



## Fee-For-Service Acute/Long Term Care Program Drug List

• Generic Drugs Are Preferred Over Brand Name Drugs Unless Specified as Brand Only

• Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List Are Available Through Prior Authorization

Effective Date: 4/1/2024

| Drug Class/Drug Name   | Reference Brand Name                | Brand Only /<br>Generic Notes | Preferred Drug Status | PA Type                        | Step Therapy Requirements | Quantity<br>Limit | QL Days |
|--|-------------------------------------|-------------------------------|-----------------------|--------------------------------|---------------------------|-------------------|---------|
| <b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS*</b>                  |                                     |                               |                       |                                |                           |                   |         |
| <b>AMPHETAMINES**</b>  |                                     |                               |                       |                                |                           |                   |         |
| AMPHETAMINE-DEXTROAMPHETAMINE CAPSULE ER 24 HR                         | ADDERALL XR                         | Brand Only                    | Preferred Drug        | PA Required for Ages < 6 years |                           | 30                | 30      |
| AMPHETAMINE-DEXTROAMPHETAMINE TABLET                                   | ADDERALL                            | Brand and Generic             | Preferred Drug        | PA Required for Ages < 6 years |                           | 60                | 30      |
| DEXTROAMPHETAMINE SULFATE TABLET                                       | ZENZEDI                             |                               | Preferred Drug        | PA Required for Ages < 6 years |                           | 60                | 30      |
| LISDEXAMFETAMINE DIMESYLATE CAPSULE                                    | VYVANSE                             | Brand Only                    | Preferred Drug        | PA Required for Ages < 6 years |                           | 30                | 30      |
| <b>ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS**</b>        |                                     |                               |                       |                                |                           |                   |         |
| ATOMOXETINE HCL CAPSULE  | STRATTERA                           |                               | Preferred Drug        | PA Required for Ages < 6 years |                           | 30                | 30      |
| CLONIDINE HCL TABLET   | CLONIDINE HYDROCHLORIDE             |                               |                       | PA Required for Ages < 6 years |                           |                   |         |
| CLONIDINE PATCH WEEKLY   | CATAPRES-TTS-1                      |                               |                       | PA Required for Ages < 6 years |                           | 4                 | 30      |
| CLONIDINE HCL (ADHD) TABLET ER 12HR                                    | KAPVAY                              |                               |                       | PA Required for Ages < 6 years |                           | 120               | 30      |
| GUANFACINE HCL TABLET  | GUANFACINE HCL                      |                               |                       | PA Required for Ages < 6 years |                           |                   |         |
| GUANFACINE HCL (ADHD) TABLET ER 24HR                                   | INTUNIV                             |                               | Preferred Drug        | PA Required for Ages < 6 years |                           | 30                | 30      |
| <b>STIMULANTS - MISC.**</b>  |                                     |                               |                       |                                |                           |                   |         |
| DEXMETHYLPHENIDATE HCL CAPSULE ER 24 HR                                | FOCALIN XR                          |                               | Preferred Drug        | PA Required for Ages < 6 years |                           | 60                | 30      |
| DEXMETHYLPHENIDATE HCL TABLET  | FOCALIN                             |                               | Preferred Drug        | PA Required for Ages < 6 years |                           | 60                | 30      |
| METHYLPHENIDATE HCL CAPSULE ER 24 HR                                   | RITALIN LA                          | Brand Only                    | Preferred Drug        | PA Required for Ages < 6 years |                           | 30                | 30      |
| METHYLPHENIDATE HCL CAPSULE ER   | METHYLPHENIDATE HYDROCHLORIDE<br>CD |                               | Preferred Drug        | PA Required for Ages < 6 years |                           | 30                | 30      |
| METHYLPHENIDATE HCL SOLUTION   | METHYLIN                            | Brand Only                    | Preferred Drug        | PA Required for Ages < 6 years |                           | 300               | 30      |
| METHYLPHENIDATE HCL TABLET   | RITALIN                             |                               | Preferred Drug        | PA Required for Ages < 6 years |                           | 90                | 30      |
| METHYLPHENIDATE HCL TABLET ER  | CONCERTA ONLY                       | Brand Only                    | Preferred Drug        | PA Required for Ages < 6 years |                           | 60                | 30      |
| METHYLPHENIDATE PATCH  | DAYTRANA                            | Brand Only                    | Preferred Drug        | PA Required for Ages < 6 years |                           | 30                | 30      |
| <b>ALTERNATIVE MEDICINES*</b>  |                                     |                               |                       |                                |                           |                   |         |
| <b>ALTERNATIVE MEDICINE COMBINATIONS**</b>                             |                                     |                               |                       |                                |                           |                   |         |
| OMEGA 3 FATTY ACIDS-OMEGA 6 FATTY ACIDS-OMEGA 9 FATTY ACIDS<br>CAPSULE | SUPER OMEGA-3                       |                               |                       |                                |                           |                   |         |
| <b>ALTERNATIVE MEDICINE - T'S**</b>                                    |                                     |                               |                       |                                |                           |                   |         |
| TEA TREE OIL   | TEA TREE OIL                        |                               |                       |                                |                           |                   |         |
| <b>AMINOGLYCOSIDES*</b>  |                                     |                               |                       |                                |                           |                   |         |
| <b>AMINOGLYCOSIDES**</b>   |                                     |                               |                       |                                |                           |                   |         |
| AMIKACIN SULFATE SOLUTION  | AMIKACIN SULFATE                    |                               |                       |                                |                           |                   |         |
| GENTAMICIN IN SALINE SOLUTION  | ISOTONIC GENTAMICIN                 |                               |                       |                                |                           |                   |         |
| GENTAMICIN SULFATE SOLUTION  | GENTAMICIN SULFATE PEDIATRIC        |                               |                       |                                |                           |                   |         |
| NEOMYCIN SULFATE TABLET  | NEOMYCIN SULFATE                    |                               |                       |                                |                           |                   |         |
| PAROMOMYCIN SULFATE CAPSULE  | HUMATIN                             |                               |                       |                                |                           |                   |         |
| TOBRAMYCIN NEBULIZATION SOLUTION                                       | KITABIS AND BETHKIS                 | Brand Only                    | Preferred Drug        | PA Required                    |                           |                   |         |
| TOBRAMYCIN SULFATE SOLUTION  | TOBRAMYCIN SULFATE                  |                               |                       |                                |                           |                   |         |
| TOBRAMYCIN SULFATE SOLUTION RECONSTITUTED                              | NEBCIN ADD-VANTAGE                  |                               |                       |                                |                           |                   |         |
| <b>ANALGESICS - ANTI-INFLAMMATORY*</b>                                 |                                     |                               |                       |                                |                           |                   |         |
| <b>ANTIRHEUMATIC - ENZYME INHIBITORS**</b>                             |                                     |                               |                       |                                |                           |                   |         |
| TOFACITINIB CITRATE TABLET   | XELJANZ IMMEDIATE RELEASE ONLY      | Brand Only                    | Preferred Drug        | PA Required                    |                           |                   |         |
| <b>ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES**</b>                        |                                     |                               |                       |                                |                           |                   |         |
| ADALIMUMAB PEN-INJECTOR KIT  | HUMIRA PEN                          |                               | Preferred Drug        | PA Required                    |                           |                   |         |
| ADALIMUMAB PREFILLED SYRINGE KIT                                       | HUMIRA                              |                               | Preferred Drug        | PA Required                    |                           |                   |         |
| <b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)**</b>                |                                     |                               |                       |                                |                           |                   |         |
| CELECOXIB CAPSULE  | CELEBREX                            |                               |                       |                                |                           |                   |         |
| DICLOFENAC SODIUM TABLET ER 24HR                                       | DICLOFENAC SODIUM ER                |                               |                       |                                |                           | 30                | 30      |
| DICLOFENAC SODIUM TABLET ENTERIC COATED                                | DICLOFENAC SODIUM DR                |                               |                       |                                |                           |                   |         |

|  |                               |            |                |             |     |    |
|--|-------------------------------|------------|----------------|-------------|-----|----|
| DICLOFENAC TABLET ENTERIC COATED                       | DICLOFENAC SODIUM EC          |            |                |             |     |    |
| ETODOLAC CAPSULE                                       | ETODOLAC                      |            |                |             |     |    |
| ETODOLAC TABLET  | LODINE                        |            |                |             |     |    |
| ETODOLAC TABLET ER 24HR                                | ETODOLAC ER                   |            |                |             |     |    |
| FENOPROFEN CALCIUM CAPSULE                             | FENORTHO                      |            |                |             |     |    |
| FENOPROFEN CALCIUM TABLET                              | NALFON                        |            |                |             |     |    |
| FLURBIPROFEN TABLET                                    | FLURBIPROFEN                  |            |                |             |     |    |
| IBUPROFEN CAPSULE                                      | MOTRIN IB                     |            |                |             |     |    |
| IBUPROFEN TABLET CHEWABLE                              | ADVIL JUNIOR STRENGTH         |            |                |             |     |    |
| IBUPROFEN SUSPENSION                                   | MEDI-PROFEN                   |            |                |             |     |    |
| IBUPROFEN TABLET                                       | ADVIL JUNIOR STRENGTH         |            |                |             |     |    |
| INDOMETHACIN CAPSULE                                   | TIVORBEX                      |            |                |             |     |    |
| INDOMETHACIN CAPSULE ER                                | INDOMETHACIN ER               |            |                |             |     |    |
| INDOMETHACIN SUPPOSITORY                               | INDOCIN                       |            |                |             |     |    |
| INDOMETHACIN SUSPENSION                                | INDOCIN                       |            |                |             |     |    |
| KETOROLAC TROMETHAMINE TABLET                          | KETOROLAC TROMETHAMINE        |            |                |             | 20  | 30 |
| MEFENAMIC ACID CAPSULE                                 | MEFENAMIC ACID                |            |                |             |     |    |
| MELOXICAM SUSPENSION                                   | MELOXICAM                     |            |                |             |     |    |
| MELOXICAM TABLET                                       | MOBIC                         |            |                |             |     |    |
| NABUMETONE TABLET                                      | RELAFEN                       |            |                |             |     |    |
|  | PAMPRIN ALL DAY MAXIMUM       |            |                |             |     |    |
| NAPROXEN SODIUM TABLET                                 | STRENGTH                      |            |                |             |     |    |
| NAPROXEN SUSPENSION                                    | NAPROSYN                      |            |                |             |     |    |
| NAPROXEN TABLET  | NAPROSYN                      |            |                |             |     |    |
| NAPROXEN TABLET ENTERIC COATED                         | EC-NAPROSYN                   |            |                |             |     |    |
| OXAPROZIN TABLET                                       | DAYPRO                        |            |                |             |     |    |
| PIROXICAM CAPSULE                                      | FELDENE                       |            |                |             |     |    |
| SULINDAC TABLET  | SULINDAC                      |            |                |             |     |    |
| <b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS**</b>         |                               |            |                |             |     |    |
| APREMILAST TABLET                                      | OTEZLA                        | Brand Only | Preferred Drug | PA Required |     |    |
| APREMILAST TAB THER PACK                               | OTEZLA                        | Brand Only | Preferred Drug | PA Required |     |    |
| <b>PYRIMIDINE SYNTHESIS INHIBITORS**</b>               |                               |            |                |             |     |    |
| LEFLUNOMIDE TABLET                                     | ARAVA                         |            |                |             |     |    |
| <b>SELECTIVE COSTIMULATION MODULATORS**</b>            |                               |            |                |             |     |    |
| ABATACEPT SOLN AUTO-INJ                                | ORENCIA CLICKJECT             |            |                | PA Required |     |    |
| ABATACEPT SOLN PREF SYR                                | ORENCIA                       |            |                | PA Required |     |    |
| <b>SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS**</b> |                               |            |                |             |     |    |
| ETANERCEPT SOLN AUTO-INJ                               | ENBREL SURECLICK              |            | Preferred Drug | PA Required |     |    |
| ETANERCEPT SOLN CARTRIDGE                              | ENBREL MINI                   |            | Preferred Drug | PA Required |     |    |
| ETANERCEPT SOLUTION                                    | ENBREL                        |            | Preferred Drug | PA Required |     |    |
| ETANERCEPT SOLUTION RECONSTITUTED                      | ENBREL                        |            | Preferred Drug | PA Required |     |    |
| ETANERCEPT SOLN PREF SYR                               | ENBREL                        |            | Preferred Drug | PA Required |     |    |
| <b>ANALGESICS - NONNARCOTIC*</b>                       |                               |            |                |             |     |    |
| <b>ANALGESIC COMBINATIONS**</b>                        |                               |            |                |             |     |    |
| BUTALBITAL-ACETAMINOPHEN-CAFFEINE TABLET               | BAC                           |            |                |             | 120 | 30 |
| <b>ANALGESICS OTHER**</b>                              |                               |            |                |             |     |    |
| ACETAMINOPHEN CAPSULE                                  | TYLENOL                       |            |                |             |     |    |
| ACETAMINOPHEN TABLET CHEWABLE                          | MAPAP CHILDRENS               |            |                |             |     |    |
| ACETAMINOPHEN ELIXIR                                   | MEDI-TABS CHILDRENS           |            |                |             |     |    |
|  | LITTLE REMEDIES FOR FEVERS    |            |                |             |     |    |
| ACETAMINOPHEN LIQUID                                   | FEVER/PAIN RELIEVER CHILDRENS |            |                |             |     |    |
| ACETAMINOPHEN SOLUTION                                 | OFIRMEV                       |            |                |             |     |    |
| ACETAMINOPHEN SUPPOSITORY                              | FEVERALL INFANTS              |            |                |             |     |    |
| ACETAMINOPHEN SUSPENSION                               | PANADOL CHILDRENS             |            |                |             |     |    |
|  | TRIAMINIC FEVER REDUCER PAIN  |            |                |             |     |    |
| ACETAMINOPHEN SYRUP                                    | RELIEVER INFANTS              |            |                |             |     |    |
| ACETAMINOPHEN TABLET                                   | PHARBETOL                     |            |                |             |     |    |
| ACETAMINOPHEN TABLET ER                                | MIDOL                         |            |                |             |     |    |
| ACETAMINOPHEN TABLET DISINTEGRATING                    | CHILDRENS ACETAMINOPHEN       |            |                |             |     |    |

|   |                           |  |                |  |  |  |  |
|---|---------------------------|--|----------------|--|--|--|--|
| <b>SALICYLATES**</b>                                      |                           |  |                |  |  |  |  |
| ASPIRIN TABLET CHEWABLE                                   | BAYER CHEWABLE LOW DOSE   |  |                |  |  |  |  |
| ASPIRIN SUPPOSITORY                                       | ASPIRIN                   |  |                |  |  |  |  |
| ASPIRIN TABLET  | BAYER ASPIRIN             |  |                |  |  |  |  |
| ASPIRIN TABLET ENTERIC COATED                             | BAYER ASPIRIN EC LOW DOSE |  |                |  |  |  |  |
| DIFLUNISAL TABLET   | DIFLUNISAL                |  |                |  |  |  |  |
| SALSALATE TABLET  | SALSALATE                 |  |                |  |  |  |  |
| <b>ANALGESICS - OPIOID*</b>                               |                           |  |                |  |  |  |  |
| <b>OPIOID AGONISTS**</b>                                  |                           |  |                |  |  |  |  |
| FENTANYL PATCH 72 HR (12MCG, 25MCG, 50MCG, 75MCG, 100MCG) | DURAGESIC                 |  | Preferred Drug | PA Required  |  |  |  |
| HYDROMORPHONE HCL LIQUID                                  | DILAUDID                  |  |                | PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period. |  |  |  |
| HYDROMORPHONE HCL SUPPOSITORY                             | HYDROMORPHONE HCL         |  |                | PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period. |  |  |  |
| HYDROMORPHONE HCL TABLET                                  | DILAUDID                  |  |                | PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period. |  |  |  |
| MEPERIDINE HCL TABLET                                     | MEPERIDINE HCL            |  |                | PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period. |  |  |  |
| MORPHINE SULFATE SOLUTION                                 | MORPHINE SULFATE          |  |                | PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period. |  |  |  |
| MORPHINE SULFATE SUPPOSITORY                              | MORPHINE SULFATE          |  |                | PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period. |  |  |  |
| MORPHINE SULFATE TABLET                                   | MORPHINE SULFATE          |  |                | PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period. |  |  |  |
| MORPHINE SULFATE TABLET ER                                | MS CONTIN                 |  | Preferred Drug | PA Required  |  |  |  |
| OXYCODONE CAP 12HR DETER                                  | XTAMPZA ER                |  | Preferred Drug | PA Required  |  |  |  |
| OXYCODONE HCL CAPSULE                                     | OXYCODONE HCL             |  |                | PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period. |  |  |  |
| OXYCODONE HCL CONCENTRATE                                 | OXYCODONE HYDROCHLORIDE   |  |                | PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period. |  |  |  |
| OXYCODONE HCL SOLUTION                                    | OXYCODONE HYDROCHLORIDE   |  |                | PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period. |  |  |  |
| OXYCODONE HCL TABLET                                      | OXAYDO                    |  |                | PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period. |  |  |  |
| TRAMADOL HCL TABLET (50MG & 100MG)                        | ULTRAM                    |  |                | PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period. |  |  |  |
| TRAMADOL HCL TABLET ER 24HR                               | TRAMADOL HCL ER           |  | Preferred Drug | PA Required  |  |  |  |
| <b>OPIOID COMBINATIONS**</b>                              |                           |  |                |  |  |  |  |
| ACETAMINOPHEN W/ CODEINE SOLUTION                         | ACETAMINOPHEN/CODEINE     |  |                | PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period. |  |  |  |
| ACETAMINOPHEN W/ CODEINE TABLET                           | TYLENOL/CODEINE #4        |  |                | PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period. |  |  |  |

|   |   |                           |                |  |  |  |  |
|---|---|---------------------------|----------------|--|--|--|--|
| BUTALBITAL-ACETAMINOPHEN-CAFFEINE W/ CODEINE CAPSULE    | FIORICET/CODEINE                        |                           |                | PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period.   |  |  |  |
| BUTALBITAL-ASPIRIN-CAFFEINE W/COD CAPSULE               | ASCOMP/CODEINE                          |                           |                | PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period.   |  |  |  |
| HYDROCODONE-ACETAMINOPHEN ELIXIR                        | LORTAB                                  |                           |                | PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period.   |  |  |  |
| HYDROCODONE-ACETAMINOPHEN SOLUTION                      | HYDROCODONE<br>BITARTRATE/ACETAMINOPHEN |                           |                | PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period.   |  |  |  |
| HYDROCODONE-ACETAMINOPHEN TABLET                        | HYDROCODONE<br>BITARTRATE/ACETAMINOPHEN |                           |                | PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period.   |  |  |  |
| HYDROCODONE-IBUPROFEN TABLET                            | HYDROCODONE/IBUPROFEN                   |                           |                | PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period.   |  |  |  |
| OXYCODONE W/ ACETAMINOPHEN SOLUTION                     | PROLATE                                 |                           |                | PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period.   |  |  |  |
| OXYCODONE W/ ACETAMINOPHEN TABLET                       | ENDOCET                                 |                           |                | PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period.   |  |  |  |
| <b>OPIOID PARTIAL AGONISTS**</b>                        |   |                           |                |  |  |  |  |
| BUPRENORPHINE VARIOUS                                   | VARIOUS                                 |                           |                | PA Required unless the member is pregnant or nursing.<br>The prescriber must note the following ICD-10 codes on the prescription:<br>1. O09.91- Supervision of high risk pregnancy, 1st Trimester.<br>2. O09.92- Supervision of high risk pregnancy, 2nd Trimester.<br>3. O09.93- Supervision of high risk pregnancy, 3rd Trimester.<br>4. O09.91- Supervision of high risk pregnancy- use for Postpartum Nursing Mothers.<br>The first digit of the diagnosis code is the Letter - O and the second is a Zero - 0 |  |  |  |
| BUPRENORPHINE HCL TAB SUBLINGUAL                        | BUPRENORPHINE HCL                       |                           |                | PA Required  |  |  |  |
| BUPRENORPHINE PATCH WEEKLY                              | BUTRANS                                 | Brand Only                | Preferred Drug | PA Required  |  |  |  |
| BUPRENORPHINE SOLN PREF SYR                             | SUBLOCADE                               |                           | Preferred Drug | PA Required  |  |  |  |
| BUPRENORPHINE HCL-NALOXONE HCL DIHYDRATE FILM           | SUBOXONE                                | Brand Only                | Preferred Drug |  |  |  |  |
| BUPRENORPHINE HCL-NALOXONE HCL DIHYDRATE TAB SUBLINGUAL | ZUBSOLV                                 | GENERIC FORMULATIONS ONLY | Preferred Drug |  |  |  |  |
| METHADONE   | VARIOUS                                 |                           |                | Only available at an Opioid Treatment Program (OTP) provider.  |  |  |  |
| <b>ANDROGENS-ANABOLIC*</b>                              |   |                           |                |  |  |  |  |
| <b>ANDROGENS**</b>                                      |   |                           |                |  |  |  |  |
| DANAZOL CAPSULE   | DANAZOL                                 |                           |                |  |  |  |  |
| TESTOSTERONE CYPIONATE KIT                              | TESTONE CIK                             |                           |                | PA Required  |  |  |  |
| TESTOSTERONE CYPIONATE SOLUTION                         | DEPO-TESTOSTERONE                       |                           |                | PA Required  |  |  |  |
| TESTOSTERONE ENANTHATE SOLUTION                         | TESTOSTERONE ENANTHATE                  |                           |                | PA Required  |  |  |  |
| TESTOSTERONE GEL (1.62% - PUMP BOTTLE)                  | ANDROGEL/TESTOSTERONE (AG)              |                           |                | PA Required  |  |  |  |

|  |                              |  |  |  |        |       |
|--|------------------------------|--|--|--|--------|-------|
| TESTOSTERONE PATCH 24 HR                               | ANDRODERM                    |  |  | PA Required  |        |       |
| <b>ANORECTAL AND RELATED PRODUCTS*</b>                 |                              |  |  |  |        |       |
| <b>INTRARECTAL STEROIDS**</b>                          |                              |  |  |  |        |       |
| HYDROCORTISONE (INTRARECTAL) ENEMA                     | CORTENEMA                    |  |  |  |        |       |
| HYDROCORTISONE ACETATE (INTRARECTAL) FOAM              | CORTIFOAM                    |  |  |  |        |       |
| <b>RECTAL STEROIDS**</b>                               |                              |  |  |  |        |       |
| HYDROCORTISONE (RECTAL) CREAM                          | PROCTO-PAK                   |  |  |  |        |       |
| <b>ANTACIDS*</b>                                       |                              |  |  |  |        |       |
| <b>ANTACID COMBINATIONS**</b>                          |                              |  |  |  |        |       |
| ALUM & MAG HYDROX-SIMETHICONE LIQUID                   | MAG-AL PLUS                  |  |  |  |        |       |
| ALUM & MAG HYDROX-SIMETHICONE SUSPENSION               | GNP MASANTI REGULAR STRENGTH |  |  |  |        |       |
| <b>ANTACIDS - BICARBONATE**</b>                        |                              |  |  |  |        |       |
| SODIUM BICARBONATE (ANTACID) POWDER                    | SODIUM BICARBONATE           |  |  |  |        |       |
| SODIUM BICARBONATE (ANTACID) TABLET                    | SODIUM BICARBONATE           |  |  |  |        |       |
| <b>ANTACIDS - CALCIUM SALTS**</b>                      |                              |  |  |  |        |       |
| CALCIUM CARBONATE (ANTACID) TABLET CHEWABLE            | MAALOX CHILDRENS             |  |  |  |        |       |
| CALCIUM CARBONATE (ANTACID) LIQUID                     | CVS ANTACID CHILDRENS        |  |  |  |        |       |
| CALCIUM CARBONATE (ANTACID) TABLET                     | CALCIUM CARBONATE            |  |  |  |        |       |
| <b>ANTACIDS - MAGNESIUM SALTS**</b>                    |                              |  |  |  |        |       |
| MAGNESIUM OXIDE TABLET                                 | MAOX                         |  |  |  |        |       |
| <b>ANTHELMINTICS*</b>                                  |                              |  |  |  |        |       |
| <b>ANTHELMINTICS**</b>                                 |                              |  |  |  |        |       |
| ALBENDAZOLE TABLET                                     | ALBENZA                      |  |  | PA Required  |        |       |
| IVERMECTIN TABLET                                      | STROMECTOL                   |  |  | PA Required  |        |       |
| MEBENDAZOLE TABLET CHEWABLE                            | EMVERM                       |  |  | PA Required  |        |       |
| PRAZQUANTEL TABLET                                     | BILTRICIDE                   |  |  |  |        |       |
| <b>ANTIANGINAL AGENTS*</b>                             |                              |  |  |  |        |       |
| <b>ANTIANGINALS-OTHER**</b>                            |                              |  |  |  |        |       |
| RANOLAZINE TABLET ER 12HR                              | RANEXA                       |  |  | PA Required  |        |       |
| <b>NITRATES**</b>                                      |                              |  |  |  |        |       |
| ISOSORBIDE DINITRATE TABLET                            | ISORDIL TITRADOSE            |  |  |  |        |       |
| ISOSORBIDE MONONITRATE TABLET                          | ISOSORBIDE MONONITRATE       |  |  |  |        |       |
| ISOSORBIDE MONONITRATE TABLET ER 24HR                  | ISOSORBIDE MONONITRATE ER    |  |  |  |        |       |
| NITROGLYCERIN CAPSULE ER                               | NITRO-TIME                   |  |  |  |        |       |
| NITROGLYCERIN OINTMENT                                 | NITRO-BID                    |  |  |  |        |       |
| NITROGLYCERIN PATCH 24 HR                              | MINITRAN                     |  |  |  |        |       |
| NITROGLYCERIN TAB SUBLINGUAL                           | NITROSTAT                    |  |  |  |        |       |
| <b>ANTIANSXIETY AGENTS*</b>                            |                              |  |  |  |        |       |
| <b>ANTIANSXIETY AGENTS - MISC.**</b>                   |                              |  |  |  |        |       |
| BUSPIRONE HCL TABLET (5MG, 7.5MG, 10MG, 15MG)          | BUSPIRONE HCL                |  |  | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | 120.00 | 30.00 |
| BUSPIRONE HCL TABLET (30 MG)                           | BUSPIRONE HCL                |  |  | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | 60.00  | 30.00 |
| HYDROXYZINE HCL SYRUP                                  | HYDROXYZINE HCL              |  |  |  | 300    | 30    |
| HYDROXYZINE HCL TABLET                                 | HYDROXYZINE HYDROCHLORIDE    |  |  |  | 240    | 30    |
| HYDROXYZINE PAMOATE CAPSULE                            | VISTARIL                     |  |  |  | 120    | 30    |
| <b>BENZODIAZEPINES**</b>                               |                              |  |  |  |        |       |
| ALPRAZOLAM CONCENTRATE (1 MG/ML)                       | ALPRAZOLAM INTENSOL          |  |  | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | 60.00  | 15.00 |
| ALPRAZOLAM TABLET DISINTEGRATING (0.25 MG, 0.5MG, 1MG) | ALPRAZOLAM ODT               |  |  | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | 120.00 | 30.00 |
| ALPRAZOLAM TABLET DISINTEGRATING (2 MG)                | ALPRAZOLAM ODT               |  |  | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | 60.00  | 30.00 |
| ALPRAZOLAM TABLET (0.25 MG, 0.5MG, 1MG)                | XANAX                        |  |  | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | 120.00 | 30.00 |
| ALPRAZOLAM TABLET (2 MG)                               | XANAX                        |  |  | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | 60.00  | 30.00 |

|  |                        |            |                |  |                                  |        |       |
|--|------------------------|------------|----------------|--|----------------------------------|--------|-------|
| ALPRAZOLAM TABLET ER 24HR (0.5 MG, 1MG, 2MG, 3MG)          | XANAX XR               |            |                | PA Required for > 1 Anxiolytic Medication in a 30-day time period. |                                  | 30.00  | 30.00 |
| CHLORDIAZEPOXIDE HCL CAPSULE                               | CHLORDIAZEPOXIDE HCL   |            |                | PA Required for > 1 Anxiolytic Medication in a 30-day time period. |                                  | 60     | 30    |
| CLORAZEPATE DIPOTASSIUM TABLET (15 MG)                     | TRANXENE T             |            |                | PA Required for > 1 Anxiolytic Medication in a 30-day time period. |                                  | 60.00  | 30.00 |
| CLORAZEPATE DIPOTASSIUM TABLET (3.75 MG, 7.5MG)            | TRANXENE T             |            |                | PA Required for > 1 Anxiolytic Medication in a 30-day time period. |                                  | 120.00 | 30.00 |
| DIAZEPAM CONCENTRATE (5 MG/ML)                             | DIAZEPAM INTENSOL      |            |                | PA Required for > 1 Anxiolytic Medication in a 30-day time period. |                                  | 60.00  | 30.00 |
| DIAZEPAM SOLUTION (1 MG/ML)                                | DIAZEPAM               |            |                | PA Required for > 1 Anxiolytic Medication in a 30-day time period. |                                  | 300.00 | 30.00 |
| DIAZEPAM TABLET (2MG, 5MG, 10 MG)                          | VALIUM                 |            |                | PA Required for > 1 Anxiolytic Medication in a 30-day time period. |                                  | 120.00 | 30.00 |
| LORAZEPAM CONCENTRATE (2 MG/ML)                            | LORAZEPAM INTENSOL     |            |                | PA Required for > 1 Anxiolytic Medication in a 30-day time period. |                                  | 60.00  | 30.00 |
| LORAZEPAM TABLET (0.5 MG, 1MG)                             | ATIVAN                 |            |                | PA Required for > 1 Anxiolytic Medication in a 30-day time period. |                                  | 120.00 | 30.00 |
| LORAZEPAM TABLET (2 MG)                                    | ATIVAN                 |            |                | PA Required for > 1 Anxiolytic Medication in a 30-day time period. |                                  | 60.00  | 30.00 |
| OXAZEPAM CAPSULE (10 MG, 15MG, 30MG)                       | OXAZEPAM               |            |                | PA Required for > 1 Anxiolytic Medication in a 30-day time period. |                                  | 60.00  | 30.00 |
| <b>ANTIARRHYTHMICS*</b>                                    |                        |            |                |  |                                  |        |       |
| <b>ANTIARRHYTHMICS TYPE I-A**</b>                          |                        |            |                |  |                                  |        |       |
| DISOPYRAMIDE PHOSPHATE CAPSULE                             | NORPACE                |            |                |  |                                  |        |       |
| DISOPYRAMIDE PHOSPHATE CAPSULE ER 12 HR                    | NORPACE CR             |            |                |  |                                  |        |       |
| QUINIDINE GLUCONATE TABLET ER                              | QUINIDINE GLUCONATE CR |            |                |  |                                  |        |       |
| QUINIDINE SULFATE TABLET                                   | QUINIDINE SULFATE      |            |                |  |                                  |        |       |
| <b>ANTIARRHYTHMICS TYPE I-B**</b>                          |                        |            |                |  |                                  |        |       |
| MEXILETINE HCL CAPSULE                                     | MEXILETINE HCL         |            |                |  |                                  |        |       |
| <b>ANTIARRHYTHMICS TYPE I-C**</b>                          |                        |            |                |  |                                  |        |       |
| FLECAINIDE ACETATE TABLET                                  | FLECAINIDE ACETATE     |            |                |  |                                  |        |       |
| PROPAPENONE HCL CAPSULE ER 12 HR                           | RYTHMOL SR             |            |                |  |                                  |        |       |
| PROPAPENONE HCL TABLET                                     | PROPAPENONE HCL        |            |                |  |                                  |        |       |
| <b>ANTIARRHYTHMICS TYPE III**</b>                          |                        |            |                |  |                                  |        |       |
| AMIODARONE HCL TABLET (100MG & 200MG)                      | PACERONE               |            |                |  |                                  |        |       |
| DOFETILIDE CAPSULE   | TIKOSYN                |            |                |  | PA Required                      |        |       |
| DRONEDARONE HCL TABLET                                     | MULTAQ                 |            |                |  | PA Required                      |        |       |
| <b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS*</b>            |                        |            |                |  |                                  |        |       |
| <b>ANTI-INFLAMMATORY AGENTS**</b>                          |                        |            |                |  |                                  |        |       |
| CROMOLYN SODIUM NEBULIZATION SOLUTION                      | CROMOLYN SODIUM        |            |                |  |                                  |        |       |
| <b>BRONCHODILATORS - ANTICHOLINERGICS**</b>                |                        |            |                |  |                                  |        |       |
| ACLIDINIUM BROMIDE ARSL PWDR-BREATH ACTIVATE               | TUDORZA PRESSAIR       |            | Preferred Drug |  |                                  |        |       |
| IPRATROPIUM BROMIDE HFA AEROSOL SOLUTION                   | ATROVENT HFA           |            | Preferred Drug |  |                                  |        |       |
| IPRATROPIUM BROMIDE SOLUTION                               | IPRATROPIUM BROMIDE    |            | Preferred Drug |  |                                  |        |       |
| TIOTROPIUM BROMIDE MONOHYDRATE AEROSOL SOLUTION            | SPIRIVA AEROSOL        |            | Preferred Drug |  |                                  |        |       |
| TIOTROPIUM BROMIDE MONOHYDRATE CAPSULE                     | SPIRIVA HANDIHALER     | Brand Only | Preferred Drug |  |                                  |        |       |
| <b>LEUKOTRIENE MODULATORS**</b>                            |                        |            |                |  |                                  |        |       |
| MONTELUKAST SODIUM TABLET CHEWABLE                         | SINGULAIR              |            |                |  |                                  | 30     | 30    |
| MONTELUKAST SODIUM PACKET                                  | SINGULAIR              |            |                |  | PA Required for > 4 Years of Age |        |       |
| MONTELUKAST SODIUM TABLET                                  | SINGULAIR              |            |                |  |                                  | 30     | 30    |
| <b>STEROID INHALANTS**</b>                                 |                        |            |                |  |                                  |        |       |
| BECLOMETHASONE DIPROPIONATE HFA AEROSOL BREATH ACTIVATED   | QVAR                   |            |                |  |                                  |        |       |
| BUDESONIDE (INHALATION) ARSL PWDR-BREATH ACTIVATE          | PULMICORT FLEXHALER    | Brand Only | Preferred Drug |  |                                  |        |       |
| BUDESONIDE (INHALATION) SUSPENSION                         | PULMICORT              |            | Preferred Drug |  | PA Required for > 4 Years of Age |        |       |
| FLUTICASONE FUROATE (INHALATION) ARSL PWDR-BREATH ACTIVATE | ARNUITY                |            |                |  |                                  |        |       |

|  |   |                                    |                          |  |        |       |
|--|---|------------------------------------|--------------------------|--|--------|-------|
| FLUTICASONE PROPIONATE (INHALATION) ARSL PWDR-BREATH ACTIVATE  | FLOVENT DISKUS                              |                                    |                          |  |        |       |
| FLUTICASONE PROPIONATE HFA AEROSOL                             | FLOVENT HFA                                 |                                    | Preferred Drug           |  |        |       |
| MOMETASONE FUROATE (INHALATION) AEROSOL                        | ASMANEX HFA                                 |                                    |                          |  |        |       |
| MOMETASONE FUROATE (INHALATION) ARSL PWDR-BREATH ACTIVATE      | ASMANEX TWISTHALER                          |                                    | Preferred Drug           |  |        |       |
| <b>SYMPATHOMIMETICS**</b>                                      |   |                                    |                          |  |        |       |
| ALBUTEROL SULFATE AEROSOL SOLUTION                             | ALBUTEROL HFA (PROVENTIL) (AG) (INHALATION) | NDC 00254100752<br>NDC 00781729685 | Preferred Albuterol NDCs |  |        |       |
| ALBUTEROL SULFATE NEBULIZATION SOLUTION                        | ALBUTEROL SULFATE                           |                                    |                          |  |        |       |
| ALBUTEROL SULFATE SYRUP  | ALBUTEROL SULFATE                           |                                    |                          |  |        |       |
| BUDESONIDE-FORMOTEROL FUMARATE DIHYDRATE AEROSOL               | SYMBICORT                                   | Brand Only                         | Preferred Drug           |  |        |       |
| FLUTICASONE-SALMETEROL ARSL PWDR-BREATH ACTIVATE               | ADVAIR DISKUS                               | Brand Only                         | Preferred Drug           |  |        |       |
| FLUTICASONE-SALMETEROL AEROSOL                                 | ADVAIR HFA                                  | Brand Only                         | Preferred Drug           |  |        |       |
| IPRATROPIUM-ALBUTEROL AEROSOL SOLUTION                         | COMBIVENT RESPIMAT                          |                                    | Preferred Drug           |  |        |       |
| IPRATROPIUM-ALBUTEROL SOLUTION                                 | IPRATROPIUM BROMIDE/ALBUTEROL SULFATE       |                                    | Preferred Drug           |  |        |       |
| MOMETASONE FUROATE-FORMOTEROL FUMARATE DIHYDRATE AEROSOL       | DULERA                                      | Brand Only                         | Preferred Drug           |  |        |       |
| SALMETEROL XINAFOATE ARSL PWDR-BREATH ACTIVATE                 | SEREVENT DISKUS                             |                                    | Preferred Drug           | PA Required  |        |       |
| TIOTROPIUM BROMIDE-OLODATEROL HCL AEROSOL SOLUTION             | STIOLTO RESPIMAT                            |                                    | Preferred Drug           | PA Required  | 1      | 30    |
| UMECLIDINIUM-VILANTEROL ARSL PWDR-BREATH ACTIVATE              | ANORO ELLIPTA                               |                                    | Preferred Drug           | PA Required  | 1      | 30    |
| <b>XANTHINES**</b>   |   |                                    |                          |  |        |       |
| THEOPHYLLINE CAPSULE ER 24 HR                                  | THEO-24                                     |                                    |                          |  |        |       |
| THEOPHYLLINE ELIXIR  | ELIXOPHYLLIN                                |                                    |                          |  |        |       |
| THEOPHYLLINE SOLUTION  | THEOPHYLLINE                                |                                    |                          |  |        |       |
| THEOPHYLLINE TABLET ER 12HR                                    | THEOPHYLLINE CR                             |                                    |                          |  |        |       |
| THEOPHYLLINE TABLET ER 24HR                                    | THEOPHYLLINE ER                             |                                    |                          |  |        |       |
| <b>ANTICOAGULANTS*</b>   |   |                                    |                          |  |        |       |
| <b>COUMARIN ANTICOAGULANTS**</b>                               |   |                                    |                          |  |        |       |
| WARFARIN SODIUM TABLET   | JANTOVEN                                    |                                    |                          |  |        |       |
| <b>DIRECT FACTOR XA INHIBITORS**</b>                           |   |                                    |                          |  |        |       |
| APIXABAN TABLET  | ELIQUIS                                     | Brand Only                         | Preferred Drug           |  | 60     | 30    |
| APIXABAN TAB THER PACK   | ELIQUIS STARTER PACK                        | Brand Only                         | Preferred Drug           |  | 74     | 365   |
| RIVAROXABAN TABLET   | XARELTO                                     | Brand Only                         | Preferred Drug           |  | 60     | 30    |
| RIVAROXABAN TAB THER PACK                                      | XARELTO STARTER PACK                        | Brand Only                         | Preferred Drug           |  | 51     | 30    |
| <b>HEPARINS AND HEPARINOID-LIKE AGENTS**</b>                   |   |                                    |                          |  |        |       |
| ENOXAPARIN SODIUM SOLUTION                                     | LOVENOX                                     |                                    | Preferred Drug           |  | 60     | 30    |
| ENOXAPARIN SODIUM SOLN PREF SYR                                | LOVENOX                                     |                                    | Preferred Drug           |  | 60     | 30    |
| HEPARIN (PORCINE) IN SODIUM CHLORIDE SOLUTION                  | HEPARIN SODIUM/SODIUM CHLORIDE 0.9% PREMIX  |                                    |                          |  |        |       |
| HEPARIN SOD (PORCINE) IN D5W SOLUTION                          | HEPARIN SODIUM/D5W                          |                                    |                          |  |        |       |
| HEPARIN SODIUM (PORCINE) SOLUTION                              | HEPARIN SODIUM                              |                                    |                          |  |        |       |
| <b>THROMBIN INHIBITORS**</b>                                   |   |                                    |                          |  |        |       |
| DABIGATRAN ETEXILATE MESYLATE CAPSULE                          | PRADAXA                                     | Brand Only                         | Preferred Drug           |  | 60     | 30    |
| <b>ANTICONVULSANTS*</b>  |   |                                    |                          |  |        |       |
| <b>AMPA GLUTAMATE RECEPTOR ANTAGONISTS**</b>                   |   |                                    |                          |  |        |       |
| PERAMPANEL TABLET  | FYCOMPA                                     |                                    |                          | PA Required  |        |       |
| PERAMPANEL SUSPENSION  | FYCOMPA                                     |                                    |                          | PA Required  |        |       |
| <b>ANTICONVULSANTS - BENZODIAZEPINES**</b>                     |   |                                    |                          |  |        |       |
| CLOBAZAM SUSPENSION  | ONFI  |                                    |                          | PA Required  |        |       |
| CLOBAZAM TABLET  | ONFI  |                                    |                          | PA Required  |        |       |
| CLONAZEPAM TABLET (0.5MG, 1.0MG)                               | KLONOPIN                                    |                                    |                          | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | 120.00 | 30.00 |
| CLONAZEPAM TABLET (2MG)  | KLONOPIN                                    |                                    |                          | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | 60.00  | 30.00 |
| CLONAZEPAM TABLET DISINTEGRATING (0.125MG, 0.25MG, 0.5MG, 1MG) | CLONAZEPAM ODT                              |                                    |                          | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | 120.00 | 30.00 |

|  |                               |            |  |  |  |       |       |
|--|-------------------------------|------------|--|--|--|-------|-------|
| CLONAZEPAM TABLET DISINTEGRATING (2MG)                     | CLONAZEPAM ODT                |            |  | PA Required for > 1 Anxiolytic Medication in a 30-day time period. |  | 60.00 | 30.00 |
| DIAZEPAM (ANTICONVULSANT) GEL                              | DIASTAT PEDIATRIC             |            |  |  |  | 2     | 30    |
| DIAZEPAM (ANTICONVULSANT) LIQUID                           | VALTOCO                       |            |  |  |  | 2     | 30    |
| DIAZEPAM (ANTICONVULSANT) LIQD THER PACK                   | VALTOCO                       |            |  |  |  | 2     | 30    |
| MIDAZOLAM (ANTICONVULSANT) SOLUTION                        | NAVZILAM                      |            |  |  |  | 2     | 30    |
| <b>ANTICONVULSANTS - MISC.**</b>                           |                               |            |  |  |  |       |       |
| CANNABIDIOL SOLUTION                                       | EPIDIOLEX                     |            |  | PA Required  |  |       |       |
| CARBAMAZEPINE TABLET CHEWABLE                              | CARBAMAZEPINE                 |            |  |  |  |       |       |
| CARBAMAZEPINE CAPSULE ER 12 HR                             | CARBATROL                     |            |  |  |  |       |       |
| CARBAMAZEPINE SUSPENSION                                   | TEGRETOL                      |            |  |  |  |       |       |
| CARBAMAZEPINE TABLET                                       | EPITOL                        |            |  |  |  |       |       |
| CARBAMAZEPINE TABLET ER 12HR                               | TEGRETOL-XR                   |            |  |  |  |       |       |
| GABAPENTIN CAPSULE   | NEURONTIN                     |            |  |  |  |       |       |
| GABAPENTIN SOLUTION  | NEURONTIN                     |            |  |  |  |       |       |
| GABAPENTIN TABLET  | NEURONTIN                     |            |  |  |  |       |       |
| LACOSAMIDE SOLUTION  | VIMPAT                        |            |  | PA Required  |  |       |       |
| LACOSAMIDE TABLET  | VIMPAT                        |            |  | PA Required  |  |       |       |
| LAMOTRIGINE TABLET CHEWABLE                                | LAMICTAL CHEWABLE DISPERSIBLE |            |  |  |  |       |       |
| LAMOTRIGINE TABLET   | SUBVENITE                     |            |  |  |  |       |       |
| LAMOTRIGINE TABLET ER 24HR                                 | LAMICTAL XR                   |            |  |  |  |       |       |
| LAMOTRIGINE TABLET DISINTEGRATING                          | LAMICTAL ODT                  |            |  |  |  |       |       |
| LEVETIRACETAM SOLUTION                                     | KEPPRA                        |            |  |  |  |       |       |
| LEVETIRACETAM TABLET                                       | ROWEEPRA                      |            |  |  |  |       |       |
| LEVETIRACETAM TABLET ER 24HR                               | KEPPRA XR                     |            |  |  |  |       |       |
| OXCARBAZEPINE SUSPENSION                                   | TRILEPTAL                     | BRAND ONLY |  |  |  |       |       |
| OXCARBAZEPINE TABLET                                       | TRILEPTAL                     |            |  |  |  |       |       |
| PREGABALIN CAPSULE (25MG, 50MG, 75MG, 100MG, 150MG, 200MG) | LYRICA                        |            |  |  |  | 90.00 | 30.00 |
| PREGABALIN CAPSULE (225MG, 300MG)                          | LYRICA                        |            |  |  |  | 60.00 | 30.00 |
| PREGABALIN SOLUTION  | LYRICA                        |            |  |  |  | 900   | 30    |
| PRIMIDONE TABLET (20MG, 250MG)                             | MYSOLINE                      |            |  |  |  |       |       |
| RUFINAMIDE SUSPENSION                                      | BANZEL                        | BRAND ONLY |  | PA Required  |  |       |       |
| RUFINAMIDE TABLET  | BANZEL                        |            |  | PA Required  |  |       |       |
| TOPIRAMATE CAPSULE ER 24 HR                                | TROKENDI XR                   | BRAND ONLY |  | PA Required  |  |       |       |
| TOPIRAMATE CAPSULE SPRINKLE                                | TOPAMAX SPRINKLE              |            |  |  |  |       |       |
| TOPIRAMATE CP24 SPRINKLE                                   | QUDEXY XR                     |            |  | PA Required  |  |       |       |
| TOPIRAMATE TABLET  | TOPAMAX                       |            |  |  |  |       |       |
| ZONISAMIDE CAPSULE   | ZONEGRAN                      |            |  |  |  |       |       |
| <b>CARBAMATES**</b>  |                               |            |  |  |  |       |       |
| CENOBAMATE TABLET  | XCOPRI                        |            |  | PA Required  |  |       |       |
| CENOBAMATE TAB THER PACK                                   | XCOPRI                        |            |  | PA Required  |  |       |       |
| FELBAMATE SUSPENSION                                       | FELBATOL                      |            |  |  |  |       |       |
| FELBAMATE TABLET   | FELBATOL                      |            |  |  |  |       |       |
| <b>GABA MODULATORS**</b>                                   |                               |            |  |  |  |       |       |
| TIAGABINE HCL TABLET                                       | GABITRIL                      |            |  | PA Required  |  |       |       |
| <b>HYDANTOINS**</b>  |                               |            |  |  |  |       |       |
| PHENYTOIN TABLET CHEWABLE                                  | DILANTIN CHEWABLES            |            |  |  |  |       |       |
| PHENYTOIN SODIUM EXTENDED CAPSULE                          | DILANTIN/PHENYTEK ER          |            |  |  |  |       |       |
| PHENYTOIN SUSPENSION                                       | DILANTIN-125                  |            |  |  |  |       |       |
| <b>SUCCINIMIDES**</b>                                      |                               |            |  |  |  |       |       |
| ETHOSUXIMIDE CAPSULE                                       | ZARONTIN                      |            |  |  |  |       |       |
| ETHOSUXIMIDE SOLUTION                                      | ZARONTIN                      |            |  |  |  |       |       |
| METHSUXIMIDE CAPSULE                                       | CELONTIN                      |            |  |  |  |       |       |
| <b>VALPROIC ACID**</b>                                     |                               |            |  |  |  |       |       |
| DIVALPROEX SODIUM CAP DR SPRINKLE                          | DEPAKOTE SPRINKLES            |            |  |  |  |       |       |
| DIVALPROEX SODIUM TABLET ER 24HR                           | DEPAKOTE ER                   |            |  |  |  |       |       |
| DIVALPROEX SODIUM TABLET ENTERIC COATED                    | DEPAKOTE                      |            |  |  |  |       |       |



|  |                             |  |  |   |        |       |
|--|-----------------------------|--|--|---|--------|-------|
| VALPROATE SODIUM SOLUTION  | VALPROATE SODIUM            |  |  |   |        |       |
| VALPROIC ACID CAPSULE  | VALPROIC ACID               |  |  |   |        |       |
| <b>ANTIDEPRESSANTS*</b>  |                             |  |  |   |        |       |
| <b>ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)**</b>                         |                             |  |  |   |        |       |
| MIRTAZAPINE TABLET   | REMERON                     |  |  | PA Required for Ages < 6 years                                      | 30     | 30    |
| MIRTAZAPINE TABLET DISINTEGRATING  | REMERON SOLTAB              |  |  | PA Required for Ages < 6 years                                      | 30     | 30    |
| <b>ANTIDEPRESSANTS - MISC.**</b>   |                             |  |  |   |        |       |
| BUPROPION HCL TABLET   | BUPROPION HCL               |  |  | PA Required for Ages < 6 years                                      | 120    | 30    |
| BUPROPION HCL TABLET ER 12HR   | WELLBUTRIN SR               |  |  | PA Required for Ages < 6 years                                      | 60     | 30    |
| BUPROPION HCL TABLET ER 24HR (150MG & 300MG)                                 | WELLBUTRIN XL               |  |  | PA Required for Ages < 6 years                                      | 30     | 30    |
| <b>GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID**</b>                       |                             |  |  |   |        |       |
| ZURANOLONE CAPSULE   | ZURZUVAE                    |  |  | PA Required   |        |       |
| <b>N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS**</b>                |                             |  |  |   |        |       |
| ESKETAMINE HCL SOLN THER PACK  | SPRAVATO                    |  |  | PA Required   |        |       |
| <b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)**</b>                     |                             |  |  |   |        |       |
| CITALOPRAM HYDROBROMIDE SOLUTION   | CITALOPRAM HYDROBROMIDE     |  |  | PA Required for Ages < 6 years and for > the age of 12 years of age | 600    | 30    |
| CITALOPRAM HYDROBROMIDE TABLET (10MG)  | CELEXA                      |  |  | PA Required for Ages < 6 years                                      | 60.00  | 30.00 |
| CITALOPRAM HYDROBROMIDE TABLET (20MG, 40MG)                                  | CELEXA                      |  |  | PA Required for Ages < 6 years                                      | 30.00  | 30.00 |
| ESCITALOPRAM OXALATE TABLET (5MG)  | LEXAPRO                     |  |  | PA Required for Ages < 6 years                                      | 60.00  | 30.00 |
| ESCITALOPRAM OXALATE TABLET (10MG, 20MG)                                     | LEXAPRO                     |  |  | PA Required for Ages < 6 years                                      | 30.00  | 30.00 |
| FLUOXETINE HCL CAPSULE (10MG, 40MG)  | PROZAC                      |  |  | PA Required for Ages < 6 years                                      | 60.00  | 30.00 |
| FLUOXETINE HCL CAPSULE (20MG)  | PROZAC                      |  |  | PA Required for Ages < 6 years                                      | 120.00 | 30.00 |
| FLUOXETINE HCL SOLUTION  | FLUOXETINE HCL              |  |  | PA Required for Ages < 6 years and for > the age of 12 years of age | 600    | 30    |
| FLUVOXAMINE MALEATE TABLET (25MG)  | LUVOX                       |  |  | PA Required for Ages < 6 years                                      | 60.00  | 30.00 |
| FLUVOXAMINE MALEATE TABLET (50MG)  | LUVOX                       |  |  | PA Required for Ages < 6 years                                      | 180.00 | 30.00 |
| FLUVOXAMINE MALEATE TABLET (100MG)   | LUVOX                       |  |  | PA Required for Ages < 6 years                                      | 90.00  | 30.00 |
| PAROXETINE HCL TABLET (10MG, 20MG, 30MG)                                     | PAXIL                       |  |  | PA Required for Ages < 6 years                                      | 30.00  | 30.00 |
| PAROXETINE HCL TABLET (40MG)   | PAXIL                       |  |  | PA Required for Ages < 6 years                                      | 45.00  | 30.00 |
| SERTRALINE HCL CONCENTRATE   | ZOLOFT                      |  |  | PA Required for Ages < 6 years and for > the age of 12 years of age | 300    | 30    |
| SERTRALINE HCL TABLET (25MG)   | ZOLOFT                      |  |  | PA Required for Ages < 6 years                                      | 90.00  | 30.00 |
| SERTRALINE HCL TABLET (50MG)   | ZOLOFT                      |  |  | PA Required for Ages < 6 years                                      | 120.00 | 30.00 |
| SERTRALINE HCL TABLET (100MG)  | ZOLOFT                      |  |  | PA Required for Ages < 6 years                                      | 60.00  | 30.00 |
| <b>SEROTONIN MODULATORS**</b>  |                             |  |  |   |        |       |
| TRAZODONE HCL TABLET (50MG)  | TRAZODONE HYDROCHLORIDE     |  |  | PA Required for Ages < 6 years                                      | 90.00  | 30.00 |
| TRAZODONE HCL TABLET (100MG)   | TRAZODONE HYDROCHLORIDE     |  |  | PA Required for Ages < 6 years                                      | 120.00 | 30.00 |
| TRAZODONE HCL TABLET (150MG)   | TRAZODONE HYDROCHLORIDE     |  |  | PA Required for Ages < 6 years                                      | 60.00  | 30.00 |
| TRAZODONE HCL TABLET (300MG)   | TRAZODONE HYDROCHLORIDE     |  |  | PA Required for Ages < 6 years                                      | 30.00  | 30.00 |
| <b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)**</b>                |                             |  |  |   |        |       |
| DULOXETINE HCL CAPSULE DR PART (20MG, 30MG)                                  | CYMBALTA                    |  |  | PA Required for Ages < 6 years                                      | 120.00 | 30.00 |
| DULOXETINE HCL CAPSULE DR PART(60MG)   | CYMBALTA                    |  |  | PA Required for Ages < 6 years                                      | 60.00  | 30.00 |
| VENLAFAXINE HCL CAPSULE ER 24 HR - CAPSULE ONLY (37.5MG, 75MG)               | EFFEXOR XR                  |  |  | PA Required for Ages < 6 years                                      | 90.00  | 30.00 |
| VENLAFAXINE HCL CAPSULE ER 24 HR - CAPSULE ONLY (150MG)                      | EFFEXOR XR                  |  |  | PA Required for Ages < 6 years                                      | 30.00  | 30.00 |
| VENLAFAXINE HCL TABLET - IMMEDIATE RELEASE ONLY - TABLET ONLY (25MG)         | VENLAFAXINE HYDROCHLORIDE   |  |  | PA Required for Ages < 6 years                                      | 120.00 | 30.00 |
| VENLAFAXINE HCL TABLET - IMMEDIATE RELEASE ONLY - TABLET ONLY (37.5MG, 50MG) | VENLAFAXINE HYDROCHLORIDE   |  |  | PA Required for Ages < 6 years                                      | 90.00  | 30.00 |
| VENLAFAXINE HCL TABLET - IMMEDIATE RELEASE ONLY - TABLET ONLY (75MG)         | VENLAFAXINE HYDROCHLORIDE   |  |  | PA Required for Ages < 6 years                                      | 150.00 | 30.00 |
| VENLAFAXINE HCL TABLET - IMMEDIATE RELEASE ONLY - TABLET ONLY (100MG)        | VENLAFAXINE HYDROCHLORIDE   |  |  | PA Required for Ages < 6 years                                      | 90.00  | 30.00 |
| <b>TRICYCLIC AGENTS**</b>  |                             |  |  |   |        |       |
| AMITRIPTYLINE HCL TABLET   | AMITRIPTYLINE HYDROCHLORIDE |  |  | PA Required for Ages < 6 years                                      |        |       |
| AMOXAPINE TABLET   | AMOXAPINE                   |  |  | PA Required for ages < 6 years                                      |        |       |
| CLOMIPRAMINE HCL CAPSULE   | ANAFRANIL                   |  |  | PA Required for Ages < 6 years                                      |        |       |

|  |   |            |                |                                  |   |                        |    |
|--|---|------------|----------------|----------------------------------|---|------------------------|----|
| DESIPRAMINE HCL TABLET   | NORPRAMIN   |            |                | PA Required for Ages < 6 years   |   |                        |    |
| DOXEPIN HCL CAPSULE  | DOXEPIN HCL   |            |                | PA Required for Ages < 6 years   |   | 90                     | 30 |
| DOXEPIN HCL CONCENTRATE  | DOXEPIN HCL   |            |                | PA Required for Ages < 6 years   |   | 180                    | 30 |
| IMIPRAMINE HCL TABLET  | IMIPRAMINE HCL  |            |                | PA Required for Ages < 6 years   |   |                        |    |
| IMIPRAMINE PAMOATE CAPSULE   | IMIPRAMINE PAMOATE                                      |            |                | PA Required for Ages < 6 years   |   | 30                     | 30 |
| NORTRIPTYLINE HCL CAPSULE  | PAMELOR   |            |                | PA Required for Ages < 6 years   |   |                        |    |
| NORTRIPTYLINE HCL SOLUTION   | NORTRIPTYLINE HCL                                       |            |                | PA Required for Ages < 6 years   |   |                        |    |
| PROTRIPTYLINE HCL TABLET   | PROTRIPTYLINE HCL                                       |            |                | PA Required for Ages < 6 years   |   |                        |    |
| TRIMIPRAMINE MALEATE CAPSULE   | TRIMIPRAMINE MALEATE                                    |            |                | PA Required for Ages < 6 years   |   |                        |    |
| TRIMIPRAMINE MALEATE POWDER  | TRIMIPRAMINE MALEATE                                    |            |                | PA Required for < 6 years of age |   |                        |    |
| <b>ANTIDIABETICS*</b>  |   |            |                |                                  |   |                        |    |
| <b>ALPHA-GLUCOSIDASE INHIBITORS**</b>                                      |   |            |                |                                  |   |                        |    |
| ACARBOSE TABLET  | PRECOSE   |            |                |                                  |   |                        |    |
| <b>ANTIDIABETIC - AMYLIN ANALOGS**</b>                                     |   |            |                |                                  |   |                        |    |
| PRAMLINTIDE ACETATE SOLN PEN-INJ   | SYMLINPEN 60  |            | Preferred Drug | PA Required                      |   |                        |    |
| <b>ANTIDIABETIC COMBINATIONS**</b>   |   |            |                |                                  |   |                        |    |
| ALOGLIPTIN-METFORMIN HCL TABLET  | KAZANO  | Brand Only | Preferred Drug |                                  |   | Step Through Metformin |    |
| ALOGLIPTIN-PIOGLITAZONE TABLET   | OSENI   | Brand Only | Preferred Drug |                                  |   | Step Through Metformin |    |
| CANAGLIFLOZIN-METFORMIN HCL TABLET   | INVOKAMET   | Brand Only | Preferred Drug |                                  |   | Step Through Metformin |    |
| DAPAGLIFLOZIN PROPANEDIOL-METFORMIN HCL TABLET ER 24HR                     | XIGDUO XR   | Brand Only | Preferred Drug |                                  |   | Step Through Metformin |    |
| EMPAGLIFLOZIN-LINAGLIPTIN-METFORMIN TABLET ER 24HR                         | TRIJARDY XR   | Brand Only | Preferred Drug |                                  |   | Step Through Metformin |    |
| EMPAGLIFLOZIN-METFORMIN HCL TABLET   | SYNJARDY  | Brand Only | Preferred Drug |                                  |   | Step Through Metformin |    |
| GLYBURIDE-METFORMIN TABLET   | GLYBURIDE/METFORMIN HYDROCHLORIDE                       |            | Preferred Drug |                                  |   |                        |    |
| LINAGLIPTIN-METFORMIN HCL TABLET   | JENTADUETO  | Brand Only | Preferred Drug |                                  |   | Step Through Metformin |    |
| LINAGLIPTIN-METFORMIN HCL TABLET ER 24HR                                   | JENTADUETO XR   | Brand Only | Preferred Drug |                                  |   | Step Through Metformin |    |
| PIOGLITAZONE HCL-METFORMIN HCL TABLET                                      | ACTOPLUS MET  |            | Preferred Drug |                                  |   |                        |    |
| SAXAGLIPTIN-METFORMIN HCL TABLET ER 24HR                                   | KOMBIGLYZE XR   | Brand Only | Preferred Drug |                                  |   | Step Through Metformin |    |
| SITAGLIPTIN-METFORMIN HCL TABLET   | JANUMET   | Brand Only | Preferred Drug |                                  |   | Step Through Metformin |    |
| SITAGLIPTIN-METFORMIN HCL TABLET ER 24HR                                   | JANUMET XR  | Brand Only | Preferred Drug |                                  |   | Step Through Metformin |    |
| <b>BIGUANIDES**</b>  |   |            |                |                                  |   |                        |    |
| METFORMIN HCL TABLET   | METFORMIN HYDROCHLORIDE                                 |            |                |                                  |   |                        |    |
| METFORMIN HCL TABLET ER 24HR (GENERIC OF GLUCOPHAGE XR ONLY- 500MG, 750MG) | Various<br>GENERIC OF GLUCOPHAGE XR ONLY- 500MG & 750MG |            |                |                                  | PA Required for Osmotic and Modified Release Products |                        |    |
| <b>DIABETIC OTHER**</b>  |   |            |                |                                  |   |                        |    |
| DASIGLUCAGON HCL SOLN AUTO-INJ   | ZEGALOGUE   |            | Preferred Drug |                                  |   | 2                      | 30 |
| DIAZOXIDE SUSPENSION   | PROGLYCEM   | Brand Only | Preferred Drug |                                  |   |                        |    |
| GLUCAGON SOLUTION  | GVOKE KIT   |            | Preferred Drug |                                  |   | 2                      | 30 |
| GLUCAGON (RDNA) KIT  | GLUCAGON EMERGENCY KIT (BY AMPHASTAR)                   |            | Preferred Drug |                                  |   | 2                      | 30 |
| GLUCAGON HCL (RDNA) SOLUTION RECONSTITUTED                                 | GLUCAGEN HYPOKIT  |            | Preferred Drug |                                  |   | 2                      | 30 |
| GLUCAGON SOLN AUTO-INJ   | GVOKE HYPOPEN 1-PACK                                    |            | Preferred Drug |                                  |   | 2                      | 30 |
| GLUCAGON SOLN PREF SYR   | GVOKE PFS   |            | Preferred Drug |                                  |   | 2                      | 30 |
| MIFEPRISTONE (HYPERGLYCEMIA) TABLET  | KORLYM  |            |                | PA Required                      |   |                        |    |
| <b>DIIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS**</b>                        |   |            |                |                                  |   |                        |    |
| ALOGLIPTIN BENZOATE TABLET   | NESINA  | Brand Only | Preferred Drug |                                  |   | Step Through Metformin |    |
| LINAGLIPTIN TABLET   | TRADJENTA   | Brand Only | Preferred Drug |                                  |   | Step Through Metformin |    |
| SAXAGLIPTIN HCL TABLET   | ONGLYZA   | Brand Only | Preferred Drug |                                  |   | Step Through Metformin |    |
| SITAGLIPTIN PHOSPHATE TABLET   | JANUVIA   | Brand Only | Preferred Drug |                                  |   | Step Through Metformin |    |
| <b>INCRETIN MIMETIC AGENTS**</b>   |   |            |                |                                  |   |                        |    |
| DULAGLUTIDE SOLN PEN-INJ   | TRULICITY   |            | Preferred Drug | PA Required                      |   |                        |    |
| EXENATIDE SOLN PEN-INJ   | BYETTA  |            | Preferred Drug | PA Required                      |   |                        |    |
| LIRAGLUTIDE SOLN PEN-INJ   | VICTOZA   |            | Preferred Drug | PA Required                      |   |                        |    |
| <b>INSULIN SENSITIZING AGENTS**</b>  |   |            |                |                                  |   |                        |    |
| PIOGLITAZONE HCL TABLET  | ACTOS   |            |                |                                  |   |                        |    |
| <b>INSULIN**</b>   |   |            |                |                                  |   |                        |    |

|   |  |                         |                |             |      |                        |
|---|--|-------------------------|----------------|-------------|------|------------------------|
| INSULIN ASPART PROTAMINE & ASPART (HUMAN) SUSP PEN-INJ (70/30)  | NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION           | Authorized Generic Only | Preferred Drug |             |      |                        |
| INSULIN ASPART PROTAMINE & ASPART (HUMAN) SUSPENSION (70/30)    | NOVOLOG MIX 70/30                                    | Authorized Generic Only | Preferred Drug |             |      |                        |
| INSULIN ASPART SOLN CARTRIDGE                                   | NOVOLOG PENFILL                                      | Authorized Generic Only | Preferred Drug |             |      |                        |
| INSULIN ASPART SOLUTION   | NOVOLOG  | Authorized Generic Only | Preferred Drug |             |      |                        |
| INSULIN ASPART SOLN PEN-INJ                                     | NOVOLOG FLEXPEN                                      | Authorized Generic Only | Preferred Drug |             |      |                        |
| INSULIN DETEMIR SOLUTION  | LEVEMIR  | Brand Only              | Preferred Drug |             |      |                        |
| INSULIN DETEMIR SOLN PEN-INJ                                    | LEVEMIR FLEXPEN                                      | Brand Only              | Preferred Drug |             |      |                        |
| INSULIN GLARGINE SOLUTION                                       | LANTUS   | Brand Only              | Preferred Drug |             |      |                        |
| INSULIN GLARGINE SOLN PEN-INJ                                   | LANTUS SOLOSTAR                                      | Brand Only              | Preferred Drug |             |      |                        |
| INSULIN LISPRO PROTAMINE & LISPRO SUSP PEN-INJ (50/50), (75/25) | HUMALOG MIX 50/50 KWIKPEN, HUMALOG MIX 75/25 KWIKPEN |                         | Preferred Drug |             |      |                        |
| INSULIN LISPRO PROTAMINE & LISPRO SUSPENSION (50/50), (75/25)   | HUMALOG MIX 50/50, HUMALOG MIX 75/25                 | Brand Only              | Preferred Drug |             |      |                        |
| INSULIN LISPRO SOLN CARTRIDGE                                   | HUMALOG  | Brand Only              | Preferred Drug |             |      |                        |
| INSULIN LISPRO SOLUTION   | HUMALOG  | Authorized Generic Only | Preferred Drug |             |      |                        |
| INSULIN LISPRO SOLN PEN-INJ (100/ML)                            | HUMALOG JUNIOR KWIKPEN, HUMALOG KWIKPEN INJ 100/ML   | Authorized Generic Only | Preferred Drug |             |      |                        |
| INSULIN NPH (HUMAN) (ISOPHANE) SUSPENSION                       | NOVOLIN N  | Brand Only              | Preferred Drug |             |      |                        |
| INSULIN NPH ISOPHANE & REG (HUMAN) SUSP PEN-INJ                 | HUMULIN 70/30 KWIKPEN                                |                         |                |             |      |                        |
| INSULIN NPH ISOPHANE & REG (HUMAN) SUSPENSION                   | HUMULIN 70/30, NOVOLIN 70/30, HUMULIN 70/30 KWIKPEN  | Brand Only              | Preferred Drug |             |      |                        |
| INSULIN REGULAR (HUMAN) SOLUTION                                | NOVOLIN R, HUMULIN R U-500 (CONCENTRATED)            | Brand Only              | Preferred Drug |             |      |                        |
| INSULIN REGULAR (HUMAN) SOLN PEN-INJ                            | HUMULIN R U-500 KWIKPEN                              | Brand Only              | Preferred Drug | PA Required |      |                        |
| <b>MEGLITINIDE ANALOGUES**</b>                                  |  |                         |                |             |      |                        |
| NATEGLINIDE TABLET  | STARLIX  |                         |                |             |      |                        |
| REPAGLINIDE TABLET  | REPAGLINIDE  |                         |                |             |      |                        |
| <b>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS**</b>     |  |                         |                |             |      |                        |
| CANAGLIFLOZIN TABLET  | INVOKANA   |                         | Preferred Drug |             |      | Step Through Metformin |
| DAPAGLIFLOZIN PROPANEDIOL TABLET                                | FARXIGA  | Brand Only              | Preferred Drug |             |      | Step Through Metformin |
| EMPAGLIFLOZIN TABLET  | JARDIANCE  |                         | Preferred Drug |             |      | Step Through Metformin |
| <b>SULFONYLUREAS**</b>  |  |                         |                |             |      |                        |
| GLIMEPIRIDE TABLET  | AMARYL   |                         |                |             |      |                        |
| GLIPIZIDE TABLET  | GLUCOTROL  |                         |                |             |      |                        |
| GLIPIZIDE TABLET ER 24HR  | GLUCOTROL XL   |                         |                |             |      |                        |
| GLYBURIDE MICRONIZED TABLET                                     | GLYNASE  |                         |                |             |      |                        |
| GLYBURIDE TABLET  | GLYBURIDE  |                         |                |             |      |                        |
| <b>ANTIDIARRHEAL/PROBIOTIC AGENTS*</b>                          |  |                         |                |             |      |                        |
| <b>ANTIPEPERISTALTIC AGENTS**</b>                               |  |                         |                |             |      |                        |
| DIPHENOXYLATE W/ ATROPINE LIQUID                                | DIPHENOXYLATE/ATROPINE                               |                         |                |             |      |                        |
| DIPHENOXYLATE W/ ATROPINE TABLET                                | LOMOTIL  |                         |                |             |      |                        |
| LOPERAMIDE HCL CAPSULE  | IMODIUM A-D  |                         |                |             |      |                        |
| LOPERAMIDE HCL LIQUID   | IMODIUM A-D  |                         |                |             |      |                        |
| LOPERAMIDE HCL SOLUTION   | IMODIUM A-D  |                         |                |             |      |                        |
| LOPERAMIDE HCL SUSPENSION                                       | LOPERAMIDE HCL                                       |                         |                |             |      |                        |
| LOPERAMIDE HCL TABLET   | IMODIUM A-D  |                         |                |             |      |                        |
| <b>ANTIDOTES AND SPECIFIC ANTAGONISTS*</b>                      |  |                         |                |             |      |                        |
| <b>OPIOID ANTAGONISTS**</b>                                     |  |                         |                |             |      |                        |
| NALOXONE HCL LIQUID (4mg, 8mg)                                  | NARCAN/KLOXXADO NASAL SPRAY                          |                         | Preferred Drug |             | 2.00 | 1.00                   |
| NALOXONE HCL SOLN CARTRIDGE                                     | NALOXONE HYDROCHLORIDE                               |                         | Preferred Drug |             |      |                        |
| NALOXONE HCL SOLUTION   | NALOXONE HYDROCHLORIDE                               |                         | Preferred Drug |             |      |                        |

|  |                                       |            |                |             |     |     |
|--|---------------------------------------|------------|----------------|-------------|-----|-----|
| NALOXONE HCL SOLN PREF SYR                                   | NALOXONE HYDROCHLORIDE                |            | Preferred Drug |             |     |     |
| NALTREXONE HCL TABLET  | NALTREXONE HCL                        |            | Preferred Drug |             |     |     |
| NALTREXONE SUSPENSION RECONSTITUTED                          | VIVITROL                              |            | Preferred Drug |             |     |     |
| <b>ANTIEMETICS*</b>  |                                       |            |                |             |     |     |
| <b>5-HT3 RECEPTOR ANTAGONISTS**</b>                          |                                       |            |                |             |     |     |
| DOLASETRON MESYLATE TABLET                                   | ANZEMET                               |            |                | PA Required |     |     |
| GRANISETRON HCL SOLUTION                                     | GRANISETRON HCL                       |            |                | PA Required |     |     |
| GRANISETRON HCL TABLET                                       | GRANISETRON HYDROCHLORIDE             |            |                | PA Required |     |     |
| ONDANSETRON HCL SOLUTION                                     | ONDANSETRON HYDROCHLORIDE             |            |                |             | 300 | 30  |
| ONDANSETRON HCL SOLN PREF SYR                                | ONDANSETRON HYDROCHLORIDE             |            |                |             |     |     |
| ONDANSETRON HCL TABLET                                       | ZOFRAN                                |            |                |             | 60  | 30  |
| ONDANSETRON TABLET DISINTEGRATING                            | ONDANSETRON ODT                       |            |                |             | 60  | 30  |
| <b>ANTIEMETICS - ANTICHOLINERGIC**</b>                       |                                       |            |                |             |     |     |
| MECLIZINE HCL TABLET CHEWABLE                                | DRAMAMINE MOTION SICKNESS LESS DROWSY |            |                |             |     |     |
| MECLIZINE HCL TABLET   | WAL-DRAM II                           |            |                |             |     |     |
| TRIMETHOBENZAMIDE HCL CAPSULE                                | TIGAN                                 |            |                |             |     |     |
| TRIMETHOBENZAMIDE HCL SOLUTION                               | TIGAN                                 |            |                |             |     |     |
| <b>ANTIEMETICS - MISCELLANEOUS**</b>                         |                                       |            |                |             |     |     |
| DOXYLAMINE-PYRIDOXINE TABLET ENTERIC COATED                  | DICLEGIS                              |            |                |             |     |     |
| DRONABINOL CAPSULE   | MARINOL                               |            |                | PA Required |     |     |
| <b>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS**</b> |                                       |            |                |             |     |     |
| APREPITANT CAPSULE   | EMEND                                 |            |                |             | 6   | 21  |
| APREPITANT MISCELLANEOUS                                     | APREPITANT                            |            |                |             | 6   | 21  |
| <b>ANTIFUNGALS*</b>  |                                       |            |                |             |     |     |
| <b>ANTIFUNGALS**</b>   |                                       |            |                |             |     |     |
| GRISEOFULVIN MICROSIZING SUSPENSION                          | GRISEOFULVIN MICROSIZING              |            |                |             |     |     |
| GRISEOFULVIN MICROSIZING TABLET                              | GRISEOFULVIN MICROSIZING              |            |                |             |     |     |
| NYSTATIN TABLET  | NYSTATIN                              |            |                |             |     |     |
| TERBINAFINE HCL TABLET                                       | TERBINAFINE HCL                       |            |                |             | 90  | 365 |
| <b>IMIDAZOLE-RELATED ANTIFUNGALS**</b>                       |                                       |            |                |             |     |     |
| FLUCONAZOLE SUSPENSION RECONSTITUTED                         | DIFLUCAN                              |            |                |             | 600 | 30  |
| FLUCONAZOLE TABLET   | DIFLUCAN                              |            |                |             | 60  | 30  |
| VORICONAZOLE SUSPENSION RECONSTITUTED                        | VFEND                                 | Brand Only |                | PA Required |     |     |
| <b>ANTIHISTAMINES*</b>                                       |                                       |            |                |             |     |     |
| <b>ANTIHISTAMINES - ALKYLAMINES**</b>                        |                                       |            |                |             |     |     |
| CHLORPHENIRAMINE MALEATE TABLET                              | WAL-FINATE                            |            |                |             |     |     |
| DEXCHLORPHENIRAMINE MALEATE SOLUTION                         | RYCLORA                               |            |                |             |     |     |
| <b>ANTIHISTAMINES - ETHANOLAMINES**</b>                      |                                       |            |                |             |     |     |
| CLEMASTINE FUMARATE SYRUP                                    | CLEMASTINE FUMARATE                   |            |                |             |     |     |
| CLEMASTINE FUMARATE TABLET                                   | DAYHIST ALLERGY 12 HOUR RELIEF        |            |                |             |     |     |
| DIPHENHYDRAMINE HCL CAPSULE                                  | WAL-DRYL ALLERGY                      |            |                |             |     |     |
| DIPHENHYDRAMINE HCL TABLET CHEWABLE                          | BENADRYL ALLERGY CHILDRENS            |            |                |             |     |     |
| DIPHENHYDRAMINE HCL ELIXIR                                   | DIPHENHYDRAMINE HCL                   |            |                |             |     |     |
| DIPHENHYDRAMINE HCL LIQUID                                   | WAL-DRYL ALLERGY CHILDRENS            |            |                |             |     |     |
| DIPHENHYDRAMINE HCL SOLUTION                                 | DIPHENHYDRAMINE HCL                   |            |                |             |     |     |
| DIPHENHYDRAMINE HCL SUSPENSION RECONSTITUTED                 | DICOPANOL FUSEPAQ                     |            |                |             |     |     |
| DIPHENHYDRAMINE HCL TABLET                                   | WAL-DRYL ALLERGY                      |            |                |             |     |     |
| DIPHENHYDRAMINE HCL TABLET DISINTEGRATING                    | WAL-DRYL ALLERGY RELIEF CHILDRENS     |            |                |             |     |     |
| <b>ANTIHISTAMINES - NON-SEDATING**</b>                       |                                       |            |                |             |     |     |
| CETIRIZINE HCL CAPSULE                                       | WAL-ZYR                               |            |                |             | 30  | 30  |
| CETIRIZINE HCL TABLET CHEWABLE                               | ZYRTEC CHILDRENS ALLERGY              |            |                |             | 30  | 30  |
| CETIRIZINE HCL SOLUTION                                      | WAL-ZYR CHILDRENS                     |            |                |             | 150 | 30  |
| CETIRIZINE HCL SYRUP   | ZYRTEC CHILDRENS ALLERGY              |            |                |             | 150 | 30  |
| CETIRIZINE HCL TABLET  | KLS ALLER-TEC                         |            |                |             | 30  | 30  |
| CETIRIZINE HCL TABLET DISINTEGRATING                         | ZYRTEC ALLERGY CHILDRENS              |            |                |             | 30  | 30  |
| FEXOFENADINE HCL SUSPENSION                                  | ALLEGRA ALLERGY CHILDRENS             |            |                |             | 150 | 30  |
| FEXOFENADINE HCL TABLET DISINTEGRATING (60mg)                | WAL-FEX ALLERGY 12 HOUR               |            |                |             | 60  | 30  |

|   |                              |  |  |  |                                |    |
|---|------------------------------|--|--|--|--------------------------------|----|
| FEXOFENADINE HCL TABLET DISINTEGRATING (180mg)        | WAL-FEX ALLERGY 12 HOUR      |  |  |  | 30                             | 30 |
| FEXOFENADINE HCL TABLET 180MG                         | ALLEGRA ALLERGY CHILDRENS    |  |  |  | 30                             | 30 |
| LORATADINE CAPSULE                                    | CLARITIN                     |  |  |  | 30                             | 30 |
| LORATADINE TABLET CHEWABLE                            | WAL-ITIN ALLERGY CHILDRENS   |  |  |  | 30                             | 30 |
| LORATADINE SOLUTION                                   | WAL-ITIN                     |  |  |  | 150                            | 30 |
| LORATADINE SYRUP                                      | CHILDRENS LORATADINE         |  |  |  | 150                            | 30 |
| LORATADINE TABLET                                     | WAL-ITIN                     |  |  |  | 30                             | 30 |
| LORATADINE TABLET DISINTEGRATING                      | CLARITIN REDITABS            |  |  |  | 30                             | 30 |
| <b>ANTIHISTAMINES - PHENOTHIAZINES**</b>              |                              |  |  |  |                                |    |
| PROMETHAZINE HCL SOLUTION                             | PHENERGAN                    |  |  |  |                                |    |
| PROMETHAZINE HCL SUPPOSITORY                          | PROMETHEGAN                  |  |  |  |                                |    |
| PROMETHAZINE HCL SYRUP                                | PROMETHAZINE HCL PLAIN       |  |  |  |                                |    |
| PROMETHAZINE HCL TABLET                               | PROMETHAZINE HYDROCHLORIDE   |  |  |  |                                |    |
| <b>ANTIHISTAMINES - PIPERIDINES**</b>                 |                              |  |  |  |                                |    |
| CYPROHEPTADINE HCL SYRUP                              | CYPROHEPTADINE HCL           |  |  |  |                                |    |
| CYPROHEPTADINE HCL TABLET                             | CYPROHEPTADINE HYDROCHLORIDE |  |  |  |                                |    |
| <b>ANTIHYPERLIPIDEMICS*</b>                           |                              |  |  |  |                                |    |
| <b>BILE ACID SEQUESTRANTS**</b>                       |                              |  |  |  |                                |    |
| CHOLESTYRAMINE LIGHT PACKET                           | PREVALITE                    |  |  |  |                                |    |
| CHOLESTYRAMINE LIGHT POWDER                           | PREVALITE                    |  |  |  |                                |    |
| CHOLESTYRAMINE PACKET                                 | QUESTRAN                     |  |  |  |                                |    |
| CHOLESTYRAMINE POWDER                                 | QUESTRAN                     |  |  |  |                                |    |
| COLESTIPOL HCL TABLET                                 | COLESTID                     |  |  |  |                                |    |
| <b>FIBRIC ACID DERIVATIVES**</b>                      |                              |  |  |  |                                |    |
| FENOFIBRATE MICRONIZED CAPSULE (67MG, 134MG, 200MG)   | ANTARA                       |  |  |  |                                |    |
| FENOFIBRATE TABLET (48MG, 54MG, 145MG, 160MG)         | FENOGLIDE                    |  |  |  |                                |    |
| GEMFIBROZIL TABLET                                    | LOPID                        |  |  |  |                                |    |
| <b>HMG COA REDUCTASE INHIBITORS**</b>                 |                              |  |  |  |                                |    |
| ATORVASTATIN CALCIUM TABLET                           | LIPITOR                      |  |  |  | 30                             | 30 |
| LOVASTATIN TABLET                                     | LOVASTATIN                   |  |  |  | 30                             | 30 |
| PRAVASTATIN SODIUM TABLET                             | PRAVASTATIN SODIUM           |  |  |  | 30                             | 30 |
| ROSUVASTATIN CALCIUM TABLET                           | CRESTOR                      |  |  |  | 30                             | 30 |
| SIMVASTATIN TABLET                                    | ZOCOR                        |  |  |  | 30                             | 30 |
| <b>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS**</b> |                              |  |  |  |                                |    |
| EZETIMIBE TABLET                                      | ZETIA                        |  |  |  |                                |    |
| <b>NICOTINIC ACID DERIVATIVES**</b>                   |                              |  |  |  |                                |    |
| NIACIN (ANTIHYPERLIPIDEMIC) TABLET                    | NIACOR                       |  |  |  |                                |    |
| <b>ANTIHYPERTENSIVES*</b>                             |                              |  |  |  |                                |    |
| <b>ACE INHIBITORS**</b>                               |                              |  |  |  |                                |    |
| BENAZEPRIL HCL TABLET                                 | LOTENSIN                     |  |  |  |                                |    |
| CAPTAPRIL TABLET                                      | CAPTAPRIL                    |  |  |  |                                |    |
| ENALAPRIL MALEATE SOLUTION                            | EPANED                       |  |  |  |                                |    |
| ENALAPRIL MALEATE TABLET                              | VASOTEC                      |  |  |  |                                |    |
| FOSINOPRIL SODIUM TABLET                              | FOSINOPRIL SODIUM            |  |  |  |                                |    |
| LISINAPRIL TABLET                                     | ZESTRIL                      |  |  |  |                                |    |
| MOEXIPRIL HCL TABLET                                  | MOEXIPRIL HCL                |  |  |  |                                |    |
| PERINDOPRIL ERBUMINE TABLET                           | PERINDOPRIL ERBUMINE         |  |  |  |                                |    |
| QUINAPRIL HCL TABLET                                  | ACCUPRIL                     |  |  |  |                                |    |
| RAMIPRIL CAPSULE                                      | ALTACE                       |  |  |  |                                |    |
| TRANDOLAPRIL TABLET                                   | TRANDOLAPRIL                 |  |  |  |                                |    |
| <b>ANGIOTENSIN II RECEPTOR ANTAGONISTS**</b>          |                              |  |  |  |                                |    |
| IRBESARTAN TABLET                                     | AVAPRO                       |  |  |  |                                |    |
| LOSARTAN POTASSIUM TABLET                             | COZAAR                       |  |  |  |                                |    |
| OLMESARTAN MEDOXOMIL TABLET                           | BENICAR                      |  |  |  |                                |    |
| VALSARTAN SOLUTION                                    | VALSARTAN                    |  |  |  | PA Required for > 7 Years Old  |    |
| VALSARTAN TABLET                                      | DIOVAN                       |  |  |  |                                |    |
| <b>ANTIADRENERGIC ANTIHYPERTENSIVES**</b>             |                              |  |  |  |                                |    |
| CLONIDINE HCL TABLET                                  | CLONIDINE HYDROCHLORIDE      |  |  |  | PA Required for Ages < 6 years |    |

|   |                                       |  |  |                                       |   |    |
|---|---------------------------------------|--|--|---------------------------------------|---|----|
| CLONIDINE PATCH WEEKLY                                      | CATAPRES-TTS-1                        |  |  | PA Required for < 6 years of age      | 4 | 30 |
| DOXAZOSIN MESYLATE TABLET                                   | CARDURA                               |  |  |                                       |   |    |
| GUANFACINE HCL TABLET                                       | GUANFACINE HCL                        |  |  | PA Required for Ages < 6 years        |   |    |
| METHYLDOPA TABLET   | METHYLDOPA                            |  |  |                                       |   |    |
| PRAZOSIN HCL CAPSULE  | MINIPRESS                             |  |  |                                       |   |    |
| TERAZOSIN HCL CAPSULE                                       | TERAZOSIN HCL                         |  |  |                                       |   |    |
| <b>ANTIHYPERTENSIVE COMBINATIONS**</b>                      |                                       |  |  |                                       |   |    |
| ATENOLOL & CHLORTHALIDONE TABLET                            | TENORETIC 50                          |  |  |                                       |   |    |
| BENAZEPRIL & HYDROCHLOROTHIAZIDE TABLET                     | LOTENSIN HCT                          |  |  |                                       |   |    |
| BISOPROLOL & HYDROCHLOROTHIAZIDE TABLET                     | ZIAC                                  |  |  |                                       |   |    |
| CAPTAPRIL & HYDROCHLOROTHIAZIDE TABLET                      | CAPTAPRIL/HYDROCHLOROTHIAZIDE         |  |  |                                       |   |    |
| ENALAPRIL MALEATE & HYDROCHLOROTHIAZIDE TABLET              | VASERETIC                             |  |  |                                       |   |    |
| FOSINOPRIL SODIUM & HYDROCHLOROTHIAZIDE TABLET              | FOSINOPRIL SODIUM/HYDROCHLOROTHIAZIDE |  |  |                                       |   |    |
| LISINAPRIL & HYDROCHLOROTHIAZIDE TABLET                     | ZESTORETIC                            |  |  |                                       |   |    |
| LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE TABLET             | HYZAAR                                |  |  |                                       |   |    |
| METOPROLOL & HYDROCHLOROTHIAZIDE TABLET                     | METOPROLOL/HYDROCHLOROTHIAZIDE        |  |  |                                       |   |    |
| OLMESARTAN MEDOXOMIL-HYDROCHLOROTHIAZIDE TABLET             | BENICAR HCT                           |  |  |                                       |   |    |
| QUINAPRIL-HYDROCHLOROTHIAZIDE TABLET                        | ACCURETIC                             |  |  |                                       |   |    |
| VALSARTAN-HYDROCHLOROTHIAZIDE TABLET                        | DIOVAN HCT                            |  |  |                                       |   |    |
| <b>DIRECT RENIN INHIBITORS**</b>                            |                                       |  |  |                                       |   |    |
| ALISKIREN FUMARATE TABLET                                   | TEKTURNA                              |  |  | PA Required                           |   |    |
| <b>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)**</b> |                                       |  |  |                                       |   |    |
| EPLERENONE TABLET   | INSPRA                                |  |  | PA Required                           |   |    |
| <b>VASODILATORS**</b>                                       |                                       |  |  |                                       |   |    |
| HYDRALAZINE HCL TABLET                                      | HYDRALAZINE HCL                       |  |  |                                       |   |    |
| MINOXIDIL TABLET  | MINOXIDIL                             |  |  |                                       |   |    |
| <b>ANTI-INFECTIVE AGENTS - MISC.*</b>                       |                                       |  |  |                                       |   |    |
| <b>ANTI-INFECTIVE AGENTS - MISC.**</b>                      |                                       |  |  |                                       |   |    |
| METRONIDAZOLE SOLUTION                                      | METRONIDAZOLE                         |  |  |                                       |   |    |
| METRONIDAZOLE SUSPENSION                                    | LIKMEZ                                |  |  | PA Not Required For < 10 Years of Age |   |    |
| METRONIDAZOLE TABLET  | FLAGYL                                |  |  |                                       |   |    |
| PENTAMIDINE ISETHIONATE SOLUTION RECONSTITUTED              | PENTAM 300                            |  |  |                                       |   |    |
| RIFAXIMIN TABLET  | XIFAXAN                               |  |  |                                       |   |    |
| TINIDAZOLE TABLET   | TINIDAZOLE                            |  |  |                                       |   |    |
| TRIMETHOPRIM TABLET   | TRIMETHOPRIM                          |  |  |                                       |   |    |
| <b>ANTI-INFECTIVE MISC. - COMBINATIONS**</b>                |                                       |  |  |                                       |   |    |
| SULFAMETHOXAZOLE-TRIMETHOPRIM SOLUTION                      | SULFAMETHOXAZOLE/TRIMETHOPRIM         |  |  |                                       |   |    |
| SULFAMETHOXAZOLE-TRIMETHOPRIM SUSPENSION                    | SULFATRIM PEDIATRIC                   |  |  |                                       |   |    |
| SULFAMETHOXAZOLE-TRIMETHOPRIM TABLET                        | BACTRIM                               |  |  |                                       |   |    |
| <b>CARBAPENEMS**</b>  |                                       |  |  |                                       |   |    |
| ERTAPENEM SODIUM SOLUTION RECONSTITUTED                     | INVANZ                                |  |  |                                       |   |    |
| IMIPENEM-CILASTATIN SOLUTION RECONSTITUTED                  | PRIMAXIN IV                           |  |  |                                       |   |    |
| MEROPENEM & SODIUM CHLORIDE SOLUTION RECONSTITUTED          | MEROPENEM/SODIUM CHLORIDE             |  |  |                                       |   |    |
| MEROPENEM SOLUTION RECONSTITUTED                            | MEROPENEM                             |  |  |                                       |   |    |
| MEROPENEM-VABORBACTAM SOLUTION RECONSTITUTED                | VABOMERE                              |  |  |                                       |   |    |
| <b>CHLORAMPHENICOLS**</b>                                   |                                       |  |  |                                       |   |    |
| CHLORAMPHENICOL SODIUM SUCCINATE SOLUTION RECONSTITUTED     | CHLORAMPHENICOL SODIUM SUCCINATE      |  |  |                                       |   |    |
| <b>CYCLIC LIPOPEPTIDES**</b>                                |                                       |  |  |                                       |   |    |
| DAPTOMYCIN SOLUTION RECONSTITUTED                           | CUBICIN                               |  |  |                                       |   |    |
| <b>GLYCOPEPTIDES**</b>                                      |                                       |  |  |                                       |   |    |
| DALBAVANCIN HCL SOLUTION RECONSTITUTED                      | DALVANCE                              |  |  |                                       |   |    |
| ORITAVANCIN DIPHOSPHATE SOLUTION RECONSTITUTED              | ORBACTIV                              |  |  |                                       |   |    |

|  |                                      |  |  |                    |  |  |
|--|--------------------------------------|--|--|--------------------|--|--|
| TELAVANCIN HCL SOLUTION RECONSTITUTED                      | VIBATIV                              |  |  |                    |  |  |
| <b>VANCOMYCIN HCL CAPSULE</b>                              | <b>VANCOCIN</b>                      |  |  | <b>PA Required</b> |  |  |
| VANCOMYCIN HCL SOLUTION                                    | VANCOMYCIN HCL (IV)                  |  |  |                    |  |  |
| VANCOMYCIN HCL SOLUTION RECONSTITUTED                      | VANCOCIN HCL (IV)                    |  |  |                    |  |  |
| VANCOMYCIN HCL SOLUTION RECONSTITUTED                      | FIRVANQ (ORAL)                       |  |  | <b>PA Required</b> |  |  |
| VANCOMYCIN HCL-DEXTROSE SOLUTION                           | VANCOMYCIN<br>HYDROCHLORIDE/DEXTROSE |  |  |                    |  |  |
| VANCOMYCIN HCL-SODIUM CHLORIDE SOLUTION                    | VANCOMYCIN                           |  |  |                    |  |  |
| <b>LEPROSTATICS**</b>                                      |                                      |  |  |                    |  |  |
| DAPSONE TABLET   | DAPSONE                              |  |  |                    |  |  |
| <b>LINCOSAMIDES**</b>                                      |                                      |  |  |                    |  |  |
| CLINDAMYCIN HCL CAPSULE                                    | CLEOCIN                              |  |  |                    |  |  |
| CLINDAMYCIN PALMITATE HYDROCHLORIDE SOLUTION RECONSTITUTED | CLEOCIN PEDIATRIC GRANULES           |  |  |                    |  |  |
| CLINDAMYCIN PHOSPHATE IN D5W SOLUTION                      | CLINDAMYCIN PHOSPHATE IN D5W         |  |  |                    |  |  |
| CLINDAMYCIN PHOSPHATE IN NACL SOLUTION                     | CLINDAMYCIN/SODIUM CHLORIDE          |  |  |                    |  |  |
| CLINDAMYCIN PHOSPHATE SOLUTION                             | CLEOCIN PHOSPHATE                    |  |  |                    |  |  |
| LINCOMYCIN HCL SOLUTION                                    | LINCOCIN                             |  |  |                    |  |  |
| <b>MONOBACTAMS**</b>                                       |                                      |  |  |                    |  |  |
| AZTREONAM SOLUTION RECONSTITUTED                           | AZACTAM                              |  |  |                    |  |  |
| <b>OXAZOLIDINONES**</b>                                    |                                      |  |  |                    |  |  |
| LINEZOLID IN SODIUM CHLORIDE SOLUTION                      | LINEZOLID                            |  |  |                    |  |  |
| LINEZOLID SOLUTION   | ZYVOX                                |  |  |                    |  |  |
| LINEZOLID SUSPENSION RECONSTITUTED                         | ZYVOX                                |  |  | <b>PA Required</b> |  |  |
| LINEZOLID TABLET   | ZYVOX                                |  |  | <b>PA Required</b> |  |  |
| TEDIZOLID PHOSPHATE SOLUTION RECONSTITUTED                 | SIVEXTRO                             |  |  |                    |  |  |
| <b>POLYMYXINS**</b>  |                                      |  |  |                    |  |  |
| COLISTIMETHATE SODIUM SOLUTION RECONSTITUTED               | COLY-MYCIN M                         |  |  |                    |  |  |
| POLYMYXIN B SULFATE SOLUTION RECONSTITUTED                 | POLYMYXIN B SULFATE                  |  |  |                    |  |  |
| <b>STREPTOGRAMINS**</b>                                    |                                      |  |  |                    |  |  |
| QUINUPRISTIN-DALFOPRISTIN SOLUTION RECONSTITUTED           | SYNERCID                             |  |  |                    |  |  |
| <b>URINARY ANTI-INFECTIVES**</b>                           |                                      |  |  |                    |  |  |
| NITROFURANTOIN MACROCRYSTAL CAPSULE                        | MACRODANTIN                          |  |  |                    |  |  |
| NITROFURANTOIN MONOHYD MACRO CAPSULE                       | MACROBID                             |  |  |                    |  |  |
| NITROFURANTOIN SUSPENSION                                  | NITROFURANTOIN                       |  |  |                    |  |  |
| <b>ANTIMALARIALS*</b>                                      |                                      |  |  |                    |  |  |
| <b>ANTIMALARIAL COMBINATIONS**</b>                         |                                      |  |  |                    |  |  |
| ARTEMETHER-LUMEFANTRINE TABLET                             | COARTEM                              |  |  |                    |  |  |
| ATOVAQUONE-PROGUANIL HCL TABLET                            | MALARONE                             |  |  |                    |  |  |
| <b>ANTIMALARIALS**</b>                                     |                                      |  |  |                    |  |  |
| CHLOROQUINE PHOSPHATE TABLET                               | CHLOROQUINE PHOSPHATE                |  |  |                    |  |  |
| HYDROXYCHLOROQUINE SULFATE TABLET                          | PLAQUENIL                            |  |  |                    |  |  |
| PRIMAQUINE PHOSPHATE TABLET                                | PRIMAQUINE PHOSPHATE                 |  |  |                    |  |  |
| PYRIMETHAMINE TABLET                                       | DARAPRIM                             |  |  |                    |  |  |
| QUININE SULFATE CAPSULE                                    | QUALAQUIN                            |  |  |                    |  |  |
| <b>ANTIMYASTHENIC/CHOLINERGIC AGENTS*</b>                  |                                      |  |  |                    |  |  |
| <b>ANTIMYASTHENIC/CHOLINERGIC AGENTS**</b>                 |                                      |  |  |                    |  |  |
| PYRIDOSTIGMINE BROMIDE SOLUTION                            | <b>MESTINON</b>                      |  |  |                    |  |  |
| PYRIDOSTIGMINE BROMIDE TABLET                              | MESTINON                             |  |  |                    |  |  |
| PYRIDOSTIGMINE BROMIDE TABLET ER                           | MESTINON TIMESPAN                    |  |  |                    |  |  |
| <b>ANTIMYCOBACTERIAL AGENTS*</b>                           |                                      |  |  |                    |  |  |
| <b>ANTIMYCOBACTERIAL AGENTS**</b>                          |                                      |  |  |                    |  |  |
| CAPREOMYCIN SULFATE SOLUTION RECONSTITUTED                 | CAPASTAT SULFATE                     |  |  |                    |  |  |
| ETHAMBUTOL HCL TABLET                                      | MYAMBUTOL                            |  |  |                    |  |  |
| ISONIAZID SOLUTION   | ISONIAZID                            |  |  |                    |  |  |
| ISONIAZID SYRUP  | ISONIAZID                            |  |  |                    |  |  |

|   |                        |            |  |  |             |    |    |
|---|------------------------|------------|--|--|-------------|----|----|
| ISONIAZID TABLET                                      | ISONIAZID              |            |  |  |             |    |    |
| PYRAZINAMIDE TABLET                                   | PYRAZINAMIDE           |            |  |  |             |    |    |
| RIFAMPIN CAPSULE                                      | RIFAMPIN               |            |  |  |             |    |    |
| <b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES*</b>      |                        |            |  |  |             |    |    |
| <b>ALKYLATING AGENTS**</b>                            |                        |            |  |  |             |    |    |
| CYCLOPHOSPHAMIDE CAPSULE                              | CYCLOPHOSPHAMIDE       |            |  |  |             |    |    |
| CYCLOPHOSPHAMIDE TABLET                               | CYCLOPHOSPHAMIDE       |            |  |  |             |    |    |
| LOMUSTINE CAPSULE                                     | GLEOSTINE              |            |  |  |             |    |    |
| MELPHALAN TABLET                                      | ALKERAN                | Brand Only |  |  | PA Required |    |    |
| TEMOZOLOMIDE CAPSULE                                  | TEMODAR                |            |  |  | PA Required |    |    |
| <b>ANTIMETABOLITES**</b>                              |                        |            |  |  |             |    |    |
| MERCAPTOPYRINE TABLET                                 | MERCAPTOPYRINE         |            |  |  |             |    |    |
| METHOTREXATE SODIUM TABLET                            | TREXALL                |            |  |  |             |    |    |
| <b>ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS**</b>     |                        |            |  |  |             |    |    |
| AXITINIB TABLET                                       | INLYTA                 |            |  |  | PA Required |    |    |
| BEVACIZUMAB-AWWB SOLUTION                             | MVASI                  |            |  |  | PA Required |    |    |
| BEVACIZUMAB-BVZR SOLUTION                             | ZIRABEV                |            |  |  | PA Required |    |    |
| <b>ANTINEOPLASTIC - ANTIBODIES**</b>                  |                        |            |  |  |             |    |    |
| RITUXIMAB-ABBS SOLUTION                               | TRUXIMA                |            |  |  | PA Required |    |    |
| RITUXIMAB-ARRX SOLUTION                               | RIABNI                 |            |  |  | PA Required |    |    |
| RITUXIMAB-PVVR SOLUTION                               | RUXIENCE               |            |  |  | PA Required |    |    |
| <b>ANTINEOPLASTIC - ANTI-HER2 AGENTS**</b>            |                        |            |  |  |             |    |    |
| TRASTUZUMAB-ANNS SOLUTION RECONSTITUTED               | KANJINTI               |            |  |  | PA Required |    |    |
| TRASTUZUMAB-DKST SOLUTION RECONSTITUTED               | OGIVRI                 |            |  |  | PA Required |    |    |
| TRASTUZUMAB-PKRB SOLUTION RECONSTITUTED               | HERZUMA                |            |  |  | PA Required |    |    |
| TRASTUZUMAB-QYYP SOLUTION RECONSTITUTED               | TRAZIMERA              |            |  |  | PA Required |    |    |
| <b>ANTINEOPLASTIC - EGFR INHIBITORS**</b>             |                        |            |  |  |             |    |    |
| ERLOTINIB HCL TABLET                                  | TARCEVA                |            |  |  | PA Required |    |    |
| GEFITINIB TABLET                                      | IRESSA                 |            |  |  | PA Required |    |    |
| <b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS**</b> |                        |            |  |  |             |    |    |
| VISMODEGIB CAPSULE                                    | ERIVEDGE               |            |  |  | PA Required |    |    |
| <b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS**</b> |                        |            |  |  |             |    |    |
| ABIRATERONE ACETATE MICRONIZED TABLET                 | YONSA                  |            |  |  | PA Required |    |    |
| ABIRATERONE ACETATE TABLET                            | ZYTIGA                 |            |  |  | PA Required |    |    |
| ANASTROZOLE TABLET                                    | ARIMIDEX               |            |  |  | PA Required |    |    |
| BICALUTAMIDE TABLET                                   | CASODEX                |            |  |  |             |    |    |
| DEGARELIX ACETATE SOLUTION RECONSTITUTED              | FIRMAGON               |            |  |  | PA Required |    |    |
| ESTRAMUSTINE PHOSPHATE SODIUM CAPSULE                 | EMCYT                  |            |  |  | PA Required |    |    |
| EXEMESTANE TABLET                                     | AROMASIN               |            |  |  | PA Required |    |    |
| FLUTAMIDE CAPSULE                                     | EULEXIN                |            |  |  |             |    |    |
| LETROZOLE TABLET                                      | FEMARA                 |            |  |  | PA Required |    |    |
| LEUPROLIDE ACETATE (3 MONTH) INJECTABLE               | LEUPROLIDE ACETATE     |            |  |  | PA Required |    |    |
| LEUPROLIDE ACETATE (3 MONTH) KIT                      | LUPRON DEPOT (3-MONTH) |            |  |  | PA Required |    |    |
| LEUPROLIDE ACETATE (4 MONTH) KIT                      | LUPRON DEPOT (4-MONTH) |            |  |  | PA Required |    |    |
| LEUPROLIDE ACETATE (6 MONTH) KIT                      | ELIGARD                |            |  |  | PA Required |    |    |
| LEUPROLIDE ACETATE KIT                                | LUPRON DEPOT (1-MONTH) |            |  |  | PA Required |    |    |
| MEGESTROL ACETATE SUSPENSION                          | MEGESTROL ACETATE      |            |  |  |             |    |    |
| MEGESTROL ACETATE TABLET                              | MEGESTROL ACETATE      |            |  |  |             |    |    |
| MITOTANE TABLET                                       | LYSODREN               |            |  |  |             |    |    |
| NILUTAMIDE TABLET                                     | NILANDRON              |            |  |  |             | 60 | 30 |
| TAMOXIFEN CITRATE SOLUTION                            | SOLTAMOX               |            |  |  |             |    |    |
| TAMOXIFEN CITRATE TABLET                              | TAMOXIFEN CITRATE      |            |  |  |             |    |    |
| TOREMIFENE CITRATE TABLET                             | FARESTON               |            |  |  | PA Required |    |    |
| <b>ANTINEOPLASTIC ENZYME INHIBITORS**</b>             |                        |            |  |  |             |    |    |
| ALECTINIB HCL CAPSULE                                 | ALECENSA               |            |  |  | PA Required |    |    |
| COBIMETINIB FUMARATE TABLET                           | COTELLIC               |            |  |  | PA Required |    |    |
| CRIZOTINIB CAPSULE                                    | XALKORI                |            |  |  | PA Required |    |    |
| CRIZOTINIB CAPSULE SPRINKLE                           | XALKORI                |            |  |  | PA Required |    |    |
| DASATINIB TABLET                                      | SPRYCEL                |            |  |  | PA Required |    |    |



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|---|-------------------------------|--|--|--|--|--|--|
| EVEROLIMUS TABLET                                       | AFINITOR                      |  |  | PA Required  |  |  |  |
| EVEROLIMUS TABLET SOLUBLE                               | AFINITOR DISPERZ              |  |  | PA Required  |  |  |  |
| IBRUTINIB CAPSULE                                       | IMBRUVICA                     |  |  | PA Required  |  |  |  |
| IBRUTINIB SUSPENSION                                    | IMBRUVICA                     |  |  | PA Required  |  |  |  |
| IBRUTINIB TABLET  | IMBRUVICA                     |  |  | PA Required  |  |  |  |
| IMATINIB MESYLATE TABLET                                | GLEEVEC                       |  |  | PA Required  |  |  |  |
| LAPATINIB DITOSYLATE TABLET                             | TYKERB                        |  |  | PA Required  |  |  |  |
| NILOTINIB HCL CAPSULE                                   | TASIGNA                       |  |  | PA Required  |  |  |  |
| PAZOPANIB HCL TABLET                                    | VOTRIENT                      |  |  | PA Required  |  |  |  |
| RUXOLITINIB PHOSPHATE TABLET                            | JAKAFI                        |  |  | PA Required  |  |  |  |
| SORAFENIB TOSYLATE TABLET                               | NEXAVAR                       |  |  | PA Required  |  |  |  |
| SUNITINIB MALATE CAPSULE                                | SUTENT                        |  |  | PA Required  |  |  |  |
| VANDETANIB TABLET                                       | CAPRELSA                      |  |  | PA Required  |  |  |  |
| VEMURAFENIB TABLET                                      | ZELBORAF                      |  |  | PA Required  |  |  |  |
| VORINOSTAT CAPSULE                                      | ZOLINZA                       |  |  | PA Required  |  |  |  |
| <b>ANTINEOPLASTICS MISC.**</b>                          |                               |  |  |  |  |  |  |
| BEXAROTENE CAPSULE                                      | TARGETIN                      |  |  | PA Required  |  |  |  |
| HYDROXYUREA CAPSULE                                     | HYDREA                        |  |  |  |  |  |  |
| INTERFERON ALFA-2B SOLUTION RECONSTITUTED               | INTRON A                      |  |  | PA Required  |  |  |  |
| INTERFERON ALFA-N3 SOLUTION                             | ALFERON N                     |  |  | PA Required  |  |  |  |
| INTERFERON GAMMA-1B SOLUTION                            | ACTIMMUNE                     |  |  | PA Required  |  |  |  |
| PROCARBAZINE HCL CAPSULE                                | MATULANE                      |  |  |  |  |  |  |
| TRETINOIN (CHEMOTHERAPY) CAPSULE                        | TRETINOIN                     |  |  | PA Required For > 26 Years of Age  |  |  |  |
| <b>CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS**</b> |                               |  |  |  |  |  |  |
| LEUCOVORIN CALCIUM TABLET                               | LEUCOVORIN CALCIUM            |  |  |  |  |  |  |
| <b>MITOTIC INHIBITORS**</b>                             |                               |  |  |  |  |  |  |
| ETOPOSIDE CAPSULE                                       | ETOPOSIDE                     |  |  |  |  |  |  |
| <b>ANTIPARKINSON AND RELATED THERAPY AGENTS*</b>        |                               |  |  |  |  |  |  |
| <b>ANTIPARKINSON ANTICHOLINERGICS**</b>                 |                               |  |  |  |  |  |  |
| BENZTROPINE MESYLATE TABLET                             | BENZTROPINE MESYLATE          |  |  |  |  |  |  |
| TRIHEXYPHENIDYL HCL SOLUTION                            | TRIHEXYPHENIDYL HCL           |  |  |  |  |  |  |
| TRIHEXYPHENIDYL HCL TABLET                              | TRIHEXYPHENIDYL HYDROCHLORIDE |  |  |  |  |  |  |
| <b>ANTIPARKINSON COMT INHIBITORS**</b>                  |                               |  |  |  |  |  |  |
| ENTACAPONE TABLET                                       | COMTAN                        |  |  |  |  |  |  |
| <b>ANTIPARKINSON DOPAMINERGICS**</b>                    |                               |  |  |  |  |  |  |
| AMANTADINE HCL CAPSULE                                  | AMANTADINE HCL                |  |  |  |  |  |  |
| AMANTADINE HCL SOLUTION                                 | AMANTADINE HCL                |  |  |  |  |  |  |
| BROMOCRIPTINE MESYLATE CAPSULE                          | PARLODEL                      |  |  |  |  |  |  |
| BROMOCRIPTINE MESYLATE TABLET                           | PARLODEL                      |  |  |  |  |  |  |
| CARBIDOPA-LEVODOPA TABLET                               | SINEMET                       |  |  |  |  |  |  |
| CARBIDOPA-LEVODOPA TABLET ER                            | CARBIDOPA/LEVODOPA ER         |  |  |  |  |  |  |
| PRAMIPEXOLE DIHYDROCHLORIDE TABLET                      | MIRAPEX                       |  |  |  |  |  |  |
| ROPINIROLE HYDROCHLORIDE TABLET                         | ROPINIROLE HYDROCHLORIDE      |  |  |  |  |  |  |
| <b>ANTIPSYCHOTICS/ANTIMANIC AGENTS*</b>                 |                               |  |  |  |  |  |  |
| <b>ANTIMANIC AGENTS**</b>                               |                               |  |  |  |  |  |  |
| LITHIUM CARBONATE CAPSULE                               | LITHIUM CARBONATE             |  |  | Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration |  |  |  |
| LITHIUM CARBONATE POWDER                                | LITHIUM CARBONATE             |  |  | Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration |  |  |  |

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| LITHIUM CARBONATE TABLET                             | LITHIUM CARBONATE |  |                | Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration                                     |  |      |     |
| LITHIUM CARBONATE TABLET ER                          | LITHOBID          |  |                | Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration                                     |  |      |     |
| LITHIUM SOLUTION                                     | LITHIUM           |  |                | Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration                                     |  |      |     |
| <b>ANTIPSYCHOTICS - MISC.**</b>                      |                   |  |                |  |  |      |     |
| LURASIDONE HCL TABLET                                | LATUDA            |  | Preferred Drug | PA Required for < 6 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.  |  | 30   | 30  |
| ZIPRASIDONE HCL CAPSULE                              | GEODON            |  | Preferred Drug | PA Required for < 6 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.  |  | 60   | 30  |
| <b>BENZISOXAZOLES**</b>                              |                   |  |                |  |  |      |     |
| PALIPERIDONE PALMITATE SUSP PEF SYR (1,092 MG/3.5ML) | INVEGA HAFYE      |  | Preferred Drug | PA Required for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. |  | 3.5  | 170 |
| PALIPERIDONE PALMITATE SUSP PEF SYR (1,560 MG/5ML)   | INVEGA HAFYE      |  | Preferred Drug | PA Required for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. |  | 5    | 170 |
| PALIPERIDONE PALMITATE SUSP PEF SYR (39 MG/0.25ML)   | INVEGA SUSTENNA   |  | Preferred Drug | PA Required for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. |  | 0.25 | 30  |
| PALIPERIDONE PALMITATE SUSP PEF SYR (78 MG/0.5ML)    | INVEGA SUSTENNA   |  | Preferred Drug | PA Required for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. |  | 0.5  | 30  |

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| PALIPERIDONE PALMITATE SUSP PEF SYR (117 MG/0.75ML) | INVEGA SUSTENNA  |            | Preferred Drug | PA Required for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. | 0.75 | 30 |
| PALIPERIDONE PALMITATE SUSP PEF SYR (156 MG/ML)     | INVEGA SUSTENNA  |            | Preferred Drug | PA Required for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. | 1    | 30 |
| PALIPERIDONE PALMITATE SUSP PEF SYR (234 MG/1.5ML)  | INVEGA SUSTENNA  |            | Preferred Drug | PA Required for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. | 1.5  | 30 |
| PALIPERIDONE PALMITATE SUSP PEF SYR (273 MG/0.88ML) | INVEGA TRINZA    |            | Preferred Drug | PA Required for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. | 0.88 | 84 |
| PALIPERIDONE PALMITATE SUSP PEF SYR (410 MG/1.32ML) | INVEGA TRINZA    |            | Preferred Drug | PA Required for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. | 1.32 | 84 |
| PALIPERIDONE PALMITATE SUSP PEF SYR (546 MG/1.75ML) | INVEGA TRINZA    |            | Preferred Drug | PA Required for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. | 1.75 | 84 |
| PALIPERIDONE PALMITATE SUSP PEF SYR (819 MG/2.63ML) | INVEGA TRINZA    |            | Preferred Drug | PA Required for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. | 2.63 | 84 |
| RISPERIDONE MICROSPHERES SUSP RECONSTITUTED ER      | RISPERDAL CONSTA | Brand Only | Preferred Drug | PA Required for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. | 2    | 30 |
| RISPERIDONE PREFILLED SYR                           | PERSERIS         |            | Preferred Drug | PA Required for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. | 2    | 30 |

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| RISPERIDONE SOLUTION              | RISPERDAL           |  | Preferred Drug | PA Required for < 6 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.  | 240 | 30 |
| RISPERIDONE TABLET                | RISPERDAL           |  | Preferred Drug | PA Required for < 6 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.  | 60  | 30 |
| RISPERIDONE TABLET DISINTEGRATING | RISPERIDONE ODT     |  | Preferred Drug | PA Required for < 6 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.  | 60  | 30 |
| <b>BUTYROPHENONES**</b>           |                     |  |                |  |     |    |
| HALOPERIDOL DECANOATE SOLUTION    | HALDOL DECANOATE 50 |  |                | PA Required for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. |     |    |
| HALOPERIDOL LACTATE CONCENTRATE   | HALOPERIDOL         |  |                | PA Required for < 12 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. |     |    |
| HALOPERIDOL TABLET                | HALOPERIDOL         |  |                | PA Required for < 12 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. |     |    |
| <b>DIBENZAPINES**</b>             |                     |  |                |  |     |    |
| CLOZAPINE TABLET                  | CLOZARIL            |  | Preferred Drug | PA Required for Ages < 18 years Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.    | 150 | 30 |
| CLOZAPINE TABLET DISINTEGRATING   | CLOZAPINE ODT       |  | Preferred Drug | PA Required for Ages < 18 years Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.    | 150 | 30 |
| LOXAPINE SUCCINATE CAPSULE        | LOXAPINE SUCCINATE  |  |                | PA Required for < 12 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. |     |    |

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| OLANZAPINE TABLET                             | ZYPREXA                      |  | Preferred Drug | PA Required for < 6 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.  |  | 30    | 30    |
| OLANZAPINE TABLET DISINTEGRATING (5MG, 10MG)  | ZYPREXA ZYDIS                |  | Preferred Drug | PA Required for < 6 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.  |  | 60.00 | 30.00 |
| OLANZAPINE TABLET DISINTEGRATING (15MG, 20MG) | ZYPREXA ZYDIS                |  | Preferred Drug | PA Required for < 6 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.  |  | 30.00 | 30.00 |
| QUETIAPINE FUMARATE TABLET                    | SEROQUEL                     |  | Preferred Drug | PA Required for < 6 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.  |  | 60    | 30    |
| DIHYDROINDOLONES**                            |                              |  |                |  |  |       |       |
| MOLINDONE HCL TABLET                          | MOLINDONE HYDROCHLORIDE      |  |                | PA Required for < 12 years of age  |  |       |       |
| PHENOTHIAZINES**                              |                              |  |                |  |  |       |       |
| CHLORPROMAZINE HCL CONCENTRATE                | CHLORPROMAZINE HYDROCHLORIDE |  |                | PA Required  |  |       |       |
| CHLORPROMAZINE HCL SOLUTION                   | CHLORPROMAZINE HCL           |  |                | PA Required for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. |  |       |       |
| CHLORPROMAZINE HCL TABLET                     | CHLORPROMAZINE HYDROCHLORIDE |  |                | PA Required for < 12 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. |  |       |       |
| FLUPHENAZINE DECANOATE SOLUTION               | FLUPHENAZINE DECANOATE       |  |                | PA Required for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. |  |       |       |
| FLUPHENAZINE HCL CONCENTRATE                  | FLUPHENAZINE HCL             |  |                | PA Required for < 12 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. |  |       |       |

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| FLUPHENAZINE HCL ELIXIR                           | FLUPHENAZINE HYDROCHLORIDE |  |                | PA Required for < 12 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. |     |    |
| FLUPHENAZINE HCL TABLET                           | FLUPHENAZINE HCL           |  |                | PA Required for < 12 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. |     |    |
| PERPHENAZINE TABLET                               | PERPHENAZINE               |  |                | PA Required for < 12 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. |     |    |
| PROCHLORPERAZINE MALEATE TABLET                   | PROCHLORPERAZINE MALEATE   |  |                |  |     |    |
| PROCHLORPERAZINE SUPPOSITORY                      | COMPRO                     |  |                |  |     |    |
| THIORIDAZINE HCL TABLET                           | THIORIDAZINE HCL           |  |                | PA Required for < 12 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. |     |    |
| TRIFLUOPERAZINE HCL TABLET                        | TRIFLUOPERAZINE HCL        |  |                | PA Required for < 12 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. |     |    |
| <b>QUINOLINONE DERIVATIVES**</b>                  |                            |  |                |  |     |    |
| ARIPRAZOLE LAUROXIL PREFILLED SYR (441 MG/1.6ML)  | ARISTADA                   |  | Preferred Drug | PA Required for Ages < 18 years<br>Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. | 1.6 | 30 |
| ARIPRAZOLE LAUROXIL PREFILLED SYR (662 MG/2.4ML)  | ARISTADA                   |  | Preferred Drug | PA Required for Ages < 18 years<br>Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. | 2.4 | 30 |
| ARIPRAZOLE LAUROXIL PREFILLED SYR (882 MG/3.2ML)  | ARISTADA                   |  | Preferred Drug | PA Required for Ages < 18 years<br>Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. | 3.2 | 30 |
| ARIPRAZOLE LAUROXIL PREFILLED SYR (1064 MG/3.9ML) | ARISTADA                   |  | Preferred Drug | PA Required for Ages < 18 years<br>Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. | 3.9 | 60 |

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| ARIPIRAZOLE LAUROXIL PREFILLED SYR                              | ARISTADA INITIO  |            | Preferred Drug | PA Required for Ages < 18 years<br>Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. | 2   | 365 |
| ARIPIRAZOLE PREFILLED SYR                                       | ABILIFY MAINTENA |            | Preferred Drug | PA Required for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. | 1   | 30  |
| ARIPIRAZOLE SUSP RECONSTITUTED ER                               | ABILIFY MAINTENA |            | Preferred Drug | PA Required for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. | 1   | 30  |
| ARIPIRAZOLE PREFILLED SYR (720 MG/2.4ML)                        | ABILIFY ASIMTUFI |            | Preferred Drug | PA Required for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. | 2.4 | 60  |
| ARIPIRAZOLE PREFILLED SYR (960 MG/3.2ML)                        | ABILIFY ASIMTUFI |            | Preferred Drug | PA Required for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. | 3.2 | 60  |
| ARIPIRAZOLE TABLET  | ABILIFY          |            | Preferred Drug | PA Required for < 6 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.  | 30  | 30  |
| <b>THIOXANTHENES**</b>  |                  |            |                |  |     |     |
| THIOTHIXENE CAPSULE   | THIOTHIXENE      |            |                | PA Required for < 12 years of age. Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. |     |     |
| <b>ANTIVIRALS*</b>  |                  |            |                |  |     |     |
| <b>ANTIRETROVIRALS**</b>  |                  |            |                |  |     |     |
| ABACAVIR SULFATE SOLUTION                                       | ZIAGEN           |            |                |  |     |     |
| ABACAVIR SULFATE TABLET   | ZIAGEN           |            |                |  |     |     |
| ABACAVIR SULFATE-LAMIVUDINE TABLET                              | EPZICOM          |            |                |  |     |     |
| ABACAVIR-DOLUTEGRAVIR-LAMIVUDINE TABLET                         | TRIUMEQ          |            |                |  | 30  | 30  |
| ABACAVIR-DOLUTEGRAVIR-LAMIVUDINE TABLET SOLUBLE                 | TRIUMEQ PD       |            |                |  | 180 | 30  |
| ATAZANAVIR SULFATE CAPSULE                                      | REYATAZ          |            |                |  |     |     |
| ATAZANAVIR SULFATE PACKET                                       | REYATAZ          |            |                |  |     |     |
| ATAZANAVIR SULFATE-COBICISTAT TABLET                            | EVOTAZ           |            |                |  |     |     |
| BICTEGRAVIR-EMTRICITABINE-TENOFOVIR ALAFENAMIDE FUMARATE TABLET | BIKTARVY         |            |                |  | 30  | 30  |
| COBICISTAT TABLET   | TYBOST           |            |                |  | 30  | 30  |
| DARUNAVIR SUSPENSION  | PREZISTA         | Brand Only |                |  |     |     |
| DARUNAVIR TABLET  | PREZISTA         | Brand Only |                |  |     |     |

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| DARUNAVIR-COBIICISTAT TABLET  | PREZCOBIX   |            |  |                                 |    |     |
| DARUNAVIR-COBIICISTAT-EMTRICITABINE-TENOFOVIR ALAFENAMIDE TABLET    | SYMITUZA  |            |  |                                 |    |     |
| DOLUTEGRAVIR SODIUM TABLET  | TIVICAY   |            |  |                                 |    |     |
| DOLUTEGRAVIR SODIUM TABLET SOLUBLE                                  | TIVICAY PD  |            |  |                                 |    |     |
| DOLUTEGRAVIR SODIUM-LAMIVUDINE TABLET                               | DOVATO  |            |  |                                 |    |     |
| DOLUTEGRAVIR SODIUM-RILPIVIRINE HCL TABLET                          | JULUCA  |            |  |                                 |    |     |
| DORAVIRINE TABLET   | PIFELTRO  |            |  |                                 |    |     |
| DORAVIRINE-LAMIVUDINE-TENOFOVIR DISOPROXIL FUMARATE TABLET          | DELSTRIGO   |            |  |                                 |    |     |
| EFAVIRENZ CAPSULE   | SUSTIVA   |            |  |                                 |    |     |
| EFAVIRENZ TABLET  | SUSTIVA   |            |  |                                 |    |     |
| EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TABLET        | EFAVIRENZ/EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE |            |  |                                 |    |     |
| EFAVIRENZ-LAMIVUDINE-TENOFOVIR DISOPROXIL FUMARATE TABLET           | SYMFI LO  | Brand Only |  |                                 | 30 | 30  |
| ELVITEGRAVIR-COBIICISTAT-EMTRICITABINE-TENOFOVIR ALAFENAMIDE TABLET | GENVOYA   |            |  |                                 | 30 | 30  |
| ELVITEGRAVIR-COBIICISTAT-EMTRICITABINE-TENOFOVIR DF TABLET          | STRIBILD  |            |  |                                 |    |     |
| EMTRICITABINE CAPSULE   | EMTRIVA   |            |  |                                 |    |     |
| EMTRICITABINE SOLUTION  | EMTRIVA   |            |  |                                 |    |     |
| EMTRICITABINE-RILPIVIRINE-TENOFOVIR ALAFENAMIDE FUMARATE TABLET     | ODEFSEY   |            |  |                                 | 30 | 30  |
| EMTRICITABINE-RILPIVIRINE-TENOFOVIR DISOPROXIL FUMARATE TABLET      | COMPLERA  |            |  |                                 |    |     |
| EMTRICITABINE-TENOFOVIR ALAFENAMIDE FUMARATE TABLET                 | DESCOVY   |            |  |                                 | 30 | 30  |
| EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TABLET                  | TRUVADA   |            |  |                                 |    |     |
| ENFUVIRTIDE SOLUTION RECONSTITUTED                                  | FUZEON  |            |  | PA Required                     | 1  | 30  |
| ETRAVIRINE TABLET   | INTELENC  |            |  |                                 |    |     |
| FOSAMPRENAVIR CALCIUM SUSPENSION                                    | LEXIVA  |            |  |                                 |    |     |
| FOSAMPRENAVIR CALCIUM TABLET  | LEXIVA  |            |  |                                 |    |     |
| LAMIVUDINE SOLUTION   | EPIVIR  |            |  |                                 |    |     |
| LAMIVUDINE TABLET   | EPIVIR  |            |  |                                 |    |     |
| LAMIVUDINE-ZIDOVUDINE TABLET  | COMBIVIR  |            |  |                                 |    |     |
| LOPINAVIR-RITONAVIR SOLUTION  | KALETRA   |            |  |                                 |    |     |
| LOPINAVIR-RITONAVIR TABLET  | KALETRA   |            |  |                                 |    |     |
| MARAVIROC TABLET  | SELZENTRY   | Brand Only |  | PA Required                     |    |     |
| NEVIRAPINE SUSPENSION   | VIRAMUNE  |            |  |                                 |    |     |
| NEVIRAPINE TABLET   | NEVIRAPINE  |            |  |                                 |    |     |
| NEVIRAPINE TABLET ER 24HR   | VIRAMUNE XR   |            |  |                                 |    |     |
| RALTEGRAVIR POTASSIUM TABLET CHEWABLE                               | ISENTRESS   |            |  |                                 |    |     |
| RALTEGRAVIR POTASSIUM PACKET  | ISENTRESS   |            |  |                                 |    |     |
| RALTEGRAVIR POTASSIUM TABLET  | ISENTRESS   |            |  |                                 |    |     |
| RILPIVIRINE HCL TABLET  | EDURANT   |            |  |                                 |    |     |
| RITONAVIR PACKET  | NORVIR  |            |  |                                 |    |     |
| RITONAVIR SOLUTION  | NORVIR  |            |  |                                 |    |     |
| RITONAVIR TABLET  | NORVIR  |            |  |                                 |    |     |
| TENOFOVIR DISOPROXIL FUMARATE POWDER                                | VIREAD  |            |  |                                 |    |     |
| TENOFOVIR DISOPROXIL FUMARATE TABLET                                | VIREAD  |            |  |                                 |    |     |
| ZIDOVUDINE CAPSULE  | RETROVIR  |            |  |                                 |    |     |
| ZIDOVUDINE SYRUP  | RETROVIR  |            |  |                                 |    |     |
| ZIDOVUDINE TABLET   | ZIDOVUDINE  |            |  |                                 |    |     |
| <b>ANTIVIRAL COMBINATIONS**</b>                                     |   |            |  |                                 |    |     |
| NIRMATRELVIR-RITONAVIR TAB THER PACK                                | PAXLOVID  |            |  | Minimum Patient Age of 12 Years | 60 | 365 |
| <b>CMV AGENTS**</b>   |   |            |  |                                 |    |     |
| MARIBAVIR TABLET  | LIVTENCITY  |            |  | PA Required                     |    |     |
| VALGANCICLOVIR HCL SOLUTION RECONSTITUTED                           | VALCYTE   |            |  | PA Required                     |    |     |



|  |                           |                            |                |  |     |          |
|--|---------------------------|----------------------------|----------------|--|-----|----------|
| VALGANCICLOVIR HCL TABLET                      | VALCYTE                   |                            |                | PA Required  |     |          |
| <b>HEPATITIS AGENTS**</b>                      |                           |                            |                |  |     |          |
| ADEFOVIR DIPIVOXIL TABLET                      | HEPSERA                   |                            |                | PA Required  |     |          |
| ENTECAVIR SOLUTION                             | BARACLUDE                 |                            |                | PA Required  |     |          |
| ENTECAVIR TABLET                               | BARACLUDE                 |                            |                | PA Required  |     |          |
| GLECAPREVIR-PIBRENTASVIR PACKET                | MAVYRET                   |                            | Preferred Drug | PA Required if member has been treated previously with Direct-Acting Antiviral (DAA) Hep C Regimens in the past. | 280 | Lifetime |
| GLECAPREVIR-PIBRENTASVIR TABLET                | MAVYRET                   |                            | Preferred Drug | PA Required if member has been treated previously with Direct-Acting Antiviral (DAA) Hep C Regimens in the past. | 168 | Lifetime |
| LAMIVUDINE (HBV) SOLUTION                      | EPIVIR HBV                |                            |                |  |     |          |
| LAMIVUDINE (HBV) TABLET                        | EPIVIR HBV                |                            |                |  |     |          |
| PEGINTERFERON ALFA-2A SOLUTION                 | PEGASYS                   |                            | Preferred Drug | PA Required  |     |          |
| PEGINTERFERON ALFA-2A SOLN PREF SYR            | PEGASYS                   | Brand Only                 |                | PA Required  |     |          |
| RIBAVIRIN (HEPATITIS C) CAPSULE                | RIBAVIRIN                 |                            | Preferred Drug | PA Required  |     |          |
| RIBAVIRIN (HEPATITIS C) TABLET                 | RIBAVIRIN                 |                            | Preferred Drug | PA Required  |     |          |
| SOFOSBUVIR-VELPATASVIR TABLET                  | EPCLUSA                   | AUTHORIZED<br>GENERIC ONLY | Preferred Drug | PA Required if member has been treated previously with Direct-Acting Antiviral (DAA) Hep C Regimens in the past. | 168 | Lifetime |
| <b>HERPES AGENTS**</b>                         |                           |                            |                |  |     |          |
| ACYCLOVIR SUSPENSION                           | ZOVIRAX                   |                            |                |  |     |          |
| ACYCLOVIR TABLET                               | SITAVIG                   |                            |                |  |     |          |
| FAMCICLOVIR TABLET                             | FAMCICLOVIR               |                            |                |  |     |          |
| VALACYCLOVIR HCL TABLET                        | VALTREX                   |                            |                |  | 30  | 30       |
| <b>INFLUENZA AGENTS**</b>                      |                           |                            |                |  |     |          |
| BALOXAVIR MARBOXIL TAB THER PACK               | XOFLUZA                   |                            |                |  |     |          |
| OSELTAMIVIR PHOSPHATE CAPSULE                  | TAMIFLU                   |                            |                |  | 20  | 270      |
| OSELTAMIVIR PHOSPHATE SUSPENSION RECONSTITUTED | TAMIFLU                   |                            |                |  |     |          |
| RIMANTADINE HYDROCHLORIDE TABLET               | RIMANTADINE HYDROCHLORIDE |                            |                |  |     |          |
| ZANAMIVIR ARSL PWDR-BREATH ACTIVATE            | RELENZA DISKHALER         |                            |                |  | 40  | 270      |
| <b>MISC. ANTIVIRALS**</b>                      |                           |                            |                |  |     |          |
| MOLNUPIRAVIR CAPSULE                           | LAGEVIRIO                 |                            |                | Minimum Patient Age of 18 Years  | 80  | 365      |
| REMDESIVIR SOLUTION                            | VEKLURY                   |                            |                |  |     |          |
| REMDESIVIR SOLUTION RECONSTITUTED              | VEKLURY                   |                            |                |  |     |          |
| TECOVIRIMAT CAPSULE                            | TPOXX                     |                            |                |  |     |          |
| <b>BETA BLOCKERS*</b>                          |                           |                            |                |  |     |          |
| <b>ALPHA-BETA BLOCKERS**</b>                   |                           |                            |                |  |     |          |
| CARVEDILOL TABLET                              | COREG                     |                            |                |  |     |          |
| LABETALOL HCL TABLET                           | LABETALOL HYDROCHLORIDE   |                            |                |  |     |          |
| <b>BETA BLOCKERS CARDIO-SELECTIVE**</b>        |                           |                            |                |  |     |          |
| ATENOLOL TABLET                                | TENORMIN                  |                            |                |  |     |          |
| BISOPROLOL FUMARATE TABLET                     | BISOPROLOL FUMARATE       |                            |                |  |     |          |
| METOPROLOL SUCCINATE TABLET ER 24HR            | TOPROL XL                 |                            |                |  |     |          |
| METOPROLOL TARTRATE TABLET                     | LOPRESSOR                 |                            |                |  |     |          |
| <b>BETA BLOCKERS NON-SELECTIVE**</b>           |                           |                            |                |  |     |          |
| NADOLOL TABLET                                 | CORGARD                   |                            |                | PA NOT REQUIRED FOR CHILDREN AND ADOLESCENTS UNDER 19 YEARS OF AGE   |     |          |
| PROPRANOLOL HCL CAPSULE ER 24 HR               | INDERAL LA                |                            |                |  |     |          |
| PROPRANOLOL HCL SOLUTION                       | HEMANGEOL                 |                            |                |  |     |          |
| PROPRANOLOL HCL TABLET                         | PROPRANOLOL HYDROCHLORIDE |                            |                |  |     |          |
| SOTALOL HCL (AFIB/AFI) TABLET                  | BETAPACE AF               |                            |                |  |     |          |
| SOTALOL HCL TABLET                             | SORINE                    |                            |                |  |     |          |
| <b>CALCIUM CHANNEL BLOCKERS*</b>               |                           |                            |                |  |     |          |

|  |                            |  |                                   |                                   |  |     |    |
|--|----------------------------|--|-----------------------------------|-----------------------------------|--|-----|----|
| <b>CALCIUM CHANNEL BLOCKERS**</b>                                    |                            |  |                                   |                                   |  |     |    |
| AMLODIPINE BENZOATE SUSPENSION                                       | KATERZIA                   |  |                                   | PA Required for > 7 Years Old     |  | 300 | 30 |
| AMLODIPINE BESYLATE TABLET   | NORVASC                    |  |                                   |                                   |  | 30  | 30 |
| DILTIAZEM HCL COATED BEADS CAPSULE ER 24 HR                          | CARTIA XT                  |  |                                   |                                   |  |     |    |
| DILTIAZEM HCL CAPSULE ER 12 HR                                       | DILTIAZEM HCL ER           |  |                                   |                                   |  | 60  | 30 |
| DILTIAZEM HCL CAPSULE ER 24 HR                                       | DILTIAZEM HYDROCHLORIDE ER |  |                                   |                                   |  | 30  | 30 |
| DILTIAZEM HCL EXTENDED RELEASE BEADS CAPSULE ER 24 HR                | TAZTIA XT                  |  |                                   |                                   |  |     |    |
| DILTIAZEM HCL TABLET   | CARDIZEM                   |  |                                   |                                   |  |     |    |
| FELODIPINE TABLET ER 24HR  | FELODIPINE ER              |  |                                   |                                   |  |     |    |
| NIFEDIPINE CAPSULE   | NIFEDIPINE                 |  |                                   |                                   |  |     |    |
| NIFEDIPINE TABLET ER 24HR  | PROCARDIA XL               |  |                                   |                                   |  | 30  | 30 |
| VERAPAMIL HCL CAPSULE ER 24 HR                                       | VERELAN PM                 |  |                                   |                                   |  |     |    |
| VERAPAMIL HCL TABLET   | VERAPAMIL HCL              |  |                                   |                                   |  | 30  | 30 |
| VERAPAMIL HCL TABLET ER  | CALAN SR                   |  |                                   |                                   |  | 30  | 30 |
| <b>CARDIOTONICS*</b>   |                            |  |                                   |                                   |  |     |    |
| <b>CARDIAC GLYCOSIDES**</b>  |                            |  |                                   |                                   |  |     |    |
| DIGOXIN SOLUTION   | LANOXIN PEDIATRIC          |  |                                   |                                   |  |     |    |
| DIGOXIN TABLET   | DIGITEK                    |  |                                   |                                   |  |     |    |
| <b>CARDIOVASCULAR AGENTS - MISC.*</b>                                |                            |  |                                   |                                   |  |     |    |
| <b>CARDIOVASCULAR AGENTS MISC. - COMBINATIONS**</b>                  |                            |  |                                   |                                   |  |     |    |
| SACUBITRIL-VALSARTAN TABLET  | ENTRESTO                   |  |                                   |                                   |  |     |    |
| <b>PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS**</b>    |                            |  |                                   |                                   |  |     |    |
| AMBRISENTAN TABLET   | LETAIRIS                   |  | Preferred Drug                    | PA Required                       |  |     |    |
| BOSENTAN TABLET (62.5MG, 125MG)                                      | TRACLEER                   |  | Preferred Drug                    | PA Required                       |  |     |    |
| <b>PROSTAGLANDIN VASODILATORS**</b>                                  |                            |  |                                   |                                   |  |     |    |
| TREPROSTINIL DIOLAMINE TABLET ER                                     | ORENITRAM                  |  |                                   | PA Required                       |  |     |    |
| TREPROSTINIL DIOLAMINE TBER THER PACK                                | ORENITRAM                  |  |                                   | PA Required                       |  |     |    |
| <b>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS**</b>       |                            |  |                                   |                                   |  |     |    |
| SILDENAFIL CITRATE (PULMONARY HYPERTENSION) SUSPENSION               | LIQREV                     |  | Preferred for Under the Age of 12 | PA Required For > 12 Years of Age |  |     |    |
| SILDENAFIL CITRATE (PULMONARY HYPERTENSION) SUSPENSION RECONSTITUTED | REVIATIO                   |  | Preferred for Under the Age of 12 | PA Required For > 12 Years of Age |  |     |    |
| TADALAFIL (PULMONARY HYPERTENSION) TABLET                            | ADCIRCA                    |  | Preferred Drug                    | PA Required                       |  |     |    |
| <b>CEPHALOSPORINS*</b>   |                            |  |                                   |                                   |  |     |    |
| <b>CEPHALOSPORIN COMBINATIONS**</b>                                  |                            |  |                                   |                                   |  |     |    |
| CEFTAZIDIME-AVIBACTAM SODIUM SOLUTION RECONSTITUTED                  | AVYCAZ                     |  |                                   |                                   |  |     |    |
| CEFTOLOZANE SULFATE-TAZOBACTAM SODIUM SOLUTION RECONSTITUTED         | ZERBAXA                    |  |                                   |                                   |  |     |    |
| <b>CEPHALOSPORINS - 1ST GENERATION**</b>                             |                            |  |                                   |                                   |  |     |    |
| CEFADROXIL CAPSULE   | CEFADROXIL                 |  |                                   |                                   |  |     |    |
| CEFADROXIL SUSPENSION RECONSTITUTED                                  | CEFADROXIL                 |  |                                   |                                   |  |     |    |
| CEFADROXIL TABLET  | CEFADROXIL                 |  |                                   |                                   |  |     |    |
| CEFAZOLIN SODIUM IN SODIUM CHLORIDE SOLUTION                         | CEFAZOLIN/SODIUM CHLORIDE  |  |                                   |                                   |  |     |    |
| CEFAZOLIN SODIUM SOLUTION RECONSTITUTED                              | CEFAZOLIN SODIUM           |  |                                   |                                   |  |     |    |
| CEFAZOLIN SODIUM SOLN PEF SYR  | CEFAZOLIN SODIUM           |  |                                   |                                   |  |     |    |
| CEFAZOLIN SODIUM-DEXTROSE SOLUTION                                   | CEFAZOLIN SODIUM           |  |                                   |                                   |  |     |    |
| CEFAZOLIN SODIUM-DEXTROSE SOLUTION RECONSTITUTED                     | CEFAZOLIN SODIUM/DEXTROSE  |  |                                   |                                   |  |     |    |
| CEPHALEXIN CAPSULE   | KEFLEX                     |  |                                   |                                   |  |     |    |
| CEPHALEXIN SUSPENSION RECONSTITUTED                                  | CEPHALEXIN                 |  |                                   |                                   |  |     |    |
| CEPHALEXIN TABLET  | CEPHALEXIN                 |  |                                   |                                   |  |     |    |
| <b>CEPHALOSPORINS - 2ND GENERATION**</b>                             |                            |  |                                   |                                   |  |     |    |
| CEFACLOR CAPSULE   | CEFACLOR                   |  |                                   |                                   |  |     |    |
| CEFACLOR SUSPENSION RECONSTITUTED                                    | CEFACLOR                   |  |                                   |                                   |  |     |    |
| CEFOTETAN DISODIUM AND DEXTROSE SOLUTION RECONSTITUTED               | CEFOTETAN/DEXTROSE         |  |                                   |                                   |  |     |    |
| CEFOTETAN DISODIUM SOLUTION RECONSTITUTED                            | CEFOTAN                    |  |                                   |                                   |  |     |    |

|  |   |            |  |   |    |
|--|---|------------|--|---|----|
| CEFOXITIN SODIUM AND DEXTROSE SOLUTION RECONSTITUTED   | CEFOXITIN SODIUM                                    |            |  |   |    |
| CEFOXITIN SODIUM SOLUTION RECONSTITUTED                | CEFOXITIN SODIUM                                    |            |  |   |    |
| CEFPROZIL SUSPENSION RECONSTITUTED                     | CEFPROZIL   |            |  |   |    |
| CEFPROZIL TABLET                                       | CEFPROZIL   |            |  |   |    |
| CEFUROXIME AXETIL TABLET                               | CEFUROXIME AXETIL                                   |            |  |   |    |
| CEFUROXIME SODIUM SOLUTION RECONSTITUTED               | CEFUROXIME SODIUM                                   |            |  |   |    |
| <b>CEPHALOSPORINS - 3RD GENERATION**</b>               |   |            |  |   |    |
| CEFDINIR CAPSULE                                       | CEFDINIR  |            |  |   |    |
| CEFDINIR SUSPENSION RECONSTITUTED                      | CEFDINIR  |            |  |   |    |
| CEFIXIME CAPSULE                                       | SUPRAX  |            |  | 1 | 30 |
| CEFIXIME SUSPENSION RECONSTITUTED                      | SUPRAX  |            |  | 1 | 30 |
| CEFOTAXIME SODIUM SOLUTION RECONSTITUTED               | CEFOTAXIME SODIUM                                   |            |  |   |    |
| CEFPODOXIME PROXETIL SUSPENSION RECONSTITUTED          | CEFPODOXIME PROXETIL                                |            |  |   |    |
| CEFPODOXIME PROXETIL TABLET                            | CEFPODOXIME PROXETIL                                |            |  |   |    |
| CEFTAZIDIME SODIUM IN DEXTROSE SOLUTION                | TAZICEF   |            |  |   |    |
| CEFTAZIDIME SOLUTION RECONSTITUTED                     | FORTAZ  |            |  |   |    |
| CEFTAZIDIME-DEXTROSE SOLUTION RECONSTITUTED            | CEFTAZIDIME/DEXTROSE                                |            |  |   |    |
| CEFTRIAXONE SODIUM AND DEXTROSE SOLUTION RECONSTITUTED | CEFTRIAXONE/DEXTROSE                                |            |  |   |    |
| CEFTRIAXONE SODIUM IN DEXTROSE SOLUTION                | CEFTRIAXONE IN ISO-OSMOTIC<br>DEXTROSE              |            |  |   |    |
| CEFTRIAXONE SODIUM SOLUTION RECONSTITUTED              | CEFTRIAXONE SODIUM                                  |            |  |   |    |
| <b>CEPHALOSPORINS - 4TH GENERATION**</b>               |   |            |  |   |    |
| CEFEPIME HCL SOLUTION                                  | CEFEPIME  |            |  |   |    |
| CEFEPIME HCL SOLUTION RECONSTITUTED                    | CEFEPIME HYDROCHLORIDE                              |            |  |   |    |
| CEFEPIME HCL-DEXTROSE SOLUTION RECONSTITUTED           | CEFEPIME/DEXTROSE                                   |            |  |   |    |
| <b>CEPHALOSPORINS - 5TH GENERATION**</b>               |   |            |  |   |    |
| CEFTAROLINE FOSAMIL SOLUTION RECONSTITUTED             | TEFLARO   |            |  |   |    |
| <b>CONTRACEPTIVES*</b>                                 |   |            |  |   |    |
| <b>COMBINATION CONTRACEPTIVES - ORAL**</b>             |   |            |  |   |    |
| DESOGESTREL & ETHINYL ESTRADIOL TABLET                 | RECLIPSEN   |            |  |   |    |
| DESOGESTREL-ETHINYL ESTRADIOL (BIPHASIC) TABLET        | KARIVA  |            |  |   |    |
| DESOGESTREL-ETHINYL ESTRADIOL (TRIPHASIC) TABLET       | VELIVET   |            |  |   |    |
| DROSPIRENONE-ETHINYL ESTRADIOL TABLET                  | VESTURA   |            |  |   |    |
| ETHYNODIOL DIACET & ETH ESTRAD TABLET                  | KELNOR 1/35   |            |  |   |    |
| LEVONORGESTREL & ETH ESTRADIOL TABLET CHEWABLE         | TYBLUME   |            |  |   |    |
| LEVONORGESTREL & ETH ESTRADIOL TABLET                  | ORSYTHIA  |            |  |   |    |
| LEVONORGESTREL-ETH ESTRADIOL (TRIPHASIC) TABLET        | ENPRESSE-28   |            |  |   |    |
| LEVONORGESTREL-ETHINYL ESTRADIOL (91-DAY) TABLET       | CAMRESE LO  |            |  |   |    |
| LEVONORGESTREL-ETHINYL ESTRADIOL (CONTINUOUS) TABLET   | AMETHYST  |            |  |   |    |
| NORETHIN ACET & ESTRAD-FE CAPSULE                      | MERZEE  |            |  |   |    |
| NORETHIN ACET & ESTRAD-FE TABLET CHEWABLE              | FINZALA   |            |  |   |    |
| NORETHIN ACET & ESTRAD-FE TABLET                       | <b>JUNEL FE</b>                                     |            |  |   |    |
| NORETHINDRONE & ETH ESTRADIOL TABLET                   | BALZIVA   |            |  |   |    |
| NORETHINDRONE & ETHINYL ESTRADIOL-FE TABLET CHEWABLE   | KAITLIB FE  |            |  |   |    |
| NORETHINDRONE ACET & ETH ESTRA TABLET                  | JUNEL   |            |  |   |    |
| NORETHINDRONE ACETATE-ETHINYL ESTRADIOL-FE TABLET      | TRI-LEGEST FE                                       |            |  |   |    |
| NORETHINDRONE-ETH ESTRADIOL (TRIPHASIC) TABLET         | NORTREL 7/7/7                                       |            |  |   |    |
| NORGESTIMATE-ETHINYL ESTRADIOL (TRIPHASIC) TABLET      | TRI-LO-SPRINTEC                                     |            |  |   |    |
| NORGESTIMATE-ETHINYL ESTRADIOL TABLET                  | SPRINTEC 28   |            |  |   |    |
| NORGESTREL & ETHINYL ESTRADIOL TABLET                  | CRYSSELLE-28  |            |  |   |    |
| <b>COMBINATION CONTRACEPTIVES - TRANSDERMAL**</b>      |   |            |  |   |    |
| NORELGESTROMIN-ETHINYL ESTRADIOL PATCH WEEKLY          | XULANE  |            |  |   |    |
| <b>COMBINATION CONTRACEPTIVES - VAGINAL**</b>          |   |            |  |   |    |
| ETONOGESTREL-ETHINYL ESTRADIOL RING                    | NUVARING  | Brand Only |  |   |    |
| <b>COPPER CONTRACEPTIVES - IUD**</b>                   |   |            |  |   |    |
| COPPER (IUD) INTRAUTERINE DEVICE                       | PARAGARD INTRAUTERINE COPPER<br>CONTRACEPTIVE T380A |            |  |   |    |
| <b>EMERGENCY CONTRACEPTIVES**</b>                      |   |            |  |   |    |

|   |  |  |  |  |  |                                   |         |
|---|--|--|--|--|--|-----------------------------------|---------|
| LEVONORGESTREL (EMERGENCY OC) TABLET                      | OPTION 2                               |  |  |  |  |                                   |         |
| ULIPRISTAL ACETATE TABLET                                 | ELLA                                   |  |  |  |  | 1                                 | 5       |
| <b>PROGESTIN CONTRACEPTIVES - IMPLANTS**</b>              |  |  |  |  |  |                                   |         |
| ETONOGESTREL IMPLANT                                      | NEXPLANON                              |  |  |  |  | 1                                 | 2 Years |
| <b>PROGESTIN CONTRACEPTIVES - INJECTABLE**</b>            |  |  |  |  |  |                                   |         |
| MEDROXYPROGESTERONE ACETATE (CONTRACEPTIVE) SUSPENSION    | DEPO-PROVERA CONTRACEPTIVE             |  |  |  |  |                                   |         |
| MEDROXYPROGESTERONE ACETATE (CONTRACEPTIVE) SUSP PEF SYR  | DEPO-PROVERA CONTRACEPTIVE             |  |  |  |  |                                   |         |
| <b>PROGESTIN CONTRACEPTIVES - IUD**</b>                   |  |  |  |  |  |                                   |         |
| LEVONORGESTREL (IUD) INTRAUTERINE DEVICE                  | SKYLA                                  |  |  |  |  |                                   |         |
| <b>PROGESTIN CONTRACEPTIVES - ORAL**</b>                  |  |  |  |  |  |                                   |         |
| NORETHINDRONE (CONTRACEPTIVE) TABLET                      | DEBLITANE                              |  |  |  |  |                                   |         |
| <b>CORTICOSTEROIDS*</b>                                   |  |  |  |  |  |                                   |         |
| <b>GLUCOCORTICOSTEROIDS**</b>                             |  |  |  |  |  |                                   |         |
| CORTISONE ACETATE TABLET                                  | CORTISONE ACETATE                      |  |  |  |  |                                   |         |
| DEXAMETHASONE CONCENTRATE                                 | DEXAMETHASONE INTENSOL                 |  |  |  |  |                                   |         |
| DEXAMETHASONE ELIXIR                                      | DEXAMETHASONE                          |  |  |  |  |                                   |         |
| DEXAMETHASONE SOLUTION                                    | DEXAMETHASONE                          |  |  |  |  |                                   |         |
| DEXAMETHASONE TABLET (ALL STRENGTHS EXCEPT 20MG)          | DECADRON                               |  |  |  |  |                                   |         |
| HYDROCORTISONE SOD SUCCINATE SOLUTION RECONSTITUTED       | SOLU-CORTEF                            |  |  |  |  | PA Required                       |         |
| HYDROCORTISONE TABLET                                     | CORTEF                                 |  |  |  |  |                                   |         |
| METHYLPREDNISOLONE ACETATE SUSPENSION                     | DEPO-MEDROL                            |  |  |  |  | PA Required                       |         |
| METHYLPREDNISOLONE SOD SUCC SOLUTION RECONSTITUTED        | SOLU-MEDROL                            |  |  |  |  | PA Required                       |         |
| METHYLPREDNISOLONE TABLET                                 | MEDROL                                 |  |  |  |  |                                   |         |
| METHYLPREDNISOLONE TAB THER PACK                          | MEDROL DOSEPAK                         |  |  |  |  |                                   |         |
| PREDNISOLONE SODIUM PHOSPHATE SOLUTION                    | PEDIAPRED                              |  |  |  |  |                                   |         |
| PREDNISOLONE SODIUM PHOSPHATE TABLET DISINTEGRATING       | ORAPRED ODT                            |  |  |  |  |                                   |         |
| PREDNISOLONE SOLUTION                                     | PREDNISOLONE                           |  |  |  |  |                                   |         |
| PREDNISOLONE TABLET                                       | MILLIPRED                              |  |  |  |  |                                   |         |
| PREDNISON CONCENTRATE                                     | PREDNISON INTENSOL                     |  |  |  |  |                                   |         |
| PREDNISON SOLUTION  | PREDNISON                              |  |  |  |  |                                   |         |
| PREDNISON TABLET  | PREDNISON                              |  |  |  |  |                                   |         |
| PREDNISON TABLET ENTERIC COATED                           | RAYOS                                  |  |  |  |  |                                   |         |
| PREDNISON TAB THER PACK                                   | PREDNISON                              |  |  |  |  |                                   |         |
| TRIAMCINOLONE ACETONIDE SUSPENSION                        | KENALOG-10                             |  |  |  |  | PA Required                       |         |
| TRIAMCINOLONE DIACETATE SUSPENSION                        | TRIAMCINOLONE                          |  |  |  |  | PA Required                       |         |
| TRIAMCINOLONE HEXACETONIDE SUSPENSION                     | HEXATRIONE                             |  |  |  |  |                                   |         |
| <b>MINERALOCORTICIDS**</b>                                |  |  |  |  |  |                                   |         |
| FLUDROCORTISONE ACETATE TABLET                            | FLUDROCORTISONE ACETATE                |  |  |  |  |                                   |         |
| <b>COUGH/COLD/ALLERGY*</b>                                |  |  |  |  |  |                                   |         |
| <b>ANTITUSSIVES**</b>                                     |  |  |  |  |  |                                   |         |
| BENZONATATE CAPSULE                                       | TESSALON PERLES                        |  |  |  |  |                                   |         |
| HYDROCODONE BITARTRATE-HOMATROPINE METHYLBROMIDE SOLUTION | HYCODAN                                |  |  |  |  | PA Required for < 18 years of age | 240 12  |
| HYDROCODONE BITARTRATE-HOMATROPINE METHYLBROMIDE TABLET   | HYCODAN                                |  |  |  |  | PA Required for < 18 years of age |         |
| <b>COUGH/COLD/ALLERGY COMBINATIONS**</b>                  |  |  |  |  |  |                                   |         |
| BROMPHENIRAMINE & PSEUDOEPH ELIXIR                        | WAL-TAP COLD & ALLERGY                 |  |  |  |  |                                   |         |
| BROMPHENIRAMINE & PSEUDOEPH LIQUID                        | RYNEX PSE                              |  |  |  |  |                                   |         |
| CETIRIZINE-PSEUDOEPHEDRINE TABLET ER 12HR                 | WAL-ZYR D                              |  |  |  |  | 30                                | 30      |
| CHLORPHENIRAMINE & PSEUDOEPH LIQUID                       | LOHIST-D                               |  |  |  |  |                                   |         |
| CHLORPHENIRAMINE & PSEUDOEPH TABLET                       | WAL-PHED SINUS/ALLERGY                 |  |  |  |  |                                   |         |
| DEXTROMETHORPHAN-GUAIFENESIN LIQUID                       | VICKS DAYQUIL MUCUS CONTROL DM         |  |  |  |  |                                   |         |
| DEXTROMETHORPHAN-GUAIFENESIN SYRUP                        | WAL-TUSSIN COUGH & CHEST CONGESTION DM |  |  |  |  |                                   |         |
| DEXTROMETHORPHAN-GUAIFENESIN TABLET                       | SB TAB TUSSIN DM                       |  |  |  |  |                                   |         |

|  |  |  |  |  |                                   |     |    |
|--|--|--|--|--|-----------------------------------|-----|----|
| DEXTROMETHORPHAN-GUAIFENESIN TABLET ER 12HR        | MUCINEX DM   |  |  |  |                                   |     |    |
| DIPHENHYDRAMINE-PHENYLEPHRINE-ACETAMINOPHEN LIQUID | THERAFLU EXPRESSMAX SEVERE COLD & COUGH NIGHTTIME        |  |  |  |                                   |     |    |
| DIPHENHYDRAMINE-PHENYLEPHRINE-ACETAMINOPHEN PACKET | WAL-FLU SEVERE COLD & COUGH NIGHTTIME                    |  |  |  |                                   |     |    |
| DIPHENHYDRAMINE-PHENYLEPHRINE-ACETAMINOPHEN TABLET | THERAFLU EXPRESSMAX SEVERE COLD & COUGH NIGHTTIME        |  |  |  |                                   |     |    |
| FEXOFENADINE-PSEUDOEPHEDRINE TABLET ER 12HR        | WAL-FEX D ALLERGY & CONGESTION                           |  |  |  |                                   | 30  | 30 |
| FEXOFENADINE-PSEUDOEPHEDRINE TABLET ER 24HR        | WAL-FEX D 24 HOUR ALLERGY& CONGESTION                    |  |  |  |                                   | 30  | 30 |
| GUAIFENESIN-CODEINE LIQUID                         | NINJACOF-XG  |  |  |  | PA Required for < 18 years of age | 240 | 12 |
| GUAIFENESIN-CODEINE SOLUTION                       | GUAIFENESIN/CODEINE                                      |  |  |  | PA Required for < 18 years of age | 240 | 12 |
| GUAIFENESIN-CODEINE SYRUP                          | GUAIFENESIN AC   |  |  |  |                                   |     |    |
| LORATADINE & PSEUDOEPHEDRINE TABLET ER 12HR        | WAL-ITIN D   |  |  |  |                                   | 30  | 30 |
| LORATADINE & PSEUDOEPHEDRINE TABLET ER 24HR        | WAL-ITIN D 24 HOUR                                       |  |  |  |                                   | 30  | 30 |
| PHENYLEPHRINE W/ DM-GG LIQUID                      | ROBITUSSIN CHILDRENS COUGH & COLD CF                     |  |  |  |                                   |     |    |
| PHENYLEPHRINE W/ DM-GG SYRUP                       | DESPEC DM  |  |  |  |                                   |     |    |
| PHENYLEPHRINE W/ DM-GG TABLET                      | MUCINEX FAST-MAX SEVERE CONGESTION & COUGH               |  |  |  |                                   |     |    |
| PHENYLEPHRINE-BROMPHENIRAMINE W/ CODEINE LIQUID    | M-END PE   |  |  |  | PA Required for < 18 years of age | 240 | 12 |
| PHENYLEPHRINE-BROMPHENIRAMINE-DM ELIXIR            | WAL-TAP DM COLD/COUGH                                    |  |  |  |                                   | 480 | 30 |
| PHENYLEPHRINE-BROMPHENIRAMINE-DM LIQUID            | DIMAPHEN DM COLD & COUGH                                 |  |  |  |                                   | 480 | 30 |
| PHENYLEPHRINE-BROMPHENIRAMINE-DM SYRUP             | LOHIST-DM  |  |  |  |                                   | 480 | 30 |
| PHENYLEPHRINE-CHLORPHEN-DM LIQUID                  | GENCONTUSS   |  |  |  | PA Required                       |     |    |
| PHENYLEPHRINE-CHLORPHEN-DM SOLUTION                | FATHER JOHNS MEDICINE PLUS                               |  |  |  | PA Required                       |     |    |
| PHENYLEPHRINE-CHLORPHEN-DM TABLET                  | MAXICHLOR PEH DM   |  |  |  | PA Required                       |     |    |
| PHENYLEPHRINE-GUAIFENESIN LIQUID                   | TRIAMINIC CHEST/NASAL CONGESTION                         |  |  |  |                                   |     |    |
| PHENYLEPHRINE-GUAIFENESIN TABLET                   | GILPHEX TR   |  |  |  |                                   |     |    |
| PROMETHAZINE & PHENYLEPHRINE SYRUP                 | PROMETHAZINE/PHENYLEPHRINE                               |  |  |  |                                   |     |    |
| PROMETHAZINE W/CODEINE SOLUTION                    | PROMETHAZINE/CODEINE                                     |  |  |  | PA Required for < 18 years of age |     |    |
| PROMETHAZINE W/CODEINE SYRUP                       | PROMETHAZINE/CODEINE                                     |  |  |  | PA Required for < 18 years of age | 240 | 12 |
| PROMETHAZINE-DM SYRUP                              | PROMETHAZINE HYDROCHLORIDE/DEXTROMETHORPHAN HYDROBROMIDE |  |  |  | PA Required for < 18 years of age |     |    |
| PSEUDOEPHEDRINE W/ CODEINE-GG SOLUTION             | VIRTUSSIN DAC  |  |  |  | PA Required for < 18 years of age |     |    |
| PSEUDOEPHEDRINE W/ CODEINE-GG SYRUP                | TUSNEL C   |  |  |  | PA Required for < 18 years of age |     |    |
| PSEUDOEPHEDRINE-BROMPHENIRAMINE-CODEINE LIQUID     | RYDEX  |  |  |  | PA Required for < 18 years of age | 240 | 12 |
| PSEUDOEPHEDRINE-GUAIFENESIN LIQUID                 | TUSNEL PEDIATRIC   |  |  |  |                                   |     |    |
| PSEUDOEPHEDRINE-GUAIFENESIN SYRUP                  | ALTARUSSIN-PE  |  |  |  |                                   |     |    |
| PSEUDOEPHEDRINE-GUAIFENESIN TABLET                 | POLY-VENT IR   |  |  |  |                                   |     |    |
| PSEUDOEPHEDRINE-GUAIFENESIN TABLET ER 12HR         | MUCINEX D  |  |  |  |                                   |     |    |
| <b>EXPECTORANTS**</b>                              |  |  |  |  |                                   |     |    |
| GUAIFENESIN LIQUID                                 | HERBAL EXPEC   |  |  |  |                                   |     |    |
| GUAIFENESIN PACKET                                 | MUCINEX FOR KIDS   |  |  |  |                                   |     |    |
| GUAIFENESIN SYRUP                                  | SM TUSSIN  |  |  |  |                                   |     |    |
| GUAIFENESIN TABLET                                 | XPECT  |  |  |  |                                   |     |    |
| GUAIFENESIN TABLET ER 12HR                         | EQ MUCUS ER  |  |  |  |                                   |     |    |
| <b>MISC. RESPIRATORY INHALANTS**</b>               |  |  |  |  |                                   |     |    |
| SODIUM CHLORIDE (INHALANT) NEBULIZATION SOLUTION   | NEBUSAL  |  |  |  |                                   |     |    |
| <b>DERMATOLOGICALS*</b>                            |  |  |  |  |                                   |     |    |
| <b>ACNE PRODUCTS**</b>                             |  |  |  |  |                                   |     |    |
| ADAPALENE PAD                                      | ADAPALENE  |  |  |  |                                   |     |    |
| BENZOYL PEROXIDE GEL                               | MEDPURA BENZOYL PEROXIDE                                 |  |  |  |                                   |     |    |
| BENZOYL PEROXIDE LIQUID                            | VARIOUS  |  |  |  |                                   |     |    |
| BENZOYL PEROXIDE LOTION                            | ACNE MEDICATION 5  |  |  |  |                                   |     |    |

|   |                             |            |  |  |  |                                   |            |
|---|-----------------------------|------------|--|--|--|-----------------------------------|------------|
| CLINDAMYCIN PHOSPHATE (TOPICAL) GEL                             | CLINDAGEL                   |            |  |  |  |                                   |            |
| CLINDAMYCIN PHOSPHATE (TOPICAL) LOTION                          | CLEOCIN-T                   |            |  |  |  |                                   |            |
| CLINDAMYCIN PHOSPHATE (TOPICAL) SOLUTION                        | CLINDAMYCIN PHOSPHATE       |            |  |  |  |                                   |            |
| CLINDAMYCIN PHOSPHATE (TOPICAL) SWAB                            | CLINDACIN-P                 |            |  |  |  |                                   |            |
| CLINDAMYCIN PHOSPHATE-BENZOYL PEROXIDE (REFRIGERATE) GEL        | NEUAC                       |            |  |  |  |                                   |            |
| ERYTHROMYCIN (ACNE AID) GEL                                     | ERYTHROMYCIN                |            |  |  |  |                                   |            |
| ERYTHROMYCIN (ACNE AID) SOLUTION                                | ERYTHROMYCIN                |            |  |  |  |                                   |            |
| ISOTRETINOIN CAPSULE  | AMNESTEEM                   |            |  |  |  | PA Required                       |            |
| TRETINOIN CREAM   | RETIN-A                     | Brand Only |  |  |  | PA Required For > 26 Years of Age |            |
| TRETINOIN GEL   | RETIN-A                     | Brand Only |  |  |  | PA Required For > 26 Years of Age |            |
| <b>ANTIBIOTICS - TOPICAL**</b>                                  |                             |            |  |  |  |                                   |            |
| BACITRACIN (TOPICAL) OINTMENT                                   | BACITRAYCIN PLUS            |            |  |  |  |                                   |            |
| BACITRACIN ZINC OINTMENT  | BACITRACIN ZINC             |            |  |  |  |                                   |            |
| BACITRACIN-POLYMYXIN B OINTMENT                                 | NEOSPORIN                   |            |  |  |  |                                   |            |
| GENTAMICIN SULFATE (TOPICAL) CREAM                              | GENTAMICIN SULFATE          |            |  |  |  |                                   |            |
| GENTAMICIN SULFATE (TOPICAL) OINTMENT                           | GENTAMICIN SULFATE          |            |  |  |  |                                   |            |
| MUPIROCIN CALCIUM (TOPICAL) CREAM                               | MUPIROCIN                   |            |  |  |  |                                   |            |
| MUPIROCIN OINTMENT  | CENTANY                     |            |  |  |  |                                   |            |
| NEOMYCIN-BACITRACIN-POLYMYXIN OINTMENT                          | LANABIOTIC                  |            |  |  |  |                                   |            |
| <b>ANTIFUNGALS - TOPICAL**</b>                                  |                             |            |  |  |  |                                   |            |
| BUTENAFINE HCL CREAM  | MENTAX                      |            |  |  |  |                                   |            |
| CICLOPIROX OLAMINE CREAM  | LOPROX                      |            |  |  |  |                                   |            |
| CICLOPIROX SOLUTION   | CICLODAN                    |            |  |  |  |                                   |            |
| CLOTRIMAZOLE (TOPICAL) CREAM                                    | DESENE                      |            |  |  |  |                                   |            |
| CLOTRIMAZOLE (TOPICAL) SOLUTION                                 | CLOTRIMAZOLE (RX Only)      |            |  |  |  |                                   |            |
| CLOTRIMAZOLE W/ BETAMETHASONE CREAM                             | CLOTRIMAZOLE/BETAMETHASONE  |            |  |  |  |                                   |            |
| KETOCONAZOLE (TOPICAL) CREAM                                    | DIPROPIONATE                |            |  |  |  |                                   |            |
| KETOCONAZOLE (TOPICAL) SHAMPOO                                  | KETOCONAZOLE                |            |  |  |  |                                   |            |
| MICONAZOLE NITRATE (TOPICAL) CREAM                              | NIZORAL A-D                 |            |  |  |  |                                   |            |
| MICONAZOLE NITRATE (TOPICAL) POWDER                             | CAVILON                     |            |  |  |  |                                   |            |
| NYSTATIN (TOPICAL) CREAM  | DESENE                      |            |  |  |  |                                   |            |
| NYSTATIN (TOPICAL) OINTMENT                                     | NYSTATIN                    |            |  |  |  |                                   |            |
| NYSTATIN (TOPICAL) POWDER                                       | NYSTOP                      |            |  |  |  |                                   |            |
| TERBINAFINE HCL (TOPICAL) CREAM                                 | LAMISIL AT                  |            |  |  |  |                                   |            |
| TOLNAFTATE AEROSOL POWDER                                       | ODOR EATERS FOOT & SNEAKER  |            |  |  |  |                                   |            |
| TOLNAFTATE CREAM  | SPRAY                       |            |  |  |  |                                   |            |
| TOLNAFTATE POWDER   | TING                        |            |  |  |  |                                   |            |
|   | ODOR EATERS ANTIFUNGAL      |            |  |  |  |                                   |            |
| <b>ANTIHISTAMINES-TOPICAL**</b>                                 |                             |            |  |  |  |                                   |            |
| DIPHENHYDRAMINE HCL (TOPICAL) CREAM                             | SM ALLERGY MAXIMUM STRENGTH |            |  |  |  |                                   |            |
| DIPHENHYDRAMINE HCL (TOPICAL) GEL                               | BENADRYL ITCH STOPPING      |            |  |  |  |                                   |            |
| DIPHENHYDRAMINE HCL (TOPICAL) SOLUTION                          | THE ITCH ERASER             |            |  |  |  |                                   |            |
| <b>ANTI-INFLAMMATORY AGENTS - TOPICAL**</b>                     |                             |            |  |  |  |                                   |            |
| DICLOFENAC SODIUM (TOPICAL) GEL                                 | MOTRIN ARTHRITIS PAIN       |            |  |  |  |                                   | 100 GM 300 |
| <b>ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL**</b> |                             |            |  |  |  |                                   |            |
| BEXAROTENE (TOPICAL) GEL  | TARGRETIN                   |            |  |  |  |                                   |            |
| FLUOROURACIL (TOPICAL) CREAM                                    | CARAC                       |            |  |  |  |                                   |            |
| FLUOROURACIL (TOPICAL) SOLUTION                                 | FLUOROURACIL                |            |  |  |  |                                   |            |
| <b>ANTIPSORIATICS**</b>   |                             |            |  |  |  |                                   |            |
| ACITRETIN CAPSULE   | SORIATANE                   |            |  |  |  |                                   |            |
| ANTHRALIN CREAM   | DRITHO-CREME HP             |            |  |  |  |                                   |            |
| CALCIPOTRIENE CREAM   | DOVONEX                     |            |  |  |  |                                   |            |
| CALCIPOTRIENE FOAM  | SORILUX                     |            |  |  |  |                                   |            |
| CALCIPOTRIENE OINTMENT  | CALCITRENE                  |            |  |  |  |                                   |            |

|   |                                    |            |  |      |             |
|---|------------------------------------|------------|--|------|-------------|
| CALCIPOTRIENE SOLUTION                        | CALCIPOTRIENE                      |            |  |      |             |
| METHOXSALLEN RAPID CAPSULE                    | OXSORALEN ULTRA                    |            |  |      |             |
| <b>ANTISEBORRHEIC PRODUCTS**</b>              |                                    |            |  |      |             |
| SELENIUM SULFIDE LOTION                       | SELSUN BLUE                        |            |  |      |             |
| SELENIUM SULFIDE SHAMPOO                      | SELRX                              |            |  |      |             |
| <b>ANTIVIRALS - TOPICAL**</b>                 |                                    |            |  |      |             |
| ACYCLOVIR TOPICAL CREAM                       | ZOVIRAX                            | Brand Only |  | 15GM | 30          |
| ACYCLOVIR TOPICAL OINTMENT                    | ZOVIRAX                            | Brand Only |  | 15GM | 30          |
| DOCOSANOL CREAM                               | ABREVA                             |            |  |      |             |
| <b>BURN PRODUCTS**</b>                        |                                    |            |  |      |             |
| SILVER SULFADIAZINE CREAM                     | SSD                                |            |  |      |             |
| <b>CORTICOSTEROIDS - TOPICAL**</b>            |                                    |            |  |      |             |
| BETAMETHASONE DIPROPIONATE (TOPICAL) CREAM    | BETAMETHASONE DIPROPIONATE         |            |  |      |             |
| BETAMETHASONE DIPROPIONATE (TOPICAL) LOTION   | BETAMETHASONE DIPROPIONATE         |            |  |      |             |
| BETAMETHASONE DIPROPIONATE (TOPICAL) OINTMENT | BETAMETHASONE DIPROPIONATE         |            |  |      |             |
| BETAMETHASONE DIPROPIONATE AUGMENTED CREAM    | DIPROLENE AF                       |            |  |      |             |
| BETAMETHASONE VALERATE CREAM                  | BETAMETHASONE VALERATE             |            |  |      |             |
| BETAMETHASONE VALERATE LOTION                 | BETAMETHASONE VALERATE             |            |  |      |             |
| BETAMETHASONE VALERATE OINTMENT               | BETAMETHASONE VALERATE             |            |  |      |             |
| CLOBETASOL PROPIONATE CREAM                   | IMPOYZ                             |            |  | 100  | 30          |
| CLOBETASOL PROPIONATE EMOLLIENT BASE CREAM    | CLOBETASOL PROPIONATE<br>EMOLLIENT |            |  | 100  | 30          |
| CLOBETASOL PROPIONATE GEL                     | CLOBETASOL PROPIONATE              |            |  | 118  | 30          |
| CLOBETASOL PROPIONATE OINTMENT                | TEMOVATE                           |            |  | 100  | 30          |
| CLOBETASOL PROPIONATE SHAMPOO                 | CLODAN                             |            |  | 118  | 30          |
| CLOBETASOL PROPIONATE SOLUTION                | CLOBETASOL PROPIONATE              |            |  | 100  | 30          |
| FLUOCINOLONE ACETONIDE OIL                    | DERMA-SMOOTHIE/FS BODY             | Brand Only |  |      |             |
| FLUOCINOLONE ACETONIDE SOLUTION               | SYNALAR                            |            |  |      |             |
| FLUOCINONIDE CREAM                            | VANOS                              |            |  |      |             |
| FLUOCINONIDE OINTMENT                         | FLUOCINONIDE                       |            |  |      |             |
| FLUOCINONIDE SOLUTION                         | FLUOCINONIDE                       |            |  |      |             |
| FLUTICASONE PROPIONATE CREAM                  | FLUTICASONE PROPIONATE             |            |  |      |             |
| FLUTICASONE PROPIONATE OINTMENT               | FLUTICASONE PROPIONATE             |            |  |      |             |
| HALOBETASOL PROPIONATE CREAM                  | HALOBETASOL PROPIONATE             |            |  | 100  | 30          |
| HALOBETASOL PROPIONATE OINTMENT               | HALOBETASOL PROPIONATE             |            |  | 100  | 30          |
| HYDROCORTISONE (TOPICAL) CREAM                | CORTAID MAXIMUM STRENGTH           |            |  |      |             |
| HYDROCORTISONE (TOPICAL) GEL                  | MG217 PSORIASIS ANTI-ITCH          |            |  |      |             |
| HYDROCORTISONE (TOPICAL) KIT                  | ADVANCED ALLERGY COLLECTION KIT    |            |  |      |             |
| HYDROCORTISONE (TOPICAL) LOTION               | AQUANIL HC                         |            |  |      |             |
| HYDROCORTISONE (TOPICAL) OINTMENT             | CORTIZONE-10                       |            |  |      |             |
| HYDROCORTISONE ACETATE (TOPICAL) CREAM        | LANACORT 10                        |            |  |      |             |
| HYDROCORTISONE ACETATE (TOPICAL) OINTMENT     | HYDROCORTISONE                     |            |  |      |             |
| HYDROCORTISONE-ALOE VERA CREAM                | HYDROCORTISONE/ALOE                |            |  |      |             |
| MOMETASONE FUROATE CREAM                      | MOMETASONE FUROATE                 |            |  |      |             |
| MOMETASONE FUROATE OINTMENT                   | MOMETASONE FUROATE                 |            |  |      |             |
| MOMETASONE FUROATE SOLUTION                   | MOMETASONE FUROATE                 |            |  |      |             |
| TRIAMCINOLONE ACETONIDE (TOPICAL) CREAM       | TRIDERM                            |            |  |      |             |
| TRIAMCINOLONE ACETONIDE (TOPICAL) LOTION      | TRIAMCINOLONE ACETONIDE            |            |  |      |             |
| TRIAMCINOLONE ACETONIDE (TOPICAL) OINTMENT    | TRITOCIN                           |            |  |      |             |
| <b>ECZEMA AGENTS**</b>                        |                                    |            |  |      |             |
| DUPILUMAB SOLN PEN-INJ                        | DUPIXENT                           |            |  |      | PA Required |
| DUPILUMAB SOLN PREF SYR                       | DUPIXENT                           |            |  |      | PA Required |
| TRALOKINUMAB-LDRM SOLN PREF SYR               | ADBRY                              |            |  |      | PA Required |
| <b>EMOLLIENTS**</b>                           |                                    |            |  |      |             |
| EMOLLIENT OINTMENT                            | HYDROLATUM                         |            |  |      |             |
| LACTIC ACID (AMMONIUM LACTATE) CREAM          | AMMONIUM LACTATE                   |            |  |      |             |
| LACTIC ACID (AMMONIUM LACTATE) LOTION         | LAC-HYDRIN FIVE                    |            |  |      |             |
| VITAMINS A & D (TOPICAL) OINTMENT             | A+D PREVENT                        |            |  |      |             |

|  |  |  |  |  |             |  |      |    |
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| <b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL**</b>              |  |  |  |  |             |  |      |    |
| PIMECROLIMUS CREAM                                       | ELIDEL   |  |  |  |             |  | 60gm | 30 |
| TACROLIMUS (TOPICAL) OINTMENT                            | PROTOPIC   |  |  |  | PA Required |  |      |    |
| <b>KERATOLYTIC/ANTIMITOTIC AGENTS**</b>                  |  |  |  |  |             |  |      |    |
| SALICYLIC ACID CREAM                                     | CERAVE PSORIASIS   |  |  |  |             |  |      |    |
| SALICYLIC ACID GEL                                       | CLEAN & CLEAR ADVANTAGE ACNE SPOT TREATMENT              |  |  |  |             |  |      |    |
| SALICYLIC ACID KIT                                       | KERALYT SCALP  |  |  |  |             |  |      |    |
| SALICYLIC ACID LIQUID                                    | AMBI EVEN & CLEAR FOAMINGCLEANSER                        |  |  |  |             |  |      |    |
| SALICYLIC ACID LOTION                                    | CLEAN & CLEAR ADVANTAGE ACNE CONTROL MOISTURIZER         |  |  |  |             |  |      |    |
| SALICYLIC ACID SHAMPOO                                   | P & S  |  |  |  |             |  |      |    |
| SALICYLIC ACID SOLUTION                                  | DUOFILM  |  |  |  |             |  |      |    |
| <b>LOCAL ANESTHETICS - TOPICAL**</b>                     |  |  |  |  |             |  |      |    |
| CAPSAICIN CREAM  | ZOSTRIX NATURAL PAIN RELIEF                              |  |  |  |             |  |      |    |
| LIDOCAINE HCL AEROSOL SOLUTION                           | BURN RELIEF  |  |  |  |             |  |      |    |
| LIDOCAINE HCL CREAM                                      | ASPERCREME W/LIDOCAINE                                   |  |  |  |             |  |      |    |
| LIDOCAINE HCL LOTION                                     | LIDO-SORB  |  |  |  |             |  |      |    |
| LIDOCAINE HCL OINTMENT                                   | ASPERFLEX LIDOCAINE                                      |  |  |  |             |  |      |    |
| LIDOCAINE HCL SOLUTION                                   | MEDI-FIRST BURN SPRAY                                    |  |  |  |             |  |      |    |
| LIDOCAINE PATCH  | ZTLIDO   |  |  |  |             |  | 60   | 30 |
| LIDOCAINE-PRILOCAINE CREAM                               | LIDOCAINE/PRILOCAINE                                     |  |  |  |             |  |      |    |
| <b>MISC. TOPICAL**</b>                                   |  |  |  |  |             |  |      |    |
| ALUMINUM CHLORIDE SOLUTION                               | DRYSOL   |  |  |  |             |  |      |    |
| EYELID CLEANSERS FOAM                                    | OCUSOFT  |  |  |  |             |  |      |    |
| EYELID CLEANSERS PAD                                     | OCUSOFT  |  |  |  |             |  |      |    |
| ZINC OXIDE (TOPICAL) OINTMENT                            | BOUDREAUX  |  |  |  |             |  |      |    |
| ZINC OXIDE (TOPICAL) PASTE                               | AQUAPHOR BABY DIAPER RASH PASTE                          |  |  |  |             |  |      |    |
| <b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL**</b> |  |  |  |  |             |  |      |    |
| CRISABOROLE OINTMENT                                     | EUCRISA  |  |  |  | PA Required |  |      |    |
| <b>ROSACEA AGENTS**</b>                                  |  |  |  |  |             |  |      |    |
| METRONIDAZOLE (TOPICAL) CREAM                            | ROSADAN  |  |  |  |             |  |      |    |
| METRONIDAZOLE (TOPICAL) GEL                              | ROSADAN  |  |  |  |             |  |      |    |
| METRONIDAZOLE (TOPICAL) LOTION                           | METROLOTION  |  |  |  |             |  |      |    |
| <b>SCABICIDES &amp; PEDICULICIDES**</b>                  |  |  |  |  |             |  |      |    |
| CROTAMITON LOTION  | CROTAN   |  |  |  |             |  |      |    |
| IVERMECTIN (PEDICULICIDE) LOTION                         | IVERMECTIN   |  |  |  | PA Required |  |      |    |
| MALATHION LOTION   | OVIDE  |  |  |  |             |  |      |    |
| PERMETHRIN CREAM   | ELIMITE  |  |  |  |             |  |      |    |
| PERMETHRIN LIQUID  | NIX LICE KILLING SPRAY                                   |  |  |  |             |  |      |    |
| PERMETHRIN LOTION  | SM LICE TREATMENT  |  |  |  |             |  |      |    |
| PYRETHRINS-PIPERONYL BUTOXIDE GEL                        | LICEMD   |  |  |  |             |  |      |    |
| PYRETHRINS-PIPERONYL BUTOXIDE KIT                        | LICEMD COMPLETE KIT                                      |  |  |  |             |  |      |    |
| PYRETHRINS-PIPERONYL BUTOXIDE LIQUID                     | RID  |  |  |  |             |  |      |    |
| PYRETHRINS-PIPERONYL BUTOXIDE SHAMPOO                    | RID LICE KILLING SHAMPOO                                 |  |  |  |             |  |      |    |
| SPINOSAD SUSPENSION                                      | NATROBA  |  |  |  | PA Required |  |      |    |
| <b>WOUND CARE PRODUCTS**</b>                             |  |  |  |  |             |  |      |    |
| BECAPLERMIN GEL  | REGANEX  |  |  |  | PA Required |  |      |    |
| <b>DIAGNOSTIC PRODUCTS*</b>                              |  |  |  |  |             |  |      |    |
| <b>DIAGNOSTIC TESTS**</b>                                |  |  |  |  |             |  |      |    |
| COVID-19 AT HOME TEST KIT                                | INTELISWAB COVID-19 RAPID TEST                           |  |  |  |             |  | 2    | 30 |
| GLUCOSE BLOOD STRIP                                      | ACCU-CHEK AVIVA, ACCU-CHEK GUIDE, TRUE METRIX, TRUETRACK |  |  |  |             |  | 200  | 30 |
| <b>DIGESTIVE AIDS*</b>                                   |  |  |  |  |             |  |      |    |
| <b>DIGESTIVE ENZYMES**</b>                               |  |  |  |  |             |  |      |    |



|  |                                 |            |                |             |     |    |
|--|---------------------------------|------------|----------------|-------------|-----|----|
| PANCRELIPASE (LIPASE-PROTEASE-AMYLASE) CAPSULE DR PART   | PANCREAZE                       | Brand Only | Preferred Drug |             | 300 | 30 |
| SACROSIDASE SOLUTION                                     | SUCRAID                         |            |                | PA Required |     |    |
| <b>DIURETICS*</b>  |                                 |            |                |             |     |    |
| <b>CARBONIC ANHYDRASE INHIBITORS**</b>                   |                                 |            |                |             |     |    |
| ACETAZOLAMIDE CAPSULE ER 12 HR                           | ACETAZOLAMIDE ER                |            |                |             |     |    |
| ACETAZOLAMIDE TABLET                                     | ACETAZOLAMIDE                   |            |                |             |     |    |
| METHAZOLAMIDE TABLET                                     | METHAZOLAMIDE                   |            |                |             |     |    |
| <b>DIURETIC COMBINATIONS**</b>                           |                                 |            |                |             |     |    |
| SPIRONOLACTONE & HYDROCHLOROTHIAZIDE TABLET              | ALDACTAZIDE                     |            |                |             |     |    |
| TRIAMTERENE & HYDROCHLOROTHIAZIDE CAPSULE                | TRIAMTERENE/HYDROCHLOROTHIAZIDE |            |                |             |     |    |
| TRIAMTERENE & HYDROCHLOROTHIAZIDE TABLET                 | MAXZIDE-25                      |            |                |             |     |    |
| <b>LOOP DIURETICS**</b>                                  |                                 |            |                |             |     |    |
| BUMETANIDE TABLET  | BUMEX                           |            |                |             |     |    |
| FUROSEMIDE SOLUTION                                      | FUROSEMIDE                      |            |                |             |     |    |
| FUROSEMIDE TABLET  | LASIX                           |            |                |             |     |    |
| TORSEMIDE TABLET   | SOANZ                           |            |                |             |     |    |
| <b>POTASSIUM SPARING DIURETICS**</b>                     |                                 |            |                |             |     |    |
| AMILORIDE HCL TABLET                                     | AMILORIDE HCL                   |            |                |             |     |    |
| SPIRONOLACTONE TABLET                                    | ALDACTONE                       |            |                |             |     |    |
| TRIAMTERENE CAPSULE                                      | DYRENIUM                        |            |                |             |     |    |
| <b>THIAZIDES AND THIAZIDE-LIKE DIURETICS**</b>           |                                 |            |                |             |     |    |
| CHLOROTHIAZIDE SUSPENSION                                | DIURIL                          |            |                |             |     |    |
| CHLORTHALIDONE TABLET                                    | THALITONE                       |            |                |             |     |    |
| HYDROCHLOROTHIAZIDE CAPSULE (12.5MG)                     | HYDROCHLOROTHIAZIDE             |            |                |             |     |    |
| HYDROCHLOROTHIAZIDE TABLET (25MG, 50MG)                  | HYDROCHLOROTHIAZIDE             |            |                |             |     |    |
| INDAPAMIDE TABLET  | INDAPAMIDE                      |            |                |             |     |    |
| METOLAZONE TABLET  | METOLAZONE                      |            |                |             |     |    |
| <b>ENDOCRINE AND METABOLIC AGENTS - MISC.*</b>           |                                 |            |                |             |     |    |
| <b>BONE DENSITY REGULATORS**</b>                         |                                 |            |                |             |     |    |
| ALENDRONATE SODIUM SOLUTION                              | ALENDRONATE SODIUM              |            |                | PA Required |     |    |
| ALENDRONATE SODIUM TABLET                                | FOSAMAX                         |            |                |             | 30  | 30 |
| CALCITONIN (SALMON) SOLUTION                             | MIACALCIN                       |            |                |             |     |    |
| DENOSUMAB SOLN PREF SYR                                  | PROLIA                          |            |                | PA Required |     |    |
| IBANDRONATE SODIUM TABLET                                | BONIVA                          |            |                |             |     |    |
| TERIPARATIDE (RECOMBINANT) SOLN PEN-INJ                  | FORTEO                          | Brand Only |                | PA Required |     |    |
| <b>GROWTH HORMONE RECEPTOR ANTAGONISTS**</b>             |                                 |            |                |             |     |    |
| PEGVISOMANT SOLUTION RECONSTITUTED                       | SOMAVERT                        |            |                | PA Required |     |    |
| <b>GROWTH HORMONES**</b>                                 |                                 |            |                |             |     |    |
| SOMATROPIN CARTRIDGE                                     | GENOTROPIN                      | Brand Only |                | PA Required |     |    |
| SOMATROPIN PREFILLED SYR                                 | GENOTROPIN MINIQUEEK            | Brand Only |                | PA Required |     |    |
| SOMATROPIN SOLN PEN-INJ                                  | NORDITROPIN FLEXPRO             |            |                | PA Required |     |    |
| SOMATROPIN SOLN CARTRIDGE                                | OMNITROPE                       |            |                | PA Required |     |    |
| SOMATROPIN SOLUTION RECONSTITUTED                        | ZOMACTON                        |            |                | PA Required |     |    |
| <b>HORMONE RECEPTOR MODULATORS**</b>                     |                                 |            |                |             |     |    |
| RALOXIFENE HCL TABLET                                    | EVISTA                          |            |                |             |     |    |
| <b>INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)**</b>      |                                 |            |                |             |     |    |
| MECASERMIN SOLUTION                                      | INCRELEX                        |            |                | PA Required |     |    |
| <b>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS**</b> |                                 |            |                |             |     |    |
| LEUPROLIDE ACETATE (CPP) (3 MONTH) KIT                   | LUPRON DEPOT-PED (3-MONTH)      |            |                | PA Required |     |    |
| LEUPROLIDE ACETATE (CPP) (6 MONTH) KIT                   | FENSOLVI                        |            |                | PA Required |     |    |
| LEUPROLIDE ACETATE (CPP) KIT                             | LUPRON DEPOT-PED (1-MONTH)      |            |                | PA Required |     |    |
| NAFARELIN ACETATE SOLUTION                               | SYNAREL                         |            |                | PA Required |     |    |
| <b>METABOLIC MODIFIERS**</b>                             |                                 |            |                |             |     |    |
| CALCITRIOL CAPSULE                                       | ROCALTROL                       |            |                |             |     |    |
| CALCITRIOL SOLUTION                                      | ROCALTROL                       |            |                |             |     |    |
| CINACALCET HCL TABLET                                    | SENSIPAR                        |            |                |             |     |    |
| IDURSULFASE SOLUTION                                     | ELAPRASE                        |            |                | PA Required |     |    |
| LEVOCARNITINE (METABOLIC MODIFIERS) SOLUTION             | CARNITOR                        |            |                |             |     |    |

|   |   |  |  |  |             |  |
|---|---|--|--|--|-------------|--|
| LEVOCARNITINE (METABOLIC MODIFIERS) TABLET              | CARNITOR  |  |  |  |             |  |
| SODIUM PHENYLBUTYRATE TABLET                            | BUPHENYL  |  |  |  | PA Required |  |
| SODIUM PHENYLBUTYRATE POWDER                            | BUPHENYL  |  |  |  | PA Required |  |
| <b>MINERALOCORTICOID RECEPTOR ANTAGONISTS**</b>         |   |  |  |  |             |  |
| FINERENONE TABLET                                       | KERENDIA  |  |  |  | PA Required |  |
| <b>POSTERIOR PITUITARY HORMONES**</b>                   |   |  |  |  |             |  |
| DESMOPRESSIN ACETATE SPRAY REFRIGERATED SOLUTION        | DDAVP   |  |  |  |             |  |
| DESMOPRESSIN ACETATE SOLUTION                           | STIMATE   |  |  |  |             |  |
| DESMOPRESSIN ACETATE SPRAY REFRIGERATED SOLUTION        | DESMOPRESSIN ACETATE                                  |  |  |  |             |  |
| DESMOPRESSIN ACETATE SPRAY SOLUTION                     | DESMOPRESSIN ACETATE                                  |  |  |  |             |  |
| DESMOPRESSIN ACETATE TABLET                             | DDAVP   |  |  |  |             |  |
| <b>PROLACTIN INHIBITORS**</b>                           |   |  |  |  |             |  |
| CABERGOLINE TABLET                                      | CABERGOLINE   |  |  |  | PA Required |  |
| <b>SOMATOSTATIC AGENTS**</b>                            |   |  |  |  |             |  |
| LANREOTIDE ACETATE SOLUTION                             | SOMATULINE DEPOT                                      |  |  |  | PA Required |  |
| OCTREOTIDE ACETATE KIT                                  | SANDOSTATIN LAR DEPOT                                 |  |  |  | PA Required |  |
| OCTREOTIDE ACETATE SOLUTION                             | SANDOSTATIN   |  |  |  | PA Required |  |
| OCTREOTIDE ACETATE SOLN PREF SYR                        | OCTREOTIDE ACETATE                                    |  |  |  | PA Required |  |
| <b>ESTROGENS*</b>                                       |   |  |  |  |             |  |
| <b>ESTROGEN COMBINATIONS**</b>                          |   |  |  |  |             |  |
| CONJUGATED ESTROGENS-MEDROXYPROGESTERONE ACETATE TABLET | PREMPRO   |  |  |  |             |  |
| ESTERIFIED ESTROGENS & METHYLTESTOSTERONE TABLET        | COVARYX HS  |  |  |  |             |  |
| ESTRADIOL & NORETHINDRONE ACETATE PATCH TWICE WEEKLY    | COMBIPATCH  |  |  |  |             |  |
| ESTRADIOL & NORETHINDRONE ACETATE TABLET                | AMABELZ   |  |  |  |             |  |
| ESTRADIOL-LEVONORGESTREL PATCH WEEKLY                   | CLIMARA PRO   |  |  |  |             |  |
| NORETHINDRONE ACETATE-ETHINYL ESTRADIOL TABLET          | FYAVOLV   |  |  |  |             |  |
| <b>ESTROGENS**</b>                                      |   |  |  |  |             |  |
| ESTERIFIED ESTROGENS TABLET                             | MENEST  |  |  |  |             |  |
| ESTRADIOL PATCH TWICE WEEKLY                            | ALORA   |  |  |  |             |  |
| ESTRADIOL PATCH WEEKLY                                  | MENOSTAR  |  |  |  |             |  |
| ESTRADIOL TABLET  | ESTRACE   |  |  |  |             |  |
| ESTROGENS, CONJUGATED TABLET                            | PREMARIN  |  |  |  |             |  |
| <b>FLUOROQUINOLONES*</b>                                |   |  |  |  |             |  |
| <b>FLUOROQUINOLONES**</b>                               |   |  |  |  |             |  |
| CIPROFLOXACIN HCL TABLET                                | CIPRO   |  |  |  |             |  |
| CIPROFLOXACIN IN D5W SOLUTION                           | CIPROFLOXACIN I.V.-IN D5W                             |  |  |  |             |  |
| DELAFLOXACIN MEGGLUMINE SOLUTION RECONSTITUTED          | BAXDELA   |  |  |  |             |  |
| LEVOFLOXACIN IN D5W SOLUTION                            | LEVOFLOXACIN IN D5W                                   |  |  |  |             |  |
| LEVOFLOXACIN SOLUTION                                   | LEVOFLOXACIN  |  |  |  |             |  |
| LEVOFLOXACIN TABLET                                     | LEVOFLOXACIN  |  |  |  |             |  |
| MOXIFLOXACIN HCL IN SODIUM CHLORIDE SOLUTION            | MOXIFLOXACIN<br>HYDROCHLORIDE/SODIUM<br>HYDROCHLORIDE |  |  |  |             |  |
| MOXIFLOXACIN HCL SOLUTION                               | MOXIFLOXACIN HYDROCHLORIDE                            |  |  |  |             |  |
| OFLOXACIN TABLET  | OFLOXACIN   |  |  |  |             |  |
| <b>GASTROINTESTINAL AGENTS - MISC.*</b>                 |   |  |  |  |             |  |
| <b>ANTIFLATULENTS**</b>                                 |   |  |  |  |             |  |
| SIMETHICONE SUSPENSION                                  | LITTLE REMEDIES GAS RELIEF                            |  |  |  |             |  |
| <b>GALLSTONE SOLUBILIZING AGENTS**</b>                  |   |  |  |  |             |  |
| URSODIOL CAPSULE  | RELTONE   |  |  |  |             |  |
| URSODIOL TABLET   | URSO 250  |  |  |  |             |  |
| <b>GASTROINTESTINAL ANTIALLERGY AGENTS**</b>            |   |  |  |  |             |  |
| CROMOLYN SODIUM (MASTOCYTOSIS) CONCENTRATE              | GASTROCROM  |  |  |  |             |  |
| <b>GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS**</b>   |   |  |  |  |             |  |
| LUBIPROSTONE CAPSULE                                    | AMITIZA   |  |  |  | PA Required |  |
| <b>GASTROINTESTINAL STIMULANTS**</b>                    |   |  |  |  |             |  |
| METOCLOPRAMIDE HCL SOLUTION                             | GIMOTI  |  |  |  |             |  |
| METOCLOPRAMIDE HCL TABLET                               | REGLAN  |  |  |  |             |  |

|  |                               |            |                |             |     |    |  |
|--|-------------------------------|------------|----------------|-------------|-----|----|--|
| METOCLOPRAMIDE HCL TABLET DISINTEGRATING             | METOCLOPRAMIDE ODT            |            |                |             |     |    |  |
| <b>INFLAMMATORY BOWEL AGENTS**</b>                   |                               |            |                |             |     |    |  |
| INFLIXIMAB SOLUTION RECONSTITUTED                    | REMICADE (AG)                 |            |                | PA Required |     |    |  |
| MESALAMINE CAPSULE ER 24 HR                          | APRISO                        | Brand Only |                |             | 120 | 30 |  |
| MESALAMINE CAPSULE ER                                | PENTASA                       | Brand Only |                |             | 270 | 30 |  |
| MESALAMINE CAPSULE DELAYED RELEASE                   | DELZICOL                      | Brand Only |                |             | 180 | 30 |  |
| MESALAMINE ENEMA                                     | SFROWASA                      | Brand Only |                |             | 30  | 30 |  |
| MESALAMINE SUPPOSITORY                               | CANASA                        | Brand Only |                |             | 30  | 30 |  |
| MESALAMINE TABLET ENTERIC COATED                     | ASACOL HD                     |            |                |             | 120 | 30 |  |
| SULFASALAZINE TABLET                                 | AZULFIDINE                    |            |                |             | 240 | 30 |  |
| SULFASALAZINE TABLET ENTERIC COATED                  | AZULFIDINE EN-TABS            |            |                |             | 240 | 30 |  |
| <b>INTESTINAL ACIDIFIERS**</b>                       |                               |            |                |             |     |    |  |
| LACTULOSE (ENCEPHALOPATHY) SOLUTION                  | LACTULOSE                     |            |                |             |     |    |  |
| <b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS**</b>       |                               |            |                |             |     |    |  |
| ALOSETRON HCL TABLET                                 | LOTROXEX                      |            |                | PA Required |     |    |  |
| LINACLOTIDE CAPSULE                                  | LINZESS                       |            |                | PA Required |     |    |  |
| <b>PHOSPHATE BINDER AGENTS**</b>                     |                               |            |                |             |     |    |  |
| CALCIUM ACETATE (PHOSPHATE BINDER) CAPSULE           | CALCIUM ACETATE               |            | Preferred Drug |             |     |    |  |
| CALCIUM ACETATE (PHOSPHATE BINDER) TABLET            | CALPHRON                      |            | Preferred Drug |             |     |    |  |
| SEVELAMER CARBONATE TABLET                           | RENVELA                       | VARIOUS    | Preferred Drug |             |     |    |  |
| <b>GENITOURINARY AGENTS - MISCELLANEOUS*</b>         |                               |            |                |             |     |    |  |
| <b>ACIDIFIERS**</b>                                  |                               |            |                |             |     |    |  |
| POTASSIUM & SODIUM ACID PHOSPHATES TABLET            | K-PHOS NO 2                   |            |                |             |     |    |  |
| <b>ALKALINIZERS**</b>                                |                               |            |                |             |     |    |  |
| POT & SOD CITRATES W/CITRIC AC SOLUTION              | TRICITRATES                   |            |                |             |     |    |  |
| POTASSIUM CITRATE (ALKALINIZER) TABLET ER            | UROCIT-K 5                    |            |                |             |     |    |  |
| POTASSIUM CITRATE-CITRIC ACID PACKET                 | CYTRA K CRYSTALS              |            |                |             |     |    |  |
| POTASSIUM CITRATE-CITRIC ACID SOLUTION               | POTASSIUM CITRATE/CITRIC ACID |            |                |             |     |    |  |
| SODIUM CITRATE & CITRIC ACID SOLUTION                | ORACIT                        |            |                |             |     |    |  |
| <b>INTERSTITIAL CYSTITIS AGENTS**</b>                |                               |            |                |             |     |    |  |
| PENTOSAN POLYSULFATE SODIUM CAPSULE                  | ELMIRON                       |            |                | PA Required |     |    |  |
| <b>PROSTATIC HYPERTROPHY AGENTS**</b>                |                               |            |                |             |     |    |  |
| ALFUZOSIN HCL TABLET ER 24HR                         | UROXATRAL                     |            |                |             |     |    |  |
| DUTASTERIDE CAPSULE                                  | AVODART                       |            |                |             |     |    |  |
| FINASTERIDE TABLET                                   | PROSCAR                       |            |                |             |     |    |  |
| TAMSULOSIN HCL CAPSULE                               | FLOMAX                        |            |                |             |     |    |  |
| <b>URINARY ANALGESICS**</b>                          |                               |            |                |             |     |    |  |
| PHENAZOPYRIDINE HCL TABLET                           | PHENAZO                       |            |                |             |     |    |  |
| <b>GOUT AGENTS*</b>                                  |                               |            |                |             |     |    |  |
| <b>GOUT AGENT COMBINATIONS**</b>                     |                               |            |                |             |     |    |  |
| COLCHICINE W/ PROBENECID TABLET                      | PROBENECID/COLCHICINE         |            |                |             |     |    |  |
| <b>GOUT AGENTS**</b>                                 |                               |            |                |             |     |    |  |
| ALLOPURINOL TABLET (100MG, 300MG)                    | ZYLOPRIM                      |            |                |             |     |    |  |
| COLCHICINE TABLET                                    | COLCRYS                       |            |                |             |     |    |  |
| FEBUXOSTAT TABLET                                    | ULORIC                        |            |                |             | 30  | 30 |  |
| <b>URICOSURICS**</b>                                 |                               |            |                |             |     |    |  |
| PROBENECID TABLET                                    | PROBENECID                    |            |                |             |     |    |  |
| <b>HEMATOLOGICAL AGENTS - MISC.*</b>                 |                               |            |                |             |     |    |  |
| <b>BRADYKININ B2 RECEPTOR ANTAGONISTS**</b>          |                               |            |                |             |     |    |  |
| ICATIBANT ACETATE SOLN PREF SYR                      | FIRAZYR                       |            |                | PA Required |     |    |  |
| <b>COMPLEMENT INHIBITORS**</b>                       |                               |            |                |             |     |    |  |
| C1 ESTERASE INHIBITOR (HUMAN) KIT                    | BERINERT                      |            |                | PA Required |     |    |  |
| C1 ESTERASE INHIBITOR (HUMAN) SOLUTION RECONSTITUTED | HAEGARDA                      |            |                | PA Required |     |    |  |
| <b>HEMATORHEOLOGIC AGENTS**</b>                      |                               |            |                |             |     |    |  |
| PENTOXIFYLLINE TABLET ER                             | PENTOXIFYLLINE ER             |            |                |             |     |    |  |
| <b>PLASMA KALLIKREIN INHIBITORS**</b>                |                               |            |                |             |     |    |  |
| ECALLANTIDE SOLUTION                                 | KALBITOR                      |            |                | PA Required |     |    |  |
| <b>PLATELET AGGREGATION INHIBITORS**</b>             |                               |            |                |             |     |    |  |
| ANAGRELIDE HCL CAPSULE                               | AGRYLIN                       |            |                |             |     |    |  |

|  |                          |            |                |  |             |   |    |
|--|--------------------------|------------|----------------|--|-------------|---|----|
| CILOSTAZOL TABLET                                    | CILOSTAZOL               |            |                |  |             |   |    |
| CLOPIDOGREL BISULFATE TABLET                         | PLAVIX                   |            |                |  |             |   |    |
| DIPYRIDAMOLE TABLET                                  | DIPYRIDAMOLE             |            |                |  |             |   |    |
| TICAGRELOR TABLET                                    | BRILINTA                 |            |                |  |             |   |    |
| <b>THROMBOLYTIC ENZYMES**</b>                        |                          |            |                |  |             |   |    |
| ALTEPLASE SOLUTION RECONSTITUTED                     | CATHFLO ACTIVASE         |            |                |  |             | 1 | 30 |
| <b>HEMATOPOIETIC AGENTS*</b>                         |                          |            |                |  |             |   |    |
| <b>AGENTS FOR GAUCHER DISEASE**</b>                  |                          |            |                |  |             |   |    |
| ELIGLUSTAT TARTRATE CAPSULE                          | CERDELGA                 |            |                |  | PA Required |   |    |
| IMIGLUCERASE SOLUTION RECONSTITUTED                  | CEREZYME                 |            |                |  | PA Required |   |    |
| MIGLUSTAT CAPSULE                                    | ZAVESCA                  |            |                |  | PA Required |   |    |
| TALIGLUCERASE ALFA SOLUTION RECONSTITUTED            | ELELYSO                  |            |                |  | PA Required |   |    |
| VELAGLUCERASE ALFA SOLUTION RECONSTITUTED            | VPRIV                    |            |                |  | PA Required |   |    |
| <b>FOLIC ACID/FOLATES**</b>                          |                          |            |                |  |             |   |    |
| FOLIC ACID CAPSULE                                   | FA-8                     |            |                |  |             |   |    |
| FOLIC ACID TABLET                                    | FOLIC ACID               |            |                |  |             |   |    |
| <b>HEMATOPOIETIC GROWTH FACTORS**</b>                |                          |            |                |  |             |   |    |
| ELTROMBOPAG OLAMINE TABLET                           | PROMACTA                 | Brand Only | Preferred Drug |  | PA Required |   |    |
| EPOETIN ALFA SOLUTION                                | EPOGEN                   | Brand Only | Preferred Drug |  | PA Required |   |    |
| EPOETIN ALFA-EPBX SOLUTION                           | RETACRIT                 | Brand Only | Preferred Drug |  | PA Required |   |    |
| FILGRASTIM SOLUTION                                  | NEUPOGEN                 | Brand Only | Preferred Drug |  | PA Required |   |    |
| FILGRASTIM SOLN PREF SYR                             | NEUPOGEN                 | Brand Only | Preferred Drug |  | PA Required |   |    |
| FILGRASTIM-AAFI SOLUTION                             | NIVESTYM                 | Brand Only | Preferred Drug |  | PA Required |   |    |
| FILGRASTIM-AAFI SOLN PREF SYR                        | NIVESTYM                 | Brand Only | Preferred Drug |  | PA Required |   |    |
| PEGFILGRASTIM-APGF SOLN PREF SYR                     | NYVEPRIA                 | Brand Only | Preferred Drug |  | PA Required |   |    |
| PEGFILGRASTIM-BMEZ SOLN PREF SYR                     | ZIEXTENZO                | Brand Only | Preferred Drug |  | PA Required |   |    |
| PEGFILGRASTIM-CBQV SOLN AUTO-INJ                     | UDENYCA                  | Brand Only | Preferred Drug |  | PA Required |   |    |
| PEGFILGRASTIM-PBBK SOLN PREF SYR                     | FYLNETRA                 | Brand Only | Preferred Drug |  | PA Required |   |    |
| ROMIPLOSTIM SOLUTION RECONSTITUTED                   | NPLATE                   | Brand Only | Preferred Drug |  | PA Required |   |    |
| <b>HEMATOPOIETIC MIXTURES**</b>                      |                          |            |                |  |             |   |    |
| FE FUMARATE-VITAMIN C-VITAMIN B12-FOLIC ACID CAPSULE | HEMATOGEN FA             |            |                |  |             |   |    |
| FERROUS FUMARATE W/ B12-VIT C-FA-IFC CAPSULE         | TRICON                   |            |                |  |             |   |    |
| FERROUS FUMARATE W/ FA-DSS-B COMPLEX-VIT C TABLET    | NEPHRON FA               |            |                |  |             |   |    |
| FOLATE-VITAMIN B12-INTRINSIC FACTOR TABLET           | INTRINSI B12/FOLATE      |            |                |  |             |   |    |
| IRON COMBINATIONS CAPSULE                            | HEMATOGEN                |            |                |  |             |   |    |
| IRON COMBINATIONS TABLET                             | NUFERA                   |            |                |  |             |   |    |
| <b>IRON**</b>  |                          |            |                |  |             |   |    |
| FERROUS FUMARATE CAPSULE                             | HIGH POTENCY IRON        |            |                |  |             |   |    |
| FERROUS FUMARATE TABLET                              | FERROCITE                |            |                |  |             |   |    |
| FERROUS GLUCONATE TABLET                             | FERATE                   |            |                |  |             |   |    |
| FERROUS SULFATE DRIED TABLET                         | FEOSOL                   |            |                |  |             |   |    |
| FERROUS SULFATE DRIED TABLET ER                      | SM SLOW RELEASE IRON     |            |                |  |             |   |    |
| FERROUS SULFATE SOLUTION                             | BPROTECTED PEDIA IRON    |            |                |  |             |   |    |
| FERROUS SULFATE TABLET                               | FEROSUL                  |            |                |  |             |   |    |
| FERROUS SULFATE TABLET ER                            | SLOW FE                  |            |                |  |             |   |    |
| FERROUS SULFATE TABLET ENTERIC COATED                | FERROUS SULFATE          |            |                |  |             |   |    |
| <b>HEMOSTATICS*</b>                                  |                          |            |                |  |             |   |    |
| <b>HEMOSTATICS - SYSTEMIC**</b>                      |                          |            |                |  |             |   |    |
| AMINOCAPROIC ACID SOLUTION                           | AMICAR                   |            |                |  |             |   |    |
| AMINOCAPROIC ACID TABLET                             | AMICAR                   |            |                |  |             |   |    |
| <b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS*</b>    |                          |            |                |  |             |   |    |
| <b>ANTIHISTAMINE HYPNOTICS**</b>                     |                          |            |                |  |             |   |    |
| DIPHENHYDRAMINE HCL (SLEEP) CAPSULE                  | WAL-SLEEP Z              |            |                |  |             |   |    |
| DIPHENHYDRAMINE HCL (SLEEP) LIQUID                   | WAL-SLEEP Z LIQUID SHOTS |            |                |  |             |   |    |
| DIPHENHYDRAMINE HCL (SLEEP) TABLET                   | SIMPLY SLEEP             |            |                |  |             |   |    |
| DIPHENHYDRAMINE HCL (SLEEP) TABLET DISINTEGRATING    | WAL-SLEEP Z              |            |                |  |             |   |    |
| DOXYLAMINE SUCCINATE (SLEEP) TABLET                  | UNISOM SLEEPTABS         |            |                |  |             |   |    |
| <b>BARBITURATE HYPNOTICS**</b>                       |                          |            |                |  |             |   |    |
| PHENOBARBITAL ELIXIR                                 | PHENOBARBITAL            |            |                |  |             |   |    |

|   |                         |            |                |  |  |       |       |
|---|-------------------------|------------|----------------|--|--|-------|-------|
| PHENOBARBITAL TABLET  | PHENOBARBITAL           |            |                |  |  |       |       |
| <b>NON-BARBITURATE HYPNOTICS**</b>  |                         |            |                |  |  |       |       |
| ESZOPICLONE TABLET  | LUNESTA                 |            | PREFERRED DRUG | PA Required for Ages <6 years<br>PA Required for > 1 Hypnotic Drug |  | 30    | 30    |
| TEMAZEPAM CAPSULE (15MG, 30MG)  | RESTORIL                |            | PREFERRED DRUG | PA Required for > 1 Hypnotic Drug                                  |  | 30.00 | 30.00 |
| ZOLPIDEM TARTRATE TABLET (5MG)  | AMBIEN                  |            | PREFERRED DRUG | PA Required for Ages <6 years<br>PA Required for > 1 Hypnotic Drug |  | 60.00 | 30.00 |
| ZOLPIDEM TARTRATE TABLET (10MG)   | AMBIEN                  |            | PREFERRED DRUG | PA Required for Ages <6 years<br>PA Required for > 1 Hypnotic Drug |  | 30.00 | 30.00 |
| ZOLPIDEM TARTRATE TABLET ER   | AMBIEN CR               |            | PREFERRED DRUG | PA Required for Ages <6 years<br>PA Required for > 1 Hypnotic Drug |  |       |       |
| <b>SELECTIVE MELATONIN RECEPTOR AGONISTS**</b>                                  |                         |            |                |  |  |       |       |
| RAMELTEON TABLET  | ROZEREM                 | Brand Only |                |  | Patient must have tried two preferred agents (Temazepam, Zolpidem and Eszopiclone) | 30    | 30    |
| <b>LAXATIVES*</b>   |                         |            |                |  |  |       |       |
| <b>BULK LAXATIVES**</b>   |                         |            |                |  |  |       |       |
| FIBER CAPSULE   | OPTIFIBER LEAN          |            |                |  |  |       |       |
| FIBER TABLET CHEWABLE   | PEDIA-LAX FIBER GUMMIES |            |                |  |  |       |       |
| FIBER POWDER  | SOLFIBER                |            |                |  |  |       |       |
| FIBER TABLET  | FIBER COMPLETE          |            |                |  |  |       |       |
| METHYLCELLULOSE (LAXATIVE) POWDER   | SOLUBLE FIBER           |            |                |  |  |       |       |
| METHYLCELLULOSE (LAXATIVE) TABLET   | CITRUCEL                |            |                |  |  |       |       |
| PSYLLIUM CAPSULE  | METAMUCIL               |            |                |  |  |       |       |
| PSYLLIUM PACKET   | METAMUCIL               |            |                |  |  |       |       |
| PSYLLIUM WAFER  | METAMUCIL               |            |                |  |  |       |       |
| <b>LAXATIVE COMBINATIONS**</b>  |                         |            |                |  |  |       |       |
| PEG 3350-KCL-SOD BICARB-SOD CHLORIDE-SOD SULFATE SOLUTION RECONSTITUTED         | GAVILYTE-G              |            |                |  |  |       |       |
| PEG 3350-POTASSIUM CHLORIDE-SOD BICARBONATE-SOD CHLORIDE SOLUTION RECONSTITUTED | GAVILYTE-N/FLAVOR PACK  |            |                |  |  |       |       |
| SENNOSIDES-DOCUSATE SODIUM TABLET   | COLACE 2-IN-1           |            |                |  |  |       |       |
| <b>LAXATIVES - MISCELLANEOUS**</b>  |                         |            |                |  |  |       |       |
| GLYCERIN (LAXATIVE) SUPPOSITORY   | PEDIA-LAX               |            |                |  |  |       |       |
| LACTULOSE SOLUTION  | LACTULOSE               |            |                |  |  |       |       |
| POLYETHYLENE GLYCOL 3350 PACKET   | SMOOTH LAX              |            |                |  |  |       |       |
| POLYETHYLENE GLYCOL 3350 POWDER   | GOODSENSE CLEARLAX      |            |                |  |  |       |       |
| <b>SALINE LAXATIVES**</b>   |                         |            |                |  |  |       |       |
| MAGNESIUM CITRATE SOLUTION  | CITROMA                 |            |                |  |  |       |       |
| MAGNESIUM OXIDE (LAXATIVE) TABLET   | PHILLIPS                |            |                |  |  |       |       |
| SODIUM PHOSPHATES ENEMA   | PURE & GENTLE ENEMA     |            |                |  |  |       |       |
| <b>STIMULANT LAXATIVES**</b>  |                         |            |                |  |  |       |       |
| BISACODYL ENEMA   | FLEET BISACODYL         |            |                |  |  |       |       |
| BISACODYL POWDER  | BISACODYL               |            |                |  |  |       |       |
| BISACODYL SUPPOSITORY   | THE MAGIC BULLET        |            |                |  |  |       |       |
| BISACODYL TABLET ENTERIC COATED   | EX-LAX ULTRA            |            |                |  |  |       |       |
| CASCARA SAGRADA CAPSULE   | CASCARA SAGRADA         |            |                |  |  |       |       |
| CASCARA SAGRADA TABLET  | CASCARA SAGRADA         |            |                |  |  |       |       |
| SENNA SYRUP   | SENNA                   |            |                |  |  |       |       |
| SENNOSIDES CAPSULE  | SENNA                   |            |                |  |  |       |       |
| SENNOSIDES LIQUID   | LITTLE TUMMYS LAXATIVE  |            |                |  |  |       |       |
| SENNOSIDES SYRUP  | ONELAX SENNA            |            |                |  |  |       |       |
| SENNOSIDES TABLET   | EVAC-U-GEN              |            |                |  |  |       |       |
| <b>SURFACTANT LAXATIVES**</b>   |                         |            |                |  |  |       |       |
| DOCUSATE SODIUM CAPSULE   | DULCOLAX STOOL SOFTENER |            |                |  |  |       |       |
| DOCUSATE SODIUM ENEMA   | ENEMEEZ                 |            |                |  | PA Required  |       |       |

|  |   |  |  |  |             |       |
|--|---|--|--|--|-------------|-------|
| DOCUSATE SODIUM LIQUID                               | PEDIA-LAX   |  |  |  |             |       |
| DOCUSATE SODIUM SYRUP                                | DOCUSATE SODIUM                                     |  |  |  |             |       |
| DOCUSATE SODIUM TABLET                               | DOK   |  |  |  |             |       |
| <b>MACROLIDES*</b>                                   |   |  |  |  |             |       |
| <b>AZITHROMYCIN**</b>                                |   |  |  |  |             |       |
| AZITHROMYCIN PACKET                                  | ZITHROMAX   |  |  |  |             |       |
| AZITHROMYCIN SOLUTION RECONSTITUTED                  | ZITHROMAX   |  |  |  |             |       |
| AZITHROMYCIN SUSPENSION RECONSTITUTED                | ZITHROMAX   |  |  |  |             |       |
| AZITHROMYCIN TABLET                                  | ZITHROMAX   |  |  |  |             |       |
| <b>CLARITHROMYCIN**</b>                              |   |  |  |  |             |       |
| CLARITHROMYCIN SUSPENSION RECONSTITUTED              | CLARITHROMYCIN                                      |  |  |  |             |       |
| CLARITHROMYCIN TABLET                                | CLARITHROMYCIN                                      |  |  |  |             |       |
| CLARITHROMYCIN TABLET ER 24HR                        | CLARITHROMYCIN ER                                   |  |  |  |             |       |
| <b>ERYTHROMYCINS**</b>                               |   |  |  |  |             |       |
| ERYTHROMYCIN LACTOBIONATE SOLUTION RECONSTITUTED     | ERYTHROCIN LACTOBIONATE                             |  |  |  |             |       |
| <b>FIDAXOMICIN**</b>                                 |   |  |  |  |             |       |
| FIDAXOMICIN TABLET                                   | DIFICID   |  |  |  | PA Required |       |
| <b>MEDICAL DEVICES AND SUPPLIES*</b>                 |   |  |  |  |             |       |
| <b>CONTRACEPTIVES**</b>                              |   |  |  |  |             |       |
| CONDOMS - FEMALE MISCELLANEOUS                       | FC2 FEMALE CONDOM                                   |  |  |  |             | 30 30 |
| CONDOMS - MALE MISCELLANEOUS                         | CONDOMS   |  |  |  |             | 30 30 |
| CONDOMS LATEX LUBRICATED - MALE DEVICE               | DUREX EXTRA SENSITIVE                               |  |  |  |             |       |
| CONDOMS LATEX LUBRICATED - MALE MISCELLANEOUS        | TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDDED            |  |  |  |             | 30 30 |
| CONDOMS LATEX NON-LUBRICATED - MALE MISCELLANEOUS    | TRUSTEX/RIA NON-LUBRICATED                          |  |  |  |             | 30 30 |
| DIAPHRAGM ARC-SPRING DIAPHRAGM                       | CAYA  |  |  |  |             | 1 365 |
| DIAPHRAGM WIDE SEAL DIAPHRAGM                        | WIDE-SEAL SILICONE DIAPHRAGM KIT 60                 |  |  |  |             | 1 365 |
| DIAPHRAGMS DIAPHRAGM                                 | OMNIFLEX DIAPHRAGM                                  |  |  |  |             | 1 365 |
| <b>DIABETIC SUPPLIES**</b>                           |   |  |  |  |             |       |
| BLOOD GLUCOSE CALIBRATION LIQUID                     | ASSURE II CONTROL LEVEL 1                           |  |  |  |             |       |
| BLOOD GLUCOSE CALIBRATION SOLUTION                   | ASSURE DOSE NORMAL/HIGH CONTROL                     |  |  |  |             |       |
| BLOOD GLUCOSE MONITORING SUPPLIES DEVICE             | TRUE METRIX   |  |  |  |             |       |
| BLOOD GLUCOSE MONITORING SUPPLIES KIT                | TRUETRACK SMART SYSTEM                              |  |  |  |             |       |
| CONTINUOUS BLOOD GLUCOSE SYSTEM RECEIVER DEVICE      | FREESTYLE READER                                    |  |  |  | PA Required | 1 365 |
| CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR MISCELLANEOUS | FREESTYLE SENSOR                                    |  |  |  | PA Required |       |
| LANCET DEVICES MISCELLANEOUS                         | MICROLET NEXT                                       |  |  |  |             |       |
| LANCETS MISCELLANEOUS                                | FINGERSTIX LANCETS                                  |  |  |  |             |       |
| LANCETS MISC. KIT                                    | AUTOLET LITE STARTER PACK                           |  |  |  |             |       |
| LANCETS MISC. MISCELLANEOUS                          | AUTOLET PLATFORMS                                   |  |  |  |             |       |
| <b>MISC. DEVICES**</b>                               |   |  |  |  |             |       |
| ALCOHOL SHEETS SHEET                                 | ESSENTA WIPES 9X9" CLEANROOM SUPPLIES/PRESATURATED  |  |  |  |             |       |
| ALCOHOL SWABS PAD                                    | WEBCOL ALCOHOL PREP LARGE 1 PLY                     |  |  |  |             |       |
| <b>PARENTERAL THERAPY SUPPLIES**</b>                 |   |  |  |  |             |       |
| INSULIN PEN NEEDLE MISCELLANEOUS                     | BD AUTOSHIELD 29G X 3/16"                           |  |  |  |             |       |
| INSULIN SYRINGE/NEEDLE U-100 MISCELLANEOUS           | BD INSULIN SYRINGE MICROFINE/U-100/0.3ML/28G X 1/2" |  |  |  |             |       |
| INSULIN SYRINGES (DISPOSABLE) MISCELLANEOUS          | MONOJECT INSULIN SYRINGE/1ML                        |  |  |  |             |       |
| SYRINGE/NEEDLE (DISP) 1 ML MISCELLANEOUS             | BD LUER LOCK SYRINGE/1ML/20G X 1"                   |  |  |  |             |       |
| <b>RESPIRATORY THERAPY SUPPLIES**</b>                |   |  |  |  |             |       |
| PEAK FLOW METER DEVICE                               | TRUZONE PEAK FLOW METER                             |  |  |  |             |       |

|  |  |  |                |             |             |    |     |
|--|--|--|----------------|-------------|-------------|----|-----|
| PEAK FLOW METER W/INHALER ASSIST DEVICE KIT                    | AEROGear ASTHMA ACTION                                 |  |                |             |             | 2  | 365 |
| RESPIRATORY THERAPY SUPPLIES DEVICE                            | AEROBIKA   |  |                |             |             |    |     |
| RESPIRATORY THERAPY SUPPLIES KIT                               | SIDESTREAM REUSABLE<br>NEBULIZER/PEDIATRIC MASK/TUBING |  |                |             |             |    |     |
| RESPIRATORY THERAPY SUPPLIES MISCELLANEOUS                     | AEROTRACH PLUS   |  |                |             |             | 2  | 365 |
| SPACER/AEROSOL-HOLDING CHAMBERS DEVICE                         | AEROVENT PLUS HOLDING<br>CHAMBER/COLLAPSIBLE           |  |                |             |             | 2  | 365 |
| SPACER/AEROSOL-HOLDING CHAMBERS MISCELLANEOUS                  | INSPIREASE DRUG DELIVERY SYSTEM                        |  |                |             |             |    |     |
| <b>MIGRAINE PRODUCTS*</b>                                      |  |  |                |             |             |    |     |
| <b>CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG**</b> |  |  |                |             |             |    |     |
| FREMANEZUMAB-VFRM SOLN AUTO-INJ                                | AJOVY  |  | Preferred Drug | PA Required |             | 1  | 30  |
| FREMANEZUMAB-VFRM SOLN PREF SYR                                | AJOVY  |  | Preferred Drug | PA Required |             | 1  | 30  |
| GALCANEZUMAB-GNLM SOLN AUTO-INJ                                | EMGALITY   |  | Preferred Drug | PA Required |             |    |     |
| GALCANEZUMAB-GNLM SOLN PREF SYR                                | EMGALITY   |  | Preferred Drug | PA Required |             |    |     |
| UBROGEPANT TABLET  | UBRELVY  |  | Preferred Drug | PA Required |             | 10 | 30  |
| <b>MIGRAINE COMBINATIONS**</b>                                 |  |  |                |             |             |    |     |
| ERGOTAMINE W/ CAFFEINE TABLET                                  | CAFERGOT   |  |                |             |             | 40 | 30  |
| <b>SEROTONIN AGONISTS**</b>                                    |  |  |                |             |             |    |     |
| NARATRIPTAN HCL TABLET   | AMERGE   |  | Preferred Drug |             |             | 9  | 30  |
| RIZATRIPTAN BENZOATE TABLET                                    | MAXALT   |  | Preferred Drug |             |             | 9  | 30  |
| RIZATRIPTAN BENZOATE TABLET DISINTEGRATING                     | MAXALT-MLT   |  | Preferred Drug |             |             | 9  | 30  |
| SUMATRIPTAN SOLUTION   | IMITREX  |  | Preferred Drug |             |             | 6  | 30  |
| SUMATRIPTAN SUCCINATE SOLN AUTO-INJ                            | ZEMBRACE SYMTOUCH                                      |  | Preferred Drug |             |             | 2  | 30  |
| SUMATRIPTAN SUCCINATE SOLN CARTRIDGE                           | IMITREX STATDOSE REFILL                                |  | Preferred Drug |             |             | 2  | 30  |
| SUMATRIPTAN SUCCINATE SOLUTION                                 | IMITREX  |  | Preferred Drug |             |             | 2  | 30  |
| SUMATRIPTAN SUCCINATE TABLET                                   | IMITREX  |  | Preferred Drug |             |             | 9  | 30  |
| ZOLMITRIPTAN TABLET  | ZOMIG  |  | Preferred Drug |             |             | 9  | 30  |
| ZOLMITRIPTAN TABLET DISINTEGRATING                             | ZOMIG ZMT  |  | Preferred Drug |             |             | 9  | 30  |
| <b>MINERALS &amp; ELECTROLYTES*</b>                            |  |  |                |             |             |    |     |
| <b>BICARBONATES**</b>  |  |  |                |             |             |    |     |
| SODIUM BICARBONATE SOLUTION                                    | SODIUM BICARBONATE                                     |  |                |             |             |    |     |
| <b>CALCIUM**</b>   |  |  |                |             |             |    |     |
| CALCIUM CARBONATE TABLET CHEWABLE                              | CALCIUM CARBONATE                                      |  |                |             |             |    |     |
| CALCIUM LACTATE TABLET   | CALCIUM LACTATE  |  |                |             |             |    |     |
| <b>FLUORIDE**</b>  |  |  |                |             |             |    |     |
| SODIUM FLUORIDE TABLET CHEWABLE                                | NAFRINSE   |  |                |             |             |    |     |
| SODIUM FLUORIDE SOLUTION                                       | NAFRINSE DROPS   |  |                |             |             |    |     |
| SODIUM FLUORIDE TABLET   | SODIUM FLUORIDE  |  |                |             |             |    |     |
| <b>MAGNESIUM**</b>   |  |  |                |             |             |    |     |
| MAGNESIUM OXIDE (MG SUPPLEMENT) CAPSULE                        | MAGNESIUM  |  |                |             |             |    |     |
| MAGNESIUM OXIDE (MG SUPPLEMENT) TABLET                         | MAG-OXIDE  |  |                |             |             |    |     |
| MAGNESIUM OXIDE (MG SUPPLEMENT) TABLET CHEWABLE                | MAGNESIUM  |  |                |             |             |    |     |
| <b>POTASSIUM**</b>   |  |  |                |             |             |    |     |
| POTASSIUM BICARBONATE TABLET EFFERVESCENT                      | KLOR-CON/EF  |  |                |             |             |    |     |
| POTASSIUM BICARBONATE-CITRIC ACID TABLET EFFERVESCENT          | EFFER-K  |  |                |             |             |    |     |
| POTASSIUM CHLORIDE CAPSULE ER                                  | POTASSIUM CHLORIDE ER                                  |  |                |             |             |    |     |
| POTASSIUM CHLORIDE MICROENCAPSULATED CRYSTALS ER TABLET ER     | KLOR-CON M10   |  |                |             |             |    |     |
| POTASSIUM CHLORIDE PACKET                                      | KLOR-CON   |  |                |             |             |    |     |
| POTASSIUM CHLORIDE SOLUTION                                    | POTASSIUM CHLORIDE                                     |  |                |             |             |    |     |
| POTASSIUM CHLORIDE TABLET ER                                   | K-TAB  |  |                |             |             |    |     |
| <b>MISCELLANEOUS THERAPEUTIC CLASSES*</b>                      |  |  |                |             |             |    |     |
| <b>CHELATING AGENTS**</b>                                      |  |  |                |             |             |    |     |
| PENICILLAMINE CAPSULE  | CUPRIMINE  |  |                |             |             |    |     |
| <b>IMMUNOMODULATORS**</b>                                      |  |  |                |             |             |    |     |
| BELUMOSUDIL MESYLATE TABLET                                    | REZUROCK   |  |                |             | PA Required |    |     |

|   |  |  |  |             |    |    |
|---|--|--|--|-------------|----|----|
| LLENALIDOMIDE CAPSULE   | REVLIMID                                 |  |  | PA Required |    |    |
| <b>IMMUNOSUPPRESSIVE AGENTS**</b>                                   |  |  |  |             |    |    |
| AZATHIOPRINE TABLET   | AZASAN                                   |  |  |             |    |    |
| CYCLOSPORINE CAPSULE  | SANDIMMUNE                               |  |  |             |    |    |
| CYCLOSPORINE MODIFIED (FOR MICROEMULSION) CAPSULE                   | GENGRAF                                  |  |  |             |    |    |
| CYCLOSPORINE MODIFIED (FOR MICROEMULSION) SOLUTION                  | GENGRAF                                  |  |  |             |    |    |
| CYCLOSPORINE SOLUTION   | SANDIMMUNE                               |  |  |             |    |    |
| EVEROLIMUS (IMMUNOSUPPRESSANT) TABLET                               | ZORTRESS                                 |  |  | PA Required |    |    |
| MYCOPHENOLATE MOFETIL CAPSULE                                       | CELLCEPT                                 |  |  |             |    |    |
| MYCOPHENOLATE MOFETIL SUSPENSION RECONSTITUTED                      | CELLCEPT                                 |  |  |             |    |    |
| MYCOPHENOLATE MOFETIL TABLET  | CELLCEPT                                 |  |  |             |    |    |
| SIROLIMUS SOLUTION  | RAPAMUNE                                 |  |  |             |    |    |
| SIROLIMUS TABLET  | RAPAMUNE                                 |  |  |             |    |    |
| TACROLIMUS CAPSULE  | PROGRAF                                  |  |  |             |    |    |
| TACROLIMUS CAPSULE ER 24 HR   | ASTAGRAF XL                              |  |  |             |    |    |
| <b>IRRIGATION SOLUTIONS**</b>                                       |  |  |  |             |    |    |
| WATER FOR IRRIGATION, STERILE SOLUTION                              | ARGYLE STERILE WATER 100ML               |  |  |             |    |    |
| <b>POTASSIUM REMOVING AGENTS**</b>                                  |  |  |  |             |    |    |
| SODIUM POLYSTYRENE SULFONATE POWDER                                 | SODIUM POLYSTYRENE SULFONATE             |  |  |             |    |    |
| SODIUM POLYSTYRENE SULFONATE SUSPENSION                             | SPS                                      |  |  |             |    |    |
| SODIUM ZIRCONIUM CYCLOSILICATE PACKET                               | LOKELMA                                  |  |  |             | 30 | 30 |
| <b>MOUTH/THROAT/DENTAL AGENTS*</b>                                  |  |  |  |             |    |    |
| <b>ANESTHETICS TOPICAL ORAL**</b>                                   |  |  |  |             |    |    |
| LIDOCAINE HCL (MOUTH-THROAT) SOLUTION                               | LIDOCAINE VISCOUS                        |  |  |             |    |    |
| <b>ANTI-INFECTIVES - THROAT**</b>                                   |  |  |  |             |    |    |
| CLOTRIMAZOLE TROCHE   | CLOTRIMAZOLE                             |  |  |             |    |    |
| NYSTATIN (MOUTH-THROAT) SUSPENSION                                  | NYSTATIN                                 |  |  |             |    |    |
| <b>ANTISEPTICS - MOUTH/THROAT**</b>                                 |  |  |  |             |    |    |
| CHLORHEXIDINE GLUCONATE (MOUTH-THROAT) SOLUTION                     | PERIOGARD                                |  |  |             |    |    |
| <b>STEROIDS - MOUTH/THROAT/DENTAL**</b>                             |  |  |  |             |    |    |
| TRIAMCINOLONE ACETONIDE (MOUTH) PASTE                               | ORALONE DENTAL PASTE                     |  |  |             | 10 | 30 |
| <b>THROAT PRODUCTS - MISC.**</b>                                    |  |  |  |             |    |    |
| ARTIFICIAL SALIVA KIT   | ORAL RELIEF FOR DRY MOUTH&<br>DISCOMFORT |  |  |             |    |    |
| ARTIFICIAL SALIVA LIQUID  | NUMOISYN                                 |  |  |             |    |    |
| ARTIFICIAL SALIVA LOZENGE   | ACT DRY MOUTH                            |  |  |             |    |    |
| ARTIFICIAL SALIVA SOLUTION  | AQUORAL                                  |  |  |             |    |    |
| <b>MULTIVITAMINS*</b>   |  |  |  |             |    |    |
| <b>B-COMPLEX VITAMINS**</b>   |  |  |  |             |    |    |
| B-COMPLEX VITAMINS ELIXIR   | APETEX                                   |  |  |             |    |    |
| B-COMPLEX VITAMINS LIQUID   | B-COMPLEX/B-12                           |  |  |             |    |    |
| B-COMPLEX VITAMINS TABLET   | B-COMPLEX WITH B-12                      |  |  |             |    |    |
| <b>B-COMPLEX W/ C**</b>   |  |  |  |             |    |    |
| B COMPLEX W/ C CAPSULE  | B-COMPLEX W/C                            |  |  |             |    |    |
| B COMPLEX W/ C TABLET   | ALLBEE PLUS VITAMIN C                    |  |  |             |    |    |
| B COMPLEX W/ C TABLET ER  | RA B-COMPLEX/VITAMIN C TR                |  |  |             |    |    |
| <b>B-COMPLEX W/ FOLIC ACID**</b>                                    |  |  |  |             |    |    |
| B COMPLEX W/ C-BIOTIN-E-FOLIC ACID & IRON CARBONYL<br>MISCELLANEOUS | RENATABS WITH IRON                       |  |  |             |    |    |
| B-COMPLEX W/ C & FOLIC ACID CAPSULE                                 | MYNEPHRON                                |  |  |             |    |    |
| B-COMPLEX W/ C & FOLIC ACID TABLET                                  | DIALYVITE 800                            |  |  |             |    |    |
| B-COMPLEX W/ C-BIOTIN-D-ZINC & FOLIC ACID TABLET                    | VITAL-D RX                               |  |  |             |    |    |
| B-COMPLEX W/ LYSINE-MIN-FE & FOLIC ACID LIQUID                      | NUTRIVIT                                 |  |  |             |    |    |
| B-COMPLEX W/ LYSINE-ZN & FOLIC ACID LIQUID                          | SUPERVITE                                |  |  |             |    |    |
| <b>B-COMPLEX W/ MINERALS**</b>                                      |  |  |  |             |    |    |
| B-COMPLEX W/ MINERALS LIQUID  | ELDERTONIC                               |  |  |             | 30 | 30 |
| <b>IRON W/ VITAMINS**</b>   |  |  |  |             |    |    |
| IRON W/ VITAMINS TABLET   | VITAFOL                                  |  |  |             | 30 | 30 |



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| <b>MULTIPLE VITAMINS W/ IRON**</b>                                  |  |  |  |  |    |    |
| MULTIPLE VITAMINS W/ IRON TABLET                                    | TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE |  |  |  |    |    |
| <b>MULTIPLE VITAMINS W/ MINERALS**</b>                              |  |  |  |  |    |    |
| MULTIPLE VITAMINS W/ MINERALS CAPSULE                               | ICAPS  |  |  |  | 30 | 30 |
| MULTIPLE VITAMINS W/ MINERALS TABLET CHEWABLE                       | CENTRUM VITAMINTS                              |  |  |  | 30 | 30 |
| MULTIPLE VITAMINS W/ MINERALS LIQUID                                | BURIED TREASURE ACTIVE 55PLUS SENIOR COMPLEX   |  |  |  | 30 | 30 |
| MULTIPLE VITAMINS W/ MINERALS TABLET                                | CENTRUM CARDIO                                 |  |  |  | 30 | 30 |
| <b>PED MULTI VITAMINS W/FL &amp; FE**</b>                           |  |  |  |  |    |    |
| PED MULTIVITAMINS W/FL & IRON SOLUTION                              | FLORVITE/IRON                                  |  |  |  |    |    |
| <b>PED MULTIPLE VITAMINS W/ MINERALS**</b>                          |  |  |  |  |    |    |
| PEDIATRIC MULTIPLE VITAMIN W/ MINERALS TABLET CHEWABLE              | CENTRUM KIDS                                   |  |  |  | 30 | 30 |
| <b>PED MV W/ FLUORIDE**</b>   |  |  |  |  |    |    |
| PEDIATRIC MULTIVITAMINS W/FL TABLET CHEWABLE                        | QUFLORA GUMMIES                                |  |  |  | 30 | 30 |
| PEDIATRIC MULTIVITAMINS W/FL SOLUTION                               | QUFLORA PEDIATRIC                              |  |  |  |    |    |
| PEDIATRIC MULTIVITAMINS W/FL SUSPENSION                             | POLY-VI-FLOR                                   |  |  |  |    |    |
| PEDIATRIC VITAMINS ACD W/ FLUORIDE SOLUTION                         | ADC/FLUORIDE                                   |  |  |  |    |    |
| <b>PED MV W/ IRON**</b>   |  |  |  |  |    |    |
| PEDIATRIC MULTIPLE VITAMINS W/ IRON TABLET CHEWABLE                 | CEROVITE JR                                    |  |  |  |    |    |
| PEDIATRIC MULTIPLE VITAMINS W/ IRON SOLUTION                        | BPROTECTED PEDIA POLY-VITE/IRON                |  |  |  |    |    |
| <b>PEDIATRIC MULTIPLE VITAMINS**</b>                                |  |  |  |  |    |    |
| PEDIATRIC MULTIPLE VITAMINS SOLUTION                                | POLY-VI-SOL                                    |  |  |  |    |    |
| <b>PRENATAL VITAMINS**</b>  |  |  |  |  |    |    |
| PRENATAL MULTIVIT-MIN W/FE-FA TABLET                                | DERMACINRX PRETRATE                            |  |  |  | 30 | 30 |
| PRENATAL MV & MIN W/FE FUMARATE-FA-DHA MISCELLANEOUS                | VITAFOL-OB+DHA                                 |  |  |  | 30 | 30 |
| PRENATAL MV & MIN W/FE POLYSACCHARIDE COMPLEX-FA-DHA CAPSULE        | VITAFOL-ONE                                    |  |  |  | 30 | 30 |
| PRENATAL MV & MIN W/FE POLYSACCHARIDE COMPLEX-FA-DHA MISCELLANEOUS  | SELECT-OB+DHA                                  |  |  |  | 30 | 30 |
| PRENATAL VIT W/ DOCUSATE-FE FUMARATE-FOLIC ACID TABLET              | SE-NATAL 19                                    |  |  |  | 30 | 30 |
| PRENATAL VIT W/ FE BISGLYCINATE CHELATE-FOLIC ACID TABLET           | VINATE II                                      |  |  |  | 30 | 30 |
| PRENATAL VIT W/ FE FUM-IRON POLYSACCH COMPLEX -FA-OMEGA 3 CAPSULE   | CONCEPT DHA                                    |  |  |  | 30 | 30 |
| PRENATAL VIT W/ FERROUS FUMARATE-FA-OMEGA 3 FATTY ACIDS CAPSULE     | VIVA DHA                                       |  |  |  | 30 | 30 |
| PRENATAL VIT W/ FERROUS FUMARATE-FOLIC ACID TABLET CHEWABLE         | COMPLETENATE                                   |  |  |  | 30 | 30 |
| PRENATAL VIT W/ FERROUS FUMARATE-FOLIC ACID TABLET                  | VITATHELY/GINGER                               |  |  |  | 30 | 30 |
| PRENATAL VIT W/ IRON CARBONYL-FOLIC ACID TABLET                     | ELITE-OB                                       |  |  |  | 30 | 30 |
| PRENATAL WITHOUT A VIT W/ FE FUM-IRON POLYSACCH COMPLEX -FA CAPSULE | CONCEPT OB                                     |  |  |  | 30 | 30 |
| <b>MUSCULOSKELETAL THERAPY AGENTS*</b>                              |  |  |  |  |    |    |
| <b>CENTRAL MUSCLE RELAXANTS**</b>                                   |  |  |  |  |    |    |
| BACLOFEN TABLET   | BACLOFEN                                       |  |  |  |    |    |
| CYCLOBENZAPRINE HCL TABLET (5MG, 10MG)                              | FEXMID   |  |  |  |    |    |
| METAXALONE TABLET   | SKELAXIN                                       |  |  |  |    |    |
| METHOCARBAMOL TABLET  | METHOCARBAMOL                                  |  |  |  |    |    |
| ORPHENADRINE CITRATE TABLET ER 12HR                                 | ORPHENADRINE CITRATE ER                        |  |  |  |    |    |
| TIZANIDINE HCL TABLET   | ZANAFLEX                                       |  |  |  |    |    |
| <b>DIRECT MUSCLE RELAXANTS**</b>                                    |  |  |  |  |    |    |
| DANTROLENE SODIUM CAPSULE   | DANTRIUM                                       |  |  |  |    |    |
| <b>NASAL AGENTS - SYSTEMIC AND TOPICAL*</b>                         |  |  |  |  |    |    |
| <b>NASAL AGENTS - MISC.**</b>                                       |  |  |  |  |    |    |
| ALCOHOL (NASAL) KIT   | NOZIN NASAL SANITIZER                          |  |  |  |    |    |
| ALCOHOL (NASAL) SWAB  | NOZIN NASAL SANITIZER                          |  |  |  |    |    |
| SALINE SOLUTION   | AFRIN SALINE NASAL MIST                        |  |  |  |    |    |

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| <b>NASAL ANTIALLERGY**</b>                            |  |  |  |  |  |             |  |
| AZELASTINE HCL SOLUTION (0.1%)                        | ASTEPRO                                      |  |  |  |  |             |  |
| <b>NASAL ANTICHOLINERGICS**</b>                       |  |  |  |  |  |             |  |
| IPRATROPIUM BROMIDE (NASAL) SOLUTION                  | IPRATROPIUM BROMIDE                          |  |  |  |  |             |  |
| <b>NASAL STEROIDS**</b>                               |  |  |  |  |  |             |  |
| FLUNISOLIDE (NASAL) SOLUTION                          | FLUNISOLIDE                                  |  |  |  |  |             |  |
| FLUTICASONE PROPIONATE (NASAL) SUSPENSION             | CLARISPRAY                                   |  |  |  |  |             |  |
| MOMETASONE FUROATE (NASAL) SUSPENSION                 | NASONEX                                      |  |  |  |  |             |  |
| <b>SYMPATHOMIMETIC DECONGESTANTS**</b>                |  |  |  |  |  |             |  |
| PSEUDOEPHEDRINE HCL CAPSULE                           | CVS NASAL DECONGESTANT                       |  |  |  |  |             |  |
| PSEUDOEPHEDRINE HCL LIQUID                            | SUDAFED CHILDRENS                            |  |  |  |  |             |  |
| PSEUDOEPHEDRINE HCL TABLET                            | WAL-PHED                                     |  |  |  |  |             |  |
| PSEUDOEPHEDRINE HCL TABLET ER 12HR                    | SUDAFED SINUS CONGESTION 12 HOUR             |  |  |  |  |             |  |
| PSEUDOEPHEDRINE HCL TABLET ER 24HR                    | SUDAFED SINUS CONGESTION 24 HOUR             |  |  |  |  |             |  |
| <b>NEUROMUSCULAR AGENTS*</b>                          |  |  |  |  |  |             |  |
| <b>FRIEDRICH'S ATAXIA AGENTS**</b>                    |  |  |  |  |  |             |  |
| OMAVELOXOLONE CAPSULE                                 | SKYCLARYS                                    |  |  |  |  | PA Required |  |
| <b>NUTRIENTS*</b>                                     |  |  |  |  |  |             |  |
| <b>MISC. NUTRITIONAL SUBSTANCES**</b>                 |  |  |  |  |  |             |  |
| OMEGA-3 FATTY ACIDS CAPSULE                           | SUPER OMEGA 3                                |  |  |  |  |             |  |
| OMEGA-3 FATTY ACIDS CAPSULE DELAYED RELEASE           | OMEGAPURE 600 EC                             |  |  |  |  |             |  |
| <b>OPHTHALMIC AGENTS*</b>                             |  |  |  |  |  |             |  |
| <b>ARTIFICIAL TEARS AND LUBRICANTS**</b>              |  |  |  |  |  |             |  |
| ARTIFICIAL TEAR OINTMENT OINTMENT                     | EYE LUBRICANT                                |  |  |  |  |             |  |
| ARTIFICIAL TEAR SOLUTION SOLUTION                     | SYSTANE CONTACTS SOOTHING DROPS              |  |  |  |  |             |  |
| CARBOXYMETHYLCELLULOSE SODIUM (OPHTH) GEL             | REFRESH LIQUIGEL                             |  |  |  |  |             |  |
| CARBOXYMETHYLCELLULOSE SODIUM (OPHTH) SOLUTION        | ULTRA FRESH                                  |  |  |  |  |             |  |
| CARBOXYMETHYLCELLULOSE-GLYCERIN SOLUTION              | REFRESH OPTIVE PRESERVATIVE FREE             |  |  |  |  |             |  |
| CARBOXYMETHYLCELLULOSE-HYPROMELLOSE GEL               | CVS LUBRICANT GEL DROPS                      |  |  |  |  |             |  |
| DEXTRAN 70-HYPROMELLOSE SOLUTION                      | GENTEAL TEARS MILD                           |  |  |  |  |             |  |
| HYPROMELLOSE (GONIOSCOPIC) SOLUTION                   | GONIOTAIRE                                   |  |  |  |  |             |  |
| POLYETHYLENE GLYCOL 400 (OPHTH) GEL                   | BLINK TEARS LUBRICATING EYE DROPS            |  |  |  |  |             |  |
| POLYETHYLENE GLYCOL 400 (OPHTH) SOLUTION              | BLINK TEARS LUBRICATING EYE DROPS            |  |  |  |  |             |  |
| POLYETHYLENE GLYCOL-PROPYLENE GLYCOL (OPHTH) SOLUTION | VISTA TEARS                                  |  |  |  |  |             |  |
| POLYVINYL ALCOHOL SOLUTION                            | POLYVINYL ALCOHOL 1.4% LUBRICATING EYE DROPS |  |  |  |  |             |  |
| WHITE PETROLATUM-MINERAL OIL OINTMENT                 | REFRESH P.M.                                 |  |  |  |  |             |  |
| <b>BETA-BLOCKERS - OPHTHALMIC**</b>                   |  |  |  |  |  |             |  |
| BETAXOLOL HCL (OPHTH) SOLUTION                        | BETAXOLOL HCL                                |  |  |  |  |             |  |
| BETAXOLOL HCL (OPHTH) SUSPENSION                      | BETOPTIC-S                                   |  |  |  |  |             |  |
| BRIMONIDINE TARTRATE-TIMOLOL MALEATE SOLUTION         | COMBIGAN                                     |  |  |  |  |             |  |
| CARTEOLOL HCL (OPHTH) SOLUTION                        | CARTEOLOL HCL                                |  |  |  |  |             |  |
| DORZOLAMIDE HCL-TIMOLOL MALEATE SOLUTION              | COSOPT                                       |  |  |  |  |             |  |
| LEVOBUNOLOL HCL SOLUTION                              | LEVOBUNOLOL HCL                              |  |  |  |  |             |  |
| TIMOLOL MALEATE (OPHTH) GEL FORMING SOLUTION          | TIMOPTIC-XE                                  |  |  |  |  |             |  |
| TIMOLOL MALEATE (OPHTH) SOLUTION                      | TIMOPTIC                                     |  |  |  |  |             |  |
| TIMOLOL SOLUTION                                      | BETIMOL                                      |  |  |  |  |             |  |
| <b>CYCLOPLEGIC MYDRIATICS**</b>                       |  |  |  |  |  |             |  |
| ATROPINE SULFATE (OPHTHALMIC) OINTMENT                | ATROPINE SULFATE                             |  |  |  |  |             |  |
| ATROPINE SULFATE (OPHTHALMIC) SOLUTION                | ISOPTO ATROPINE                              |  |  |  |  |             |  |
| CYCLOPENTOLATE HCL SOLUTION                           | CYCLOGYL                                     |  |  |  |  |             |  |
| HOMATROPINE HBR SOLUTION                              | HOMATROPAIRE                                 |  |  |  |  |             |  |

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| PHENYLEPHRINE HCL (MYDRIATIC) SOLUTION                         | ALTAFRIN                                    |            |  |  |     |             |
| <b>MIOTICS**</b>   |   |            |  |  |     |             |
| PILOCARPINE HCL SOLUTION                                       | ISOPTO CARPINE                              |            |  |  |     |             |
| <b>OPHTHALMIC ADRENERGIC AGENTS**</b>                          |   |            |  |  |     |             |
| APRACLONIDINE HCL SOLUTION                                     | IOPIDINE                                    |            |  |  |     |             |
| BRIMONIDINE TARTRATE SOLUTION                                  | LUMIFY                                      |            |  |  |     |             |
| <b>OPHTHALMIC ANTI-INFECTIVES**</b>                            |   |            |  |  |     |             |
| BACITRACIN (OPHTHALMIC) OINTMENT                               | BACITRACIN                                  |            |  |  | 3.5 | 7           |
| BACITRACIN-POLYMYXIN B (OPHTH) OINTMENT                        | POLYCN                                      |            |  |  |     |             |
| CIPROFLOXACIN HCL (OPHTH) OINTMENT                             | CILOXAN                                     |            |  |  |     |             |
| CIPROFLOXACIN HCL (OPHTH) SOLUTION                             | CILOXAN                                     |            |  |  |     |             |
| ERYTHROMYCIN (OPHTH) OINTMENT                                  | ERYTHROMYCIN                                |            |  |  |     |             |
| GENTAMICIN SULFATE (OPHTH) OINTMENT                            | GENTAK                                      |            |  |  |     |             |
| GENTAMICIN SULFATE (OPHTH) SOLUTION                            | GENTAMICIN SULFATE                          |            |  |  |     |             |
| MOXIFLOXACIN HCL (OPHTH) SOLUTION                              | VIGAMOX                                     |            |  |  |     |             |
| NATAMYCIN SUSPENSION   | NATACYN                                     |            |  |  |     |             |
| NEOMYCIN-BACITRACIN ZN-POLYMYXIN OINTMENT                      | NEO-POLYCN                                  |            |  |  |     |             |
| NEOMYCIN-POLYMYXIN-GRAMICIDIN SOLUTION                         | NEOMYCIN/POLYMYXIN/GRAMICIDIN               |            |  |  |     |             |
| OFLOXACIN (OPHTH) SOLUTION                                     | OCUFLOX                                     |            |  |  |     |             |
| POLYMYXIN B-TRIMETHOPRIM SOLUTION                              | POLYTRIM                                    |            |  |  |     |             |
| SULFACETAMIDE SODIUM (OPHTH) OINTMENT                          | SULFACETAMIDE SODIUM                        |            |  |  |     |             |
| SULFACETAMIDE SODIUM (OPHTH) SOLUTION                          | BLEPH-10                                    |            |  |  |     |             |
| TOBRAMYCIN (OPHTH) OINTMENT                                    | TOBREX                                      |            |  |  | 3.5 | 7           |
| TOBRAMYCIN (OPHTH) SOLUTION                                    | TOBREX                                      |            |  |  |     |             |
| TRIFLURIDINE SOLUTION  | TRIFLURIDINE                                |            |  |  |     |             |
| <b>OPHTHALMIC DECONGESTANTS**</b>                              |   |            |  |  |     |             |
| HYPROMELLOSE-NAPHAZOLINE-POLYSORBATE 80-ZINC SULFATE SOLUTION  | CLEAR EYES COMPLETE 7 SYMPTOM RELIEF        |            |  |  |     |             |
| NAPHAZOLINE W/ PHENIRAMINE SOLUTION                            | NAPHCN-A                                    |            |  |  |     |             |
| NAPHAZOLINE W/ ZINC SULFATE SOLUTION                           | VASOCLEAR A                                 |            |  |  |     |             |
| NAPHAZOLINE-GLYCERIN SOLUTION                                  | REDNESS RELIEF                              |            |  |  |     |             |
| NAPHAZOLINE-GLYCERIN-ZINC SULFATE SOLUTION                     | CLEAR EYES COOLING COMFORT ITCHY EYE RELIEF |            |  |  |     |             |
| NAPHAZOLINE-HYPROMELLOSE SOLUTION                              | TGT LUBRICANT REDNESS RELIEVER EYE DROPS    |            |  |  |     |             |
| NAPHAZOLINE-POLYETHYLENE GLYCOL 300 SOLUTION                   | RA STERILE EYE DROPS                        |            |  |  |     |             |
| TETRAHYDROZOLINE HCL (OPHTH) SOLUTION                          | VISINE RED EYE COMFORT                      |            |  |  |     |             |
| TETRAHYDROZOLINE W/ POLYETHYLENE GLYCOL SOLUTION               | VISINE RED EYE HYDRATING COMFORT            |            |  |  |     |             |
| TETRAHYDROZOLINE W/ ZINC SULFATE SOLUTION                      | VISINE-AC                                   |            |  |  |     |             |
| TETRAHYDROZOLINE-DEXTRAN-POLYETHYLENE GLYCOL-POVIDONE SOLUTION | SM EYE DROPS                                |            |  |  |     |             |
| TETRAHYDROZOLINE-POLYVINYL ALCOHOL-POVIDONE SOLUTION           | CLEAR EYES TRAVELERS EYE RELIEF             |            |  |  |     |             |
| <b>OPHTHALMIC IMMUNOMODULATORS**</b>                           |   |            |  |  |     |             |
| CYCLOSPORINE (OPHTH) EMULSION                                  | RESTASIS                                    |            |  |  |     |             |
| <b>OPHTHALMIC INTEGRIN ANTAGONISTS**</b>                       |   |            |  |  |     |             |
| LIFITEGRAST SOLUTION   | XIIDRA                                      |            |  |  |     | PA Required |
| <b>OPHTHALMIC STEROIDS**</b>                                   |   |            |  |  |     |             |
| BACITRACIN-POLY-NEOMYCIN-HC OINTMENT                           | NEO-POLYCN HC                               |            |  |  |     |             |
| DEXAMETHASONE (OPHTH) SUSPENSION                               | MAXIDEX                                     |            |  |  |     |             |
| DEXAMETHASONE SODIUM PHOSPHATE (OPHTH) SOLUTION                | DEXAMETHASONE SODIUM PHOSPHATE              |            |  |  |     |             |
| FLUOROMETHOLONE (OPHTH) OINTMENT                               | FML   |            |  |  |     |             |
| FLUOROMETHOLONE (OPHTH) SUSPENSION                             | FML FORTE                                   |            |  |  |     |             |
| GENTAMICIN-PREDNISOLONE ACETATE OINTMENT                       | PRED-G S.O.P.                               |            |  |  |     |             |
| GENTAMICIN-PREDNISOLONE ACETATE SUSPENSION                     | PRED-G                                      |            |  |  |     |             |
| LOTEPREDNOL ETABONATE SUSPENSION (0.2% & 0.5%)                 | ALREX / LOTEMAX                             | Brand Only |  |  |     |             |

|   |  |            |                |             |     |    |
|---|--|------------|----------------|-------------|-----|----|
| LOTEPREDNOL ETABONATE GEL (0.5%)                    | LOTEMAX  | Brand Only |                |             |     |    |
| LOTEPREDNOL ETABONATE OINTMENT (0.5%)               | LOTEMAX  | Brand Only |                |             |     |    |
| NEOMYCIN-POLYMY-DEXAMETH OINTMENT                   | MAXITROL   |            |                |             |     |    |
| NEOMYCIN-POLYMY-DEXAMETH SUSPENSION                 | MAXITROL   |            |                |             |     |    |
| NEOMYCIN-POLYMYXIN-HC (OPHTH) SUSPENSION            | NEOMYCIN/POLYMYXIN/HYDROCORTISONE                  |            |                |             |     |    |
| PREDNISOLONE ACETATE (OPHTH) SUSPENSION             | PRED MILD  |            |                |             |     |    |
| PREDNISOLONE SODIUM PHOSPHATE (OPHTH) SOLUTION      | PREDNISOLONE SODIUM PHOSPHATE                      |            |                |             |     |    |
| SULFACETAMIDE SOD-PREDNISOLONE OINTMENT             | BLEPHAMIDE S.O.P.                                  |            |                |             |     |    |
| SULFACETAMIDE SOD-PREDNISOLONE SOLUTION             | SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE |            |                |             |     |    |
| SULFACETAMIDE SOD-PREDNISOLONE SUSPENSION           | BLEPHAMIDE   |            |                |             |     |    |
| TOBRAMYCIN-DEXAMETHASONE OINTMENT                   | TOBRADEX   |            |                |             | 3.5 | 7  |
| TOBRAMYCIN-DEXAMETHASONE SUSPENSION                 | TOBRADEX ST  |            |                |             |     |    |
| <b>OPHTHALMICS - MISC.**</b>                        |  |            |                |             |     |    |
| AZELASTINE HCL (OPHTH) SOLUTION                     | AZELASTINE HCL                                     |            |                |             |     |    |
| BRINZOLAMIDE SUSPENSION                             | AZOPT  |            |                |             |     |    |
| BROMFENAC SODIUM (OPHTH) SOLUTION                   | PROLENSA   |            |                |             |     |    |
| CROMOLYN SODIUM (OPHTH) SOLUTION                    | CROMOLYN SODIUM                                    |            |                |             |     |    |
| DICLOFENAC SODIUM (OPHTH) SOLUTION                  | DICLOFENAC SODIUM                                  |            |                |             |     |    |
| DORZOLAMIDE HCL SOLUTION                            | TRUSOPT  |            |                |             |     |    |
| EPINASTINE HCL (OPHTH) SOLUTION                     | EPINASTINE HCL                                     |            |                |             |     |    |
| FLURBIPROFEN SODIUM SOLUTION                        | FLURBIPROFEN SODIUM                                |            |                |             |     |    |
| KETOROLAC TROMETHAMINE (OPHTH) SOLUTION             | ACUVAIL  |            |                |             |     |    |
| KETOTIFEN FUMARATE (OPHTH) SOLUTION                 | ALAWAY   |            |                |             |     |    |
| LODOXAMIDE TROMETHAMINE SOLUTION                    | ALOMIDE  |            |                |             |     |    |
| OLOPATADINE HCL SOLUTION                            | PATADAY EXTRA STRENGTH                             |            |                |             |     |    |
| SODIUM CHLORIDE HYPERTONIC OINTMENT                 | ALTACHLORE   |            |                |             |     |    |
| SODIUM CHLORIDE HYPERTONIC SOLUTION                 | MURO 128   |            |                |             |     |    |
| <b>PROSTAGLANDINS - OPHTHALMIC**</b>                |  |            |                |             |     |    |
| LATANOPROST SOLUTION                                | XALATAN  |            |                |             | 2.5 | 30 |
| TAFLUPROST SOLUTION                                 | ZIOPTAN  |            |                | PA Required |     |    |
| TRAVOPROST SOLUTION                                 | TRAVATAN Z   | Brand Only |                |             |     |    |
| <b>OTIC AGENTS*</b>                                 |  |            |                |             |     |    |
| <b>OTIC AGENTS - MISCELLANEOUS**</b>                |  |            |                |             |     |    |
| ACETIC ACID (OTIC) SOLUTION                         | ACETIC ACID  |            |                |             |     |    |
| <b>OTIC ANTI-INFECTIVES**</b>                       |  |            |                |             |     |    |
| CIPROFLOXACIN HCL (OTIC) SOLUTION                   | CETRAXAL   |            | Preferred Drug |             |     |    |
| OFLOXACIN (OTIC) SOLUTION                           | OFLOXACIN  |            |                |             |     |    |
| <b>OTIC COMBINATIONS**</b>                          |  |            |                |             |     |    |
| CIPROFLOXACIN-DEXAMETHASONE SUSPENSION              | CIPRODEX   |            | Preferred Drug |             |     |    |
| CIPROFLOXACIN-HYDROCORTISONE SUSPENSION             | CIPRO HC   | Brand Only |                |             |     |    |
| NEOMYCIN-POLYMYXIN-HC (OTIC) SOLUTION               | NEOMYCIN/POLYMYXIN/HC                              |            | Preferred Drug |             |     |    |
| NEOMYCIN-POLYMYXIN-HC (OTIC) SUSPENSION             | NEOMYCIN/POLYMYXIN/HYDROCORTISONE                  |            | Preferred Drug |             |     |    |
| <b>OTIC STEROIDS**</b>                              |  |            |                |             |     |    |
| FLUOCINOLONE ACETONIDE (OTIC) OIL                   | FLAC   |            |                |             |     |    |
| HYDROCORTISONE W/ACETIC ACID SOLUTION               | HYDROCORTISONE/ACETIC ACID                         |            |                |             |     |    |
| <b>OXYTOCICS*</b>                                   |  |            |                |             |     |    |
| <b>OXYTOCICS**</b>                                  |  |            |                |             |     |    |
| METHYLERGONOVINE MALEATE TABLET                     | METHERGINE   |            |                |             |     |    |
| <b>PASSIVE IMMUNIZING AND TREATMENT AGENTS*</b>     |  |            |                |             |     |    |
| <b>IMMUNE SERUMS**</b>                              |  |            |                |             |     |    |
| IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS SOLUTION | GAMMAGARD LIQUID                                   |            |                | PA Required |     |    |
| IMMUNE GLOBULIN (HUMAN) IV SOLUTION                 | FLEBOGAMMA/OCTAGAM                                 | Brand Only | Preferred Drug | PA Required |     |    |

|  |  |            |                |   |  |  |  |
|--|--|------------|----------------|---|--|--|--|
| <b>IMMUNE GLOBULIN (HUMAN) IV SOLUTION RECONSTITUTED</b>     | <b>GAMMAGARD S/D IGA LESS THAN</b>             |            |                |   |  |  |  |
| IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS SOLUTION                | 1MCG/ML  | Brand Only | Preferred Drug | PA Required   |  |  |  |
| IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS SOLUTION                | HIZENTRA                                       |            |                | PA Required   |  |  |  |
| IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS SOLN PREF SYR           | HIZENTRA                                       |            |                | PA Required   |  |  |  |
| IMMUNE GLOBULIN (HUMAN)-KLHW SOLUTION                        | XEMBIFY  |            |                | PA Required   |  |  |  |
| <b>MONOCLONAL ANTIBODIES**</b>                               |  |            |                |   |  |  |  |
| PALIVIZUMAB SOLUTION   | SYNAGIS  |            |                | PA Required - if approved the prescriber must buy and bill a medical claim for the drug |  |  |  |
| <b>PENICILLINS*</b>  |  |            |                |   |  |  |  |
| <b>AMINOPENICILLINS**</b>                                    |  |            |                |   |  |  |  |
| AMOXICILLIN CAPSULE  | AMOXICILLIN                                    |            |                |   |  |  |  |
| AMOXICILLIN TABLET CHEWABLE                                  | AMOXICILLIN                                    |            |                |   |  |  |  |
| AMOXICILLIN SUSPENSION RECONSTITUTED                         | AMOXICILLIN                                    |            |                |   |  |  |  |
| AMOXICILLIN TABLET   | AMOXICILLIN                                    |            |                |   |  |  |  |
| AMPICILLIN CAPSULE   | AMPICILLIN                                     |            |                |   |  |  |  |
| AMPICILLIN SODIUM SOLUTION RECONSTITUTED                     | AMPICILLIN SODIUM                              |            |                |   |  |  |  |
| <b>NATURAL PENICILLINS**</b>                                 |  |            |                |   |  |  |  |
| PENICILLIN G POT IN DEXTROSE SOLUTION                        | PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE |            |                |   |  |  |  |
| PENICILLIN G POTASSIUM SOLUTION RECONSTITUTED                | PFIZERPEN                                      |            |                |   |  |  |  |
| PENICILLIN G SODIUM SOLUTION RECONSTITUTED                   | PENICILLIN G SODIUM                            |            |                |   |  |  |  |
| PENICILLIN V POTASSIUM SOLUTION RECONSTITUTED                | PENICILLIN V POTASSIUM                         |            |                |   |  |  |  |
| PENICILLIN V POTASSIUM TABLET                                | PENICILLIN V POTASSIUM                         |            |                |   |  |  |  |
| <b>PENICILLIN COMBINATIONS**</b>                             |  |            |                |   |  |  |  |
| AMOXICILLIN & POT CLAVULANATE TABLET CHEWABLE                | AMOXICILLIN/CLAVULANATE POTASSIUM              |            |                |   |  |  |  |
| AMOXICILLIN & POT CLAVULANATE SUSPENSION RECONSTITUTED       | AUGMENTIN                                      |            |                |   |  |  |  |
| AMOXICILLIN & POT CLAVULANATE TABLET                         | AUGMENTIN                                      |            |                |   |  |  |  |
| AMOXICILLIN & POT CLAVULANATE TABLET ER 12HR                 | AMOXICILLIN/CLAVULANATE POTASSIUM ER           |            |                |   |  |  |  |
| AMPICILLIN & SULBACTAM SODIUM SOLUTION RECONSTITUTED         | UNASYN   |            |                |   |  |  |  |
| PIPERACILLIN SODIUM-TAZOBACTAM SODIUM IN DEXTROSE SOLUTION   | ZOSYN  |            |                |   |  |  |  |
| PIPERACILLIN SODIUM-TAZOBACTAM SODIUM SOLUTION RECONSTITUTED | PIPERACILLIN SODIUM/TAZOBACTAM SODIUM          |            |                |   |  |  |  |
| <b>PENICILLINASE-RESISTANT PENICILLINS**</b>                 |  |            |                |   |  |  |  |
| DICLOXACILLIN SODIUM CAPSULE                                 | DICLOXACILLIN SODIUM                           |            |                |   |  |  |  |
| NAFCILLIN SODIUM IN DEXTROSE SOLUTION                        | NAFCILLIN                                      |            |                |   |  |  |  |
| NAFCILLIN SODIUM SOLUTION RECONSTITUTED                      | NAFCILLIN SODIUM                               |            |                |   |  |  |  |
| OXACILLIN SODIUM IN DEXTROSE SOLUTION                        | OXACILLIN SODIUM                               |            |                |   |  |  |  |
| OXACILLIN SODIUM SOLUTION RECONSTITUTED                      | OXACILLIN SODIUM                               |            |                |   |  |  |  |
| <b>PHARMACEUTICAL ADJUVANTS*</b>                             |  |            |                |   |  |  |  |
| <b>FLAVORING AGENTS**</b>                                    |  |            |                |   |  |  |  |
| FLAVORING AGENT LIQUID                                       | PCCA SWEETNESS ENHANCER                        |            |                |   |  |  |  |
| <b>LIQUID VEHICLES**</b>                                     |  |            |                |   |  |  |  |
| CHERRY SYRUP SYRUP   | CHERRY SYRUP                                   |            |                |   |  |  |  |
| DISTILLED WATER LIQUID                                       | NICE DISTILLED WATER                           |            |                |   |  |  |  |
| ORAL VEHICLES LIQUID   | ORA-PLUS                                       |            |                |   |  |  |  |
| ORAL VEHICLES SUSPENSION                                     | FLAVOR BLEND                                   |            |                |   |  |  |  |
| ORAL VEHICLES SYRUP  | VERSAFREE                                      |            |                |   |  |  |  |
| SIMPLE SYRUP SYRUP   | SYRPALTA                                       |            |                |   |  |  |  |
| <b>PHARMACEUTICAL EXCIPIENTS**</b>                           |  |            |                |   |  |  |  |
| METHYLCELLULOSE POWDER                                       | METHYLCELLULOSE                                |            |                |   |  |  |  |
| <b>SEMI SOLID VEHICLES**</b>                                 |  |            |                |   |  |  |  |
| CREAM BASE CREAM   | SANARE ADVANCED SCAR THERAPY                   |            |                |   |  |  |  |
| GEL BASE GEL   | VERSAPRO                                       |            |                |   |  |  |  |

| PROGESTINS*   |                                  |            |                |  |  |   |          |
|---|----------------------------------|------------|----------------|--|--|---|----------|
| <b>PROGESTINS**</b>   |                                  |            |                |  |  |   |          |
| MEDROXYPROGESTERONE ACETATE TABLET                            | PROVERA                          |            |                |  |  |   |          |
| NORETHINDRONE ACETATE TABLET                                  | AYGESTIN                         |            |                |  |  |   |          |
| PROGESTERONE CAPSULE  | PROMETRIUM                       |            |                |  |  |   |          |
| <b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.*</b>     |                                  |            |                |  |  |   |          |
| <b>AGENTS FOR CHEMICAL DEPENDENCY**</b>                       |                                  |            |                |  |  |   |          |
| ACAMPROSATE CALCIUM TABLET ENTERIC COATED                     | ACAMPROSATE CALCIUM DR           |            |                |  |  |   |          |
| DISULFIRAM TABLET   | DISULFIRAM                       |            |                |  |  |   |          |
| <b>ANTIDEMENTIA AGENTS**</b>                                  |                                  |            |                |  |  |   |          |
| DONEPEZIL HYDROCHLORIDE TABLET                                | ARICEPT                          |            |                |  |  |   |          |
| DONEPEZIL HYDROCHLORIDE TABLET DISINTEGRATING                 | DONEPEZIL HCL                    |            |                |  |  |   |          |
| GALANTAMINE HYDROBROMIDE CAPSULE ER 24 HR                     | RAZADYNE ER                      |            |                |  |  | PA Required   |          |
| GALANTAMINE HYDROBROMIDE SOLUTION                             | GALANTAMINE HYDROBROMIDE         |            |                |  |  | PA Required   |          |
| GALANTAMINE HYDROBROMIDE TABLET                               | GALANTAMINE HYDROBROMIDE         |            |                |  |  | PA Required   |          |
| MEMANTINE HCL CAPSULE ER 24 HR                                | NAMENDA XR TITRATION PACK        |            |                |  |  | PA Required   |          |
| MEMANTINE HCL SOLUTION  | MEMANTINE HYDROCHLORIDE          |            |                |  |  | PA Required   |          |
| MEMANTINE HCL TABLET  | NAMENDA                          |            |                |  |  | PA Required   |          |
| RIVASTIGMINE PATCH 24 HR                                      | EXELON                           |            |                |  |  | PA Required   |          |
| RIVASTIGMINE TARTRATE CAPSULE                                 | RIVASTIGMINE TARTRATE            |            |                |  |  | PA Required   |          |
| <b>MOVEMENT DISORDER DRUG THERAPY**</b>                       |                                  |            |                |  |  |   |          |
| DEUTETRABENAZINE TABLET                                       | AUSTEDO                          |            |                |  |  | PA Required   |          |
| DEUTETRABENAZINE TAB THER PACK                                | AUSTEDO PATIENT TITRATION KIT    |            |                |  |  | PA Required   |          |
| DEUTETRABENAZINE TABLET ER 24HR                               | AUSTEDO XR                       |            |                |  |  | PA Required   |          |
| DEUTETRABENAZINE TBER THER PACK                               | AUSTEDO XR PATIENT TITRATION KIT |            |                |  |  | PA Required   |          |
| VALBENAZINE TOSYLATE CAPSULE                                  | INGREZZA                         |            |                |  |  | PA Required   |          |
| <b>MULTIPLE SCLEROSIS AGENTS**</b>                            |                                  |            |                |  |  |   |          |
| DIMETHYL FUMARATE CAPSULE DELAYED RELEASE                     | TECFIDERA                        |            |                |  |  | PA Required   |          |
| DALFAMPRIDINE TABLET ER 12HR                                  | AMPYRA                           |            |                |  |  | PA Required   |          |
| FINGOLIMOD HCL CAPSULE (0.5mg)                                | GILENYA                          |            |                |  |  | PA Required   |          |
| GLATIRAMER ACETATE SOLN PREF SYR                              | COPAXONE                         | Brand Only | Preferred Drug |  |  | PA Required   |          |
| INTERFERON BETA-1A AUTO-INJECTOR KIT                          | AVONEX PEN                       |            |                |  |  | PA Required   |          |
| INTERFERON BETA-1A PREFILLED SYRINGE KIT                      | AVONEX                           |            |                |  |  | PA Required   |          |
| INTERFERON BETA-1A SOLN AUTO-INJ                              | REBIF REBIDOSE                   |            |                |  |  | PA Required   |          |
| INTERFERON BETA-1A SOLN PREF SYR                              | REBIF                            |            |                |  |  | PA Required   |          |
| NATALIZUMAB CONCENTRATE                                       | TYSABRI                          |            |                |  |  | PA Required   |          |
| OCRELIZUMAB SOLUTION  | OCREVUS                          |            |                |  |  | PA Required   |          |
| OFATUMUMAB (MS) SOLN AUTO-INJ                                 | KESIMPTA                         |            |                |  |  | PA Required   |          |
| TERIFLUNOMIDE TABLET  | AUBAGIO                          |            |                |  |  | PA Required   |          |
| <b>POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS**</b> |                                  |            |                |  |  |   |          |
| GABAPENTIN (ONCE-DAILY) TABLET                                | GRALISE                          | Brand Only |                |  |  | PA Required   |          |
| GABAPENTIN (ONCE-DAILY) MISCELLANEOUS                         | GRALISE                          |            |                |  |  | PA Required   |          |
| <b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.**</b>    |                                  |            |                |  |  |   |          |
| ERGOLOID MESYLATES TABLET                                     | ERGOLOID MESYLATES               |            |                |  |  |   |          |
| PIMOZIDE TABLET   | PIMOZIDE                         |            |                |  |  | PA Required for < 6 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. |          |
| <b>RESTLESS LEG SYNDROME (RLS) AGENTS**</b>                   |                                  |            |                |  |  |   |          |
| GABAPENTIN ENACARBIL TABLET ER                                | HORIZANT                         |            |                |  |  | PA Required   |          |
| <b>SMOKING DETERRENTS**</b>                                   |                                  |            |                |  |  |   |          |
| BUPROPION HCL (SMOKING DETERRENT) TABLET ER 12HR              | BUPROPION HYDROCHLORIDE ER (SR)  |            |                |  |  |   | 168 180  |
| NICOTINE INHALER  | NICOTROL INHALER                 |            |                |  |  |   | 1008 180 |
| NICOTINE KIT  | NICOTINE TRANSDERMAL SYSTEM      |            |                |  |  |   | 84 180   |

|   |                            |            |  |  |  |     |     |
|---|----------------------------|------------|--|--|--|-----|-----|
| NICOTINE POLACRILEX GUM   | THRIVE                     |            |  |  |  | 540 | 180 |
| NICOTINE POLACRILEX LOZENGE   | KLS QUIT2                  |            |  |  |  | 540 | 180 |
| NICOTINE PATCH 24 HR  | HABITROL                   |            |  |  |  | 84  | 180 |
| NICOTINE SOLUTION   | NICOTROL NS                |            |  |  |  | 120 | 180 |
| VARENICLINE TARTRATE TABLET   | CHANTIX                    |            |  |  |  | 168 | 180 |
| VARENICLINE TARTRATE TAB THER PACK  | CHANTIX STARTING MONTH PAK |            |  |  |  | 53  | 180 |
| <b>RESPIRATORY AGENTS - MISC.*</b>  |                            |            |  |  |  |     |     |
| <b>ALPHA-PROTEINASE INHIBITOR (HUMAN)**</b>                                     |                            |            |  |  |  |     |     |
| ALPHA1-PROTEINASE INHIBITOR (HUMAN) SOLUTION                                    | PROLASTIN-C                |            |  |  | PA Required  |     |     |
| ALPHA1-PROTEINASE INHIBITOR (HUMAN) SOLUTION RECONSTITUTED                      | ARALAST NP                 |            |  |  | PA Required  |     |     |
| <b>CYSTIC FIBROSIS AGENTS**</b>   |                            |            |  |  |  |     |     |
| DORNASE ALFA SOLUTION   | PULMOZYME                  |            |  |  | PA Required  |     |     |
| IVACAFTOR PACKET  | KALYDECO                   |            |  |  | PA Required  |     |     |
| IVACAFTOR TABLET  | KALYDECO                   |            |  |  | PA Required  |     |     |
| <b>PULMONARY FIBROSIS AGENTS**</b>  |                            |            |  |  |  |     |     |
| PIRFENIDONE CAPSULE   | ESBRIET                    | Brand Only |  |  |  |     |     |
| PIRFENIDONE TABLET  | ESBRIET                    | Brand Only |  |  |  |     |     |
| <b>SULFONAMIDES*</b>  |                            |            |  |  |  |     |     |
| <b>SULFONAMIDES**</b>   |                            |            |  |  |  |     |     |
| SULFADIAZINE TABLET   | SULFADIAZINE               |            |  |  |  |     |     |
| <b>TETRACYCLINES*</b>   |                            |            |  |  |  |     |     |
| <b>GLYCYLCYCLINES**</b>   |                            |            |  |  |  |     |     |
| TIGECYCLINE SOLUTION RECONSTITUTED  | TYGACIL                    |            |  |  |  |     |     |
| <b>TETRACYCLINES**</b>  |                            |            |  |  |  |     |     |
| DEMECLOCYCLINE HCL TABLET   | DEMECLOCYCLINE HCL         |            |  |  | PA Required  |     |     |
| DOXYCYCLINE (MONOHYDRATE) CAPSULE (50MG, 100MG)                                 | MONDOXYNE NL               |            |  |  |  |     |     |
| DOXYCYCLINE HYCLATE CAPSULE   | MORGIDOX                   |            |  |  |  |     |     |
| DOXYCYCLINE HYCLATE SOLUTION RECONSTITUTED                                      | DOXY 100                   |            |  |  |  |     |     |
| DOXYCYCLINE HYCLATE TABLET  | TARGADOX                   |            |  |  |  |     |     |
| MINOCYCLINE HCL CAPSULE   | MINOCYCLINE HYDROCHLORIDE  |            |  |  |  |     |     |
| MINOCYCLINE HCL SOLUTION RECONSTITUTED  | MINOCIN                    |            |  |  |  |     |     |
| <b>THYROID AGENTS*</b>  |                            |            |  |  |  |     |     |
| <b>ANTITHYROID AGENTS**</b>   |                            |            |  |  |  |     |     |
| METHIMAZOLE TABLET  | METHIMAZOLE                |            |  |  |  |     |     |
| PROPYLTHIOURACIL TABLET   | PROPYLTHIOURACIL           |            |  |  |  |     |     |
| <b>THYROID HORMONES**</b>   |                            |            |  |  |  |     |     |
| LEVOTHYROXINE SODIUM CAPSULE  | TIROSINT                   |            |  |  |  | 30  | 30  |
| LEVOTHYROXINE SODIUM TABLET   | LEVO-T                     |            |  |  |  | 30  | 30  |
| LIOTHYRONINE SODIUM TABLET  | CYTOMEL                    |            |  |  |  | 30  | 30  |
| THYROID TABLET  | ARMOUR THYROID             |            |  |  |  |     |     |
| <b>TOXOIDS*</b>   |                            |            |  |  |  |     |     |
| <b>TOXOID COMBINATIONS**</b>  |                            |            |  |  |  |     |     |
| DIPH-AC PERT-TET TOX AD-POLIO IPV-HAEMOPHIL B POLY VAC SUSPENSION RECONSTITUTED | PENTACEL                   |            |  |  | Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger |     |     |
| DIPH-TETANUS TOX AD-ACELL PERTUSSIS & POLIO VIRUS, IPV VAC SUSPENSION           | QUADRACEL                  |            |  |  | Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger |     |     |
| DIPH-TETANUS TOX AD-ACELL PERTUSSIS & POLIO VIRUS, IPV VAC SUSP PEF SYR         | QUADRACEL                  |            |  |  | Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger |     |     |
| DIPH-TETANUS TOX-ACELL PERT-HEPATITIS B RECOMB-POLIO IPV VA SUSP PEF SYR        | PEDIARIX                   |            |  |  | Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger |     |     |
| DIPH THERIA, ACELLULAR PERTUSSIS & TETANUS TOXOIDS SUSPENSION                   | DAPTACEL                   |            |  |  | Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger |     |     |

|   |   |            |                |  |     |    |
|---|---|------------|----------------|--|-----|----|
| DIPHTHERIA-TETANUS TOXOIDS (DT) SUSPENSION                                | DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC |            |                | Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger |     |    |
| TETANUS TOXOID-DIPHTHERIA-ACELLULAR PERTUSSIS ADSORB (TDAP) SUSPENSION    | ADACEL  |            |                | Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger |     |    |
| TETANUS TOXOID-DIPHTHERIA-ACELLULAR PERTUSSIS ADSORB (TDAP) SUSP PREF SYR | BOOSTRIX                                      |            |                | Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger |     |    |
| TETANUS-DIPHTHERIA TOXOIDS (TD) INJECTABLE                                | TENIVAC                                       |            |                | Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger |     |    |
| TETANUS-DIPHTHERIA TOXOIDS (TD) SUSPENSION                                | TDVAX   |            |                | Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger |     |    |
| <b>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS*</b>                       |   |            |                |  |     |    |
| <b>ANTISPASMODICS**</b>   |   |            |                |  |     |    |
| DICYCLOMINE HCL CAPSULE   | DICYCLOMINE HYDROCHLORIDE                     |            |                |  |     |    |
| DICYCLOMINE HCL SOLUTION  | BENTYL  |            |                |  |     |    |
| DICYCLOMINE HCL TABLET  | DICYCLOMINE HYDROCHLORIDE                     |            |                |  |     |    |
| GLYCOPYRROLATE SOLUTION   | GLYRX-PF                                      |            |                |  |     |    |
| GLYCOPYRROLATE TABLET   | GLYCATE                                       |            |                |  |     |    |
| HYOSCYAMINE SULFATE ELIXIR  | HYOSCYAMINE SULFATE                           |            |                |  | 120 | 30 |
| HYOSCYAMINE SULFATE SOLUTION  | LEVSIN  |            |                |  | 120 | 30 |
| HYOSCYAMINE SULFATE TAB SUBLINGUAL  | LEVSIN/SL                                     |            |                |  | 120 | 30 |
| HYOSCYAMINE SULFATE TABLET  | LEVSIN  |            |                |  | 120 | 30 |
| HYOSCYAMINE SULFATE TABLET ER 12HR  | LEVVID  |            |                |  | 120 | 30 |
| HYOSCYAMINE SULFATE TABLET DISINTEGRATING                                 | NULEV   |            |                |  | 120 | 30 |
| <b>H-2 ANTAGONISTS**</b>  |   |            |                |  |     |    |
| FAMOTIDINE SUSPENSION RECONSTITUTED                                       | FAMOTIDINE                                    |            |                |  |     |    |
| FAMOTIDINE TABLET   | ZANTAC 360                                    |            |                |  |     |    |
| NIZATIDINE CAPSULE  | NIZATIDINE                                    |            |                |  |     |    |
| NIZATIDINE SOLUTION   | NIZATIDINE                                    |            |                |  |     |    |
| RANITIDINE HCL TABLET   | WAL-ZAN 150 MAXIMUM STRENGTH                  |            |                |  |     |    |
| <b>MISC. ANTI-ULCER**</b>   |   |            |                |  |     |    |
| SUCRALFATE SUSPENSION   | CARAFATE                                      |            |                |  |     |    |
| SUCRALFATE TABLET   | CARAFATE                                      |            |                |  |     |    |
| <b>PROTON PUMP INHIBITORS**</b>   |   |            |                |  |     |    |
| ESOMEPRAZOLE MAGNESIUM PACKET   | NEXIUM  |            |                | PA Required for > 18 Years of Age  | 30  | 30 |
| LANSOPRAZOLE CAPSULE DELAYED RELEASE                                      | PREVACID                                      |            |                |  | 60  | 30 |
| LANSOPRAZOLE TAB DR DISINT  | PREVACID SOLUTAB                              |            |                | PA Required for > 18 Years of Age  | 60  | 30 |
| OMEPRAZOLE CAPSULE DELAYED RELEASE  | OMEPRAZOLE DR                                 |            |                |  | 60  | 30 |
| PANTOPRAZOLE SODIUM PACKET  | PROTONIX                                      |            |                | PA Required for > 18 Years of Age  | 30  | 30 |
| PANTOPRAZOLE SODIUM TABLET ENTERIC COATED                                 | PROTONIX                                      |            |                |  | 60  | 30 |
| <b>ULCER DRUGS - PROSTAGLANDINS**</b>                                     |   |            |                |  |     |    |
| MISOPROSTOL TABLET  | CYTOTEC                                       |            |                |  |     |    |
| <b>URINARY ANTISPASMODICS*</b>  |   |            |                |  |     |    |
| <b>URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)**</b>        |   |            |                |  |     |    |
| FESOTERODINE FUMARATE TABLET ER 24HR                                      | TOVIAZ  | Brand Only | Preferred Drug |  |     |    |
| OXYBUTYNYN CHLORIDE SOLUTION  | OXYBUTYNYN CHLORIDE                           |            |                |  |     |    |
| OXYBUTYNYN CHLORIDE TABLET (5MG)  | OXYBUTYNYN CHLORIDE                           |            | Preferred Drug |  |     |    |
| OXYBUTYNYN CHLORIDE TABLET ER 24HR  | DITROPAN XL                                   |            | Preferred Drug |  |     |    |
| TOLTERODINE TARTRATE CAPSULE ER 24 HR                                     | DETROL LA                                     | Brand Only | Preferred Drug |  |     |    |
| TOLTERODINE TARTRATE TABLET   | DETROL  | Brand Only | Preferred Drug |  |     |    |
| <b>URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS**</b>                    |   |            |                |  |     |    |
| BETHANECHOL CHLORIDE TABLET   | BETHANECHOL CHLORIDE                          |            |                |  |     |    |



| VACCINES*   |   |  |  |  |  |   |         |
|---|---|--|--|--|--|---|---------|
| BACTERIAL VACCINES**  |   |  |  |  |  |   |         |
| PNEUMOCOCCAL 13-VALENT CONJUGATE VACCINE SUSPENSION                                 | PREVNAR 13                                      |  |  |  |  |   |         |
| PNEUMOCOCCAL 15-VALENT CONJUGATE VACCINE SUSP PREF SYR                              | VAXNEUVANCE                                     |  |  |  |  |   |         |
| PNEUMOCOCCAL 20-VALENT CONJUGATE VACCINE SUSP PREF SYR                              | PREVNAR 20                                      |  |  |  |  |   |         |
| PNEUMOCOCCAL VAC POLYVALENT INJECTABLE  | PNEUMOVAX 23                                    |  |  |  |  |   |         |
| VIRAL VACCINES**  |   |  |  |  |  |   |         |
| COVID-19 (SARS-COV-2) MRNA VIRUS VACCINE SUSPENSION                                 | COMIRNATY                                       |  |  |  | Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger   |   |         |
| COVID-19 (SARS-COV-2) MRNA VIRUS VACCINE SUSP PREF SYR                              | COMIRNATY                                       |  |  |  | Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger   |   |         |
| COVID-19 (SARS-COV-2) SUBUNIT (SPIKE) PROTEIN VIRUS VACCINE SUSPENSION              | NOVAVAX COVID-19 VACCINE                        |  |  |  | Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger   |   |         |
| HEPATITIS B VACCINE (RECOMB) SUSPENSION   | RECOMBIVAX HB                                   |  |  |  | Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger   |   |         |
| HEPATITIS B VACCINE (RECOMB) SUSP PREF SYR  | RECOMBIVAX HB                                   |  |  |  | Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger   |   |         |
| HUMAN PAPILLOMAVIRUS (HPV) 9-VALENT RECOMBINANT VACCINE SUSPENSION                  | GARDASIL 9                                      |  |  |  | Covered for Members 19 - 45 Years of Age, Obtain through VFC program for ages 18 and younger |   |         |
| HUMAN PAPILLOMAVIRUS (HPV) 9-VALENT RECOMBINANT VACCINE SUSP PREF SYR               | GARDASIL 9                                      |  |  |  | Covered for Members 19 - 45 Years of Age, Obtain through VFC program for ages 18 and younger |   |         |
| INFLUENZA VIRUS VAC RECOMB HEMAGGLUTININ (HA) QUADRIVALENT SOLN PREF SYR            | FLUBLOK QUADRIVALENT                            |  |  |  | Covered for Members 3 Years and Older  |   |         |
| INFLUENZA VIRUS VAC SPLIT HIGH-DOSE QUAD PRESERVATIVE FREE SUSP PREF SYR            | FLUZONE HIGH-DOSE PF                            |  |  |  | Covered for Members 3 Years and Older  |   |         |
| INFLUENZA VIRUS VACC TYPES A & B SURF ANTIGEN ADJUVANT QUAD PREFILLED SYR           | FLUAD QUADRIVALENT INFLUENZA VACCINE FOR ADULTS |  |  |  | Covered for Members 3 Years and Older  |   |         |
| INFLUENZA VIRUS VACCINE LIVE QUADRIVALENT SUSPENSION                                | FLUMIST QUADRIVALENT                            |  |  |  | Covered for Members 3 Years and Older  |   |         |
| INFLUENZA VIRUS VACCINE SPLIT QUADRIVALENT SUSPENSION                               | AFLURIA QUADRIVALENT                            |  |  |  | Covered for Members 3 Years and Older  |   |         |
| INFLUENZA VIRUS VACCINE SPLIT QUADRIVALENT SUSP PREF SYR                            | AFLURIA QUADRIVALENT                            |  |  |  | Covered for Members 3 Years and Older  |   |         |
| INFLUENZA VIRUS VACCINE TISSUE-CULTURED SUBUNIT QUADRIVALENT SUSPENSION             | FLUCELVAX QUADRIVALENT                          |  |  |  | Covered for Members 3 Years and Older  |   |         |
| INFLUENZA VIRUS VACCINE TISSUE-CULTURED SUBUNIT QUADRIVALENT SUSP PREF SYR          | FLUCELVAX QUADRIVALENT                          |  |  |  | Covered for Members 3 Years and Older  |   |         |
| MEASLES, MUMPS & RUBELLA VIRUS VACCINES SOLUTION RECONSTITUTED                      | M-M-R II  |  |  |  | Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger   |   |         |
| MEASLES, MUMPS & RUBELLA VIRUS VACCINES SUSPENSION RECONSTITUTED                    | PRIORIX   |  |  |  | Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger   |   |         |
| MEASLES-MUMPS-RUBELLA-VARICELLA VIRUS VACCINES SUSPENSION RECONSTITUTED             | PROQUAD   |  |  |  | Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger   |   |         |
| RSV PRE-FUSION F3 PROTEIN (RSVPREF3) VAC RECOMB ADJUVANTED SUSPENSION RECONSTITUTED | AREXVY  |  |  |  | Covered for Members 60 Years and Older, PA Required for < 60 years of age                    | 1 | 2 Years |

|   |                                |               |                |   |    |         |
|---|--------------------------------|---------------|----------------|---|----|---------|
| RSV PRE-FUSION F A&B PROTEIN VACCINE RECOMBINANT SOLUTION RECONSTITUTED | ABRYSO                         |               |                | Covered for Members 60 Years and Older, PA Required for < 60 years of age   | 1  | 2 Years |
| SMALLPOX & MONKEYPOX VACCINE, LIVE, NON-REPLICATING SUSPENSION          | JYNNEOS                        |               |                | Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger                          |    |         |
| ZOSTER VACCINE RECOMBINANT ADJUVANTED SUSPENSION RECONSTITUTED          | SHINGRIX                       |               |                | Covered for Members 50 Years and Older, PA Required for Ages 19 - 49 Years of Age, Excluded for Ages 18 and Younger |    |         |
| <b>VAGINAL AND RELATED PRODUCTS*</b>                                    |                                |               |                |   |    |         |
| <b>SPERMICIDES**</b>  |                                |               |                |   |    |         |
| NONOXYNOL-9 FILM  | VCF VAGINAL CONTRACEPTIVE FILM |               |                |   |    |         |
| NONOXYNOL-9 FOAM  | VCF VAGINAL CONTRACEPTIVE FOAM |               |                |   |    |         |
| NONOXYNOL-9 GEL   | SHUR-SEAL                      |               |                |   |    |         |
| NONOXYNOL-9 MISCELLANEOUS   | TODAY SPONGE                   |               |                |   |    |         |
| NONOXYNOL-9 SUPPOSITORY   | ENCARE                         |               |                |   |    |         |
| <b>VAGINAL ANTI-INFECTIVES**</b>  |                                |               |                |   |    |         |
| CLINDAMYCIN PHOSPHATE VAGINAL CREAM                                     | CLEOCIN                        |               |                |   |    |         |
| CLINDAMYCIN PHOSPHATE VAGINAL SUPPOSITORY                               | CLEOCIN                        |               |                |   |    |         |
| CLOTRIMAZOLE VAGINAL CREAM  | GYNE-LOTRIMIN                  |               |                |   |    |         |
| METRONIDAZOLE VAGINAL GEL   | VANDAZOLE                      |               |                |   |    |         |
| MICONAZOLE NITRATE VAGINAL KIT  | VAGISTAT-3                     |               |                |   |    |         |
| MICONAZOLE NITRATE VAGINAL SUPPOSITORY                                  | MICONAZOLE 7                   |               |                |   |    |         |
| TERCONAZOLE VAGINAL CREAM   | TERCONAZOLE                    |               |                |   |    |         |
| TERCONAZOLE VAGINAL SUPPOSITORY   | TERCONAZOLE                    |               |                |   |    |         |
| TIOCONAZOLE VAGINAL OINTMENT  | MONISTAT 1-DAY                 |               |                |   |    |         |
| <b>VAGINAL ESTROGENS**</b>  |                                |               |                |   |    |         |
| ESTRADIOL ACETATE VAGINAL RING  | FEMRING                        |               |                | PA Required   | 1  | 30      |
| ESTRADIOL VAGINAL CREAM   | ESTRACE                        |               |                |   |    |         |
| ESTRADIOL VAGINAL RING  | ESTRING                        |               |                |   | 1  | 90      |
| ESTRADIOL VAGINAL TABLET  | YUVAFEM                        |               |                |   |    |         |
| ESTROGENS, CONJUGATED VAGINAL CREAM                                     | PREMARIN                       |               |                |   | 1  | 30      |
| <b>VASOPRESSORS*</b>  |                                |               |                |   |    |         |
| <b>ANAPHYLAXIS THERAPY AGENTS**</b>                                     |                                |               |                |   |    |         |
| EPINEPHRINE (ANAPHYLAXIS) SOLN AUTO-INJ                                 | AUVI-Q                         | Mylan Generic | Preferred Drug | PA Required for > 2 Per Month   | 2  | 30      |
| <b>VASOPRESSORS**</b>   |                                |               |                |   |    |         |
| MIDODRINE HCL TABLET  | MIDODRINE HCL                  |               |                |   |    |         |
| <b>VITAMINS*</b>  |                                |               |                |   |    |         |
| <b>OIL SOLUBLE VITAMINS**</b>   |                                |               |                |   |    |         |
| CHOLECALCIFEROL LIQUID  | BPROTECTED PEDIA D-VITE        |               |                | PA Required for > 2 years of age  |    |         |
| ERGOCALCIFEROL CAPSULE  | DRISDOL                        |               |                |   | 12 | 30      |
| VITAMIN E CAPSULE   | XCELLENT E                     |               |                |   |    |         |
| <b>WATER SOLUBLE VITAMINS**</b>   |                                |               |                |   |    |         |
| ASCORBIC ACID TABLET CHEWABLE   | SUNKIST VITAMIN C              |               |                |   |    |         |
| NIACIN CAPSULE ER   | NIACIN TR                      |               |                |   |    |         |
| NIACIN TABLET ER  | ENDUR-ACIN                     |               |                |   |    |         |
| PYRIDOXINE HCL TABLET   | VITAMIN B-6                    |               |                |   |    |         |
| THIAMINE HCL TABLET   | VITAMIN B-1                    |               |                |   |    |         |