                | Generic         | STPA; QL (120 EA per 30 days) |
| <i>methocarbamol oral tablet</i>                                    | Generic         |                               |
| <i>orphenadrine citrate er oral tablet extended release 12 hour</i> | Generic         |                               |
| <b>OZOBAX ORAL SOLUTION</b>                                         | Brand           | PA                            |
| <i>tizanidine hcl oral tablet</i>                                   | Generic         |                               |
| <b>*NASAL AGENTS - SYSTEMIC AND TOPICAL*</b>                        |                 |                               |
| <i>azelastine hcl nasal solution 0.1 %</i>                          | Brand           |                               |
| <b>BECONASE AQ NASAL SUSPENSION</b>                                 | Brand           | PA                            |
| <i>budesonide nasal suspension</i>                                  | Generic         |                               |
| <b>FLONASE SENSIMIST NASAL SUSPENSION</b>                           | Brand           | PA                            |
| <i>flunisolide nasal solution 25 mcg/act (0.025%)</i>               | Generic         | PA                            |

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| Drug                                                                         | Status          | Notes |
|------------------------------------------------------------------------------|-----------------|-------|
| <i>fluticasone propionate nasal suspension</i>                               | Generic         |       |
| <i>ipratropium bromide nasal solution</i>                                    | Generic         |       |
| <i>mometasone furoate nasal suspension</i>                                   | Generic         | PA    |
| <b>OMNARIS NASAL SUSPENSION</b>                                              | Brand           | PA    |
| <i>pseudoephedrine hcl oral tablet 60 mg</i>                                 | Generic         |       |
| <b>QNASL CHILDRENS NASAL AEROSOL SOLUTION</b>                                | Brand           | PA    |
| <b>QNASL NASAL AEROSOL SOLUTION</b>                                          | Brand           | PA    |
| <i>triamcinolone acetonide nasal aerosol</i>                                 | Generic         |       |
| <b>VERAMYST NASAL SUSPENSION</b>                                             | Brand           | PA    |
| <b>ZETONNA NASAL AEROSOL SOLUTION</b>                                        | Brand           | PA    |
| <b>*NEPRILYSIN INHIB (ARNI)-<br/>ANGIOTENSIN II RECEPT ANTAG<br/>COMB***</b> |                 |       |
| <b>ENTRESTO ORAL TABLET</b>                                                  | Brand           | PA    |
| <b>*NEUROGENIC ORTHOSTATIC<br/>HYPOTENSION (NOH) - AGENTS***</b>             |                 |       |
| <b>NORTHERA ORAL CAPSULE</b>                                                 | Brand           | PA    |
| <b>*NEUROMUSCULAR AGENTS*</b>                                                |                 |       |
| <b>BOTOX INJECTION SOLUTION<br/>RECONSTITUTED</b>                            | Medical Benefit | PA    |
| <b>DYSPORT INTRAMUSCULAR SOLUTION<br/>RECONSTITUTED</b>                      | Medical Benefit | PA    |
| <b>MYOBLOC INTRAMUSCULAR SOLUTION</b>                                        | Medical Benefit | PA    |
| <i>riluzole oral tablet</i>                                                  | Generic         |       |
| <b>TIGLUTIK ORAL SUSPENSION</b>                                              | Brand           |       |
| <b>XEOMIN INTRAMUSCULAR SOLUTION<br/>RECONSTITUTED</b>                       | Medical Benefit | PA    |
| <b>*N-METHYL-D-ASPARTIC ACID (NMDA)<br/>RECEPTOR ANTAGONISTS***</b>          |                 |       |
| <b>SPRAVATO (56 MG DOSE) NASAL<br/>SOLUTION THERAPY PACK</b>                 | Medical Benefit | PA    |
| <b>SPRAVATO (84 MG DOSE) NASAL<br/>SOLUTION THERAPY PACK</b>                 | Medical Benefit | PA    |
| <b>*NUTRIENTS*</b>                                                           |                 |       |
| <b>DOJOLVI ORAL LIQUID</b>                                                   | Brand           | PA    |

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|---------------------------------------------------------------------|---------------|-------------------------|
| <i>n-acetyl-l-cysteine oral capsule</i>                             | Generic       |                         |
| <b>NUTRESTORE ORAL PACKET</b>                                       | Brand         | PA                      |
| <b>*OPHTHALMIC AGENTS*</b>                                          |               |                         |
| <b>ALOCRIAL OPHTHALMIC SOLUTION</b>                                 | Brand         | PA                      |
| <b>ALOMIDE OPHTHALMIC SOLUTION</b>                                  | Brand         | PA                      |
| <b>ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %</b>                         | Brand         | PA                      |
| <i>atropine sulfate ophthalmic solution 1 %</i>                     | Generic       |                         |
| <i>azelastine hcl ophthalmic solution</i>                           | Generic       | PA                      |
| <b>AZOPT OPHTHALMIC SUSPENSION</b>                                  | Brand         | PA                      |
| <i>bacitracin ophthalmic ointment</i>                               | Generic       |                         |
| <i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i> | Generic       |                         |
| <i>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i>            | Generic       |                         |
| <b>BEPREVE OPHTHALMIC SOLUTION</b>                                  | Brand         | PA                      |
| <i>betaxolol hcl ophthalmic solution</i>                            | Generic       |                         |
| <i>bimatoprost ophthalmic solution</i>                              | Generic       | PA                      |
| <i>brimonidine tartrate ophthalmic solution 0.15 %</i>              | Generic       | PA                      |
| <i>bromfenac sodium (once-daily) ophthalmic solution</i>            | Generic       |                         |
| <i>bromfenac sodium ophthalmic solution</i>                         | Generic       |                         |
| <i>carteolol hcl ophthalmic solution</i>                            | Generic       |                         |
| <b>CEQUA OPHTHALMIC SOLUTION</b>                                    | Brand         | PA; QL (2 EA per 1 day) |
| <i>ciprofloxacin hcl ophthalmic solution</i>                        | Generic       |                         |
| <b>COMBIGAN OPHTHALMIC SOLUTION</b>                                 | Brand         | PA                      |
| <i>cromolyn sodium ophthalmic solution</i>                          | Generic       |                         |
| <i>cyclopentolate hcl ophthalmic solution 0.5 %</i>                 | Generic       | QL (15 ML per 30 days)  |
| <i>cyclopentolate hcl ophthalmic solution 1 %, 2 %</i>              | Generic       | QL (2 ML per 30 days)   |
| <i>dexamethasone sodium phosphate ophthalmic solution</i>           | Generic       |                         |
| <i>diclofenac sodium ophthalmic solution</i>                        | Generic       |                         |
| <i>dorzolamide hcl ophthalmic solution</i>                          | Generic       |                         |
| <i>dorzolamide hcl-timolol mal ophthalmic solution</i>              | Generic       |                         |
| <b>EMADINE OPHTHALMIC SOLUTION</b>                                  | Brand         | PA                      |

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|--------------------------------------------------------------------------|---------------|--------------|
| <i>epinastine hcl ophthalmic solution</i>                                | Generic       | PA           |
| <i>erythromycin ophthalmic ointment</i>                                  | Generic       |              |
| <i>fluorometholone ophthalmic suspension</i>                             | Generic       |              |
| <i>flurbiprofen sodium ophthalmic solution</i>                           | Generic       |              |
| <i>gatifloxacin ophthalmic solution</i>                                  | Generic       |              |
| <i>gentamicin sulfate ophthalmic ointment</i>                            | Generic       |              |
| <i>gentamicin sulfate ophthalmic solution</i>                            | Generic       |              |
| <b>HOMATROPAIRE OPHTHALMIC SOLUTION</b>                                  | Generic       |              |
| <i>homatropine hbr ophthalmic solution</i>                               | Generic       |              |
| <b>INVELTYS OPHTHALMIC SUSPENSION</b>                                    | Brand         | PA           |
| <i>ketorolac tromethamine ophthalmic solution</i>                        | Generic       |              |
| <i>ketotifen fumarate ophthalmic solution</i>                            | Generic       |              |
| <b>LASTACFT OPHTHALMIC SOLUTION</b>                                      | Brand         | PA           |
| <i>latanoprost ophthalmic solution</i>                                   | Generic       |              |
| <i>levobunolol hcl ophthalmic solution 0.5 %</i>                         | Generic       |              |
| <i>levofloxacin ophthalmic solution</i>                                  | Generic       |              |
| <b>LOTEMAX SM OPHTHALMIC GEL</b>                                         | Brand         | PA           |
| <b>LUMIGAN OPHTHALMIC SOLUTION 0.01 %</b>                                | Brand         | PA           |
| <i>metipranolol ophthalmic solution</i>                                  | Generic       |              |
| <i>moxifloxacin hcl (2x day) ophthalmic solution</i>                     | Generic       |              |
| <i>naphazoline hcl ophthalmic solution</i>                               | Generic       |              |
| <i>neomycin-polymyxin-dexameth ophthalmic ointment</i>                   | Generic       |              |
| <i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>   | Generic       |              |
| <i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i> | Generic       |              |
| <i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>           | Generic       |              |
| <b>NEO-POLYCIN HC OPHTHALMIC OINTMENT</b>                                | Generic       |              |
| <b>NEO-POLYCIN OPHTHALMIC OINTMENT</b>                                   | Generic       |              |
| <i>ofloxacin ophthalmic solution</i>                                     | Generic       |              |

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|----------------------------------------------------------|---------------|----------------------------|
| <i>olopatadine hcl ophthalmic solution</i>               | Generic       | PA                         |
| <i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i> | Generic       |                            |
| <i>polymyxin b-trimethoprim ophthalmic solution</i>      | Generic       |                            |
| <i>polyvinyl alcohol ophthalmic solution</i>             | Generic       |                            |
| <i>prednisolone acetate ophthalmic suspension</i>        | Generic       |                            |
| <i>proparacaine hcl ophthalmic solution</i>              | Generic       |                            |
| <b>RESCULA OPHTHALMIC SOLUTION</b>                       | Brand         | PA                         |
| <b>RESTASIS OPHTHALMIC EMULSION</b>                      | Brand         | PA; QL (60 EA per 30 days) |
| <b>SIMBRINZA OPHTHALMIC SUSPENSION</b>                   | Brand         | PA                         |
| <i>sulfacetamide sodium ophthalmic ointment</i>          | Generic       |                            |
| <i>sulfacetamide sodium ophthalmic solution</i>          | Generic       |                            |
| <i>sulfacetamide-prednisolone ophthalmic solution</i>    | Generic       |                            |
| <i>timolol maleate ophthalmic gel forming solution</i>   | Generic       |                            |
| <i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i> | Generic       |                            |
| <i>tobramycin ophthalmic solution</i>                    | Generic       |                            |
| <i>tobramycin-dexamethasone ophthalmic suspension</i>    | Generic       |                            |
| <b>TRAVATAN Z OPHTHALMIC SOLUTION</b>                    | Brand         | PA                         |
| <i>trifluridine ophthalmic solution</i>                  | Generic       |                            |
| <i>tropicamide ophthalmic solution</i>                   | Generic       |                            |
| <b>VYZULTA OPHTHALMIC SOLUTION</b>                       | Brand         | PA                         |
| <b>XELPROS OPHTHALMIC EMULSION</b>                       | Brand         | PA                         |
| <b>ZIOPTAN OPHTHALMIC SOLUTION</b>                       | Brand         | PA                         |
| <b>ZIRGAN OPHTHALMIC GEL</b>                             | Brand         | PA                         |
| <b>*OPHTHALMIC NERVE GROWTH FACTORS***</b>               |               |                            |
| <b>OXERVATE OPHTHALMIC SOLUTION</b>                      | Brand         | PA                         |
| <b>*OPHTHALMIC RHO KINASE INHIBITORS***</b>              |               |                            |
| <b>RHOPRESSA OPHTHALMIC SOLUTION</b>                     | Brand         | PA                         |
| <b>*OREXIN RECEPTOR ANTAGONISTS***</b>                   |               |                            |
| <b>BELSOMRA ORAL TABLET</b>                              | Brand         | PA                         |
| <b>DAYVIGO ORAL TABLET</b>                               | Brand         | PA                         |

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| Drug                                                                                     | Status          | Notes  |
|------------------------------------------------------------------------------------------|-----------------|--------|
| <b>*OTIC AGENTS*</b>                                                                     |                 |        |
| <b>ACETASOL HC OTIC SOLUTION</b>                                                         | Generic         |        |
| <i>acetic acid otic solution</i>                                                         | Generic         |        |
| <i>acetic acid-aluminum acetate otic solution</i>                                        | Generic         |        |
| <i>antipyrine-benzocaine otic solution 5.4-1.4 %, 54-14 mg/ml</i>                        | Generic         |        |
| <b>CORTISPORIN-TC OTIC SUSPENSION</b>                                                    | Brand           | PA     |
| <i>fluocinolone acetonide otic oil</i>                                                   | Generic         |        |
| <i>hydrocortisone-acetic acid otic solution</i>                                          | Generic         |        |
| <i>neomycin-polymyxin-hc otic solution</i>                                               | Generic         |        |
| <i>neomycin-polymyxin-hc otic suspension</i>                                             | Generic         |        |
| <i>ofloxacin otic solution</i>                                                           | Generic         |        |
| <i>otic care otic solution</i>                                                           | Generic         |        |
| <b>*OXYTOCICS*</b>                                                                       |                 |        |
| <i>methylergonovine maleate oral tablet</i>                                              | Generic         |        |
| <b>*PASSIVE IMMUNIZING AGENTS - COMBINATIONS***</b>                                      |                 |        |
| Hyqvia Subcutaneous Kit                                                                  | MB/RX           | PA; SP |
| <b>*PASSIVE IMMUNIZING AGENTS*</b>                                                       |                 |        |
| Asceniv Intravenous Solution                                                             | MB/RX           | PA; SP |
| <b>BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML</b>                                          | Medical Benefit | PA     |
| <b>CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED 12 GM, 6 GM</b>                        | Medical Benefit | PA     |
| <b>CUTAQUIG SUBCUTANEOUS SOLUTION</b>                                                    | Medical Benefit | PA     |
| Cuvitru Subcutaneous Solution 1 GM/5ML, 2 GM/10ML, 4 GM/20ML, 8 GM/40ML                  | MB/RX           | PA     |
| <b>FLEBOGAMMA DIF INTRAVENOUS SOLUTION</b>                                               | Medical Benefit | PA     |
| <b>GAMASTAN S/D INTRAMUSCULAR INJECTABLE</b>                                             | Medical Benefit | PA     |
| Gammagard Injection Solution 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 30 GM/300ML, 5 GM/50ML | MB/RX           | PA     |
| Gammagard Injection Solution 20 GM/200ML                                                 | MB/RX           | PA; SP |

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| <b>Drug</b>                                                                                                                                      | <b>Status</b>   | <b>Notes</b>                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------------------------------|
| <b>GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED</b>                                                                                 | Medical Benefit | PA                                                 |
| <b>GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML</b>                                                                | Medical Benefit | PA                                                 |
| <b>GAMMAPLEX INTRAVENOUS SOLUTION 5 GM/50ML</b>                                                                                                  | Medical Benefit | PA                                                 |
| <b>GAMUNEX-C INJECTION SOLUTION</b>                                                                                                              | Medical Benefit | PA                                                 |
| Hizentra Subcutaneous Solution 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML                                                                        | MB/RX           | PA; SP                                             |
| Hizentra Subcutaneous Solution Prefilled Syringe                                                                                                 | MB/RX           | PA; SP                                             |
| <b>OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML, 5 GM/100ML, 5 GM/50ML</b> | Medical Benefit | PA                                                 |
| Panzyga Intravenous Solution                                                                                                                     | MB/RX           | PA                                                 |
| <b>PRIVIGEN INTRAVENOUS SOLUTION</b>                                                                                                             | Medical Benefit | PA                                                 |
| <b>SYNAGIS INTRAMUSCULAR SOLUTION</b>                                                                                                            | Medical Benefit | PA                                                 |
| <b>XEMBIFY SUBCUTANEOUS SOLUTION</b>                                                                                                             | Medical Benefit | PA; SP                                             |
| <b>*PCSK9 INHIBITORS***</b>                                                                                                                      |                 |                                                    |
| <b>REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE</b>                                                                                 | Brand           | PA; # (Preferred product); QL (3.5 ML per 28 days) |
| <b>REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>                                                                                           | Brand           | PA; # (Preferred product); QL (2 ML per 28 days)   |
| <b>REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>                                                                                     | Brand           | PA; # (Preferred product); QL (2 ML per 28 days)   |
| <b>*PENICILLINS*</b>                                                                                                                             |                 |                                                    |
| <i>amoxicillin oral capsule</i>                                                                                                                  | Generic         |                                                    |
| <i>amoxicillin oral suspension reconstituted</i>                                                                                                 | Generic         |                                                    |
| <i>amoxicillin oral tablet</i>                                                                                                                   | Generic         |                                                    |
| <i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>                                                                                           | Generic         |                                                    |
| <i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour</i>                                                                       | Generic         |                                                    |
| <i>amoxicillin-pot clavulanate oral suspension reconstituted</i>                                                                                 | Generic         |                                                    |
| <i>amoxicillin-pot clavulanate oral tablet</i>                                                                                                   | Generic         |                                                    |

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|-----------------------------------------------------------------|-----------------|---------------------------------|
| <i>amoxicillin-pot clavulanate oral tablet chewable</i>         | Generic         |                                 |
| <i>ampicillin oral capsule</i>                                  | Generic         |                                 |
| <i>ampicillin oral suspension reconstituted</i>                 | Generic         |                                 |
| <i>dicloxacillin sodium oral capsule</i>                        | Generic         |                                 |
| <i>penicillin g procaine intramuscular suspension</i>           | Generic         |                                 |
| <i>penicillin v potassium oral solution reconstituted</i>       | Generic         |                                 |
| <i>penicillin v potassium oral tablet</i>                       | Generic         |                                 |
| <b>*PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS***</b>      |                 |                                 |
| <b>ALIQOPA INTRAVENOUS SOLUTION RECONSTITUTED</b>               | Medical Benefit |                                 |
| <b>COPIKTRA ORAL CAPSULE</b>                                    | Brand           | PA                              |
| <b>PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK</b>      | Brand           | PA; SP                          |
| <b>PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK</b>      | Brand           | PA; SP                          |
| <b>PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK</b>      | Brand           | PA; SP                          |
| <b>ZYDELIG ORAL TABLET</b>                                      | Brand           | PA                              |
| <b>*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS***</b>                |                 |                                 |
| <b>OTEZLA ORAL TABLET</b>                                       | Brand           | PA; SP; QL (60 EA per 30 days)  |
| <b>OTEZLA ORAL TABLET THERAPY PACK</b>                          | Brand           | PA; SP; QL (60 EA per 30 days)  |
| <b>*PLASMA KALLIKREIN INHIBITORS - MONOCLONAL ANTIBODIES***</b> |                 |                                 |
| <b>TAKHZYRO SUBCUTANEOUS SOLUTION</b>                           | Brand           | PA                              |
| <b>*PLEUROMUTILINS***</b>                                       |                 |                                 |
| <b>XENLETA ORAL TABLET</b>                                      | Brand           | PA                              |
| <b>*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS**</b>        |                 |                                 |
| <b>LYNPARZA ORAL CAPSULE</b>                                    | Brand           | PA                              |
| <b>LYNPARZA ORAL TABLET</b>                                     | Brand           | PA                              |
| <b>RUBRACA ORAL TABLET 200 MG, 300 MG</b>                       | Brand           | PA; SP; QL (120 EA per 30 days) |
| <b>RUBRACA ORAL TABLET 250 MG</b>                               | Brand           | PA; QL (120 EA per 30 days)     |
| <b>TALZENNA ORAL CAPSULE</b>                                    | Brand           | PA; SP                          |
| <b>ZEJULA ORAL CAPSULE</b>                                      | Brand           | PA                              |

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|-----------------------------------------------------------------|---------|------------------------------------------------------|
| <b>*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS***</b>       |         |                                                      |
| LYNPARZA ORAL CAPSULE                                           | Brand   | PA                                                   |
| LYNPARZA ORAL TABLET                                            | Brand   | PA                                                   |
| RUBRACA ORAL TABLET 200 MG, 300 MG                              | Brand   | PA; SP; QL (120 EA per 30 days)                      |
| RUBRACA ORAL TABLET 250 MG                                      | Brand   | PA; QL (120 EA per 30 days)                          |
| TALZENNA ORAL CAPSULE                                           | Brand   | PA; SP                                               |
| ZEJULA ORAL CAPSULE                                             | Brand   | PA                                                   |
| <b>*POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS***</b> |         |                                                      |
| GRALISE ORAL TABLET                                             | Brand   | PA; QL (90 EA per 30 days)                           |
| GRALISE STARTER ORAL                                            | Brand   | PA                                                   |
| LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR                  | Brand   | PA; QL (30 EA per 30 days)                           |
| <b>*POTASSIUM REMOVING AGENTS***</b>                            |         |                                                      |
| KIONEX ORAL POWDER                                              | Generic |                                                      |
| KIONEX ORAL SUSPENSION                                          | Generic |                                                      |
| LOKELMA ORAL PACKET                                             | Brand   | PA                                                   |
| <i>sodium polystyrene sulfonate oral powder</i>                 | Generic |                                                      |
| <i>sodium polystyrene sulfonate oral suspension</i>             | Generic |                                                      |
| <i>sodium polystyrene sulfonate rectal suspension</i>           | Generic |                                                      |
| SPS ORAL SUSPENSION                                             | Generic |                                                      |
| VELTASSA ORAL PACKET                                            | Brand   | PA                                                   |
| <b>*PROGESTINS*</b>                                             |         |                                                      |
| HYDROXYprogesterone Caproate Intramuscular Oil                  | MB/RX   | ¥ (Single Dose Vial Preferred); QL (1 ML per 7 days) |
| <i>medroxyprogesterone acetate oral tablet</i>                  | Generic |                                                      |
| <i>megestrol acetate oral suspension 625 mg/5ml</i>             | Generic |                                                      |
| <i>norethindrone acetate oral tablet</i>                        | Generic |                                                      |
| <i>progesterone intramuscular oil</i>                           | Generic | PA                                                   |
| <i>progesterone micronized oral capsule</i>                     | Generic |                                                      |
| <i>progesterone micronized transdermal cream</i>                | Generic |                                                      |
| <b>*PROTEASE-ACTIVATED RECEPTOR-1 (PAR-1) ANTAGONISTS***</b>    |         |                                                      |
| ZONTIVITY ORAL TABLET                                           | Brand   | PA                                                   |

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|----------------------------------------------------------------------------|---------|------------------------------------------------------------------|
| <b>*PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.*</b>                 |         |                                                                  |
| <i>acamprosate calcium oral tablet delayed release</i>                     | Generic | ¥ (Can be filled for up to a 90 day supply); QL (6 EA per 1 day) |
| <b>AUBAGIO ORAL TABLET</b>                                                 | Brand   | SP; QL (30 EA per 30 days)                                       |
| <b>AUSTEDO ORAL TABLET 12 MG</b>                                           | Brand   | PA; QL (4 EA per 1 day)                                          |
| <b>AUSTEDO ORAL TABLET 6 MG, 9 MG</b>                                      | Brand   | PA; QL (2 EA per 1 day)                                          |
| <b>AVONEX INTRAMUSCULAR KIT</b>                                            | Brand   | SP                                                               |
| <b>AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT</b>                          | Brand   | SP                                                               |
| <b>AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT</b>                | Brand   | SP                                                               |
| <b>BAFIERTAM ORAL CAPSULE DELAYED RELEASE</b>                              | Brand   |                                                                  |
| <b>BETASERON SUBCUTANEOUS KIT</b>                                          | Brand   | SP                                                               |
| <b>BETASERON SUBCUTANEOUS SOLUTION RECONSTITUTED</b>                       | Brand   | SP                                                               |
| <i>bupropion hcl er (smoking det) oral tablet extended release 12 hour</i> | Generic |                                                                  |
| <b>CHANTIX CONTINUING MONTH PAK ORAL TABLET</b>                            | Brand   | PA; QL (60 EA per 30 days)                                       |
| <b>CHANTIX ORAL TABLET</b>                                                 | Brand   | PA; QL (60 EA per 30 days)                                       |
| <b>CHANTIX STARTING MONTH PAK ORAL TABLET</b>                              | Brand   | PA; QL (60 EA per 30 days)                                       |
| <i>dalfampridine er oral tablet extended release 12 hour</i>               | Generic | PA; SP; QL (60 EA per 30 days)                                   |
| <i>dimethyl fumarate oral capsule delayed release</i>                      | Generic | SP; QL (60 EA per 30 days)                                       |
| <i>dimethyl fumarate starter pack oral</i>                                 | Generic | SP; QL (60 EA per 30 days)                                       |
| <i>disulfiram oral tablet</i>                                              | Generic |                                                                  |
| <i>donepezil hcl oral tablet 10 mg, 5 mg</i>                               | Generic | ¥ (Can be filled for up to a 90 day supply)                      |
| <i>donepezil hcl oral tablet dispersible</i>                               | Generic | ¥ (Can be filled for up to a 90 day supply)                      |
| <i>eq nicotine mouth/throat gum 4 mg</i>                                   | Generic |                                                                  |
| <i>eq nicotine mouth/throat lozenge</i>                                    | Generic |                                                                  |
| <i>eq nicotine polacrilex mouth/throat gum</i>                             | Generic |                                                                  |
| <i>eq nicotine polacrilex mouth/throat lozenge</i>                         | Generic |                                                                  |

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| <b>Drug</b>                                                              | <b>Status</b>   | <b>Notes</b>                                |
|--------------------------------------------------------------------------|-----------------|---------------------------------------------|
| <i>eq nicotine step 3 transdermal patch 24 hour</i>                      | Generic         |                                             |
| <i>eq nicotine transdermal patch 24 hour</i>                             | Generic         |                                             |
| <i>eql nicotine polacrilex mouth/throat gum</i>                          | Generic         |                                             |
| <i>eql nicotine polacrilex mouth/throat lozenge</i>                      | Generic         |                                             |
| <i>eql nicotine transdermal patch 24 hour</i>                            | Generic         |                                             |
| <i>ergoloid mesylates oral tablet</i>                                    | Generic         |                                             |
| <b>EXTAVIA SUBCUTANEOUS KIT</b>                                          | Brand           |                                             |
| <i>fluoxetine hcl (pmdd) oral capsule</i>                                | Generic         | PA                                          |
| <i>fluoxetine hcl (pmdd) oral tablet</i>                                 | Generic         | PA                                          |
| <i>galantamine hydrobromide er oral capsule extended release 24 hour</i> | Generic         | ¥ (Can be filled for up to a 90 day supply) |
| <i>galantamine hydrobromide oral solution</i>                            | Generic         | ¥ (Can be filled for up to a 90 day supply) |
| <i>galantamine hydrobromide oral tablet</i>                              | Generic         | ¥ (Can be filled for up to a 90 day supply) |
| <b>GILENYA ORAL CAPSULE</b>                                              | Brand           | SP; QL (30 EA per 30 days)                  |
| <i>glatiramer acetate subcutaneous solution prefilled syringe</i>        | Generic         | SP                                          |
| <b>GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML</b>          | Generic         |                                             |
| <i>gnp nicotine mini mouth/throat lozenge</i>                            | Generic         |                                             |
| <i>gnp nicotine polacrilex mouth/throat gum</i>                          | Generic         |                                             |
| <i>gnp nicotine polacrilex mouth/throat lozenge</i>                      | Generic         |                                             |
| <b>GRALISE ORAL TABLET</b>                                               | Brand           | PA; QL (90 EA per 30 days)                  |
| <b>GRALISE STARTER ORAL</b>                                              | Brand           | PA                                          |
| <i>hm nicotine polacrilex mouth/throat gum</i>                           | Generic         |                                             |
| <i>hm nicotine polacrilex mouth/throat lozenge</i>                       | Generic         |                                             |
| <i>hm nicotine transdermal patch 24 hour 21 mg/24hr, 7 mg/24hr</i>       | Generic         |                                             |
| <b>HORIZANT ORAL TABLET EXTENDED RELEASE</b>                             | Brand           | PA; QL (60 EA per 30 days)                  |
| <b>INGREZZA ORAL CAPSULE</b>                                             | Brand           | PA; QL (1 EA per 1 day)                     |
| <b>INGREZZA ORAL CAPSULE THERAPY PACK</b>                                | Brand           | PA; QL (1 EA per 1 day)                     |
| <b>LEMTRADA INTRAVENOUS SOLUTION</b>                                     | Medical Benefit | PA                                          |

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|---------------------------------------------------------------|-----------------|---------------------------------------------|
| <b>LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR</b>         | Brand           | PA; QL (30 EA per 30 days)                  |
| <b>MAYZENT ORAL TABLET 0.25 MG</b>                            | Brand           | SP; QL (120 EA per 30 days)                 |
| <b>MAYZENT ORAL TABLET 2 MG</b>                               | Brand           | SP; QL (30 EA per 30 days)                  |
| <i>memantine hcl er oral capsule extended release 24 hour</i> | Generic         | ¥ (Can be filled for up to a 90 day supply) |
| <i>memantine hcl oral solution 2 mg/ml</i>                    | Generic         | ¥ (Can be filled for up to a 90 day supply) |
| <i>memantine hcl oral tablet</i>                              | Generic         | ¥ (Can be filled for up to a 90 day supply) |
| <b>NICORELIEF MOUTH/THROAT GUM</b>                            | Generic         |                                             |
| <i>nicotine mini mouth/throat lozenge</i>                     | Generic         |                                             |
| <i>nicotine polacrilex mouth/throat gum</i>                   | Generic         |                                             |
| <i>nicotine polacrilex mouth/throat lozenge</i>               | Generic         |                                             |
| <i>nicotine step 1 transdermal patch 24 hour</i>              | Generic         |                                             |
| <i>nicotine step 2 transdermal patch 24 hour</i>              | Generic         |                                             |
| <i>nicotine step 3 transdermal patch 24 hour</i>              | Generic         |                                             |
| <i>nicotine transdermal patch 24 hour</i>                     | Generic         |                                             |
| <b>NICOTROL INHALATION INHALER</b>                            | Brand           | PA                                          |
| <b>NICOTROL NS NASAL SOLUTION</b>                             | Brand           | PA                                          |
| <b>NUEDEXTA ORAL CAPSULE</b>                                  | Brand           | PA                                          |
| <b>OCREVUS INTRAVENOUS SOLUTION</b>                           | Medical Benefit | PA                                          |
| <i>olanzapine-fluoxetine hcl oral capsule</i>                 | Generic         | PA; QL (30 EA per 30 days)                  |
| <i>pimozide oral tablet</i>                                   | Generic         | PA                                          |
| <i>qc nicotine polacrilex mouth/throat gum</i>                | Generic         |                                             |
| <i>ra mini nicotine mouth/throat lozenge</i>                  | Generic         |                                             |
| <i>ra nicotine mouth/throat gum</i>                           | Generic         |                                             |
| <i>ra nicotine polacrilex mouth/throat gum</i>                | Generic         |                                             |
| <i>ra nicotine polacrilex mouth/throat lozenge</i>            | Generic         |                                             |
| <i>ra nicotine transdermal patch 24 hour</i>                  | Generic         |                                             |
| <b>REBIF REBIDOSE SUBCUTANEOUS SOLUTION</b>                   | Brand           | SP                                          |
| <b>REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>     | Brand           | SP                                          |
| <b>REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION</b>    | Brand           | SP                                          |

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|--------------------------------------------------------------------------|-----------------|---------------------------------------------|
| <b>REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b> | Brand           | SP                                          |
| <b>REBIF SUBCUTANEOUS SOLUTION</b>                                       | Brand           | SP                                          |
| <b>REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>                     | Brand           | SP                                          |
| <b>REBIF TITRATION PACK SUBCUTANEOUS SOLUTION</b>                        | Brand           | SP                                          |
| <b>REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>      | Brand           | SP                                          |
| <i>rivastigmine tartrate oral capsule</i>                                | Generic         | ¥ (Can be filled for up to a 90 day supply) |
| <i>rivastigmine transdermal patch 24 hour</i>                            | Generic         | ¥ (Can be filled for up to a 90 day supply) |
| <b>SAVELLA ORAL TABLET</b>                                               | Brand           | STPA; QL (60 EA per 30 days)                |
| <b>SAVELLA TITRATION PACK ORAL</b>                                       | Brand           | STPA; QL (60 EA per 30 days)                |
| <i>sr nicotine mouth/throat gum</i>                                      | Generic         |                                             |
| <i>tetrabenazine oral tablet 12.5 mg</i>                                 | Brand           | SP; QL (3 EA per 1 day)                     |
| <i>tetrabenazine oral tablet 25 mg</i>                                   | Brand           | SP; QL (4 EA per 1 day)                     |
| <i>tgt nicotine mouth/throat gum</i>                                     | Generic         |                                             |
| <i>tgt nicotine polacrilex mouth/throat gum</i>                          | Generic         |                                             |
| <i>tgt nicotine polacrilex mouth/throat lozenge</i>                      | Generic         |                                             |
| <i>tgt nicotine step one transdermal patch 24 hour</i>                   | Generic         |                                             |
| <i>tgt nicotine step three transdermal patch 24 hour</i>                 | Generic         |                                             |
| <i>tgt nicotine step two transdermal patch 24 hour</i>                   | Generic         |                                             |
| <b>TYSABRI INTRAVENOUS CONCENTRATE</b>                                   | Medical Benefit |                                             |
| <b>VUMERITY (STARTER) ORAL CAPSULE DELAYED RELEASE</b>                   | Brand           |                                             |
| <b>VUMERITY ORAL CAPSULE DELAYED RELEASE</b>                             | Brand           |                                             |
| <b>XYREM ORAL SOLUTION</b>                                               | Brand           | PA                                          |
| <b>ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK</b>              | Brand           |                                             |
| <b>ZEPOSIA ORAL CAPSULE</b>                                              | Brand           |                                             |
| <b>ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK</b>                     | Brand           |                                             |

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|-------------------------------------------------------------------|-----------------|--------------------------------|
| <b>*PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS***</b>          |                 |                                |
| OFEV ORAL CAPSULE                                                 | Brand           | QL (60 EA per 30 days)         |
| <b>*PULMONARY FIBROSIS AGENTS***</b>                              |                 |                                |
| ESBRIET ORAL CAPSULE                                              | Brand           | SP; QL (270 EA per 30 days)    |
| ESBRIET ORAL TABLET                                               | Brand           | SP; QL (270 EA per 30 days)    |
| <b>*PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST***</b> |                 |                                |
| UPTRAVI ORAL TABLET                                               | Brand           | PA; SP                         |
| UPTRAVI ORAL TABLET THERAPY PACK                                  | Brand           | PA; SP                         |
| <b>*RESPIRATORY AGENTS - MISC.*</b>                               |                 |                                |
| KALYDECO ORAL PACKET 25 MG                                        | Brand           | PA; SP; QL (56 EA per 28 days) |
| KALYDECO ORAL PACKET 50 MG, 75 MG                                 | Brand           | PA; SP; QL (60 EA per 30 days) |
| KALYDECO ORAL TABLET                                              | Brand           | PA; SP; QL (60 EA per 30 days) |
| PULMOZYME INHALATION SOLUTION                                     | Brand           | SP                             |
| <b>*SCLEROSTIN INHIBITORS***</b>                                  |                 |                                |
| EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                   | Medical Benefit | PA                             |
| <b>*SELECTIN BLOCKERS***</b>                                      |                 |                                |
| ADAKVEO INTRAVENOUS SOLUTION                                      | Medical Benefit | PA                             |
| <b>*SELECTIVE SEROTONIN AGONISTS 5-HT(1F)***</b>                  |                 |                                |
| REYVOW ORAL TABLET 100 MG                                         | Brand           | PA; QL (8 EA per 30 days)      |
| REYVOW ORAL TABLET 50 MG                                          | Brand           | PA; QL (4 EA per 30 days)      |
| <b>*SEROTONIN MODULATORS***</b>                                   |                 |                                |
| BRINTELLIX ORAL TABLET                                            | Brand           | PA; QL (30 EA per 30 days)     |
| <i>nefazodone hcl oral tablet</i>                                 | Generic         |                                |
| OLEPTRO ORAL TABLET EXTENDED RELEASE 24 HOUR                      | Brand           | PA; STPA                       |
| <i>trazodone hcl oral tablet</i>                                  | Generic         |                                |
| TRINTELLIX ORAL TABLET                                            | Brand           | PA; QL (30 EA per 30 days)     |
| VIIBRYD ORAL TABLET                                               | Brand           | PA; QL (30 EA per 30 days)     |
| VIIBRYD STARTER PACK ORAL KIT                                     | Brand           | PA                             |

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|---------------------------------------------------------------------------------|-----------------|---------------------------------|
| <b>*SINUS NODE INHIBITORS**</b>                                                 |                 |                                 |
| CORLANOR ORAL SOLUTION                                                          | Brand           | PA                              |
| CORLANOR ORAL TABLET                                                            | Brand           | PA                              |
| <b>*SMALL INTERFERING RIBONUCLEIC ACID (SIRNA) AGENTS***</b>                    |                 |                                 |
| ONPATTRO INTRAVENOUS SOLUTION                                                   | Medical Benefit | PA                              |
| <b>*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB***</b>             |                 |                                 |
| INVOKAMET ORAL TABLET                                                           | Brand           | PA; QL (60 EA per 30 days)      |
| INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR                               | Brand           | PA; QL (60 Tablets per 30 days) |
| SEGLUROMET ORAL TABLET                                                          | Brand           | PA; QL (2 EA per 1 day)         |
| SYNJARDY ORAL TABLET                                                            | Brand           | PA; QL (2 EA per 1 day)         |
| SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG         | Brand           | PA; QL (1 EA per 1 day)         |
| SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG        | Brand           | PA; QL (2 EA per 1 day)         |
| XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG            | Brand           | PA; QL (1 EA per 1 day)         |
| XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG | Brand           | PA; QL (2 EA per 1 day)         |
| <b>*SPINAL MUSCULAR ATROPHY- ANTISENSE OLIGONUCLEOTIDES***</b>                  |                 |                                 |
| SPINRAZA INTRATHECAL SOLUTION                                                   | Medical Benefit | PA                              |
| <b>*SPLEEN TYROSINE KINASE (SYK) INHIBITORS***</b>                              |                 |                                 |
| TAVALISSE ORAL TABLET                                                           | Brand           | QL (60 EA per 30 days)          |
| <b>*STEROIDS - MOUTH/THROAT/DENTAL***</b>                                       |                 |                                 |
| <i>triamcinolone acetonide mouth/throat paste</i>                               | Generic         |                                 |
| <b>*TETRACYCLINES*</b>                                                          |                 |                                 |
| <i>demeclocycline hcl oral tablet</i>                                           | Generic         | PA                              |
| <i>doxycycline hyclate oral capsule</i>                                         | Generic         |                                 |
| <i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>                            | Generic         |                                 |

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|-------------------------------------------------------------------|-----------------|--------------------------------------------------|
| <i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>         | Generic         |                                                  |
| <i>doxycycline monohydrate oral suspension reconstituted</i>      | Generic         |                                                  |
| <i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>          | Generic         |                                                  |
| <i>minocycline hcl oral capsule</i>                               | Generic         |                                                  |
| <i>tetracycline hcl oral capsule</i>                              | Generic         |                                                  |
| <b>*THYROID AGENTS*</b>                                           |                 |                                                  |
| <b>LEVO-T ORAL TABLET</b>                                         | Generic         |                                                  |
| <i>levothyroxine sodium oral tablet</i>                           | Generic         |                                                  |
| <i>liothyronine sodium oral tablet</i>                            | Generic         |                                                  |
| <i>methimazole oral tablet</i>                                    | Generic         |                                                  |
| <i>np thyroid oral tablet 15 mg, 30 mg, 60 mg, 90 mg</i>          | Generic         |                                                  |
| <i>propylthiouracil oral tablet</i>                               | Generic         |                                                  |
| <b>UNITHROID DIRECT ORAL TABLET</b>                               | Generic         |                                                  |
| <b>UNITHROID ORAL TABLET 137 MCG</b>                              | Generic         |                                                  |
| <b>UNITHROID ORAL TABLET 50 MCG, 75 MCG, 88 MCG</b>               | Brand           |                                                  |
| <b>*TRANSTHYRETIN STABILIZERS***</b>                              |                 |                                                  |
| <b>VYNDAMAX ORAL CAPSULE</b>                                      | Brand           | PA; SP; QL (30 EA per 30 days)                   |
| <b>VYNDAQEL ORAL CAPSULE</b>                                      | Brand           | PA; SP; QL (120 EA per 30 days)                  |
| <b>*TRIPLEPTIDYL PEPTIDASE 1 DEFICIENCY TREATMENT - AGENTS***</b> |                 |                                                  |
| <b>BRINEURA SOLUTION</b>                                          | Medical Benefit | PA                                               |
| <b>*TRYPTOPHAN HYDROXYLASE INHIBITORS***</b>                      |                 |                                                  |
| <b>XERMELO ORAL TABLET</b>                                        | Brand           | PA                                               |
| <b>*ULCER DRUGS*</b>                                              |                 |                                                  |
| <b>ACIPHEX SPRINKLE ORAL CAPSULE SPRINKLE</b>                     | Brand           | PA                                               |
| <i>amoxicill-clarithro-lansopraz oral</i>                         | Generic         |                                                  |
| <b>CANTIL ORAL TABLET</b>                                         | Brand           | PA                                               |
| <b>CARAFATE ORAL SUSPENSION</b>                                   | Brand           | PA; ¥ (PA applies to members 12 years and older) |

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|--------------------------------------------------------------------|---------------|-------------------------------------------------------------------------------------------|
| <i>chlordiazepoxide-clidinium oral capsule</i>                     | Generic       |                                                                                           |
| <i>cimetidine hcl oral solution</i>                                | Generic       |                                                                                           |
| <i>cimetidine oral tablet</i>                                      | Generic       |                                                                                           |
| <b>DEXILANT ORAL CAPSULE DELAYED RELEASE 60 MG</b>                 | Brand         | PA                                                                                        |
| <i>dicyclomine hcl oral capsule</i>                                | Generic       |                                                                                           |
| <i>dicyclomine hcl oral solution</i>                               | Generic       |                                                                                           |
| <i>dicyclomine hcl oral tablet</i>                                 | Generic       |                                                                                           |
| <i>esomeprazole magnesium oral capsule delayed release 20 mg</i>   | Generic       | PA; ¥ (Rx and OTC require PA. Can be filled for up to a 90 day supply. )                  |
| <i>esomeprazole magnesium oral capsule delayed release 40 mg</i>   | Generic       | PA; ¥ (Can be filled for up to a 90 day supply)                                           |
| <i>esomeprazole magnesium oral packet</i>                          | Generic       | PA                                                                                        |
| <i>famotidine oral suspension reconstituted</i>                    | Generic       |                                                                                           |
| <i>famotidine oral tablet 20 mg, 40 mg</i>                         | Generic       |                                                                                           |
| <b>FIRST-LANSOPRAZOLE ORAL SUSPENSION</b>                          | Brand         | PA; ¥ (PA applies to members 14 and older (No PA required for members 0-13 years of age)) |
| <b>FIRST-OMEPRAZOLE ORAL SUSPENSION</b>                            | Brand         | PA; ¥ (PA applies to members 14 and older (No PA required for members 0-13 years of age)) |
| <i>glycopyrrolate oral tablet 1 mg, 2 mg</i>                       | Generic       |                                                                                           |
| <i>hyoscyamine sulfate er oral tablet extended release 12 hour</i> | Generic       |                                                                                           |
| <i>hyoscyamine sulfate oral elixir</i>                             | Generic       |                                                                                           |
| <i>hyoscyamine sulfate oral solution</i>                           | Generic       |                                                                                           |
| <i>hyoscyamine sulfate oral tablet</i>                             | Generic       |                                                                                           |
| <i>hyoscyamine sulfate oral tablet dispersible</i>                 | Generic       |                                                                                           |
| <i>hyoscyamine sulfate sublingual tablet sublingual</i>            | Generic       |                                                                                           |
| <i>hyosyne oral elixir</i>                                         | Generic       |                                                                                           |
| <i>hyosyne oral solution</i>                                       | Generic       |                                                                                           |
| <i>lansoprazole oral capsule delayed release</i>                   | Generic       | PA; ¥ (Can be filled for up to a 90 day supply)                                           |
| <i>lansoprazole oral tablet dispersible</i>                        | Generic       | PA; ¥ (Age Limit: Max 2 years. Can be filled for up to a 90 day supply. )                 |

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|-------------------------------------------------------------------------|---------------|-------------------------------------------------|
| <i>methscopolamine bromide oral tablet</i>                              | Generic       | PA                                              |
| <i>misoprostol oral tablet</i>                                          | Generic       |                                                 |
| <b>NEXIUM ORAL PACKET 2.5 MG, 5 MG</b>                                  | Brand         | PA                                              |
| <i>nizatidine oral capsule</i>                                          | Generic       |                                                 |
| <i>nizatidine oral solution</i>                                         | Generic       |                                                 |
| <i>omeprazole oral capsule delayed release</i>                          | Generic       | ¥ (Can be filled for up to a 90 day supply)     |
| <b>OMEPRAZOLE+SYRSPEND SF ALKA ORAL SUSPENSION</b>                      | Brand         | PA                                              |
| <i>omeprazole-sodium bicarbonate oral capsule</i>                       | Generic       | PA; QL (1 EA per 1 day)                         |
| <i>omeprazole-sodium bicarbonate oral packet</i>                        | Generic       | PA; QL (1 EA per 1 day)                         |
| <i>pantoprazole sodium oral packet</i>                                  | Generic       | PA                                              |
| <i>pantoprazole sodium oral tablet delayed release</i>                  | Generic       | ¥ (Can be filled for up to a 90 day supply)     |
| <b>PHENOHYTRO ORAL TABLET</b>                                           | Generic       |                                                 |
| <b>PRILOSEC ORAL PACKET</b>                                             | Brand         | PA                                              |
| <i>rabeprazole sodium oral tablet delayed release</i>                   | Generic       | PA; ¥ (Can be filled for up to a 90 day supply) |
| <i>ranitidine hcl oral capsule</i>                                      | Generic       |                                                 |
| <i>ranitidine hcl oral syrup</i>                                        | Generic       |                                                 |
| <i>ranitidine hcl oral tablet 150 mg, 300 mg</i>                        | Generic       |                                                 |
| <i>sucralfate oral tablet</i>                                           | Generic       | ¥ (Can be filled for up to a 90 day supply)     |
| <b>*URINARY ANTI-INFECTIVES*</b>                                        |               |                                                 |
| <i>methenamine hippurate oral tablet</i>                                | Generic       |                                                 |
| <i>methenamine mandelate oral tablet</i>                                | Generic       |                                                 |
| <i>nitrofurantoin macrocrystal oral capsule</i>                         | Generic       |                                                 |
| <i>nitrofurantoin monohyd macro oral capsule</i>                        | Generic       |                                                 |
| <i>nitrofurantoin oral suspension</i>                                   | Generic       |                                                 |
| <b>*URINARY ANTISPASMODICS*</b>                                         |               |                                                 |
| <i>bethanechol chloride oral tablet</i>                                 | Generic       |                                                 |
| <i>darifenacin hydrobromide er oral tablet extended release 24 hour</i> | Generic       | PA; ¥ (Can be filled for up to a 90 day supply) |
| <i>flavoxate hcl oral tablet</i>                                        | Generic       | ¥ (Can be filled for up to a 90 day supply)     |
| <b>GELNIQUE TRANSDERMAL GEL</b>                                         | Brand         | PA                                              |

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|----------------------------------------------------------------------|---------------|-------------------------------------------------|
| <b>MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR</b>                | Brand         | PA                                              |
| <i>oxybutynin chloride er oral tablet extended release 24 hour</i>   | Generic       | ¥ (Can be filled for up to a 90 day supply)     |
| <i>oxybutynin chloride oral syrup</i>                                | Generic       | ¥ (Can be filled for up to a 90 day supply)     |
| <i>oxybutynin chloride oral tablet</i>                               | Generic       | ¥ (Can be filled for up to a 90 day supply)     |
| <b>OXYTROL TRANSDERMAL PATCH TWICE WEEKLY</b>                        | Brand         | PA                                              |
| <i>solifenacin succinate oral tablet 10 mg, 5 mg</i>                 | Generic       | ¥ (Can be filled for up to a 90 day supply)     |
| <i>solifenacin succinate oral tablet 5 mg</i>                        | Generic       | PA; ¥ (Can be filled for up to a 90 day supply) |
| <i>tolterodine tartrate er oral capsule extended release 24 hour</i> | Generic       | ¥ (Can be filled for up to a 90 day supply)     |
| <i>tolterodine tartrate oral tablet</i>                              | Generic       | ¥ (Can be filled for up to a 90 day supply)     |
| <b>TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR</b>                   | Brand         | PA                                              |
| <i>trospium chloride er oral capsule extended release 24 hour</i>    | Generic       | ¥ (Can be filled for up to a 90 day supply)     |
| <i>trospium chloride oral tablet</i>                                 | Generic       | ¥ (Can be filled for up to a 90 day supply)     |
| <b>VESICARE ORAL TABLET 10 MG</b>                                    | Generic       | PA                                              |
| <b>VESICARE ORAL TABLET 5 MG</b>                                     | Brand         | PA                                              |
| <b>*VAGINAL PRODUCTS*</b>                                            |               |                                                 |
| <i>clindamycin phosphate vaginal cream</i>                           | Generic       |                                                 |
| <b>CRINONE VAGINAL GEL 8 %</b>                                       | Brand         | PA                                              |
| <b>INTRAROSA VAGINAL INSERT</b>                                      | Brand         | PA; QL (28 EA per 28 days)                      |
| <i>metronidazole vaginal gel</i>                                     | Generic       |                                                 |
| <i>miconazole 3 vaginal suppository</i>                              | Generic       |                                                 |
| <b>PREMARIN VAGINAL CREAM</b>                                        | Brand         |                                                 |
| <i>terconazole vaginal cream</i>                                     | Generic       |                                                 |
| <i>terconazole vaginal suppository</i>                               | Generic       |                                                 |
| <b>VANDAZOLE VAGINAL GEL</b>                                         | Generic       |                                                 |

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| Drug                                                                             | Status          | Notes                                       |
|----------------------------------------------------------------------------------|-----------------|---------------------------------------------|
| <b>*VASOPRESSORS*</b>                                                            |                 |                                             |
| <b>ADRENALINE INJECTION SOLUTION AUTO-INJECTOR</b>                               | Brand           | PA; QL (2 EA per 1 Fill)                    |
| <b>AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML</b>                      | Brand           | PA; QL (2 EA per 1 Fill)                    |
| <i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.3 mg/0.3ml</i> | Generic         | QL (2 EA per 1 Fill)                        |
| <b>EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR</b>                             | Brand           | PA; QL (2 EA per 1 Fill)                    |
| <b>EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR</b>                          | Brand           | PA; QL (2 EA per 1 Fill)                    |
| <i>midodrine hcl oral tablet</i>                                                 | Generic         |                                             |
| <b>*VITAMINS*</b>                                                                |                 |                                             |
| <i>ergocalciferol oral capsule</i>                                               | Generic         |                                             |
| <i>niacin er oral capsule extended release</i>                                   | Generic         | ¥ (Can be filled for up to a 90 day supply) |
| <i>phytonadione oral tablet</i>                                                  | Generic         |                                             |
| <i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>                | Generic         |                                             |
| <b>*X-LINKED HYPOPHOSPHATEMIA (XLH) TREATMENT - AGENTS***</b>                    |                 |                                             |
| <b>CRYSVITA SUBCUTANEOUS SOLUTION</b>                                            | Medical Benefit | PA                                          |

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|                                          |        |                                          |     |                                            |          |
|------------------------------------------|--------|------------------------------------------|-----|--------------------------------------------|----------|
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| <i>minoxidil</i> .....                   | 37     | <i>moxifloxacin hcl</i> .....            | 80  | <i>neomycin-polymyxin-dexameth</i> ..      | 100      |
| <i>mirtazapine</i> .....                 | 26     | <i>moxifloxacin hcl (2x day)</i> .....   | 100 | <i>neomycin-polymyxin-gramicidin</i>       |          |
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|--------------------------------------------|-----|----------------------------------------|--------------|--------------------------------------|--------|
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|---------------------------------------------|-----|-------------------------------------------|---------|---------------------------------------------|--------|
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| <b>PALFORZIA (160 MG DAILY DOSE)</b> .....  | 55  | <i>perindopril erbumine</i> .....         | 37      | <i>polyvinyl alcohol</i> .....              | 101    |
| <b>PALFORZIA (20 MG DAILY DOSE)</b> .....   | 55  | <b>PERIOGARD</b> .....                    | 95      | <b>POMALYST</b> .....                       | 44     |
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| <b>PALFORZIA (240 MG DAILY DOSE)</b> .....  | 55  | <i>perphenazine</i> .....                 | 48      | <i>pot bicarb-pot chloride</i> .....        | 94     |
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| <i>pantoprazole sodium</i> .....            | 114 | <i>phenyleph-promethazine-cod</i> .....   | 65      | <i>praziquantel</i> .....                   | 16     |
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| <i>paroxetine hcl er</i> .....              | 26  | <b>PHOS-FLUR</b> .....                    | 95      | <i>prednicarbate</i> .....                  | 72     |
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# = Drug specific notes

MB/RX = Drug available through pharmacy and medical benefits

SP = Medication can be filled at a specialty pharmacy

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