

## Prescription medications requiring authorization

*Learn which medications have restrictions, like prior authorization, step therapy and quantity limits*

Some medications have special requirements that could affect your prescription. Read on for details about those requirements so you know what to expect.

This list of medication authorizations changes periodically. To learn about a medication's prior effective date, request authorization or see if your medication needs it, please contact our Pharmacy Customer Service team.

### Quantity limits

Some medications have limits to how much you can get per prescription or refill based on FDA recommendations.

### Step therapy

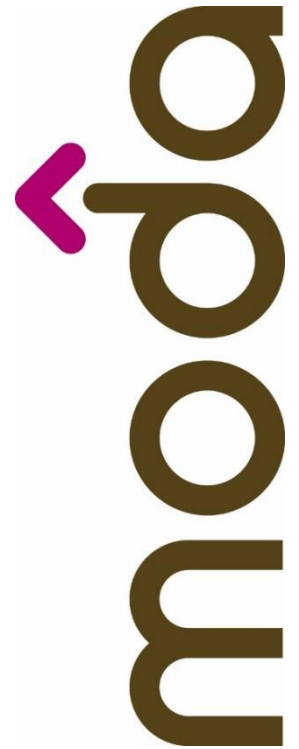
Step therapy requires you to try one or more "first-line" medications before proceeding to higher cost alternative treatments.

### Age limits

Some medications are limited to certain ages based on FDA recommendation or plan benefit limitations.

### Questions?

Call our Pharmacy Customer Service team toll-free at 888-361-1610



## Quantity limits

Some medications have limits to how much you can get per prescription or refill based on FDA recommendations.

| Brand Name                    | Generic Name                   | Strength   | Dosage     | Details                                   |
|-------------------------------|--------------------------------|------------|------------|---|
| 12 Hour Decongestant          | Pseudoephedrine Hcl            | 120 mg     | Tablet Er  | Limited to 60 tabs per 30 days            |
| Absorica                      | Isotretinoin                   | 10 mg      | Capsule    | Limited to 60 caps per 30 days            |
| Absorica                      | Isotretinoin                   | 20 mg      | Capsule    | Limited to 60 caps per 30 days            |
| Absorica                      | Isotretinoin                   | 25 mg      | Capsule    | Limited to 60 caps per 30 days            |
| Absorica                      | Isotretinoin                   | 30 mg      | Capsule    | Limited to 60 caps per 30 days            |
| Absorica                      | Isotretinoin                   | 35 mg      | Capsule    | Limited to 60 caps per 30 days            |
| Absorica                      | Isotretinoin                   | 40 mg      | Capsule    | Limited to 60 caps per 30 days            |
| Absorica LD                   | Isotretinoin, Micronized       | 16 mg      | Capsule    | Limited to 60 caps per 30 days            |
| Absorica LD                   | Isotretinoin, Micronized       | 24 mg      | Capsule    | Limited to 60 caps per 30 days            |
| Absorica LD                   | Isotretinoin, Micronized       | 32 mg      | Capsule    | Limited to 60 caps per 30 days            |
| Absorica LD                   | Isotretinoin, Micronized       | 8 mg       | Capsule    | Limited to 60 caps per 30 days            |
| Abstral                       | Fentanyl Citrate               | 100 mcg    | Tab Subl   | Limited to 120 tabs per 30 days           |
| Abstral                       | Fentanyl Citrate               | 300 mcg    | Tab Subl   | Limited to 120 tabs per 30 days           |
| Abstral                       | Fentanyl Citrate               | 400 mcg    | Tab Subl   | Limited to 120 tabs per 30 days           |
| Abstral                       | Fentanyl Citrate               | 600 mcg    | Tab Subl   | Limited to 120 tabs per 30 days           |
| Abstral                       | Fentanyl Citrate               | 800 mcg    | Tab Subl   | Limited to 120 tabs per 30 days           |
| Accu-Chek Aviva Plus          | Blood Sugar Diagnostic         |            | Strip      | Limited to 300 strips per 30 days         |
| Accu-Chek Compact Plus Strips | Blood Sugar Diagnostic, Drum   |            | Strip      | Limited to 300 strips per 30 days         |
| Accu-Chek Guide Test Strip    | Blood Sugar Diagnostic         |            | Strip      | Limited to 300 strips per 30 days         |
| Accu-Chek Smartview           | Blood Sugar Diagnostic         |            | Strip      | Limited to 300 strips per 30 days         |
| Accutrend Glucose             | Blood Sugar Diagnostic         |            | Strip      | Limited to 300 strips per 30 days         |
| Actemra                       | Tocilizumab                    | 162 mg/0.9 | Pen Injctr | Quantity limit varies based on indication |
| Actemra                       | Tocilizumab                    | 162 mg/0.9 | Syringe    | Quantity limit varies based on indication |
| Actinel                       | Guaifenesin/Dm/Pseudoephedrine | 200-15-30  | Solution   | Limited to 1200 ml per 30 days            |
| Actinel Pediatric             | Guaifenesin/Dm/Pseudoephedrine | 50-5-15/5  | Liquid     | Limited to 2400 ml per 30 days            |
| Actiq                         | Fentanyl Citrate               | 1600 mcg   | Lozenge Hd | Limited to 120 lozenges per 30 days       |
| Actiq                         | Fentanyl Citrate               | 200 mcg    | Lozenge Hd | Limited to 120 lozenges per 30 days       |
| Actiq                         | Fentanyl Citrate               | 400 mcg    | Lozenge Hd | Limited to 120 lozenges per 30 days       |
| Actiq                         | Fentanyl Citrate               | 600 mcg    | Lozenge Hd | Limited to 120 lozenges per 30 days       |
| Actiq                         | Fentanyl Citrate               | 800 mcg    | Lozenge Hd | Limited to 120 lozenges per 30 days       |
| Actoplus Met                  | Pioglitazone Hcl/Metformin Hcl | 15mg-500mg | Tablet     | Limited to 90 tabs per 30 days            |
| Actoplus Met                  | Pioglitazone Hcl/Metformin Hcl | 15mg-850mg | Tablet     | Limited to 90 tabs per 30 days            |
| Actoplus Met Xr               | Pioglitazone Hcl/Metformin Hcl | 15-1000 mg | Tbmp 24hr  | Limited to 90 tabs per 30 days            |
| Actoplus Met Xr               | Pioglitazone Hcl/Metformin Hcl | 30-1000 mg | Tbmp 24hr  | Limited to 90 tabs per 30 days            |
| Actos                         | Pioglitazone Hcl               | 15 mg      | Tablet     | Limited to 30 tabs per 30 days            |
| Actos                         | Pioglitazone Hcl               | 30 mg      | Tablet     | Limited to 30 tabs per 30 days            |
| Actos                         | Pioglitazone Hcl               | 45 mg      | Tablet     | Limited to 30 tabs per 30 days            |
| Adcirca                       | Tadalafil                      | 20 mg      | Tablet     | Limited to 60 tabs per 30 days            |

| Brand Name                   | Generic Name                  | Strength   | Dosage      | Details                                |
|------------------------------|-------------------------------|------------|-------------|--|
| Adderall Xr                  | Dextroamphetamine/Amphetamine | 10 mg      | Cap Er 24h  | Limited to 60 caps per 30 days         |
| Adderall Xr                  | Dextroamphetamine/Amphetamine | 15 mg      | Cap Er 24h  | Limited to 60 caps per 30 days         |
| Adderall Xr                  | Dextroamphetamine/Amphetamine | 20 mg      | Cap Er 24h  | Limited to 60 caps per 30 days         |
| Adderall Xr                  | Dextroamphetamine/Amphetamine | 25 mg      | Cap Er 24h  | Limited to 60 caps per 30 days         |
| Adderall Xr                  | Dextroamphetamine/Amphetamine | 30 mg      | Cap Er 24h  | Limited to 60 caps per 30 days         |
| Adderall Xr                  | Dextroamphetamine/Amphetamine | 5 mg       | Cap Er 24h  | Limited to 60 caps per 30 days         |
| Addyi                        | Flibanserin                   | 100 mg     | Tablet      | Limited to 6 tabs per 30 days          |
| Adhansia XR                  | Methylphenidate Hcl           | 25 mg      | Cpbp 20-80  | Limited to 30 caps per 30 days         |
| Adhansia XR                  | Methylphenidate Hcl           | 35 mg      | Cpbp 20-80  | Limited to 30 caps per 30 days         |
| Adhansia XR                  | Methylphenidate Hcl           | 45 mg      | Cpbp 20-80  | Limited to 30 caps per 30 days         |
| Adhansia XR                  | Methylphenidate Hcl           | 55 mg      | Cpbp 20-80  | Limited to 30 caps per 30 days         |
| Adhansia XR                  | Methylphenidate Hcl           | 70 mg      | Cpbp 20-80  | Limited to 30 caps per 30 days         |
| Adhansia XR                  | Methylphenidate Hcl           | 85 mg      | Cpbp 20-80  | Limited to 30 caps per 30 days         |
| Adlyxin                      | Lixisenatide                  | 10-20 (1)  | Pen Injctr  | Limited to 6 ml per 28 days            |
| Adlyxin                      | Lixisenatide                  | 20 mcg/0.2 | Pen Injctr  | Limited to 6 ml per 28 days            |
| Admelog                      | Insulin Lispro                | 100/ml     | Vial        | Limited To 60ml Per 30 Days            |
| Admelog Solostar             | Insulin Lispro                | 100/ml     | Insulin Pen | Limited To 60ml Per 30 Days            |
| Adult Nasal Decongestant     | Pseudoephedrine Hcl           | 15 mg/5 ml | Liquid      | Limited to 2400 ml per 30 days         |
| Advair Diskus                | Fluticasone/Salmeterol        | 100-50 mcg | Blst W/Dev  | Limited to 1 inhaler per 30 days       |
| Advair Diskus                | Fluticasone/Salmeterol        | 250-50 mcg | Blst W/Dev  | Limited to 1 inhaler per 30 days       |
| Advair Diskus                | Fluticasone/Salmeterol        | 500-50 mcg | Blst W/Dev  | Limited to 1 inhaler per 30 days       |
| Advair Hfa                   | Fluticasone/Salmeterol        | 115-21mcg  | Hfa Aer Ad  | Limited to 1 inhaler per 30 days       |
| Advair Hfa                   | Fluticasone/Salmeterol        | 230-21mcg  | Hfa Aer Ad  | Limited to 1 inhaler per 30 days       |
| Advair Hfa                   | Fluticasone/Salmeterol        | 45-21 mcg  | Hfa Aer Ad  | Limited to 1 inhaler per 30 days       |
| Advanced Glucose Test Strip  | Blood Sugar Diagnostic        |            | Strip       | Limited to 300 strips per 30 days      |
| Advanced Glucose Test Strips | Blood Sugar Diagnostic        |            | Strip       | Limited to 300 strips per 30 days      |
| Advil Cold & Sinus           | Ibuprofen/Pseudoephedrine Hcl | 200mg-30mg | Capsule     | Limited to 240 tabs per 30 days        |
| Advil Cold & Sinus           | Ibuprofen/Pseudoephedrine Hcl | 200mg-30mg | Tablet      | Limited to 240 tabs per 30 days        |
| Advocate Redi-Code           | Blood Sugar Diagnostic        |            | Strip       | Limited to 300 strips per 30 days      |
| Advocate Redi-Code+          | Blood Sugar Diagnostic        |            | Strip       | Limited to 300 strips per 30 days      |
| Advocate Test Strip          | Blood Sugar Diagnostic        |            | Strip       | Limited to 300 strips per 30 days      |
| Adzenys Er                   | Amphetamine                   | 1.25 mg/ml | Sus Bp 24h  | Limited to 300ml per 30 days           |
| Aerospan                     | Flunisolide                   | 80 mcg     | Hfa Aer Ad  | Limited to 2 inhalers per 30 days      |
| Afrezza                      | Insulin Regular, Human        | 12 unit    | Cart Inhal  | Limited to 540 cartridges per 30 days  |
| Afrezza                      | Insulin Regular, Human        | 4 unit     | Cart Inhal  | Limited to 1530 cartridges per 30 days |
| Afrezza                      | Insulin Regular, Human        | 4 unit(30) | Cart Inhal  | Limited to 1170 cartridges per 30 days |
| Afrezza                      | Insulin Regular, Human        | 4 unit(60) | Cart Inhal  | Limited to 900 cartridges per 30 days  |

| Brand Name                    | Generic Name                   | Strength    | Dosage     | Details                               |
|-------------------------------|--------------------------------|-------------|------------|---------------------------------------|
| Afrezza                       | Insulin Regular, Human         | 4-8-12(60)  | Cart Inhal | Limited to 720 cartridges per 30 days |
| Afrezza                       | Insulin Regular, Human         | 8 unit      | Cart Inhal | Limited to 810 cartridges per 30 days |
| Afrezza                       | Insulin Regular, Human         | 8 unit(60)  | Cart Inhal | Limited to 630 cartridges per 30 days |
| Afrezza                       | Insulin Regular, Human         | 8 unit(90)  | Cart Inhal | Limited to 630 cartridges per 30 days |
| Agamatrix Amp                 | Blood Sugar Diagnostic         |             | Strip      | Limited to 300 strips per 30 days     |
| Agamatrix Presto              | Blood Sugar Diagnostic         |             | Strip      | Limited to 300 strips per 30 days     |
| Aimovig Autoinjector          | Erenumab-Aooe                  | 70 mg/ml    | Auto Injct | Limited to 2 pens per 28 days         |
| Aimovig Autoinjector (2 Pack) | Erenumab-Aooe                  | 70 mg/ml    | Auto Injct | Limited to 2 pens per 28 days         |
| Airduo Digihaler              | Fluticasone Propion/Salmeterol | 113-14 mcg  | Aer Pw Bas | Limited to 1 inhaler per 30 days      |
| Airduo Digihaler              | Fluticasone Propion/Salmeterol | 232-14 mcg  | Aer Pw Bas | Limited to 1 inhaler per 30 days      |
| Airduo Digihaler              | Fluticasone Propion/Salmeterol | 55-14 mcg   | Aer Pw Bas | Limited to 1 inhaler per 30 days      |
| Airduo Respiclick             | Fluticasone/Salmeterol         | 113-14 mcg  | Aer Pow Ba | Limited to 1 inhaler per 30 days      |
| Airduo Respiclick             | Fluticasone/Salmeterol         | 232-14 mcg  | Aer Pow Ba | Limited to 1 inhaler per 30 days      |
| Airduo Respiclick             | Fluticasone/Salmeterol         | 55-14 mcg   | Aer Pow Ba | Limited to 1 inhaler per 30 days      |
| Ajovy                         | Fremanezumab-Vfrm              | 225 mg/1.5  | Syringe    | Limited to 1.5ml per 28 days          |
| Ajovy Autoinjector            | Fremanezumab-Vfrm              | 225 mg/1.5  | Auto Injct | Limited to 1.5ml per 28 days          |
| Aklief                        | Trifarotene                    | 0.005%      | Cream (G)  | Limited to 30 grams per 30 days       |
| Alavert                       | Loratadine/Pseudoephedrine     | 5 mg-120mg  | Tab Er 12h | Limited to 60 tabs per 30 days        |
| Albenza                       | Albendazole                    | 200 mg      | Tablet     | Limited to 112 tabs per 28 days       |
| Albuterol Sulfate Hfa         | Albuterol Sulfate              | 90 mcg      | Hfa Aer Ad | Limited to 2 inhalers per 30 days     |
| Alecensa                      | Alectinib Hcl                  | 150 mg      | Capsule    | Limited to 240 caps per 30 days       |
| Allegra-D 12 Hour             | Fexofenadine/Pseudoephedrine   | 60mg-120mg  | Tab Er 12h | Limited to 60 tabs per 30 days        |
| Allegra-D 24 Hour             | Fexofenadine/Pseudoephedrine   | 180-240mg   | Tab Er 24h | Limited to 30 tabs per 30 days        |
| Allzital                      | Butalbital/Acetaminophen       | 25mg-325mg  | Tablet     | Limited to 360 tabs per 30 days       |
| Alogliptin                    | Alogliptin Benzoate            | 12.5 mg     | Tablet     | Limited to 30 tabs per 30 days        |
| Alogliptin                    | Alogliptin Benzoate            | 25 mg       | Tablet     | Limited to 30 tabs per 30 days        |
| Alogliptin                    | Alogliptin Benzoate            | 6.25 mg     | Tablet     | Limited to 30 tabs per 30 days        |
| Alogliptin-Metformin          | Alogliptin Benz/Metformin Hcl  | 12.5-1000mg | Tablet     | Limited to 60 tabs per 30 days        |
| Alogliptin-Metformin          | Alogliptin Benz/Metformin Hcl  | 12.5-500mg  | Tablet     | Limited to 60 tabs per 30 days        |
| Alogliptin-Pioglitazone       | Alogliptin Benz/Pioglitazone   | 12.5-15 mg  | Tablet     | Limited to 30 tabs per 30 days        |
| Alogliptin-Pioglitazone       | Alogliptin Benz/Pioglitazone   | 12.5-30 mg  | Tablet     | Limited to 30 tabs per 30 days        |
| Alogliptin-Pioglitazone       | Alogliptin Benz/Pioglitazone   | 12.5-45 mg  | Tablet     | Limited to 30 tabs per 30 days        |
| Alogliptin-Pioglitazone       | Alogliptin Benz/Pioglitazone   | 25-15 mg    | Tablet     | Limited to 30 tabs per 30 days        |
| Alogliptin-Pioglitazone       | Alogliptin Benz/Pioglitazone   | 25-30 mg    | Tablet     | Limited to 30 tabs per 30 days        |
| Alogliptin-Pioglitazone       | Alogliptin Benz/Pioglitazone   | 25-45 mg    | Tablet     | Limited to 30 tabs per 30 days        |
| Alunbrig                      | Brigatinib                     | 90mg-180mg  | Tab Ds Pk  | Limited to 30 tabs per 30 days        |
| Alunbrig                      | Brigatinib                     | 180 mg      | Tablet     | Limited to 30 tabs per 30 days        |
| Alunbrig                      | Brigatinib                     | 30 mg       | Tablet     | Limited to 180 tabs per 30 days       |
| Alunbrig                      | Brigatinib                     | 90 mg       | Tablet     | Limited to 30 tabs per 30 days        |
| Alvesco                       | Ciclesonide                    | 160 mcg     | Hfa Aer Ad | Limited to 2 inhalers per 30 days     |

| Brand Name      | Generic Name                   | Strength   | Dosage     | Details  |
|-----------------|--------------------------------|------------|------------|--|
| Alvesco         | Ciclesonide                    | 80 mcg     | Hfa Aer Ad | Limited to 4 inhalers per 30 days  |
| Ambien          | Zolpidem Tartrate              | 10 mg      | Tablet     | Limited to 30 tabs per 30 days   |
| Ambien          | Zolpidem Tartrate              | 5 mg       | Tablet     | Limited to 60 tabs per 30 days   |
| Ambien Cr       | Zolpidem Tartrate              | 12.5 mg    | Tab Mphase | Limited to 30 tabs per 30 days   |
| Ambien Cr       | Zolpidem Tartrate              | 6.25 mg    | Tab Mphase | Limited to 30 tabs per 30 days   |
| Amerge          | Naratriptan Hcl                | 1 mg       | Tablet     | Bill 3 day supply for each tablet dispensed. Limited to 9 tabs per 30 days |
| Amerge          | Naratriptan Hcl                | 2.5 mg     | Tablet     | Bill 3 day supply for each tablet dispensed. Limited to 9 tabs per 30 days |
| Amitiza         | Lubiprostone                   | 24mcg      | Capsule    | Limited to 60 caps per 30 days   |
| Amitiza         | Lubiprostone                   | 8 mcg      | Capsule    | Limited to 60 caps per 30 days   |
| Amphetamine     | Amphetamine                    | 1.25 mg/ml | Sus Bp 24h | Limited to 300ml per 30 days   |
| Amrix           | Cyclobenzaprine Hcl            | 15 mg      | Cap Er 24h | Limited to 30 caps per 30 days   |
| Amrix           | Cyclobenzaprine Hcl            | 30 mg      | Cap Er 24h | Limited to 30 caps per 30 days   |
| Amzeeq          | Minocycline Hcl                | 4%         | Foam       | Limited to 30 gm per 30 days   |
| Androderm       | Testosterone                   | 2 mg/24 hr | Patch Td24 | Limited to 60 patches per 30 days  |
| Androderm       | Testosterone                   | 4 mg/24 hr | Patch Td24 | Limited to 30 patches per 30 days  |
| Androgel        | Testosterone                   | 12.5/1.25g | Gel Md Pmp | Limited to 300 gm per 30 days  |
| Androgel        | Testosterone                   | 20.25/1.25 | Gel Md Pmp | Limited to 150 gm per 30 days  |
| Androgel        | Testosterone                   | 1.25g-1.62 | Gel Packet | Limited to 37.5 gm per 30 days   |
| Androgel        | Testosterone                   | 2.5g-1.62% | Gel Packet | Limited to 150 gm per 30 days  |
| Androgel        | Testosterone                   | 25mg(1%)   | Gel Packet | Limited to 75 gm per 30 days   |
| Annovera        | Segesterone Ac/Ethin Estradiol | .15-.013mg | Vag Ring   | Limited to 1 ring per 273 days   |
| Anoro Ellipta   | Umeclidinium Brm/Vilanterol Tr | 62.5-25mcg | Blst W/Dev | Limited to 1 inhaler per 30 days   |
| Anzemet         | Dolasetron Mesylate            | 100 mg     | Tablet     | Limited to 1 tab per 30 days   |
| Anzemet         | Dolasetron Mesylate            | 50 mg      | Tablet     | Limited to 1 tab per 30 days   |
| Apadaz          | Benzhydrocodone/Acetaminophen  | 4.08-325mg | Tablet     | Limited to 360 tabs per 30 days  |
| Apadaz          | Benzhydrocodone/Acetaminophen  | 6.12-325mg | Tablet     | Limited to 360 tabs per 30 days  |
| Apadaz          | Benzhydrocodone/Acetaminophen  | 6.12-325mg | Tablet     | Limited to 360 tabs per 30 days  |
| Apidra          | Insulin Glulisine              | 100/ml     | Vial       | Limited to 60ml per 30 days  |
| Apidra Solostar | Insulin Glulisine              | 100/ml     | Insuln Pen | Limited to 60ml per 30 days  |
| Aprodine        | Triprolidine/Pseudoephedrine   | 2.5mg-60mg | Tablet     | Limited to 240 tabs per 30 days  |
| Aptensio Xr     | Methylphenidate Hcl            | 10 mg      | Csbg 40-60 | Limited to 30 caps per 30 days   |
| Aptensio Xr     | Methylphenidate Hcl            | 15 mg      | Csbg 40-60 | Limited to 30 caps per 30 days   |
| Aptensio Xr     | Methylphenidate Hcl            | 20 mg      | Csbg 40-60 | Limited to 30 caps per 30 days   |
| Aptensio Xr     | Methylphenidate Hcl            | 30 mg      | Csbg 40-60 | Limited to 30 caps per 30 days   |
| Aptensio Xr     | Methylphenidate Hcl            | 40 mg      | Csbg 40-60 | Limited to 30 caps per 30 days   |
| Aptensio Xr     | Methylphenidate Hcl            | 50 mg      | Csbg 40-60 | Limited to 30 caps per 30 days   |
| Aptensio Xr     | Methylphenidate Hcl            | 60 mg      | Csbg 40-60 | Limited to 30 caps per 30 days   |
| Aptiom          | Eslicarbazepine Acetate        | 200 mg     | Tablet     | Limited to 30 tabs per 30 days   |
| Aptiom          | Eslicarbazepine Acetate        | 400 mg     | Tablet     | Limited to 30 tabs per 30 days   |

| Brand Name                 | Generic Name                   | Strength   | Dosage      | Details                           |
|----------------------------|--------------------------------|------------|-------------|-----------------------------------|
| Aptiom                     | Eslicarbazepine Acetate        | 600 mg     | Tablet      | Limited to 60 tabs per 30 days    |
| Aptiom                     | Eslicarbazepine Acetate        | 800 mg     | Tablet      | Limited to 30 tabs per 30 days    |
| Arazlo                     | Tazarotene                     | 0.045%     | Lotion      | Limited to 45g per 30 days        |
| Arikayce                   | Amikacin Liposomal/Neb.Accessr | 590 mg/8.4 | Vial-Neb    | Limited to 252ml per 30 days      |
| Aristada                   | Aripiprazole Lauroxil          | 441 mg/1.6 | Suser Syr   | Limited to 1.6ml per 30 days      |
| Aristada                   | Aripiprazole Lauroxil          | 662 mg/2.4 | Suser Syr   | Limited to 2.4ml per 30 days      |
| Aristada                   | Aripiprazole Lauroxil          | 882 mg/3.2 | Suser Syr   | Limited to 3.2ml per 30 days      |
| Armonair Digihaler         | Fluticasone Propionate         | 55 mcg     | Aer Pow Bas | Limited to 1 inhaler per 30 days  |
| Armonair Respiclick        | Fluticasone Propionate         | 113 mcg    | Aer Pow Ba  | Limited to 1 inhaler per 30 days  |
| Armonair Respiclick        | Fluticasone Propionate         | 232 mcg    | Aer Pow Ba  | Limited to 1 inhaler per 30 days  |
| Armonair Respiclick        | Fluticasone Propionate         | 55 mcg     | Aer Pow Ba  | Limited to 1 inhaler per 30 days  |
| Arnuity Ellipta            | Fluticasone Furoate            | 100 mcg    | Blst W/Dev  | Limited to 1 inhaler per 30 days  |
| Arnuity Ellipta            | Fluticasone Furoate            | 200 mcg    | Blst W/Dev  | Limited to 1 inhaler per 30 days  |
| Arnuity Ellipta            | Fluticasone Furoate            | 50 mcg     | Blst W/Dev  | Limited to 1 inhaler per 30 days  |
| Aromasin                   | Exemestane                     | 25 mg      | Tablet      | Limited to 30 tabs per 30 days    |
| Asacol Hd                  | Mesalamine                     | 800 mg     | Tablet Dr   | Limited to 180 tabs per 30 days   |
| Asmanex Hfa                | Mometasone Furoate             | 100 mcg    | Hfa Aer Ad  | Limited to 1 inhaler per 30 days  |
| Asmanex Hfa                | Mometasone Furoate             | 200 mcg    | Hfa Aer Ad  | Limited to 1 inhaler per 30 days  |
| Asmanex Hfa                | Mometasone Furoate             | 50 mcg     | Hfa Aer Ad  | Limited to 1 inhaler per 30 days  |
| Assure 4                   | Blood Sugar Diagnostic         |            | Strip       | Limited to 300 strips per 30 days |
| Assure Platinum            | Blood Sugar Diagnostic         |            | Strip       | Limited to 300 strips per 30 days |
| Assure Platinum Test Strip | Blood Sugar Diagnostic         |            | Strip       | Limited to 300 strips per 30 days |
| Assure Prism Multi         | Blood Sugar Diagnostic         |            | Strip       | Limited to 300 strips per 30 days |
| Astepro                    | Azelastine Hcl                 | 205.5 mcg  | Spray/Pump  | Limited to 1 bottle per 30 days   |
| Atelvia                    | Risedronate Sodium             | 35 mg      | Tablet Dr   | Limited to 4 tabs per 28 days     |
| Atomoxetine                | Atomoxetine Hcl                | 10 mg      | Capsule     | Limited to 60 caps per 30 days    |
| Atomoxetine                | Atomoxetine Hcl                | 100 mg     | Capsule     | Limited to 30 caps per 30 days    |
| Atomoxetine                | Atomoxetine Hcl                | 18 mg      | Capsule     | Limited to 60 caps per 30 days    |
| Atomoxetine                | Atomoxetine Hcl                | 25 mg      | Capsule     | Limited to 60 caps per 30 days    |
| Atomoxetine                | Atomoxetine Hcl                | 40 mg      | Capsule     | Limited to 60 caps per 30 days    |
| Atomoxetine                | Atomoxetine Hcl                | 60 mg      | Capsule     | Limited to 30 caps per 30 days    |
| Atomoxetine                | Atomoxetine Hcl                | 80 mg      | Capsule     | Limited to 30 caps per 30 days    |
| Aubagio                    | Teriflunomide                  | 14 mg      | Tablet      | Limited to 30 tabs per 30 days    |
| Aubagio                    | Teriflunomide                  | 7 mg       | Tablet      | Limited to 30 tabs per 30 days    |
| Austedo                    | Deutetrabenazine               | 12 mg      | Tablet      | Limited to 120 tabs per 30 days   |
| Austedo                    | Deutetrabenazine               | 6 mg       | Tablet      | Limited to 120 tabs per 30 days   |
| Austedo                    | Deutetrabenazine               | 9 mg       | Tablet      | Limited to 120 tabs per 30 days   |
| Auvi-Q                     | Epinephrine                    | 0.15/0.15  | Auto Injct  | Limited To 0.3ml Per 30 Days      |
| Auvi-Q                     | Epinephrine                    | 0.1mg/.1ml | Auto Injct  | Limited To 0.2ml Per 30 Days      |
| Auvi-Q                     | Epinephrine                    | 0.3mg/0.3  | Auto Injct  | Limited To 0.6ml Per 30 Days.     |
| Avonex                     | Interferon Beta-1a/Albumin     | 30 mcg     | Kit         | Limited to 4 syringes per 28 days |
| Avonex                     | Interferon Beta-1a             | 30mcg/.5ml | Syringe     | Limited to 4 syringes per 28 days |
| Avonex                     | Interferon Beta-1a             | 30mcg/.5ml | Syringekit  | Limited to 4 syringes per 28 days |

| Brand Name               | Generic Name                   | Strength   | Dosage     | Details                            |
|--------------------------|--------------------------------|------------|------------|------------------------------------|
| Avonex Pen               | Interferon Beta-1a             | 30mcg/.5ml | Pen Ij Kit | Limited to 1 kit per 28 days       |
| Avonex Pen               | Interferon Beta-1a             | 30mcg/.5ml | Pen Injctr | Limited to 4 syringes per 28 days  |
| Axert                    | Almotriptan Malate             | 12.5 mg    | Tablet     | Limited to 12 tabs per 30 days     |
| Axert                    | Almotriptan Malate             | 6.25 mg    | Tablet     | Limited to 9 tabs per 30 days      |
| Ayvakit                  | Avapritinib                    | 100 mg     | Tablet     | Limited to 30 tabs per 30 days     |
| Ayvakit                  | Avapritinib                    | 200 mg     | Tablet     | Limited to 30 tabs per 30 days     |
| Ayvakit                  | Avapritinib                    | 300 mg     | Tablet     | Limited to 30 tabs per 30 days     |
| Bafiertam                | Monomethyl Fumarate            | 95 mg      | Capsule Dr | Limited to 120 caps per 30 days    |
| Balcoltra                | Levonorgest/Eth.Estradiol/Iron | 0.1-0.02mg | Tablet     | Limited to 30 tabs per 30 days     |
| Balversa                 | Erdafitinib                    | 3 mg       | Tablet     | Limited to 90 tabs per 30 days     |
| Balversa                 | Erdafitinib                    | 4 mg       | Tablet     | Limited to 60 tabs per 30 days     |
| Balversa                 | Erdafitinib                    | 5 mg       | Tablet     | Limited to 30 tabs per 30 days     |
| Basaglar Kwikpen U-100   | Insulin Glargine,Hum.Rec.Anlog | 100/ml (3) | Insuln Pen | Limited To 60ml Per 30 Days        |
| Baxdela                  | Delafloxacin Meglumine         | 450 mg     | Tablet     | Limited to 28 tabs per 14 days     |
| Belsomra                 | Suvorexant                     | 10 mg      | Tablet     | Limited to 30 tabs per 30 days     |
| Belsomra                 | Suvorexant                     | 15 mg      | Tablet     | Limited to 30 tabs per 30 days     |
| Belsomra                 | Suvorexant                     | 20 mg      | Tablet     | Limited to 30 tabs per 30 days     |
| Belsomra                 | Suvorexant                     | 5 mg       | Tablet     | Limited to 30 tabs per 30 days     |
| Benlysta                 | Belimumab                      | 200 mg/ml  | Auto Injct | Limited To 4ml Per 28 Days         |
| Benlysta                 | Belimumab                      | 200 mg/ml  | Syringe    | Limited To 4ml Per 28 Days         |
| Betaseron                | Interferon Beta-1b             | 0.3 mg     | Kit        | Limited to 14 syringes per 28 days |
| Betaseron                | Interferon Beta-1b             | 0.3 mg     | Vial       | Limited to 14 syringes per 28 days |
| Bethkis                  | Tobramycin                     | 300 mg/4ml | Ampul-Neb  | Limited To 224ml Per 28 Days       |
| Bevespi Aerosphere       | Glycopyrrolate/Formoterol Fum  | 9-4.8 mcg  | Hfa Aer Ad | Limited to 1 canister per 30 days  |
| Binosto                  | Alendronate Sodium             | 70 mg      | Tablet Eff | Limited to 4 tabs per 28 days      |
| Bionel                   | Guaifenesin/Dm/Pseudoephedrine | 200-15-30  | Solution   | Limited to 1200 ml per 30 days     |
| Blood Glucose Test Strip | Blood Sugar Diagnostic         |            | Strip      | Limited to 300 strips per 30 days  |
| Boniva                   | Ibandronate Sodium             | 150 mg     | Tablet     | Limited to 1 tab per 28 days       |
| Bosulif                  | Bosutinib                      | 100 mg     | Tablet     | Limited to 120 tabs per 30 days    |
| Bosulif                  | Bosutinib                      | 400 mg     | Tablet     | Limited to 30 tabs per 30 days     |
| Bosulif                  | Bosutinib                      | 500 mg     | Tablet     | Limited to 30 tabs per 30 days     |
| Braftovi                 | Encorafenib                    | 50 mg      | Capsule    | Limited to 180 caps per 30 days    |
| Braftovi                 | Encorafenib                    | 75 mg      | Capsule    | Limited to 120 caps per 30 days    |
| Breeze 2                 | Blood Sugar Diagnostic, Disc   |            | Strip      | Limited to 300 strips per 30 days  |
| Breo Ellipta             | Fluticasone/Vilanterol         | 100-25mcg  | Blst W/Dev | Limited to 1 inhaler per 30 days   |
| Breo Ellipta             | Fluticasone/Vilanterol         | 200-25 mcg | Blst W/Dev | Limited to 1 inhaler per 30 days   |
| Brilinta                 | Ticagrelor                     | 60 mg      | Tablet     | Limited to 60 tabs per 30 days     |
| Brilinta                 | Ticagrelor                     | 90 mg      | Tablet     | Limited to 60 tabs per 30 days     |
| Briviact                 | Brivaracetam                   | 10 mg      | Tablet     | Limited to 60 tabs per 30 days     |
| Briviact                 | Brivaracetam                   | 100 mg     | Tablet     | Limited to 60 tabs per 30 days     |
| Briviact                 | Brivaracetam                   | 25 mg      | Tablet     | Limited to 60 tabs per 30 days     |
| Briviact                 | Brivaracetam                   | 50 mg      | Tablet     | Limited to 60 tabs per 30 days     |
| Briviact                 | Brivaracetam                   | 75 mg      | Tablet     | Limited to 60 tabs per 30 days     |
| Brotapp                  | Brompheniramin/Pseudoephedrine | 1-15mg/5ml | Liquid     | Limited to 2400 ml per 30 days     |

| Brand Name                     | Generic Name                   | Strength   | Dosage     | Details                           |
|--------------------------------|--------------------------------|------------|------------|-----------------------------------|
| Brovana                        | Arformoterol Tartrate          | 15mcg/2ml  | Vial-Neb   | Limited to 120ml per 30 days      |
| Brukinsa                       | Zanubrutinib                   | 80mg       | Capsule    | Limited to 120 caps per 30 days   |
| Budesonide-Formoterol Fumarate | Budesonide-Formoterol Fumarate | 160-4.5mcg | Hfa Aer Ad | Limited to 10.2g per 30 days      |
| Budesonide-Formoterol Fumarate | Budesonide-Formoterol Fumarate | 80-4.5 mcg | Hfa Aer Ad | Limited to 10.2g per 30 days      |
| Bupap                          | Butalbital/Acetaminophen       | 50mg-300mg | Tablet     | Limited to 180 tabs per 30 days   |
| Butalbital-Acetaminophen       | Butalbital/Acetaminophen       | 50mg-300mg | Capsule    | Limited to 180 caps per 30 days   |
| Butalbital-Acetaminophen       | Butalbital/Acetaminophen       | 25mg-325mg | Tablet     | Limited to 360 tabs per 30 days   |
| Bydureon                       | Exenatide Microspheres         | 2 mg       | Vial       | Limited to 4 vials per 28 days    |
| Bydureon Bcise                 | Exenatide Microspheres         | 2mg/0.85ml | Auto Injct | Limited to 4 pens per 28 days     |
| Bydureon Pen                   | Exenatide Microspheres         | 2mg/0.65ml | Pen Injctr | Limited to 4 pens per 28 days     |
| Byetta                         | Exenatide                      | 10mcg/0.04 | Pen Injctr | Limited To 2.4ml Per 30 Days      |
| Byetta                         | Exenatide                      | 5mcg/0.02  | Pen Injctr | Limited To 1.2ml Per 30 Days      |
| Bystolic                       | Nebivolol Hcl                  | 2.5 mg     | Tablet     | Limited to 30 tabs per 30 days    |
| Bystolic                       | Nebivolol Hcl                  | 20 mg      | Tablet     | Limited to 30 tabs per 30 days    |
| Bystolic                       | Nebivolol Hcl                  | 5 mg       | Tablet     | Limited to 30 tabs per 30 days    |
| Byvalson                       | Nebivolol Hcl/Valsartan        | 5 mg-80 mg | Tablet     | Limited to 30 tabs per 30 days    |
| Cablivi                        | Caplacizumab-Yhdp              | 11 mg      | Kit        | Limited to 28 per 28 days         |
| Cablivi                        | Caplacizumab-Yhdp              | 11 mg      | Vial       | Limited to 28 per 28 days         |
| Cabometyx                      | Cabozantinib S-Malate          | 20 mg      | Tablet     | Limited to 30 tabs per 30 days    |
| Cabometyx                      | Cabozantinib S-Malate          | 40 mg      | Tablet     | Limited to 30 tabs per 30 days    |
| Cabometyx                      | Cabozantinib S-Malate          | 60 mg      | Tablet     | Limited to 30 tabs per 30 days    |
| Caduet                         | Amlodipine/Atorvastatin        | 10 mg-10mg | Tablet     | Limited to 30 tabs per 30 days    |
| Caduet                         | Amlodipine/Atorvastatin        | 10 mg-20mg | Tablet     | Limited to 30 tabs per 30 days    |
| Caduet                         | Amlodipine/Atorvastatin        | 10 mg-40mg | Tablet     | Limited to 30 tabs per 30 days    |
| Caduet                         | Amlodipine/Atorvastatin        | 10 mg-80mg | Tablet     | Limited to 30 tabs per 30 days    |
| Caduet                         | Amlodipine/Atorvastatin        | 2.5mg-10mg | Tablet     | Limited to 30 tabs per 30 days    |
| Caduet                         | Amlodipine/Atorvastatin        | 2.5mg-20mg | Tablet     | Limited to 30 tabs per 30 days    |
| Caduet                         | Amlodipine/Atorvastatin        | 2.5mg-40mg | Tablet     | Limited to 30 tabs per 30 days    |
| Caduet                         | Amlodipine/Atorvastatin        | 5 mg-10 mg | Tablet     | Limited to 30 tabs per 30 days    |
| Caduet                         | Amlodipine/Atorvastatin        | 5 mg-20 mg | Tablet     | Limited to 30 tabs per 30 days    |
| Caduet                         | Amlodipine/Atorvastatin        | 5 mg-40 mg | Tablet     | Limited to 30 tabs per 30 days    |
| Caduet                         | Amlodipine/Atorvastatin        | 5 mg-80 mg | Tablet     | Limited to 30 tabs per 30 days    |
| Calquence                      | Acalabrutinib                  | 100 mg     | Capsule    | Limited to 60 caps per 30 days    |
| Capital W-Codeine              | Acetaminophen With Codeine     | 120-12mg/5 | Oral Susp  | Limited To 990ml Per 30 Days      |
| Caplyta                        | Lumateperone Tosylate          | 42 mg      | Capsule    | Limited to 30 caps per 30 days    |
| Capmist Dm                     | Guaifenesin/Dm/Pseudoephedrine | 400-15-60  | Tablet     | Limited to 120 tabs per 30 days   |
| Caprelsa                       | Vandetanib                     | 100 mg     | Tablet     | Limited to 60 tabs per 30 days    |
| Caprelsa                       | Vandetanib                     | 300 mg     | Tablet     | Limited to 30 tabs per 30 days    |
| Caresens N                     | Blood Sugar Diagnostic         |            | Strip      | Limited to 300 strips per 30 days |
| Caretouch Test Strip           | Blood Sugar Diagnostic         |            | Strip      | Limited to 300 strips per 30 days |
| Carvedilol Er                  | Carvedilol Phosphate           | 10 mg      | Cpmp 24hr  | Limited to 30 caps per 30 days    |
| Carvedilol Er                  | Carvedilol Phosphate           | 20 mg      | Cpmp 24hr  | Limited to 30 caps per 30 days    |



| Brand Name                     | Generic Name                   | Strength   | Dosage     | Details   |
|--------------------------------|--------------------------------|------------|------------|---|
| Carvedilol Er                  | Carvedilol Phosphate           | 40 mg      | Cpmp 24hr  | Limited to 30 caps per 30 days                        |
| Carvedilol Er                  | Carvedilol Phosphate           | 80 mg      | Cpmp 24hr  | Limited to 30 caps per 30 days                        |
| Catapres-Tts 1                 | Clonidine                      | 0.1mg/24hr | Patch Tdwk | Bill 7 day supply or greater for each patch dispensed |
| Catapres-Tts 2                 | Clonidine                      | 0.2mg/24hr | Patch Tdwk | Bill 7 day supply or greater for each patch dispensed |
| Catapres-Tts 3                 | Clonidine                      | 0.3mg/24hr | Patch Tdwk | Bill 7 day supply or greater for each patch dispensed |
| Caverject                      | Alprostadil                    | 10 mcg     | Kit        | Limited to 6 syringes per 30 days                     |
| Caverject                      | Alprostadil                    | 20 mcg     | Kit        | Limited to 6 syringes per 30 days                     |
| Caverject                      | Alprostadil                    | 10 mcg     | Syringe    | Limited to 6 syringes per 30 days                     |
| Caverject                      | Alprostadil                    | 20 mcg     | Syringe    | Limited to 6 syringes per 30 days                     |
| Caverject                      | Alprostadil                    | 20 mcg     | Vial       | Limited to 6 vials per 30 days                        |
| Caverject                      | Alprostadil                    | 40 mcg     | Vial       | Limited to 6 vials per 30 days                        |
| Cayston                        | Aztreonam Lysine               | 75 mg/ml   | Vial-Neb   | Limited To 84ml Per 28 Days                           |
| Celebrex                       | Celecoxib                      | 100 mg     | Capsule    | Limited to 60 caps per 30 days                        |
| Celebrex                       | Celecoxib                      | 200 mg     | Capsule    | Limited to 60 caps per 30 days                        |
| Celebrex                       | Celecoxib                      | 400 mg     | Capsule    | Limited to 60 caps per 30 days                        |
| Celebrex                       | Celecoxib                      | 50 mg      | Capsule    | Limited to 60 caps per 30 days                        |
| Cerdelga                       | Eliglustat Tartrate            | 84 mg      | Capsule    | Limited to 60 caps per 30 days                        |
| Cesamet                        | Nabilone                       | 1 mg       | Capsule    | Limited to 30 caps per 30 days                        |
| Chantix                        | Varenicline Tartrate           | 0.5 (11)-1 | Tab Ds Pk  | Limited to 60 tabs per 30 days                        |
| Chantix                        | Varenicline Tartrate           | 0.5 mg     | Tablet     | Limited to 60 tabs per 30 days                        |
| Chantix                        | Varenicline Tartrate           | 1 mg       | Tablet     | Limited to 60 tabs per 30 days                        |
| Cheratussin Ac                 | Codeine Phosphate/Guaifenesin  | 10-100mg/5 | Liquid     | Limited To 1200ml Per 30 Days                         |
| Children's Sudafed             | Pseudoephedrine Hcl            | 15 mg/5 ml | Liquid     | Limited To 2400ml Per 30 Days                         |
| Chocedm Clarus Test Strips     | Blood Sugar Diagnostic         |            | Strip      | Limited to 300 strips per 30 days                     |
| Cialis                         | Tadalafil                      | 10 mg      | Tablet     | Limited to 6 tabs per 30 days                         |
| Cialis                         | Tadalafil                      | 2.5 mg     | Tablet     | Limited to 30 tabs per 30 days                        |
| Cialis                         | Tadalafil                      | 20 mg      | Tablet     | Limited to 6 tabs per 30 days                         |
| Cialis                         | Tadalafil                      | 5 mg       | Tablet     | Limited to 30 tabs per 30 days                        |
| Cimzia                         | Certolizumab Pegol             | 400 mg     | Kit        | Limited to 1 kit per 28 days                          |
| Cimzia                         | Certolizumab Pegol             | 400mg/2ml  | Syringekit | Limited to 1 kit per 28 days                          |
| Ciprodex                       | Ciprofloxacin Hcl/Dexameth     | 0.3 %-0.1% | Drops Susp | Limited to 7.5ml per 28 days                          |
| Ciprofloxacin Hcl-Fluocinolone | Ciprofloxacin Hcl/Fluocinolone | 0.3-0.025% | Vial       | Limited to 1 package per 7 days                       |
| Ciprofloxacin-Dexamethasone    | Ciprofloxacin Hcl/Dexameth     | 0.3 %-0.1% | Drops Susp | Limited to 7.5ml per 28 days                          |
| Ciprofloxacin-Dexamethasone    | Ciprofloxacin Hcl/Dexameth     | 0.3 %-0.1% | Drops Susp | Limited to 7.5ml per 28 days                          |
| Clarinx                        | Desloratadine                  | 2.5 mg/5ml | Syrup      | Limited To 150ml Per 30 Days                          |
| Clarinx                        | Desloratadine                  | 5 mg       | Tablet     | Limited to 30 tabs per 30 days                        |
| Claritin-D 12 Hour             | Loratadine/Pseudoephedrine     | 5 mg-120mg | Tab Er 12h | Limited to 60 tabs per 30 days                        |
| Claritin-D 24 Hour             | Loratadine/Pseudoephedrine     | 10mg-240mg | Tab Er 24h | Limited to 30 tabs per 30 days                        |
| Clever Choice Micro Test Strip | Blood Sugar Diagnostic         |            | Strip      | Limited to 300 strips per 30 days                     |
| Clever Choice Pro              | Blood Sugar Diagnostic         |            | Strip      | Limited to 300 strips per 30 days                     |
| Clever Choice Talk             | Blood Sugar Diagnostic         |            | Strip      | Limited to 300 strips per 30 days                     |

| Brand Name                     | Generic Name                    | Strength   | Dosage     | Details                           |
|--------------------------------|---------------------------------|------------|------------|-----------------------------------|
| Clever Choice Test Strips      | Blood Sugar Diagnostic          |            | Strip      | Limited to 300 strips per 30 days |
| Clever Choice Voice+ Tst Strip | Blood Sugar Diagnostic          |            | Strip      | Limited to 300 strips per 30 days |
| Clozaril                       | Clozapine                       | 100 mg     | Tablet     | Limited to 90 tabs per 30 days    |
| Clozaril                       | Clozapine                       | 25 mg      | Tablet     | Limited to 90 tabs per 30 days    |
| Coditussin Ac                  | Codeine Phosphate/Guaifenesin   | 10-200mg/5 | Liquid     | Limited To 1200ml Per 30 Days     |
| Coditussin Dac                 | Pseudoephed/Codeine/Guaifen     | 30-10-200  | Liquid     | Limited To 1200ml Per 30 Days     |
| Combivent Respimat             | Ipratropium/Albuterol Sulfate   | 20-100 mcg | Mist Inhal | Limited to 2 inhalers per 30 days |
| Cometriq                       | Cabozantinib S-Malate           | 100 mg/day | Capsule    | Limited to 56 caps per 28 days    |
| Cometriq                       | Cabozantinib S-Malate           | 140 mg/day | Capsule    | Limited to 112 caps per 28 days   |
| Complera                       | Emtricitra/Rilpivirine/Tenof Df | 200-25-300 | Tablet     | Limited to 30 tabs per 30 days    |
| Concerta                       | Methylphenidate Hcl             | 18 mg      | Tab Er 24  | Limited to 60 tabs per 30 days    |
| Concerta                       | Methylphenidate Hcl             | 27 mg      | Tab Er 24  | Limited to 60 tabs per 30 days    |
| Concerta                       | Methylphenidate Hcl             | 36 mg      | Tab Er 24  | Limited to 60 tabs per 30 days    |
| Concerta                       | Methylphenidate Hcl             | 54 mg      | Tab Er 24  | Limited to 30 tabs per 30 days    |
| Conjupri                       | Levamlodipine Maleate           | 2.5 mg     | Tablet     | Limited to 30 tabs per 30 days    |
| Conjupri                       | Levamlodipine Maleate           | 5 mg       | Tablet     | Limited to 30 tabs per 30 days    |
| Consensi                       | Amlodipine Besylate/Celecoxib   | 10mg-200mg | Tablet     | Limited to 30 tabs per 30 days    |
| Consensi                       | Amlodipine Besylate/Celecoxib   | 2.5-200 mg | Tablet     | Limited to 30 tabs per 30 days    |
| Consensi                       | Amlodipine Besylate/Celecoxib   | 5mg-200mg  | Tablet     | Limited to 30 tabs per 30 days    |
| Contour Next Test Strip        | Blood Sugar Diagnostic          |            | Strip      | Limited to 300 strips per 30 days |
| Contour Next Test Strip        | Blood Sugar Diagnostic          |            | Strip      | Limited to 300 strips per 30 days |
| Contour Test Strip             | Blood Sugar Diagnostic          |            | Strip      | Limited to 300 strips per 30 days |
| Control Ast Test Strip         | Blood Sugar Diagnostic          |            | Strip      | Limited to 300 strips per 30 days |
| Conzip                         | Tramadol Hcl                    | 300 mg     | Cpbp 17-83 | Limited to 90 caps per 30 days    |
| Conzip                         | Tramadol Hcl                    | 100 mg     | Cpbp 25-75 | Limited to 90 caps per 30 days    |
| Conzip                         | Tramadol Hcl                    | 200 mg     | Cpbp 25-75 | Limited to 90 caps per 30 days    |
| Cool Glucose Test Strip        | Blood Sugar Diagnostic          |            | Strip      | Limited to 300 strips per 30 days |
| Copaxone                       | Glatiramer Acetate              | 20 mg/ml   | Syringe    | Limited To 30ml Per 30 Days       |
| Copaxone                       | Glatiramer Acetate              | 40 mg/ml   | Syringe    | Limited To 12ml Per 28 Days       |
| Copiktra                       | Duvelisib                       | 15 mg      | Capsule    | Limited to 56 caps per 28 days    |
| Copiktra                       | Duvelisib                       | 25 mg      | Capsule    | Limited to 56 caps per 28 days    |
| Corlanor                       | Ivabradine Hcl                  | 5 mg/5 ml  | Solution   | Limited to 450ml per 30 days      |
| Corlanor                       | Ivabradine Hcl                  | 5 mg       | Tablet     | Limited to 60 tabs per 30 days    |
| Corlanor                       | Ivabradine Hcl                  | 7.5 mg     | Tablet     | Limited to 60 tabs per 30 days    |
| Cosentyx (2 syringe)           | Secukinumab                     | 150 mg/ml  | Syringe    | Limited to 2 syringes per 56 days |
| Cosentyx Pen                   | Secukinumab                     | 150 mg/ml  | Pen Injctr | Limited to 2 pens per 56 days     |
| Cosentyx Pen (2 syringe)       | Secukinumab                     | 150 mg/ml  | Pen Injctr | Limited to 2 pens per 56 days     |
| Cosentyx Syringe               | Secukinumab                     | 150 mg/ml  | Syringe    | Limited to 2 syringes per 56 days |
| Cotempla Xr-Odt                | Methylphenidate                 | 17.3 mg    | Tab Rap Bp | Limited to 30 tabs per 30 days    |
| Cotempla Xr-Odt                | Methylphenidate                 | 25.9 mg    | Tab Rap Bp | Limited to 60 tabs per 30 days    |
| Cotempla Xr-Odt                | Methylphenidate                 | 8.6 mg     | Tab Rap Bp | Limited to 30 tabs per 30 days    |
| Cough-Head Congestion Relief   | Guaifenesin/Dm/Pseudoephedrine  | 67-10      | Liquid     | Limited To 2400ml Per 30 Days     |
| Crestor                        | Rosuvastatin Calcium            | 10 mg      | Tablet     | Limited to 30 tabs per 30 days    |

| Brand Name                     | Generic Name                   | Strength   | Dosage     | Details                               |
|--------------------------------|--------------------------------|------------|------------|---------------------------------------|
| Crestor                        | Rosuvastatin Calcium           | 20 mg      | Tablet     | Limited to 30 tabs per 30 days        |
| Crestor                        | Rosuvastatin Calcium           | 40 mg      | Tablet     | Limited to 30 tabs per 30 days        |
| Crestor                        | Rosuvastatin Calcium           | 5 mg       | Tablet     | Limited to 30 tabs per 30 days        |
| Cutaquig                       | Immun Glob G(Igg)-Hipp/Maltose | 16.50%     | Vial       | Limited to 576ml per 28 days          |
| Cymbalta                       | Duloxetine Hcl                 | 20 mg      | Capsule Dr | Limited to 60 caps per 30 days        |
| Cymbalta                       | Duloxetine Hcl                 | 30 mg      | Capsule Dr | Limited to 90 caps per 30 days        |
| Cymbalta                       | Duloxetine Hcl                 | 60 mg      | Capsule Dr | Limited to 60 caps per 30 days        |
| Cystadrops                     | Cysteamine Hcl                 | 0.37%      | Drops      | Limited to 4 bottles per 28 days      |
| Cystaran                       | Cysteamine Hcl                 | 0.44%      | Drops      | Limited To 60ml Per 28 Days           |
| Daklinza                       | Daclatasvir Dihydrochloride    | 30 mg      | Tablet     | Limited to 30 tabs per 30 days        |
| Daklinza                       | Daclatasvir Dihydrochloride    | 60 mg      | Tablet     | Limited to 30 tabs per 30 days        |
| Daklinza                       | Daclatasvir Dihydrochloride    | 90 mg      | Tablet     | Limited to 28 tabs per 28 days        |
| Daliresp                       | Roflumilast                    | 250 mcg    | Tablet     | Limited to 30 tabs per 30 days        |
| Daliresp                       | Roflumilast                    | 500 mcg    | Tablet     | Limited to 30 tabs per 30 days        |
| Dario Blood Glucose Test Strip | Blood Sugar Diagnostic         |            | Strip      | Limited to 300 strips per 30 days     |
| Daurismo                       | Glasdegib Maleate              | 100 mg     | Tablet     | Limited to 30 tabs per 30 days        |
| Daurismo                       | Glasdegib Maleate              | 25 mg      | Tablet     | Limited to 60 tabs per 30 days        |
| Daytrana                       | Methylphenidate                | 10mg/9hr   | Patch Td24 | Limited to 30 patches per 30 days     |
| Daytrana                       | Methylphenidate                | 15mg/9hr   | Patch Td24 | Limited to 30 patches per 30 days     |
| Daytrana                       | Methylphenidate                | 20 mg/9 hr | Patch Td24 | Limited to 30 patches per 30 days     |
| Daytrana                       | Methylphenidate                | 30mg/9hr   | Patch Td24 | Limited to 30 patches per 30 days     |
| Dayvigo                        | Lemborexant                    | 10 mg      | Tablet     | Limited to 30 tabs per 30 days        |
| Dayvigo                        | Lemborexant                    | 5 mg       | Tablet     | Limited to 30 tabs per 30 days        |
| Deferiprone                    | Deferiprone                    | 500 mg     | Tablet     | Limited to 60 tabs per 30 days        |
| Delzicol                       | Mesalamine                     | 400 mg     | Cap(Drtab) | Limited to 180 caps per 30 days       |
| Demser                         | Metyrosine                     | 250 mg     | Capsule    | Limited to 448 caps per 28 days       |
| Depen                          | Penicillamine                  | 250 mg     | Tablet     | Limited to 480 tabs per 30 days       |
| Depo-Provera                   | Medroxyprogesterone Acetate    | 150 mg/ml  | Syringe    | Limited to 1ml per 84 days            |
| Depo-Provera                   | Medroxyprogesterone Acetate    | 150 mg/ml  | Vial       | Limited to 1ml per 84 days            |
| Depo-Provera                   | Medroxyprogesterone Acetate    | 400 mg/ml  | Vial       | Limited to 2.5ml per 84 days          |
| Depo-Subq Provera 104          | Medroxyprogesterone Acetate    | 104mg/0.65 | Syringe    | Limited to 0.65ml per 84 days         |
| Derma-Smoothe-Fs               | Fluocinolone Acetonide         | 0.01%      | Oil        | Limited to 120ml per 30 days          |
| Derma-Smoothe-Fs               | Fluocinolone/Shower Cap        | 0.01%      | Oil        | Limited to 120ml per 30 days          |
| Desgen Dm                      | Guaifenesin/Dm/Pseudoephedrine | 200-10-30  | Tablet     | Limited to 240 tabs per 30 days       |
| Detrol                         | Tolterodine Tartrate           | 1 mg       | Tablet     | Limited to 60 tabs per 30 days        |
| Detrol                         | Tolterodine Tartrate           | 2 mg       | Tablet     | Limited to 60 tabs per 30 days        |
| Detrol La                      | Tolterodine Tartrate           | 2 mg       | Cap Er 24h | Limited to 30 caps per 30 days        |
| Detrol La                      | Tolterodine Tartrate           | 4 mg       | Cap Er 24h | Limited to 30 caps per 30 days        |
| Dexcom G6                      | Blood-Glucose Transmitter      |            | Each       | Limited to 4 transmitters in 365 days |
| Dexcom G6                      | Blood-Glucose Sensor           |            | Each       | Limited to 3 sensors in 30 days       |
| Dexcom G6                      | Blood-Glucose Meter,Continuous |            | Each       | Limited to 1 reader in 365 days       |
| Dexedrine                      | Dextroamphetamine Sulfate      | 10 mg      | Capsule Er | Limited to 120 caps per 30 days       |

| Brand Name        | Generic Name                    | Strength   | Dosage     | Details                            |
|-------------------|---------------------------------|------------|------------|------------------------------------|
| Dexedrine         | Dextroamphetamine Sulfate       | 15 mg      | Capsule Er | Limited to 120 caps per 30 days    |
| Dexedrine         | Dextroamphetamine Sulfate       | 5 mg       | Capsule Er | Limited to 60 caps per 30 days     |
| Dexilant          | Dexlansoprazole                 | 30 mg      | Cap Dr Bp  | Limited to 30 caps per 30 days     |
| Dexilant          | Dexlansoprazole                 | 60 mg      | Cap Dr Bp  | Limited to 30 caps per 30 days     |
| Diacomit          | Stiripentol                     | 250 mg     | Capsule    | Limited to 180 caps per 30 days    |
| Diacomit          | Stiripentol                     | 500 mg     | Capsule    | Limited to 180 caps per 30 days    |
| Diacomit          | Stiripentol                     | 250 mg     | Powd Pack  | Limited to 180 packets per 30 days |
| Diacomit          | Stiripentol                     | 500 mg     | Powd Pack  | Limited to 180 packets per 30 days |
| Diastat           | Diazepam                        | 2.5 mg     | Kit        | Limited to 1 kit per 30 days       |
| Diastat Acudial   | Diazepam                        | 12.5-15-20 | Kit        | Limited to 1 kit per 30 days       |
| Diastat Acudial   | Diazepam                        | 5-7.5-10mg | Kit        | Limited to 1 kit per 30 days       |
| Diatrue Plus      | Blood Sugar Diagnostic          |            | Strip      | Limited to 300 strips per 30 days  |
| Diazoxide         | Diazoxide                       | 50 mg/ml   | Oral Susp  | Limited to 336ml per 30 days       |
| Diclofenac        | Diclofenac Submicronized        | 35 mg      | Capsule    | Limited to 30 caps per 30 days     |
| Diclofren         | Diclofenac/Menthol/Camphor      | 1.5 %-10 % | Kit        | Limited to 1 kit per 9 days        |
| Dicyclomine Hcl   | Dicyclomine Hcl                 | 10 mg/ml   | Ampul      | Limited to 16ml per 30 days        |
| Dimethyl Fumarate | Dimethyl Fumarate               | 120 mg     | Capsule Dr | Limited to 60 caps per 30 days     |
| Dimethyl Fumarate | Dimethyl Fumarate               | 120-240 mg | Capsule Dr | Limited to 60 caps per 30 days     |
| Dimethyl Fumarate | Dimethyl Fumarate               | 240 mg     | Capsule Dr | Limited to 60 caps per 30 days     |
| Ditropan XI       | Oxybutynin Chloride             | 10 mg      | Tab Er 24  | Limited to 60 tabs per 30 days     |
| Ditropan XI       | Oxybutynin Chloride             | 15 mg      | Tab Er 24  | Limited to 60 tabs per 30 days     |
| Ditropan XI       | Oxybutynin Chloride             | 5 mg       | Tab Er 24  | Limited to 30 tabs per 30 days     |
| Divigel           | Estradiol                       | 0.75/0.75g | Gel Packet | Limited to 30 packets per 30 days  |
| Divigel           | Estradiol                       | 1.25/1.25g | Gel Packet | Limited to 30 packets per 30 days  |
| Doptelet          | Avatrombopag Maleate            | 20 mg      | Tablet     | Limited to 15 tabs per 365 days    |
| Doral             | Quazepam                        | 15 mg      | Tablet     | Limited to 30 tabs per 30 days     |
| Dovato            | Dolutegravir Sodium/Lamivudine  | 50mg-300mg | Tablet     | Limited to 30 tabs per 30 days     |
| Doxepin Hcl       | Doxepin Hcl                     | 3 mg       | Tablet     | Limited to 30 tabs per 30 days     |
| Doxepin Hcl       | Doxepin Hcl                     | 6 mg       | Tablet     | Limited to 30 tabs per 30 days     |
| Drizalma Sprinkle | Duloxetine Hcl                  | 20 mg      | Cap Dr Spr | Limited to 180 caps per 30 days    |
| Drizalma Sprinkle | Duloxetine Hcl                  | 30 mg      | Cap Dr Spr | Limited to 120 caps per 30 days    |
| Drizalma Sprinkle | Duloxetine Hcl                  | 40 mg      | Cap Dr Spr | Limited to 90 caps per 30 days     |
| Drizalma Sprinkle | Duloxetine Hcl                  | 60 mg      | Cap Dr Spr | Limited to 60 caps per 30 days     |
| Duaklir Pressair  | Acclidinium Brom/Formoterol Fum | 400-12 mcg | Aer Pow Ba | Limited to 1 device per 30 days    |
| Duetact           | Pioglitazone Hcl/Glimepiride    | 30 mg-2 mg | Tablet     | Limited to 45 tabs per 30 days     |
| Duetact           | Pioglitazone Hcl/Glimepiride    | 30 mg-4 mg | Tablet     | Limited to 45 tabs per 30 days     |
| Dulera            | Mometasone/Formoterol           | 100-5 mcg  | Hfa Aer Ad | Limited to 1 inhaler per 30 days   |
| Dulera            | Mometasone/Formoterol           | 200-5 mcg  | Hfa Aer Ad | Limited to 1 inhaler per 30 days   |
| Dulera            | Mometasone/Formoterol           | 50mcg-5mcg | Hfa Aer Ad | Limited to 1 inhaler per 30 days   |
| Duobrii           | Halobetasol Propion/Tazarotene  | 0.01-0.045 | Lotion     | Limited to 1 tube per 30 days      |
| Dupixent          | Dupilumab                       | 200mg/1.14 | Syringe    | Limited to 2 syringes per 28 days  |
| Dupixent          | Dupilumab                       | 300 mg/2ml | Syringe    | Limited to 2 syringes per 28 days  |
| Dupixent Pen      | Dupilumab                       | 300 mg/2ml | Pen Injctr | Limited to 2 pens per 28 days      |
| Duragesic         | Fentanyl                        | 100 mcg/hr | Patch Td72 | Limited to 15 patches per 30 days  |

| Brand Name                     | Generic Name                   | Strength   | Dosage     | Details                             |
|--------------------------------|--------------------------------|------------|------------|-------------------------------------|
| Duragesic                      | Fentanyl                       | 12 mcg/hr  | Patch Td72 | Limited to 15 patches per 30 days   |
| Duragesic                      | Fentanyl                       | 25 mcg/hr  | Patch Td72 | Limited to 15 patches per 30 days   |
| Duragesic                      | Fentanyl                       | 50mcg/hr   | Patch Td72 | Limited to 15 patches per 30 days   |
| Duragesic                      | Fentanyl                       | 75mcg/hr   | Patch Td72 | Limited to 15 patches per 30 days   |
| Dyanavel Xr                    | Amphetamine                    | 2.5 mg/ml  | Sus Bp 24h | Limited to 240ml per 30 days        |
| Easy Gluco G2                  | Blood Sugar Diagnostic         |            | Strip      | Limited to 300 strips per 30 days   |
| Easy Plus                      | Blood Sugar Diagnostic         |            | Strip      | Limited to 300 strips per 30 days   |
| Easy Plus li                   | Blood Sugar Diagnostic         |            | Strip      | Limited to 300 strips per 30 days   |
| Easy Step                      | Blood Sugar Diagnostic         |            | Strip      | Limited to 300 strips per 30 days   |
| Easy Talk                      | Blood Sugar Diagnostic         |            | Strip      | Limited to 300 strips per 30 days   |
| Easy Touch Test Strip          | Blood Sugar Diagnostic         |            | Strip      | Limited to 300 strips per 30 days   |
| Easy Trak                      | Blood Sugar Diagnostic         |            | Strip      | Limited to 300 strips per 30 days   |
| Easy Trak li Test Strip        | Blood Sugar Diagnostic         |            | Strip      | Limited to 300 strips per 30 days   |
| Easygluco Plus                 | Blood Sugar Diagnostic         |            | Strip      | Limited to 300 strips per 30 days   |
| Easygluco Test Strips          | Blood Sugar Diagnostic         |            | Strip      | Limited to 300 strips per 30 days   |
| Easymax                        | Blood Sugar Diagnostic         |            | Strip      | Limited to 300 strips per 30 days   |
| Easymax 15                     | Blood Sugar Diagnostic         |            | Strip      | Limited to 300 strips per 30 days   |
| Edex                           | Alprostadil                    | 10 mcg     | Kit        | Limited to 6 cartridges per 30 days |
| Edex                           | Alprostadil                    | 20 mcg     | Kit        | Limited to 6 cartridges per 30 days |
| Edex                           | Alprostadil                    | 40 mcg     | Kit        | Limited to 3 kits per 30 days       |
| Edluar                         | Zolpidem Tartrate              | 10 mg      | Tab Subl   | Limited to 30 tabs per 30 days      |
| Edluar                         | Zolpidem Tartrate              | 5 mg       | Tab Subl   | Limited to 60 tabs per 30 days      |
| Efavirenz-Lamivu-Tenofov Disop | Efavirenz/Lamivu/Tenofov Disop | 600-300mg  | Tablet     | Limited to 30 tabs per 30 days      |
| Element Compact                | Blood Sugar Diagnostic         |            | Strip      | Limited to 300 strips per 30 days   |
| Element Test Strips            | Blood Sugar Diagnostic         |            | Strip      | Limited to 300 strips per 30 days   |
| Eluryng                        | Etonogestrel/Ethinyl Estradiol | .12-.015mg | Vag Ring   | Limited to 1 ring per 21 days       |
| Embeda                         | Morphine Sulfate/Naltrexone    | 100mg-4mg  | Cap Er Po  | Limited to 60 caps per 30 days      |
| Embeda                         | Morphine Sulfate/Naltrexone    | 20mg-0.8mg | Cap Er Po  | Limited to 60 caps per 30 days      |
| Embeda                         | Morphine Sulfate/Naltrexone    | 30mg-1.2mg | Cap Er Po  | Limited to 60 caps per 30 days      |
| Embeda                         | Morphine Sulfate/Naltrexone    | 50 mg-2 mg | Cap Er Po  | Limited to 60 caps per 30 days      |
| Embeda                         | Morphine Sulfate/Naltrexone    | 60mg-2.4mg | Cap Er Po  | Limited to 60 caps per 30 days      |
| Embeda                         | Morphine Sulfate/Naltrexone    | 80mg-3.2mg | Cap Er Po  | Limited to 60 caps per 30 days      |
| Embrace                        | Blood Sugar Diagnostic         |            | Strip      | Limited to 300 strips per 30 days   |
| Embrace Evo                    | Blood Sugar Diagnostic         |            | Strip      | Limited to 300 strips per 30 days   |
| Embrace Pro                    | Blood Sugar Diagnostic         |            | Strip      | Limited to 300 strips per 30 days   |
| Embrace Pro Test Strip         | Blood Sugar Diagnostic         |            | Strip      | Limited to 300 strips per 30 days   |
| Embrace Talk Test Strip        | Blood Sugar Diagnostic         |            | Strip      | Limited to 300 strips per 30 days   |
| Emgality                       | Galcanezumab-Gnlm              | 120 mg/ml  | Pen Injctr | Limited to 1ml per 28 days          |
| Emgality Syringe               | Galcanezumab-Gnlm              | 100 mg/ml  | Syringe    | Limited to 3ml per 30 days          |
| Emgality Syringe               | Galcanezumab-Gnlm              | 120 mg/ml  | Syringe    | Limited to 1ml per 28 days          |
| Enablex                        | Darifenacin Hydrobromide       | 15 mg      | Tab Er 24h | Limited to 30 tabs per 30 days      |
| Enablex                        | Darifenacin Hydrobromide       | 7.5 mg     | Tab Er 24h | Limited to 30 tabs per 30 days      |
| Enbrel                         | Etanercept                     | 25mg/0.5ml | Syringe    | Limited to 4ml per 28 days          |
| Enbrel                         | Etanercept                     | 50 mg/ml   | Syringe    | Limited to 4ml per 28 days          |

| Brand Name                     | Generic Name                   | Strength   | Dosage     | Details                                   |
|--------------------------------|--------------------------------|------------|------------|---|
| Enbrel                         | Etanercept                     | 25 mg      | Vial       | Limited to 8ml per 28 days                |
| Enbrel                         | Etanercept                     | 25mg/0.5ml | Vial       | Limited to 4ml per 28 days                |
| Enbrel                         | Etanercept                     | 25mg/0.5ml | Vial       | Limited to 4ml per 28 days                |
| Enbrel Mini                    | Etanercept                     | 50mg/ml(1) | Cartridge  | Limited to 4ml per 28 days                |
| Enbrel Sureclick               | Etanercept                     | 50 mg/ml   | Pen Injctr | Limited to 4ml per 28 days                |
| Entresto                       | Sacubitril/Valsartan           | 24 mg-26mg | Tablet     | Limited to 60 tabs per 30 days            |
| Entresto                       | Sacubitril/Valsartan           | 49 mg-51mg | Tablet     | Limited to 60 tabs per 30 days            |
| Entresto                       | Sacubitril/Valsartan           | 97mg-103mg | Tablet     | Limited to 60 tabs per 30 days            |
| Epclusa                        | Sofosbuvir/Velpatasvir         | 400-100 mg | Tablet     | Limited to 30 tabs per 30 days            |
| Epidiolex                      | Cannabidiol (CBD) Extract      | 100 mg/ml  | Solution   | Limited to 420ml per 30 days              |
| Epipen                         | Epinephrine                    | 0.3mg/0.3  | Auto Injct | Limited to 2 syringes per 30 days         |
| Epipen 2-Pak                   | Epinephrine                    | 0.3mg/0.3  | Auto Injct | Limited to 2 syringes per 30 days         |
| Epipen Jr                      | Epinephrine                    | 0.15mg/0.3 | Auto Injct | Limited to 2 syringes per 30 days         |
| Epipen Jr 2-Pak                | Epinephrine                    | 0.15mg/0.3 | Auto Injct | Limited to 2 syringes per 30 days         |
| Erivedge                       | Vismodegib                     | 150 mg     | Capsule    | Limited to 30 caps per 30 days            |
| Erleada                        | Apalutamide                    | 60 mg      | Tablet     | Limited to 120 tabs per 30 days           |
| Esgic                          | Butalb/Acetaminophen/Caffeine  | 50-325-40  | Capsule    | Limited to 180 caps per 30 days           |
| Esgic                          | Butalb/Acetaminophen/Caffeine  | 50-325-40  | Tablet     | Limited to 180 tabs per 30 days           |
| Esomeprazole Magnesium         | Esomeprazole Magnesium         | 10 mg      | Suspdr Pkt | Limited to 30 packets per 30 days         |
| Esomeprazole Magnesium         | Esomeprazole Magnesium         | 20 mg      | Suspdr Pkt | Limited to 30 packets per 30 days         |
| Esomeprazole Magnesium         | Esomeprazole Magnesium         | 40 mg      | Suspdr Pkt | Limited to 30 packets per 30 days         |
| Estring                        | Estradiol                      | 7.5mcg/24h | Vag Ring   | Bill 84 days supply or greater.           |
| Estrogel                       | Estradiol                      | 1.25 g     | Gel Md Pmp | Limited to 50 gm per 30 days              |
| Etonogestrel-Ethinyl Estradiol | Etonogestrel/Ethinyl Estradiol | .12-.015mg | Vag Ring   | Limited to 1 ring per 21 days             |
| Eucrisa                        | Crisaborole                    | 2%         | Oint. (G)  | Limited to 60 gm per 30 days              |
| Evekeo ODT                     | Amphetamine Sulfate            | 10 mg      | Tab Rapdis | Limited to 60 tabs per 30 days            |
| Evekeo ODT                     | Amphetamine Sulfate            | 15 mg      | Tab Rapdis | Limited to 60 tabs per 30 days            |
| Evekeo ODT                     | Amphetamine Sulfate            | 20 mg      | Tab Rapdis | Limited to 60 tabs per 30 days            |
| Evencare                       | Blood Sugar Diagnostic         |            | Strip      | Limited to 300 strips per 30 days         |
| Evencare G2                    | Blood Sugar Diagnostic         |            | Strip      | Limited to 300 strips per 30 days         |
| Evencare G3                    | Blood Sugar Diagnostic         |            | Strip      | Limited to 300 strips per 30 days         |
| Evencare Mini Glucose Test Str | Blood Sugar Diagnostic         |            | Strip      | Limited to 300 strips per 30 days         |
| Evencare Proview Test Strip    | Blood Sugar Diagnostic         |            | Strip      | Limited to 300 strips per 30 days         |
| Everolimus                     | Everolimus                     | 0.25 mg    | Tablet     | Limited to 60 tabs per 30 days            |
| Everolimus                     | Everolimus                     | 0.5 mg     | Tablet     | Limited to 60 tabs per 30 days            |
| Everolimus                     | Everolimus                     | 0.75 mg    | Tablet     | Limited to 60 tabs per 30 days            |
| Everolimus                     | Everolimus                     | 2.5 mg     | Tablet     | Limited to 28 tabs per 28 days            |
| Everolimus                     | Everolimus                     | 5 mg       | Tablet     | Limited to 28 tabs per 28 days            |
| Everolimus                     | Everolimus                     | 7.5 mg     | Tablet     | Limited to 28 tabs per 28 days            |
| Evolution Test Strips          | Blood Sugar Diagnostic         |            | Strip      | Limited to 300 strips per 30 days         |
| Evzio                          | Naloxone Hcl                   | 0.4 mg/0.4 | Auto Injct | Limited to 2 syringes (0.8ml) per 30 days |
| Evzio                          | Naloxone Hcl                   | 2 mg/0.4ml | Auto Injct | Limited to 2 syringes (0.8ml) per 30 days |

| Brand Name               | Generic Name                    | Strength   | Dosage         | Details                            |
|--------------------------|---------------------------------|------------|----------------|------------------------------------|
| Exalgo                   | Hydromorphone Hcl               | 12 mg      | Tab Er 24h     | Limited to 60 tabs per 30 days     |
| Exalgo                   | Hydromorphone Hcl               | 16 mg      | Tab Er 24h     | Limited to 60 tabs per 30 days     |
| Exalgo                   | Hydromorphone Hcl               | 32 mg      | Tab Er 24h     | Limited to 60 tabs per 30 days     |
| Exalgo                   | Hydromorphone Hcl               | 8 mg       | Tab Er 24h     | Limited to 60 tabs per 30 days     |
| Extavia                  | Interferon Beta-1b              | 0.3 mg     | Kit            | Limited to 15 syringes per 30 days |
| Extavia                  | Interferon Beta-1b              | 0.3 mg     | Vial           | Limited to 15 vials per 30 days    |
| Ez Smart                 | Blood Sugar Diagnostic          |            | Strip          | Limited to 300 strips per 30 days  |
| Ez Smart Plus            | Blood Sugar Diagnostic          |            | Strip          | Limited to 300 strips per 30 days  |
| Factive                  | Gemifloxacin Mesylate           | 320 mg     | Tablet         | Limited to 7 tabs per 30 days      |
| Famvir                   | Famciclovir                     | 125 mg     | Tablet         | Limited to 60 tabs per 30 days     |
| Famvir                   | Famciclovir                     | 250 mg     | Tablet         | Limited to 30 tabs per 10 days     |
| Famvir                   | Famciclovir                     | 500 mg     | Tablet         | Limited to 30 tabs per 10 days     |
| Farxiga                  | Dapagliflozin Propanediol       | 10 mg      | Tablet         | Limited to 30 tabs per 30 days     |
| Farxiga                  | Dapagliflozin Propanediol       | 5 mg       | Tablet         | Limited to 30 tabs per 30 days     |
| Farydak                  | Panobinostat Lactate            | 10 mg      | Capsule        | Limited to 6 caps per 21 days      |
| Farydak                  | Panobinostat Lactate            | 15 mg      | Capsule        | Limited to 6 caps per 21 days      |
| Farydak                  | Panobinostat Lactate            | 20 mg      | Capsule        | Limited to 6 caps per 21 days      |
| Fasenra Pen              | Benralizumab                    | 30 mg/ml   | Auto Injtr     | Limited to 1 injector per 56 days  |
| Febuxostat               | Febuxostat                      | 40 mg      | Tablet         | Limited to 30 tabs per 30 days     |
| Febuxostat               | Febuxostat                      | 80 mg      | Tablet         | Limited to 30 tabs per 30 days     |
| Femring                  | Estradiol Acetate               | 0.05mg/24h | Vag Ring       | Bill 84 days supply or greater.    |
| Femring                  | Estradiol Acetate               | 0.1mg/24hr | Vag Ring       | Bill 84 days supply or greater.    |
| Fentora                  | Fentanyl Citrate                | 100 mcg    | Tablet Eff     | Limited to 120 tabs per 30 days    |
| Fentora                  | Fentanyl Citrate                | 200 mcg    | Tablet Eff     | Limited to 120 tabs per 30 days    |
| Fentora                  | Fentanyl Citrate                | 400 mcg    | Tablet Eff     | Limited to 120 tabs per 30 days    |
| Fentora                  | Fentanyl Citrate                | 600 mcg    | Tablet Eff     | Limited to 120 tabs per 30 days    |
| Fentora                  | Fentanyl Citrate                | 800 mcg    | Tablet Eff     | Limited to 120 tabs per 30 days    |
| Ferriprox                | Deferiprone                     | 1000 mg    | Tablet         | Limited to 30 tabs per 30 days     |
| Ferriprox                | Deferiprone                     | 500 mg     | Tablet         | Limited to 60 tabs per 30 days     |
| Fetzima                  | Levomilnacipran Hcl             | 120 mg     | Cap Sa 24h     | Limited to 30 caps per 30 days     |
| Fetzima                  | Levomilnacipran Hcl             | 20 mg      | Cap Sa 24h     | Limited to 30 caps per 30 days     |
| Fetzima                  | Levomilnacipran Hcl             | 40 mg      | Cap Sa 24h     | Limited to 30 caps per 30 days     |
| Fetzima                  | Levomilnacipran Hcl             | 80 mg      | Cap Sa 24h     | Limited to 30 caps per 30 days     |
| Fetzima                  | Levomilnacipran Hcl             | 20-40mg    | Cap24hdsp<br>k | Limited to 28 caps per 28 days     |
| Fiasp                    | Insulin Aspart (Niacinamide)    | 100/ml     | Vial           | Limited To 60ml per 30 days        |
| Fiasp Flextouch          | Insulin Aspart (Niacinamide)    | 100/ml (3) | Insuln Pen     | Limited To 60ml per 30 days        |
| Fiasp Penfill            | Insulin Aspart (Niacinamide)    | 100/ml (3) | Cartridge      | Limited to 60ml per 30 days        |
| Fifty50 Test Strip       | Blood Sugar Diagnostic          |            | Strip          | Limited to 300 strips per 30 days  |
| Fioricet                 | Butalb/Acetaminophen/Caffeine   | 50-300-40  | Capsule        | Limited to 180 caps per 30 days    |
| Fiorinal                 | Butalbital/Aspirin/Caffeine     | 50-325-40  | Capsule        | Limited to 180 caps per 30 days    |
| Fiorinal With Codeine #3 | Codeine/Butalbital/Asa/Caffeine | 30-50-325  | Capsule        | Limited to 180 caps per 30 days    |
| Firazyr                  | Icatibant Acetate               | 30 mg/3 ml | Syringe        | Limited to 12 syringes per 30 days |
| Firdapse                 | Amifampridine Phosphate         | 10 mg      | Tablet         | Limited to 240 tabs per 30 days    |
| Firvanq                  | Vancomycin Hcl                  | 25 mg/ml   | Soln Recon     | Limited to 140ml per 14 days.      |

| Brand Name                     | Generic Name                  | Strength   | Dosage     | Details                           |
|--------------------------------|-------------------------------|------------|------------|-----------------------------------|
| Firvanq                        | Vancomycin Hcl                | 50 mg/ml   | Soln Recon | Limited to 150ml per 10 days.     |
| Flolipid                       | Simvastatin                   | 20 mg/5 ml | Oral Susp  | Limited to 300ml per 30 days      |
| Flovent Diskus                 | Fluticasone Propionate        | 100 mcg    | Blst W/Dev | Limited to 1 inhaler per 30 days  |
| Flovent Diskus                 | Fluticasone Propionate        | 250 mcg    | Blst W/Dev | Limited to 1 inhaler per 30 days  |
| Flovent Diskus                 | Fluticasone Propionate        | 50 mcg     | Blst W/Dev | Limited to 1 inhaler per 30 days  |
| Flovent Hfa                    | Fluticasone Propionate        | 110 mcg    | Aer W/Adap | Limited to 2 inhaler per 30 days  |
| Flovent Hfa                    | Fluticasone Propionate        | 220 mcg    | Aer W/Adap | Limited to 2 inhaler per 30 days  |
| Flovent Hfa                    | Fluticasone Propionate        | 44 mcg     | Aer W/Adap | Limited to 2 inhaler per 30 days  |
| Fluticasone-Salmeterol         | Fluticasone/Salmeterol        | 100-50 mcg | Blst W/Dev | Limited to 1 device per 30 days   |
| Fluticasone-Salmeterol         | Fluticasone/Salmeterol        | 250-50 mcg | Blst W/Dev | Limited to 1 device per 30 days   |
| Fluticasone-Salmeterol         | Fluticasone/Salmeterol        | 500-50 mcg | Blst W/Dev | Limited to 1 device per 30 days   |
| Focalin Xr                     | Dexmethylphenidate Hcl        | 10 mg      | Cpbp 50-50 | Limited to 30 caps per 30 days    |
| Focalin Xr                     | Dexmethylphenidate Hcl        | 15 mg      | Cpbp 50-50 | Limited to 30 caps per 30 days    |
| Focalin Xr                     | Dexmethylphenidate Hcl        | 20 mg      | Cpbp 50-50 | Limited to 30 caps per 30 days    |
| Focalin Xr                     | Dexmethylphenidate Hcl        | 25 mg      | Cpbp 50-50 | Limited to 30 caps per 30 days    |
| Focalin Xr                     | Dexmethylphenidate Hcl        | 30 mg      | Cpbp 50-50 | Limited to 30 caps per 30 days    |
| Focalin Xr                     | Dexmethylphenidate Hcl        | 35 mg      | Cpbp 50-50 | Limited to 30 caps per 30 days    |
| Focalin Xr                     | Dexmethylphenidate Hcl        | 40 mg      | Cpbp 50-50 | Limited to 30 caps per 30 days    |
| Focalin Xr                     | Dexmethylphenidate Hcl        | 5 mg       | Cpbp 50-50 | Limited to 30 caps per 30 days    |
| Fora 6 Connect Glucose Strip   | Blood Sugar Diagnostic        |            | Strip      | Limited to 300 strips per 30 days |
| Fora D15g                      | Blood Sugar Diagnostic        |            | Strip      | Limited to 300 strips per 30 days |
| Fora D20                       | Blood Sugar Diagnostic        |            | Strip      | Limited to 300 strips per 30 days |
| Fora D40-G31 Test Strips       | Blood Sugar Diagnostic        |            | Strip      | Limited to 300 strips per 30 days |
| Fora G20                       | Blood Sugar Diagnostic        |            | Strip      | Limited to 300 strips per 30 days |
| Fora G30-Premium V10 Test Strp | Blood Sugar Diagnostic        |            | Strip      | Limited to 300 strips per 30 days |
| Fora Gd50 Test Strips          | Blood Sugar Diagnostic        |            | Strip      | Limited to 300 strips per 30 days |
| Fora Gtel Glucose Test Strip   | Blood Sugar Diagnostic        |            | Strip      | Limited to 300 strips per 30 days |
| Fora Test Strip                | Blood Sugar Diagnostic        |            | Strip      | Limited to 300 strips per 30 days |
| Fora Tn'g Voice Test Strips    | Blood Sugar Diagnostic        |            | Strip      | Limited to 300 strips per 30 days |
| Fora V10                       | Blood Sugar Diagnostic        |            | Strip      | Limited to 300 strips per 30 days |
| Fora V10-V12-D10-D20           | Blood Sugar Diagnostic        |            | Strip      | Limited to 300 strips per 30 days |
| Fora V12                       | Blood Sugar Diagnostic        |            | Strip      | Limited to 300 strips per 30 days |
| Fora V20                       | Blood Sugar Diagnostic        |            | Strip      | Limited to 300 strips per 30 days |
| Fora V30a                      | Blood Sugar Diagnostic        |            | Strip      | Limited to 300 strips per 30 days |
| Foracare Gd20                  | Blood Sugar Diagnostic        |            | Strip      | Limited to 300 strips per 30 days |
| Foracare Gd40                  | Blood Sugar Diagnostic        |            | Strip      | Limited to 300 strips per 30 days |
| Forfivo XI                     | Bupropion Hcl                 | 450 mg     | Tab Er 24h | Limited to 30 tabs per 30 days    |
| Fortiscare Glucose Test Strips | Blood Sugar Diagnostic        |            | Strip      | Limited to 300 strips per 30 days |
| Fosamax Plus D                 | Alendronate Sodium/Vitamin D3 | 70 mg-5600 | Tablet     | Limited to 4 tabs per 28 days     |
| Freestyle Insulinx             | Blood Sugar Diagnostic        |            | Strip      | Limited to 300 strips per 30 days |
| Freestyle Insulinx Test Strips | Blood Sugar Diagnostic        |            | Strip      | Limited to 300 strips per 30 days |



| Brand Name                     | Generic Name                  | Strength   | Dosage     | Details                            |
|--------------------------------|-------------------------------|------------|------------|------------------------------------|
| Freestyle Lite Strips          | Blood Sugar Diagnostic        |            | Strip      | Limited to 300 strips per 30 days  |
| Freestyle Precision Neo        | Blood Sugar Diagnostic        |            | Strip      | Limited to 300 strips per 30 days  |
| Freestyle Test Strips          | Blood Sugar Diagnostic        |            | Strip      | Limited to 300 strips per 30 days  |
| Frova                          | Frovatriptan Succinate        | 2.5 mg     | Tablet     | Limited to 10 tabs per 30 days     |
| Fulphila                       | Pegfilgrastim-Jmdb            | 6 mg/0.6ml | Syringe    | Limited to 2 syringes per 28 days  |
| Galafold                       | Migalastat Hcl                | 123 mg     | Capsule    | Limited to 15 caps per 30 days     |
| Ge100 Blood Glucose Test Strip | Blood Sugar Diagnostic        |            | Strip      | Limited to 300 strips per 30 days  |
| Gelnique                       | Oxybutynin Chloride           | 100 mg/g   | Gel Md Pmp | Limited to 30 gm per 30 days       |
| Gelnique                       | Oxybutynin Chloride           | 10%        | Gel Packet | Limited to 30 packets per 30 days  |
| Generess Fe                    | Noreth-Ethinyl Estradiol/Iron | 0.8-25(24) | Tab Chew   | Limited to 84 tabs per 84 days     |
| Genstrip                       | Blood Sugar Diagnostic        |            | Strip      | Limited to 300 strips per 30 days  |
| Genultimate Test Strip         | Blood Sugar Diagnostic        |            | Strip      | Limited to 300 strips per 30 days  |
| Giazo                          | Balsalazide Disodium          | 1.1 g      | Tablet     | Limited to 180 tabs per 30 days    |
| Gilenya                        | Fingolimod Hcl                | 0.25 mg    | Capsule    | Limited to 30 caps per 30 days     |
| Gilenya                        | Fingolimod Hcl                | 0.5 mg     | Capsule    | Limited to 30 caps per 30 days     |
| Gilotrif                       | Afatinib Dimaleate            | 20 mg      | Tablet     | Limited to 60 tabs per 30 days     |
| Gilotrif                       | Afatinib Dimaleate            | 30 mg      | Tablet     | Limited to 30 tabs per 30 days     |
| Gilotrif                       | Afatinib Dimaleate            | 40 mg      | Tablet     | Limited to 30 tabs per 30 days     |
| Glatiramer Acetate             | Glatiramer Acetate            | 20 mg/ml   | Syringe    | Limited to 30ml per 30 days        |
| Glatiramer Acetate             | Glatiramer Acetate            | 40 mg/ml   | Syringe    | Limited to 12ml per 28 days        |
| Glatopa                        | Glatiramer Acetate            | 20 mg/ml   | Syringe    | Limited to 30ml per 30 days        |
| Glatopa                        | Glatiramer Acetate            | 40 mg/ml   | Syringe    | Limited to 12ml per 28 days        |
| Gloperba                       | Colchicine                    | 0.6mg/5ml  | Solution   | Limited to 300ml per 30 days       |
| Gluco Navii                    | Blood Sugar Diagnostic        |            | Strip      | Limited to 300 strips per 30 days  |
| Glucocard 01 Sensor Plus       | Blood Sugar Diagnostic        |            | Strip      | Limited to 300 strips per 30 days  |
| Glucocard Expression           | Blood Sugar Diagnostic        |            | Strip      | Limited to 300 strips per 30 days  |
| Glucocard Shine                | Blood Sugar Diagnostic        |            | Strip      | Limited to 300 strips per 30 days  |
| Glucocard Vital                | Blood Sugar Diagnostic        |            | Strip      | Limited to 300 strips per 30 days  |
| Glucocard Vital Sensor         | Blood Sugar Diagnostic        |            | Strip      | Limited to 300 strips per 30 days  |
| Glucocom Glucose               | Blood Sugar Diagnostic        |            | Strip      | Limited to 300 strips per 30 days  |
| Glucose Test Strip             | Blood Sugar Diagnostic        |            | Strip      | Limited to 300 strips per 30 days  |
| Glyset                         | Miglitol                      | 100 mg     | Tablet     | Limited to 90 tabs per 30 days     |
| Glyset                         | Miglitol                      | 25 mg      | Tablet     | Limited to 90 tabs per 30 days     |
| Glyset                         | Miglitol                      | 50 mg      | Tablet     | Limited to 90 tabs per 30 days     |
| Glyxambi                       | Empagliflozin/Linagliptin     | 10 mg-5 mg | Tablet     | Limited to 30 tabs per 30 days     |
| Glyxambi                       | Empagliflozin/Linagliptin     | 25 mg-5 mg | Tablet     | Limited to 30 tabs per 30 days     |
| Gmate Test Strips              | Blood Sugar Diagnostic        |            | Strip      | Limited to 300 strips per 30 days  |
| Goodlife Ac-302 Test Strip     | Blood Sugar Diagnostic        |            | Strip      | Limited to 300 strips per 30 days  |
| Gralise                        | Gabapentin                    | 300 mg     | Tab Er 24h | Limited to 90 tabs per 30 days     |
| Gralise                        | Gabapentin                    | 300-600 mg | Tab Er 24h | Limited to 90 tabs per 30 days     |
| Gralise                        | Gabapentin                    | 600 mg     | Tab Er 24h | Limited to 90 tabs per 30 days     |
| Granix                         | Tbo-Filgrastim                | 300mcg/0.5 | Syringe    | Limited to 14 syringes per 28 days |
| Granix                         | Tbo-Filgrastim                | 480mcg/0.8 | Syringe    | Limited to 14 syringes per 28 days |
| Granix                         | Tbo-Filgrastim                | 300 mcg/ml | Vial       | Limited to 14 vials per 28 days    |

| Brand Name                     | Generic Name                   | Strength   | Dosage      | Details                           |
|--------------------------------|--------------------------------|------------|-------------|-----------------------------------|
| Granix                         | Tbo-Filgrastim                 | 480mcg/1.6 | Vial        | Limited to 14 vials per 28 days   |
| Grastek                        | Grass Pollen-Timothy, Standard | 2800 unit  | Tab Subl    | Limited to 30 tabs per 30 days    |
| Guaiaatusin Ac                 | Codeine Phosphate/Guaifenesin  | 20-200/10  | Liquid      | Limited To 3600ml Per 30 Days     |
| Halog                          | Halcinonide                    | 0.1 %      | Solution    | Limited to 120ml per 30 days      |
| Harmony Glucose Test Strip     | Blood Sugar Diagnostic         |            | Strip       | Limited to 300 strips per 30 days |
| Harvoni                        | Ledipasvir/Sofosbuvir          | 33.75-150  | Pelet Pack  | Limited to 28 packs per 28 days   |
| Harvoni                        | Ledipasvir/Sofosbuvir          | 45mg-200mg | Pelet Pack  | Limited to 28 packs per 28 days   |
| Harvoni                        | Ledipasvir/Sofosbuvir          | 45mg-200mg | Tablet      | Limited to 28 tabs per 28 days    |
| Harvoni                        | Ledipasvir/Sofosbuvir          | 90mg-400mg | Tablet      | Limited to 30 tabs per 30 days    |
| Healthpro Glucose Test Strips  | Blood Sugar Diagnostic         |            | Strip       | Limited to 300 strips per 30 days |
| Healthpro Test Strips          | Blood Sugar Diagnostic         |            | Strip       | Limited to 300 strips per 30 days |
| Hemady                         | Dexamethasone                  | 20 mg      | Tablet      | Limited to 8 tabs per 30 days     |
| Hetlioz                        | Tasimelteon                    | 20 mg      | Capsule     | Limited to 30 caps per 30 days    |
| Histex-Ac                      | Tripolidine/Phenyleph/Codeine  | 2.5-10-10  | Syrup       | Limited To 600ml Per 30 Days      |
| Humalog                        | Insulin Lispro                 | 100/ml     | Cartridge   | Limited To 60ml Per 30 Days       |
| Humalog                        | Insulin Lispro                 | 100/ml     | Vial        | Limited To 60ml Per 30 Days       |
| Humalog Junior Kwikpen         | Insulin Lispro                 | 100/ml     | Ins Pen Hf  | Limited To 60ml Per 30 Days       |
| Humalog Kwikpen U-100          | Insulin Lispro                 | 100/ml     | Insulin Pen | Limited To 60ml Per 30 Days       |
| Humalog Kwikpen U-200          | Insulin Lispro                 | 200/ml (3) | Insulin Pen | Limited To 60ml Per 30 Days       |
| Humalog Mix 50-50              | Insulin Lispro Protamin/Lispro | 50-50/ml   | Vial        | Limited To 60ml Per 30 Days       |
| Humalog Mix 50-50 Kwikpen      | Insulin Lispro Protamin/Lispro | 50-50/ml   | Insulin Pen | Limited To 60ml Per 30 Days       |
| Humalog Mix 75-25              | Insulin Lispro Protamin/Lispro | 75-25/ml   | Vial        | Limited To 60ml Per 30 Days       |
| Humalog Mix 75-25 Kwikpen      | Insulin Lispro Protamin/Lispro | 75-25/ml   | Insulin Pen | Limited To 60ml Per 30 Days       |
| Humira                         | Adalimumab                     | 10mg/0.1ml | Syringekit  | Limited to 2 syringes per 28 days |
| Humira                         | Adalimumab                     | 10mg/0.2ml | Syringekit  | Limited to 2 syringes per 28 days |
| Humira                         | Adalimumab                     | 20mg/0.2ml | Syringekit  | Limited to 2 syringes per 28 days |
| Humira                         | Adalimumab                     | 20mg/0.4ml | Syringekit  | Limited to 2 syringes per 28 days |
| Humira                         | Adalimumab                     | 40mg/0.4ml | Syringekit  | Limited to 2 syringes per 28 days |
| Humira                         | Adalimumab                     | 40mg/0.8ml | Syringekit  | Limited to 2 syringes per 28 days |
| Humira Pediatric Crohn's       | Adalimumab                     | 40mg/0.8ml | Syringekit  | Limited to 2 syringes per 28 days |
| Humira Pediatric Crohn's       | Adalimumab                     | 80 mg-40mg | Syringekit  | Limited to 2 syringes per 28 days |
| Humira Pediatric Crohn's       | Adalimumab                     | 80mg/0.8ml | Syringekit  | Limited to 3 syringes per 28 days |
| Humira Pen                     | Adalimumab                     | 40mg/0.4ml | Pen Ij Kit  | Limited to 2 pens per 28 days     |
| Humira Pen                     | Adalimumab                     | 40mg/0.8ml | Pen Ij Kit  | Limited to 2 pens per 28 days     |
| Humira Pen Crohn-Uc-Hs Starter | Adalimumab                     | 40mg/0.8ml | Pen Ij Kit  | Limited to 6 pens per 28 days     |
| Humira Pen Crohn-Uc-Hs Starter | Adalimumab                     | 80mg/0.8ml | Pen Ij Kit  | Limited to 3 pens per 28 days     |
| Humira Pen Psoriasis-Uveitis   | Adalimumab                     | 40mg/0.8ml | Pen Ij Kit  | Limited to 4 pens per 28 days     |
| Humira Pen Psoriasis-Uveitis   | Adalimumab                     | 80 mg-40mg | Pen Ij Kit  | Limited to 3 pens per 28 days     |
| Humira(Cf)                     | Adalimumab                     | 10mg/0.1ml | Syringekit  | Limited to 2 syringes per 28 days |
| Humira(Cf)                     | Adalimumab                     | 20mg/0.2ml | Syringekit  | Limited to 2 syringes per 28 days |

| Brand Name                     | Generic Name                   | Strength   | Dosage     | Details                           |
|--------------------------------|--------------------------------|------------|------------|-----------------------------------|
| Humira(Cf)                     | Adalimumab                     | 40mg/0.4ml | Syringekit | Limited to 2 syringes per 28 days |
| Humira(Cf) Pediatric Crohn's   | Adalimumab                     | 80 mg-40mg | Syringekit | Limited to 2 syringes per 28 days |
| Humira(Cf) Pediatric Crohn's   | Adalimumab                     | 80mg/0.8ml | Syringekit | Limited to 2 syringes per 28 days |
| Humira(Cf) Pen                 | Adalimumab                     | 40mg/0.4ml | Pen Ij Kit | Limited to 2 pens per 28 days     |
| Humira(Cf) Pen                 | Adalimumab                     | 80mg/0.8ml | Pen Ij Kit | Limited to 3 pens per 28 days     |
| Humira(Cf) Pen Crohn's-Uc-Hs   | Adalimumab                     | 80mg/0.8ml | Pen Ij Kit | Limited to 3 pens per 28 days     |
| Humira(Cf) Pen Psor-Uv-Adol Hs | Adalimumab                     | 80 mg-40mg | Pen Ij Kit | Limited to 3 pens per 28 days     |
| Humulin 70/30 Kwikpen          | Insulin Nph Hum/Reg Insulin Hm | 70-30/ml   | Insuln Pen | Limited to 60ml per 30 days       |
| Humulin 70-30                  | Insulin Nph Hum/Reg Insulin Hm | 70-30/ml   | Vial       | Limited to 60ml per 30 days       |
| Humulin N                      | Insulin Nph Human Isophane     | 100/ml     | Vial       | Limited to 60ml per 30 days       |
| Humulin N Kwikpen              | Insulin Nph Human Isophane     | 100/ml (3) | Insuln Pen | Limited to 60ml per 30 days       |
| Humulin R                      | Insulin Regular, Human         | 100/ml     | Vial       | Limited to 60ml per 30 days       |
| Humulin R U-500                | Insulin Regular, Human         | 500/ml     | Vial       | Limited to 20ml per 30 days       |
| Humulin R U-500 Kwikpen        | Insulin Regular, Human         | 500/ml (3) | Insuln Pen | Limited to 18ml per 30 days       |
| Hycet                          | Hydrocodone/Acetaminophen      | 7.5-325/15 | Solution   | Limited to 2700ml per 30 days     |
| Hycofenix                      | Hydrocodone/Pseudoephed/Guaif  | 2.5-30-200 | Solution   | Limited to 1200ml per 30 days     |
| Hydrocodone Bitartrate Er      | Hydrocodone Bitartrate         | 10 mg      | Cap Er 12h | Limited to 60 caps per 30 days    |
| Hydrocodone Bitartrate Er      | Hydrocodone Bitartrate         | 15 mg      | Cap Er 12h | Limited to 60 caps per 30 days    |
| Hydrocodone Bitartrate Er      | Hydrocodone Bitartrate         | 30 mg      | Cap Er 12h | Limited to 60 caps per 30 days    |
| Hydrocodone Bitartrate Er      | Hydrocodone Bitartrate         | 40 mg      | Cap Er 12h | Limited to 60 caps per 30 days    |
| Hydrocodone Bitartrate Er      | Hydrocodone Bitartrate         | 50 mg      | Cap Er 12h | Limited to 60 caps per 30 days    |
| Hysingla Er                    | Hydrocodone Bitartrate         | 100 mg     | Tab Er 24h | Limited to 30 tabs per 30 days    |
| Hysingla Er                    | Hydrocodone Bitartrate         | 120 mg     | Tab Er 24h | Limited to 30 tabs per 30 days    |
| Hysingla Er                    | Hydrocodone Bitartrate         | 20 mg      | Tab Er 24h | Limited to 30 tabs per 30 days    |
| Hysingla Er                    | Hydrocodone Bitartrate         | 30 mg      | Tab Er 24h | Limited to 30 tabs per 30 days    |
| Hysingla Er                    | Hydrocodone Bitartrate         | 40 mg      | Tab Er 24h | Limited to 30 tabs per 30 days    |
| Hysingla Er                    | Hydrocodone Bitartrate         | 60 mg      | Tab Er 24h | Limited to 30 tabs per 30 days    |
| Hysingla Er                    | Hydrocodone Bitartrate         | 80 mg      | Tab Er 24h | Limited to 30 tabs per 30 days    |
| Ibrance                        | Palbociclib                    | 100 mg     | Capsule    | Limited to 21 caps per 28 days    |
| Ibrance                        | Palbociclib                    | 125 mg     | Capsule    | Limited to 21 caps per 28 days    |
| Ibrance                        | Palbociclib                    | 75 mg      | Capsule    | Limited to 21 caps per 28 days    |
| Ibrance                        | Palbociclib                    | 100 mg     | Tablet     | Limited to 21 tabs per 28 days    |
| Ibrance                        | Palbociclib                    | 125 mg     | Tablet     | Limited to 21 tabs per 28 days    |
| Ibrance                        | Palbociclib                    | 75 mg      | Tablet     | Limited to 21 tabs per 28 days    |
| Ibuprofen Cold                 | Ibuprofen/Pseudoephedrine Hcl  | 100-15mg/5 | Oral Susp  | Limited to 2400ml per 30 days     |
| Ibuprofen Cold & Sinus         | Ibuprofen/Pseudoephedrine Hcl  | 200mg-30mg | Tablet     | Limited to 240 tabs per 30 days   |
| Icatibant                      | Icatibant Acetate              | 30 mg/3 ml | Syringe    | Limited to 36ml per 30 days       |
| Iclusig                        | Ponatinib Hcl                  | 15 mg      | Tablet     | Limited to 60 tabs per 30 days    |
| Iclusig                        | Ponatinib Hcl                  | 45 mg      | Tablet     | Limited to 30 tabs per 30 days    |
| Idhifa                         | Enasidenib Mesylate            | 100 mg     | Tablet     | Limited to 30 tabs per 30 days    |
| Idhifa                         | Enasidenib Mesylate            | 50 mg      | Tablet     | Limited to 30 tabs per 30 days    |
| Iglucose Test Strip            | Blood Sugar Diagnostic         |            | Strip      | Limited to 300 strips per 30 days |

| Brand Name                     | Generic Name                    | Strength   | Dosage     | Details  |
|--------------------------------|---------------------------------|------------|------------|--|
| Imbruvica                      | Ibrutinib                       | 140 mg     | Capsule    | Limited to 120 caps per 30 days                              |
| Imbruvica                      | Ibrutinib                       | 70 mg      | Capsule    | Limited to 30 caps per 30 days                               |
| Imbruvica                      | Ibrutinib                       | 140 mg     | Tablet     | Limited to 30 tabs per 30 days                               |
| Imbruvica                      | Ibrutinib                       | 280 mg     | Tablet     | Limited to 30 tabs per 30 days                               |
| Imbruvica                      | Ibrutinib                       | 420 mg     | Tablet     | Limited to 30 tabs per 30 days                               |
| Imbruvica                      | Ibrutinib                       | 560 mg     | Tablet     | Limited to 30 tabs per 30 days                               |
| Imitrex                        | Sumatriptan Succinate           | 4 mg/0.5ml | Cartridge  | Bill 7-day supply or greater for each kit dispensed          |
| Imitrex                        | Sumatriptan Succinate           | 6 mg/0.5ml | Cartridge  | Bill 7-day supply or greater for each kit dispensed          |
| Imitrex                        | Sumatriptan Succinate           | 4 mg/0.5ml | Pen Injctr | Limited to 8 pens per 30 days                                |
| Imitrex                        | Sumatriptan Succinate           | 6 mg/0.5ml | Pen Injctr | Limited to 8 pens per 30 days                                |
| Imitrex                        | Sumatriptan                     | 20 mg      | Spray      | Bill 30 days supply or greater for 6ml (1 package) dispensed |
| Imitrex                        | Sumatriptan                     | 5 mg       | Spray      | Bill 30 days supply or greater for 6ml (1 package) dispensed |
| Imitrex                        | Sumatriptan Succinate           | 100 mg     | Tablet     | Limited to 9 tabs per 30 days                                |
| Imitrex                        | Sumatriptan Succinate           | 25 mg      | Tablet     | Limited to 9 tabs per 30 days                                |
| Imitrex                        | Sumatriptan Succinate           | 50 mg      | Tablet     | Limited to 9 tabs per 30 days                                |
| Imitrex                        | Sumatriptan Succinate           | 6 mg/0.5ml | Vial       | Bill 7-day supply or greater for each kit dispensed          |
| Inbrija                        | Levodopa                        | 42 mg      | Cap W/Dev  | Limited to 120 caps per 30 days                              |
| Inbrija                        | Levodopa                        | 42 mg      | Capsule    | Limited to 120 caps per 30 days                              |
| Incruse Ellipta                | Umeclidinium Bromide            | 62.5 mcg   | Blst W/Dev | Limited to 30 blisters per 30 days                           |
| Infinity Test Strips           | Blood Sugar Diagnostic          |            | Strip      | Limited to 300 strips per 30 days                            |
| Infinity Voice Test Strip      | Blood Sugar Diagnostic          |            | Strip      | Limited to 300 strips per 30 days                            |
| Ingrezza                       | Valbenazine Tosylate            | 40 mg      | Capsule    | Limited to 60 caps per 30 days                               |
| Ingrezza                       | Valbenazine Tosylate            | 80 mg      | Capsule    | Limited to 30 caps per 30 days                               |
| Inlyta                         | Axitinib                        | 1 mg       | Tablet     | Limited to 180 tabs per 30 days                              |
| Inlyta                         | Axitinib                        | 5 mg       | Tablet     | Limited to 120 tabs per 30 days                              |
| Inspra                         | Eplerenone                      | 25 mg      | Tablet     | Limited to 60 tabs per 30 days                               |
| Inspra                         | Eplerenone                      | 50 mg      | Tablet     | Limited to 60 tabs per 30 days                               |
| Insulin Aspart                 | Insulin Aspart                  | 100/ml     | Vial       | Limited to 60ml per 30 days                                  |
| Insulin Aspart Flexpen         | Insulin Aspart                  | 100/ml (3) | Insuln Pen | Limited to 60ml per 30 days                                  |
| Insulin Aspart Penfill         | Insulin Aspart                  | 100/ml     | Cartridge  | Limited to 60ml per 30 days                                  |
| Insulin Aspart Prot-Insuln Asp | Insulin Aspart Prot/Insuln Asp  | 70-30/ml   | Insuln Pen | Limited to 60ml per 30 days                                  |
| Insulin Aspart Prot-Insuln Asp | Insulin Aspart Prot/Insuln Asp  | 70-30/ml   | Vial       | Limited to 60ml per 30 days                                  |
| Insulin Lispro Junior Kwikpen  | Insulin Lispro                  | 100/ml     | Ins Pen Hf | Limited to 60ml per 30 days                                  |
| Insulin Lispro Protamine Mix   | Insulin Lispro Protamine/Lispro | 75-25/ml   | Insuln Pen | Limited to 60ml per 30 days                                  |
| Intermezzo                     | Zolpidem Tartrate               | 1.75 mg    | Tab Subl   | Limited to 20 tabs per 30 days                               |
| Intermezzo                     | Zolpidem Tartrate               | 3.5 mg     | Tab Subl   | Limited to 20 tabs per 30 days                               |
| Intuniv                        | Guanfacine Hcl                  | 1 mg       | Tab Er 24h | Limited to 30 tabs per 30 days                               |
| Intuniv                        | Guanfacine Hcl                  | 2 mg       | Tab Er 24h | Limited to 30 tabs per 30 days                               |
| Intuniv                        | Guanfacine Hcl                  | 3 mg       | Tab Er 24h | Limited to 30 tabs per 30 days                               |
| Intuniv                        | Guanfacine Hcl                  | 4 mg       | Tab Er 24h | Limited to 30 tabs per 30 days                               |

| Brand Name           | Generic Name                   | Strength   | Dosage     | Details                         |
|----------------------|--------------------------------|------------|------------|---------------------------------|
| Invega               | Paliperidone                   | 1.5 mg     | Tab Er 24  | Limited to 60 tabs per 30 days  |
| Invega               | Paliperidone                   | 3 mg       | Tab Er 24  | Limited to 60 tabs per 30 days  |
| Invega               | Paliperidone                   | 6 mg       | Tab Er 24  | Limited to 60 tabs per 30 days  |
| Invega               | Paliperidone                   | 9 mg       | Tab Er 24  | Limited to 60 tabs per 30 days  |
| Invokamet            | Canagliflozin/Metformin Hcl    | 150-1000mg | Tablet     | Limited to 60 tabs per 30 days  |
| Invokamet            | Canagliflozin/Metformin Hcl    | 150-500 mg | Tablet     | Limited to 60 tabs per 30 days  |
| Invokamet            | Canagliflozin/Metformin Hcl    | 50-1000 mg | Tablet     | Limited to 60 tabs per 30 days  |
| Invokamet            | Canagliflozin/Metformin Hcl    | 50mg-500mg | Tablet     | Limited to 60 tabs per 30 days  |
| Invokamet Xr         | Canagliflozin/Metformin Hcl    | 150-1000mg | Tab Bp 24h | Limited to 60 tabs per 30 days  |
| Invokamet Xr         | Canagliflozin/Metformin Hcl    | 150-500 mg | Tab Bp 24h | Limited to 60 tabs per 30 days  |
| Invokamet Xr         | Canagliflozin/Metformin Hcl    | 50-1000 mg | Tab Bp 24h | Limited to 60 tabs per 30 days  |
| Invokamet Xr         | Canagliflozin/Metformin Hcl    | 50mg-500mg | Tab Bp 24h | Limited to 60 tabs per 30 days  |
| Invokana             | Canagliflozin                  | 100 mg     | Tablet     | Limited to 30 tabs per 30 days  |
| Invokana             | Canagliflozin                  | 300 mg     | Tablet     | Limited to 30 tabs per 30 days  |
| Irenka               | Duloxetine Hcl                 | 40 mg      | Capsule Dr | Limited to 30 caps per 30 days  |
| Isordil              | Isosorbide Dinitrate           | 40 mg      | Tablet     | Limited to 90 tabs per 30 days  |
| Isosorbide Dinitrate | Isosorbide Dinitrate           | 40 mg      | Tablet     | Limited to 90 tabs per 30 days  |
| Isturisa             | Osilodrostat Phosphate         | 1 mg       | Tablet     | Limited to 180 tabs per 30 days |
| Isturisa             | Osilodrostat Phosphate         | 5 mg       | Tablet     | Limited to 180 tabs per 30 days |
| Isturisa             | Osilodrostat Phosphate         | 10 mg      | Tablet     | Limited to 180 tabs per 30 days |
| Ivermectin           | Ivermectin                     | 1 %        | Cream (G)  | Limited to 1 tube per 30 days   |
| Jakafi               | Ruxolitinib Phosphate          | 10 mg      | Tablet     | Limited to 60 tabs per 30 days  |
| Jakafi               | Ruxolitinib Phosphate          | 15 mg      | Tablet     | Limited to 60 tabs per 30 days  |
| Jakafi               | Ruxolitinib Phosphate          | 20 mg      | Tablet     | Limited to 60 tabs per 30 days  |
| Jakafi               | Ruxolitinib Phosphate          | 25 mg      | Tablet     | Limited to 60 tabs per 30 days  |
| Jakafi               | Ruxolitinib Phosphate          | 5 mg       | Tablet     | Limited to 60 tabs per 30 days  |
| Janumet              | Sitagliptin Phos/Metformin Hcl | 50-1000 mg | Tablet     | Limited to 60 tabs per 30 days  |
| Janumet              | Sitagliptin Phos/Metformin Hcl | 50mg-500mg | Tablet     | Limited to 60 tabs per 30 days  |
| Janumet Xr           | Sitagliptin Phos/Metformin Hcl | 100-1000mg | Tbmp 24hr  | Limited to 30 tabs per 30 days  |
| Janumet Xr           | Sitagliptin Phos/Metformin Hcl | 50-1000 mg | Tbmp 24hr  | Limited to 60 tabs per 30 days  |
| Janumet Xr           | Sitagliptin Phos/Metformin Hcl | 50mg-500mg | Tbmp 24hr  | Limited to 30 tabs per 30 days  |
| Januvia              | Sitagliptin Phosphate          | 100 mg     | Tablet     | Limited to 30 tabs per 30 days  |
| Januvia              | Sitagliptin Phosphate          | 25 mg      | Tablet     | Limited to 30 tabs per 30 days  |
| Januvia              | Sitagliptin Phosphate          | 50 mg      | Tablet     | Limited to 30 tabs per 30 days  |
| Jardiance            | Empagliflozin                  | 10 mg      | Tablet     | Limited to 30 tabs per 30 days  |
| Jardiance            | Empagliflozin                  | 25 mg      | Tablet     | Limited to 30 tabs per 30 days  |
| Jatenzo              | Testosterone Undecanoate       | 158 mg     | Capsules   | Limited to 120 caps per 30 days |
| Jatenzo              | Testosterone Undecanoate       | 198 mg     | Capsules   | Limited to 120 caps per 30 days |
| Jatenzo              | Testosterone Undecanoate       | 237 mg     | Capsules   | Limited to 60 caps per 30 days  |
| Jentadueto           | Linagliptin/Metformin Hcl      | 2.5-1000mg | Tablet     | Limited to 60 tabs per 30 days  |
| Jentadueto           | Linagliptin/Metformin Hcl      | 2.5-500 mg | Tablet     | Limited to 60 tabs per 30 days  |
| Jentadueto           | Linagliptin/Metformin Hcl      | 2.5-850 mg | Tablet     | Limited to 60 tabs per 30 days  |
| Jentadueto Xr        | Linagliptin/Metformin Hcl      | 2.5-1000mg | Tab Bp 24h | Limited to 60 tabs per 30 days  |

| Brand Name             | Generic Name                   | Strength   | Dosage     | Details                                   |
|------------------------|--------------------------------|------------|------------|---|
| Jentaduetto Xr         | Linagliptin/Metformin Hcl      | 5mg-1000mg | Tab Bp 24h | Limited to 30 tabs per 30 days            |
| Jublia                 | Efinaconazole                  | 10%        | Sol W/Appl | Limited to 4ml per 30 days                |
| Juxtapid               | Lomitapide Mesylate            | 10 mg      | Capsule    | Limited to 30 caps per 30 days            |
| Juxtapid               | Lomitapide Mesylate            | 20 mg      | Capsule    | Limited to 30 caps per 30 days            |
| Juxtapid               | Lomitapide Mesylate            | 30 mg      | Capsule    | Limited to 30 caps per 30 days            |
| Juxtapid               | Lomitapide Mesylate            | 40 mg      | Capsule    | Limited to 30 caps per 30 days            |
| Juxtapid               | Lomitapide Mesylate            | 5 mg       | Capsule    | Limited to 30 caps per 30 days            |
| Juxtapid               | Lomitapide Mesylate            | 60 mg      | Capsule    | Limited to 30 caps per 30 days            |
| Jynarque               | Tolvaptan                      | 15 mg      | Tablet     | Limited to 30 tabs per 30 days            |
| Jynarque               | Tolvaptan                      | 30 mg      | Tablet     | Limited to 30 tabs per 30 days            |
| Jynarque               | Tolvaptan                      | 15 mg-15mg | Tablet Seq | Limited to 56 tabs per 28 days            |
| Jynarque               | Tolvaptan                      | 30 mg-15mg | Tablet Seq | Limited to 56 tabs per 28 days            |
| Jynarque               | Tolvaptan                      | 45 mg-15mg | Tablet Seq | Limited to 30 tabs per 30 days            |
| Jynarque               | Tolvaptan                      | 60 mg-30mg | Tablet Seq | Limited to 30 tabs per 30 days            |
| Jynarque               | Tolvaptan                      | 90 mg-30mg | Tablet Seq | Limited to 30 tabs per 30 days            |
| Kadian                 | Morphine Sulfate               | 40 mg      | Cap Er Pel | Limited to 30 caps per 30 days            |
| Kalydeco               | Ivacaftor                      | 50 mg      | Gran Pack  | Limited to 60 packets per 30 days         |
| Kalydeco               | Ivacaftor                      | 75 mg      | Gran Pack  | Limited to 60 packets per 30 days         |
| Kalydeco               | Ivacaftor                      | 150 mg     | Tablet     | Limited to 60 tabs per 30 days            |
| Kapvay                 | Clonidine Hcl                  | 0.1 mg     | Tab Er 12h | Limited to 120 tabs per 30 days           |
| Katerzia               | Amlodipine Benzoate            | 1 mg/ml    | Oral Susp  | Limited to 150ml per 30 days              |
| Kazano                 | Alogliptin Benz/Metformin Hcl  | 12.5-1000  | Tablet     | Limited to 60 tabs per 30 days            |
| Kazano                 | Alogliptin Benz/Metformin Hcl  | 12.5-500mg | Tablet     | Limited to 60 tabs per 30 days            |
| Keveyis                | Dichlorphenamide               | 50 mg      | Tablet     | Limited to 120 tabs per 30 days           |
| Kevzara                | Sarilumab                      | 150mg/1.14 | Pen Injctr | Quantity limit varies based on indication |
| Kevzara                | Sarilumab                      | 200mg/1.14 | Pen Injctr | Quantity limit varies based on indication |
| Kevzara                | Sarilumab                      | 150mg/1.14 | Syringe    | Quantity limit varies based on indication |
| Kevzara                | Sarilumab                      | 200mg/1.14 | Syringe    | Quantity limit varies based on indication |
| Kineret                | Anakinra                       | 100mg/0.67 | Syringe    | Limited To 18.76ml Per 28 Days            |
| Kisqali                | Ribociclib Succinate           | 200 mg/day | Tablet     | Limited to 63 tabs per 28 days            |
| Kisqali                | Ribociclib Succinate           | 400 mg/day | Tablet     | Limited to 63 tabs per 28 days            |
| Kisqali                | Ribociclib Succinate           | 600 mg/day | Tablet     | Limited to 63 tabs per 28 days            |
| Kisqali Femara Co-Pack | Ribociclib Succinate/Letrozole | 200-2.5 mg | Tablet     | Limited to 91 tabs per 28 days            |
| Kisqali Femara Co-Pack | Ribociclib Succinate/Letrozole | 400-2.5 mg | Tablet     | Limited to 91 tabs per 28 days            |
| Kisqali Femara Co-Pack | Ribociclib Succinate/Letrozole | 600-2.5 mg | Tablet     | Limited to 91 tabs per 28 days            |
| Kombiglyze Xr          | Saxagliptin Hcl/Metformin Hcl  | 2.5-1000mg | Tbmp 24hr  | Limited to 60 tabs per 30 days            |
| Kombiglyze Xr          | Saxagliptin Hcl/Metformin Hcl  | 5 mg-500mg | Tbmp 24hr  | Limited to 30 tabs per 30 days            |
| Kombiglyze Xr          | Saxagliptin Hcl/Metformin Hcl  | 5mg-1000mg | Tbmp 24hr  | Limited to 30 tabs per 30 days            |
| Korlym                 | Mifepristone                   | 300 mg     | Tablet     | Limited to 120 tabs per 30 days           |
| Koselugo               | Selumetinib/Vitamin E Tpgs     | 10 mg      | Capsule    | Limited to 120 caps per 30 days           |
| Koselugo               | Selumetinib/Vitamin E Tpgs     | 25 mg      | Capsule    | Limited to 120 caps per 30 days           |
| Krintafel              | Tafenoquine Succinate          | 150 mg     | Tablet     | Limited to 2 tabs per 365 days            |

| Brand Name              | Generic Name                   | Strength   | Dosage     | Details                           |
|-------------------------|--------------------------------|------------|------------|-----------------------------------|
| Kynamro                 | Mipomersen Sodium              | 200 mg/ml  | Syringe    | Limited to 4ml per 28 days        |
| Lamisil                 | Terbinafine Hcl                | 250 mg     | Tablet     | Limited to 30 tabs per 30 days    |
| Lantus                  | Insulin Glargine,Hum.Rec.Anlog | 100/ml     | Vial       | Limited to 60ml per 30 days       |
| Lantus Solostar         | Insulin Glargine,Hum.Rec.Anlog | 100/ml (3) | Insuln Pen | Limited to 60ml per 30 days       |
| Latuda                  | Lurasidone Hcl                 | 120 mg     | Tablet     | Limited to 30 tabs per 30 days    |
| Latuda                  | Lurasidone Hcl                 | 20 mg      | Tablet     | Limited to 30 tabs per 30 days    |
| Latuda                  | Lurasidone Hcl                 | 40 mg      | Tablet     | Limited to 30 tabs per 30 days    |
| Latuda                  | Lurasidone Hcl                 | 60 mg      | Tablet     | Limited to 30 tabs per 30 days    |
| Latuda                  | Lurasidone Hcl                 | 80 mg      | Tablet     | Limited to 30 tabs per 30 days    |
| Lazanda                 | Fentanyl Citrate               | 100mcg/spr | Spray/Pump | Limited to 15ml per 30 days       |
| Lazanda                 | Fentanyl Citrate               | 400mcg/spr | Spray/Pump | Limited to 15ml per 30 days       |
| Ledipasvir-Sofosbuvir   | Ledipasvir/Sofosbuvir          | 90mg-400mg | Tablet     | Limited to 30 tabs per 30 days    |
| Lescol XL               | Fluvastatin Sodium             | 80 mg      | Tab Er 24h | Limited to 30 tabs per 30 days    |
| Levemir                 | Insulin Detemir                | 100/ml     | Vial       | Limited to 60ml per 30 days       |
| Levemir Flextouch       | Insulin Detemir                | 100/ml (3) | Insuln Pen | Limited to 60ml per 30 days       |
| Levitra                 | Vardenafil Hcl                 | 10 mg      | Tablet     | Limited to 6 tabs per 30 days     |
| Levitra                 | Vardenafil Hcl                 | 2.5 mg     | Tablet     | Limited to 6 tabs per 30 days     |
| Levitra                 | Vardenafil Hcl                 | 20 mg      | Tablet     | Limited to 6 tabs per 30 days     |
| Levitra                 | Vardenafil Hcl                 | 5 mg       | Tablet     | Limited to 6 tabs per 30 days     |
| Liberty Test Strips     | Blood Sugar Diagnostic         |            | Strip      | Limited to 300 strips per 30 days |
| Licart                  | Diclofenac Epolamine           | 1.3 %      | Patch Td24 | Limited to 30 patches per 30 days |
| Linzees                 | Linacotide                     | 145 mcg    | Capsule    | Limited to 30 caps per 30 days    |
| Linzees                 | Linacotide                     | 290 mcg    | Capsule    | Limited to 30 caps per 30 days    |
| Linzees                 | Linacotide                     | 72 mcg     | Capsule    | Limited to 30 caps per 30 days    |
| Livalo                  | Pitavastatin Calcium           | 1 mg       | Tablet     | Limited to 30 tabs per 30 days    |
| Livalo                  | Pitavastatin Calcium           | 2 mg       | Tablet     | Limited to 30 tabs per 30 days    |
| Livalo                  | Pitavastatin Calcium           | 4 mg       | Tablet     | Limited to 30 tabs per 30 days    |
| Lodrane D               | Brompheniramin/Pseudoephedrine | 4 mg-60 mg | Capsule    | Limited to 120 caps per 30 days   |
| Lokelma                 | Sodium Zirconium Cyclosilicate | 10 g       | Powd Pack  | Limited to 30 packets per 30 days |
| Lokelma                 | Sodium Zirconium Cyclosilicate | 5 g        | Powd Pack  | Limited to 30 packets per 30 days |
| Lonhala Magnair Refill  | Glycopyrrolate/Neb.Accessories | 25 mcg/ml  | Vial-Neb   | Limited to 60ml per 30 days       |
| Lonhala Magnair Starter | Glycopyrrol/Nebulizer/Accessor | 25 mcg/ml  | Vial-Neb   | Limited to 60ml per 365 days      |
| Lonsurf                 | Trifluridine/Tipiracil Hcl     | 15-6.14 mg | Tablet     | Limited to 80 tabs per 28 days    |
| Lonsurf                 | Trifluridine/Tipiracil Hcl     | 20-8.19 mg | Tablet     | Limited to 80 tabs per 28 days    |
| Lorbrena                | Lorlatinib                     | 100 mg     | Tablet     | Limited to 30 tabs per 30 days    |
| Lorbrena                | Lorlatinib                     | 25 mg      | Tablet     | Limited to 90 tabs per 30 days    |
| Lortab                  | Hydrocodone/Acetaminophen      | 10-300/15  | Solution   | Limited to 2025ml per 30 days     |
| Lortuss Dm              | Doxylamine/Pseudoephedrine/Dm  | 6.25-30-15 | Liquid     | Limited to 1200ml per 30 days     |
| Lortuss Lq              | Doxylamine/Pseudoephedrine Hcl | 6.25-30/5  | Liquid     | Limited to 1200ml per 30 days     |
| Loseasonique            | L-Norgest/E.Estradiol-E.Estrad | 100-20(84) | Tbdspk 3mo | Limited to 91 tabs per 91 days    |
| Lucemyra                | Lofexidine Hcl                 | 0.18 mg    | Tablet     | Limited to 224 tabs per 14 days   |

| Brand Name    | Generic Name                   | Strength    | Dosage     | Details  |
|---------------|--------------------------------|-------------|------------|--|
| Lunesta       | Eszopiclone                    | 1 mg        | Tablet     | Limited to 30 tabs per 30 days                     |
| Lunesta       | Eszopiclone                    | 2 mg        | Tablet     | Limited to 30 tabs per 30 days                     |
| Lunesta       | Eszopiclone                    | 3 mg        | Tablet     | Limited to 30 tabs per 30 days                     |
| Lyrica        | Pregabalin                     | 100 mg      | Capsule    | Limited to 90 caps per 30 days                     |
| Lyrica        | Pregabalin                     | 150 mg      | Capsule    | Limited to 90 caps per 30 days                     |
| Lyrica        | Pregabalin                     | 200 mg      | Capsule    | Limited to 90 caps per 30 days                     |
| Lyrica        | Pregabalin                     | 225 mg      | Capsule    | Limited to 60 caps per 30 days                     |
| Lyrica        | Pregabalin                     | 25 mg       | Capsule    | Limited to 90 caps per 30 days                     |
| Lyrica        | Pregabalin                     | 300 mg      | Capsule    | Limited to 60 caps per 30 days                     |
| Lyrica        | Pregabalin                     | 50 mg       | Capsule    | Limited to 90 caps per 30 days                     |
| Lyrica        | Pregabalin                     | 75 mg       | Capsule    | Limited to 90 caps per 30 days                     |
| Lyrica        | Pregabalin                     | 20 mg/ml    | Solution   | Limited to 900ml per 30 days                       |
| Lyrica CR     | Pregabalin                     | 165 mg      | Tab Er 24h | Limited to 60 tabs per 30 days                     |
| Lyrica CR     | Pregabalin                     | 330 mg      | Tab Er 24h | Limited to 60 tabs per 30 days                     |
| Lyrica CR     | Pregabalin                     | 82.5 mg     | Tab Er 24h | Limited to 60 tabs per 30 days                     |
| Lysteda       | Tranexamic Acid                | 650 mg      | Tablet     | Limited to 180 tabs per 30 days                    |
| Makena        | Hydroxyprogesterone Caproat/Pf | 275 mg/1.1  | Auto Injct | Limited to 4.4ml per 28 days                       |
| Mar-Cof Cg    | Codeine Phosphate/Guaifenesin  | 7.5-225/5   | Liquid     | Limited to 1590ml per 30 days                      |
| Mavenclad     | Cladribine                     | 10mg        | Tablet     | Limited to 1 box per 26 days; 2 boxes per 331 days |
| Mavyret       | Glecaprevir/Pibrentasvir       | 100mg-40mg  | Tablet     | Limited to 84 tabs per 28 days                     |
| Maxalt        | Rizatriptan Benzoate           | 10 mg       | Tablet     | Limited to 12 tabs per 30 days                     |
| Maxalt        | Rizatriptan Benzoate           | 5 mg        | Tablet     | Limited to 12 tabs per 30 days                     |
| Maxalt Mlt    | Rizatriptan Benzoate           | 10 mg       | Tab Rapdis | Limited to 12 tabs per 30 days                     |
| Maxalt Mlt    | Rizatriptan Benzoate           | 5 mg        | Tab Rapdis | Limited to 12 tabs per 30 days                     |
| Mayzent       | Siponimod                      | 0.25 mg(12) | Tab Ds Pk  | Limited to 12 tabs per 5 days                      |
| Mayzent       | Siponimod                      | 0.25 mg     | Tablet     | Limited to 112 tabs per 28 days                    |
| Mayzent       | Siponimod                      | 2 mg        | Tablet     | Limited to 30 tabs per 30 days                     |
| M-Clear Wc    | Codeine Phosphate/Guaifenesin  | 6.3-100/5   | Liquid     | Limited to 3600ml per 30 days                      |
| Mekinist      | Trametinib Dimethyl Sulfoxide  | 0.5 mg      | Tablet     | Limited to 30 tabs per 30 days                     |
| Mekinist      | Trametinib Dimethyl Sulfoxide  | 2 mg        | Tablet     | Limited to 30 tabs per 30 days                     |
| Mektovi       | Binimetinib                    | 15 mg       | Tablet     | Limited to 180 tabs per 30 days                    |
| M-End Dmx     | Dexbromphen/Pseudoephedrine/Dm | 0.667-20/5  | Liquid     | Limited to 1800ml per 30 days                      |
| M-End Pe      | Brompheniramine/P-Eph/Codeine  | 3.33-6.3/5  | Liquid     | Limited to 2700ml per 30 days                      |
| Mesalamine    | Mesalamine                     | 1000mg      | Rect Sup   | Limited to 30 suppositories per 30 days            |
| Mesalamine    | Mesalamine                     | 1.2g        | Tablet     | Limited to 120 tabs per 30 days                    |
| Mesalamine Er | Mesalamine                     | 0.375g      | Cap Er 24h | Limited to 120 caps per 30 days                    |
| Metadate Cd   | Methylphenidate Hcl            | 10 mg       | Cpbp 30-70 | Limited to 60 caps per 30 days                     |
| Metadate Cd   | Methylphenidate Hcl            | 20 mg       | Cpbp 30-70 | Limited to 60 caps per 30 days                     |
| Metadate Cd   | Methylphenidate Hcl            | 30 mg       | Cpbp 30-70 | Limited to 60 caps per 30 days                     |
| Metadate Cd   | Methylphenidate Hcl            | 40 mg       | Cpbp 30-70 | Limited to 60 caps per 30 days                     |
| Metadate Cd   | Methylphenidate Hcl            | 50 mg       | Cpbp 30-70 | Limited to 60 caps per 30 days                     |
| Metadate Cd   | Methylphenidate Hcl            | 60 mg       | Cpbp 30-70 | Limited to 60 caps per 30 days                     |



| Brand Name                    | Generic Name                   | Strength   | Dosage     | Details                                |
|-------------------------------|--------------------------------|------------|------------|--|
| Methylin                      | Methylphenidate Hcl            | 10 mg/5 ml | Solution   | Limited to 900ml per 30 days           |
| Methylin                      | Methylphenidate Hcl            | 5 mg/5 ml  | Solution   | Limited to 1800ml per 30 days          |
| Metyrosine                    | Metyrosine                     | 250 mg     | Capsule    | Limited to 448 caps per 28 days        |
| Micro                         | Blood Sugar Diagnostic         |            | Strip      | Limited to 300 strips per 30 days      |
| Microdot                      | Blood Sugar Diagnostic         |            | Strip      | Limited to 300 strips per 30 days      |
| Microdot Xtra                 | Blood Sugar Diagnostic         |            | Strip      | Limited to 300 strips per 30 days      |
| Migranal                      | Dihydroergotamine Mesylate     | 0.5mg/spry | Spray/Pump | Limited to 8ml per 28 days             |
| Minastrin 24 Fe               | Norethindrone-E.Estradiol-Iron | 1mg-20(24) | Tab Chew   | Limited to 28 tabs per 28 days         |
| Motegrity                     | Prucalopride Succinate         | 1 mg       | Tablet     | Limited to 30 tabs per 30 days         |
| Motegrity                     | Prucalopride Succinate         | 2 mg       | Tablet     | Limited to 30 tabs per 30 days         |
| Movantik                      | Naloxegol Oxalate              | 12.5 mg    | Tablet     | Limited to 30 tabs per 30 days         |
| Movantik                      | Naloxegol Oxalate              | 25 mg      | Tablet     | Limited to 30 tabs per 30 days         |
| Moxeza                        | Moxifloxacin Hcl               | 0.5 %      | Drops Visc | Limited to 3ml (1 bottle) per 7 days   |
| Moxifloxacin                  | Moxifloxacin Hcl               | 0.5 %      | Drops      | Limited to 3ml (1 bottle) per 7 days   |
| Moxifloxacin                  | Moxifloxacin Hcl               | 0.5 %      | Drops Visc | Limited to 3ml (1 bottle) per 7 days   |
| Mulpleta                      | Lusutrombopag                  | 3 mg       | Tablet     | Limited to 21 tabs per 365 days        |
| Muse                          | Alprostadil                    | 1000 mcg   | Supp.Ureth | Limited to 6 suppositories per 30 days |
| Muse                          | Alprostadil                    | 125 mcg    | Supp.Ureth | Limited to 6 suppositories per 30 days |
| Muse                          | Alprostadil                    | 250 mcg    | Supp.Ureth | Limited to 6 suppositories per 30 days |
| Muse                          | Alprostadil                    | 500 mcg    | Supp.Ureth | Limited to 6 suppositories per 30 days |
| Mydayis                       | Dextroamphetamine/Amphetamine  | 12.5 mg    | Cptp 24hr  | Limited to 30 caps per 30 days         |
| Mydayis                       | Dextroamphetamine/Amphetamine  | 25 mg      | Cptp 24hr  | Limited to 30 caps per 30 days         |
| Mydayis                       | Dextroamphetamine/Amphetamine  | 37.5 mg    | Cptp 24hr  | Limited to 30 caps per 30 days         |
| Mydayis                       | Dextroamphetamine/Amphetamine  | 50 mg      | Cptp 24hr  | Limited to 30 caps per 30 days         |
| Myglucohealth                 | Blood Sugar Diagnostic         |            | Strip      | Limited to 300 strips per 30 days      |
| Myrbetriq                     | Mirabegron                     | 25 mg      | Tab Er 24h | Limited to 30 tabs per 30 days         |
| Myrbetriq                     | Mirabegron                     | 50 mg      | Tab Er 24h | Limited to 30 tabs per 30 days         |
| Mytesi                        | Crofelemer                     | 125 mg     | Tablet Dr  | Limited to 60 tabs per 30 days         |
| Nalocet                       | Oxycodone Hcl/Acetaminophen    | 2.5-300 mg | Tablet     | Limited to 360 tabs per 30 days        |
| Namenda Xr                    | Memantine Hcl                  | 14 mg      | Cap Spr 24 | Limited to 30 caps per 30 days         |
| Namenda Xr                    | Memantine Hcl                  | 21 mg      | Cap Spr 24 | Limited to 30 caps per 30 days         |
| Namenda Xr                    | Memantine Hcl                  | 28 mg      | Cap Spr 24 | Limited to 30 caps per 30 days         |
| Namenda Xr                    | Memantine Hcl                  | 7 mg       | Cap Spr 24 | Limited to 30 caps per 30 days         |
| Namzaric                      | Memantine Hcl/Donepezil Hcl    | 14mg-10mg  | Cap Spr 24 | Limited to 30 caps per 30 days         |
| Namzaric                      | Memantine Hcl/Donepezil Hcl    | 21 mg-10mg | Cap Spr 24 | Limited to 30 caps per 30 days         |
| Namzaric                      | Memantine Hcl/Donepezil Hcl    | 28 mg-10mg | Cap Spr 24 | Limited to 30 caps per 30 days         |
| Namzaric                      | Memantine Hcl/Donepezil Hcl    | 7 mg-10 mg | Cap Spr 24 | Limited to 30 caps per 30 days         |
| Namzaric                      | Memantine Hcl/Donepezil Hcl    | 7-10/14-10 | Cap24 Dspk | Limited to 30 caps per 30 days         |
| Nasal Decon (Pseudoephedrine) | Pseudoephedrine Hcl            | 30 mg/5 ml | Liquid     | Limited To 1200ml Per 30 Days          |
| Nasal Decongestant            | Pseudoephedrine Hcl            | 30 mg      | Capsule    | Limited to 240 caps per 30 days        |

| Brand Name                    | Generic Name                  | Strength   | Dosage     | Details                             |
|-------------------------------|-------------------------------|------------|------------|-------------------------------------|
| Nasal Decongest-Antihistamine | Triprolidine/Pseudoephedrine  | 2.5mg-60mg | Tablet     | Limited to 120 tabs per 30 days     |
| Natesto                       | Testosterone                  | 5.5/0.122  | Gel Md Pmp | Limited to 3 bottles per 30 days    |
| Natpara                       | Parathyroid Hormone           | 100 mcg    | Cartridge  | Limited to 2 cartridges per 28 days |
| Natpara                       | Parathyroid Hormone           | 25mcg/dose | Cartridge  | Limited to 2 cartridges per 28 days |
| Natpara                       | Parathyroid Hormone           | 50mcg/dose | Cartridge  | Limited to 2 cartridges per 28 days |
| Natpara                       | Parathyroid Hormone           | 75mcg/dose | Cartridge  | Limited to 2 cartridges per 28 days |
| Nebupent                      | Pentamidine Isethionate       | 300 mg     | Vial-Neb   | Limited to 1 vial per 30 days       |
| Nesina                        | Alogliptin Benzoate           | 12.5mg     | Tablet     | Limited to 30 tabs per 30 days      |
| Nesina                        | Alogliptin Benzoate           | 25mg       | Tablet     | Limited to 30 tabs per 30 days      |
| Nesina                        | Alogliptin Benzoate           | 6.25mg     | Tablet     | Limited to 30 tabs per 30 days      |
| Neulasta                      | Pegfilgrastim                 | 6 mg/0.6ml | Syr W/ Inj | Limited to 2 syringes per 28 days   |
| Neulasta                      | Pegfilgrastim                 | 6 mg/0.6ml | Syringe    | Limited to 2 syringes per 28 days   |
| Neupogen                      | Filgrastim                    | 300mcg/0.5 | Syringe    | Limited to 14 syringes per 28 days  |
| Neupogen                      | Filgrastim                    | 480mcg/0.8 | Syringe    | Limited to 14 syringes per 28 days  |
| Neupogen                      | Filgrastim                    | 300 mcg/ml | Vial       | Limited to 14 vials per 28 days     |
| Neupogen                      | Filgrastim                    | 480mcg/1.6 | Vial       | Limited to 14 vials per 28 days     |
| Neupro                        | Rotigotine                    | 1 mg/24 hr | Patch Td24 | Limited to 30 patches per 30 days   |
| Neupro                        | Rotigotine                    | 3 mg/24 hr | Patch Td24 | Limited to 30 patches per 30 days   |
| Neupro                        | Rotigotine                    | 8 mg/24 hr | Patch Td24 | Limited to 30 patches per 30 days   |
| Neutek 2tek Test Strips       | Blood Sugar Diagnostic        |            | Strip      | Limited to 300 strips per 30 days   |
| Nexafed                       | Pseudoephedrine Hcl           | 30 mg      | Tablet     | Limited to 240 tabs per 30 days     |
| Nexafed Sinus Pressure-Pain   | Pseudoephedrine/Acetaminophen | 30mg-325mg | Tablet     | Limited to 240 tabs per 30 days     |
| Nexium                        | Esomeprazole Magnesium        | 20 mg      | Capsule Dr | Limited to 30 caps per 30 days      |
| Nexium                        | Esomeprazole Magnesium        | 40 mg      | Capsule Dr | Limited to 30 caps per 30 days      |
| Nexium                        | Esomeprazole Magnesium        | 10 mg      | Suspdr Pkt | Limited to 30 packets per 30 days   |
| Nexium                        | Esomeprazole Magnesium        | 2.5 mg     | Suspdr Pkt | Limited to 30 packets per 30 days   |
| Nexium                        | Esomeprazole Magnesium        | 20 mg      | Suspdr Pkt | Limited to 30 packets per 30 days   |
| Nexium                        | Esomeprazole Magnesium        | 40 mg      | Suspdr Pkt | Limited to 30 packets per 30 days   |
| Nexium                        | Esomeprazole Magnesium        | 5 mg       | Suspdr Pkt | Limited to 30 packets per 30 days   |
| Nexletol                      | Bempedoic Acid                | 180mg      | Tablet     | Limited to 30 tabs per 30 days      |
| Nexlizet                      | Bempedoic Acid/Ezetimibe      | 180mg-10mg | Tablet     | Limited to 30 tabs per 30 days      |
| Ninjacof-Xg                   | Codeine Phosphate/Guaifenesin | 8-200 mg/5 | Liquid     | Limited to 1800ml per 30 days       |
| Nivestym                      | Filgrastim-Aafi               | 300mcg/0.5 | Syringe    | Limited to 14 syringes per 28 days  |
| Nivestym                      | Filgrastim-Aafi               | 480mcg/0.8 | Syringe    | Limited to 14 syringes per 28 days  |
| Nivestym                      | Filgrastim-Aafi               | 300 mcg/ml | Vial       | Limited to 14 vials per 28 days     |
| Nivestym                      | Filgrastim-Aafi               | 480mcg/1.6 | Vial       | Limited to 14 vials per 28 days     |
| Norco                         | Hydrocodone/Acetaminophen     | 10mg-325mg | Tablet     | Limited to 360 tabs per 30 days     |
| Norco                         | Hydrocodone/Acetaminophen     | 5 mg-325mg | Tablet     | Limited to 360 tabs per 30 days     |
| Norco                         | Hydrocodone/Acetaminophen     | 7.5-325 mg | Tablet     | Limited to 360 tabs per 30 days     |
| Northera                      | Droxidopa                     | 100 mg     | Capsule    | Limited to 540 caps per 30 days     |
| Northera                      | Droxidopa                     | 200 mg     | Capsule    | Limited to 370 caps per 30 days     |
| Northera                      | Droxidopa                     | 300 mg     | Capsule    | Limited to 180 caps per 30 days     |

| Brand Name                   | Generic Name                    | Strength   | Dosage      | Details                              |
|------------------------------|---------------------------------|------------|-------------|--------------------------------------|
| Nova Max Glucose Test Strips | Blood Sugar Diagnostic          |            | Strip       | Limited to 300 strips per 30 days    |
| Novolin 70-30                | Insulin Nph Hum/Reg Insulin Hm  | 70-30/ml   | Vial        | Limited to 60ml per 30 days          |
| Novolin 70-30 Flexpen        | Insulin Nph Hum/Reg Insulin Hm  | 70-30/ml   | Insulin Pen | Limited to 60ml per 30 days          |
| Novolin N                    | Insulin Nph Human Isophane      | 100/ml     | Vial        | Limited to 60ml per 30 days          |
| Novolin R                    | Insulin Regular, Human          | 100/ml     | Vial        | Limited to 60ml per 30 days          |
| Novolin R Flexpen            | Insulin Regular, Human          | 100/ml (3) | Insulin Pen | Limited to 60ml per 30 days          |
| Novolog                      | Insulin Aspart                  | 100/ml     | Cartridge   | Limited to 60ml per 30 days          |
| Novolog                      | Insulin Aspart                  | 100/ml     | Vial        | Limited to 60ml per 30 days          |
| Novolog Flexpen              | Insulin Aspart                  | 100/ml     | Insulin Pen | Limited to 60ml per 30 days          |
| Novolog Mix 70-30            | Insulin Aspart Prot/Insulin Asp | 70-30/ml   | Vial        | Limited to 60ml per 30 days          |
| Novolog Mix 70-30 Flexpen    | Insulin Aspart Prot/Insulin Asp | 70-30/ml   | Insulin Pen | Limited to 60ml per 30 days          |
| Nucynta Er                   | Tapentadol Hcl                  | 100 mg     | Tab Er 12h  | Limited to 60 tabs per 30 days       |
| Nucynta Er                   | Tapentadol Hcl                  | 150 mg     | Tab Er 12h  | Limited to 60 tabs per 30 days       |
| Nucynta Er                   | Tapentadol Hcl                  | 200 mg     | Tab Er 12h  | Limited to 60 tabs per 30 days       |
| Nucynta Er                   | Tapentadol Hcl                  | 250 mg     | Tab Er 12h  | Limited to 60 tabs per 30 days       |
| Nucynta Er                   | Tapentadol Hcl                  | 50 mg      | Tab Er 12h  | Limited to 60 tabs per 30 days       |
| Nuedexta                     | Dextromethorphan Hbr/Quinidine  | 20 mg-10mg | Capsule     | Limited to 60 caps per 30 days       |
| Nuplazid                     | Pimavanserin Tartrate           | 34 mg      | Capsule     | Limited to 30 caps per 30 days       |
| Nuplazid                     | Pimavanserin Tartrate           | 10 mg      | Tablet      | Limited to 30 tabs per 30 days       |
| Nuplazid                     | Pimavanserin Tartrate           | 17 mg      | Tablet      | Limited to 60 tabs per 30 days       |
| Nurtec Odt                   | Rimegepant Sulfate              | 75 mg      | Tab Rapdis  | Limited to 8 tabs per 30 days        |
| Nuvaring                     | Etonogestrel/Ethinyl Estradiol  | .12-.015mg | Vag Ring    | Limited to 1 ring per 21 days        |
| Nuvigil                      | Armodafinil                     | 150 mg     | Tablet      | Limited to 30 tabs per 30 days       |
| Nuvigil                      | Armodafinil                     | 250 mg     | Tablet      | Limited to 30 tabs per 30 days       |
| Nuvigil                      | Armodafinil                     | 50 mg      | Tablet      | Limited to 30 tabs per 30 days       |
| Nuzyra                       | Omadacycline Tosylate           | 150 mg     | Tablet      | Limited to 30 tabs per 14 days       |
| Nuzyra                       | Omadacycline Tosylate           | 100 mg     | Vial        | Limited to 30ml per 14 days          |
| Nymalize                     | Nimodipine                      | 30 mg/5 ml | Syringe     | Limited to 1260ml per 21 days        |
| Nymalize                     | Nimodipine                      | 60 mg/10ml | Syringe     | Limited to 1260ml per 21 days        |
| Ocaliva                      | Obeticholic Acid                | 10 mg      | Tablet      | Limited to 30 tabs per 30 days       |
| Ocaliva                      | Obeticholic Acid                | 5 mg       | Tablet      | Limited to 30 tabs per 30 days       |
| Ocrevus                      | Ocrelizumab                     | 300mg/10ml | Vial        | Limited to 60ml per 365 days         |
| Odactra                      | Mite,D.Farinae-D.Pteronyssinus  | 12 sq-hdm  | Tab Subl    | Limited to 30 tabs per 30 days       |
| Odomzo                       | Sonidegib Phosphate             | 200 mg     | Capsule     | Limited to 30 caps per 30 days       |
| Olumiant                     | Baricitinib                     | 1 mg       | Tablet      | Limited to 30 tabs per 30 days       |
| Olumiant                     | Baricitinib                     | 2 mg       | Tablet      | Limited to 30 tabs per 30 days       |
| Olysio                       | Simeprevir Sodium               | 150 mg     | Capsule     | Limited to 30 caps per 30 days       |
| Omeppi                       | Omeprazole/Sodium Bicarbonate   | 20mg-1.1g  | Capsule     | Limited to 60 caps per 30 days       |
| Omeppi                       | Omeprazole/Sodium Bicarbonate   | 40mg-1.1g  | Capsule     | Limited to 60 caps per 30 days       |
| Omnipod                      | Insulin Pump Cartridge          |            | Cartridge   | Limited to 15 cartridges per 30 days |
| Omnipod Dash 5 Pack Pod      | Insulin Pump Cartridge          |            | Cartridge   | Limited to 15 cartridges per 30 days |
| On Call Express Test Strip   | Blood Sugar Diagnostic          |            | Strip       | Limited to 300 strips per 30 days    |
| On Call Plus Test Strip      | Blood Sugar Diagnostic          |            | Strip       | Limited to 300 strips per 30 days    |

| Brand Name                    | Generic Name                      | Strength   | Dosage     | Details                           |
|-------------------------------|-----------------------------------|------------|------------|-----------------------------------|
| On Call Vivid Test Strip      | Blood Sugar Diagnostic            |            | Strip      | Limited to 300 strips per 30 days |
| Onetouch Ultra Blue Test Strp | Blood Sugar Diagnostic            |            | Strip      | Limited to 300 strips per 30 days |
| Onetouch Verio                | Blood Sugar Diagnostic            |            | Strip      | Limited to 300 strips per 30 days |
| Ongentys                      | Opicapone                         | 50 mg      | Capsule    | Limited to 30 caps per 30 days    |
| Onglyza                       | Saxagliptin Hcl                   | 2.5 mg     | Tablet     | Limited to 30 tabs per 30 days    |
| Onglyza                       | Saxagliptin Hcl                   | 5 mg       | Tablet     | Limited to 30 tabs per 30 days    |
| Onmel                         | Itraconazole                      | 200 mg     | Tablet     | Limited to 30 tabs per 30 days    |
| Onzetra Xsail                 | Sumatriptan Succinate             | 11 mg      | Aer Pow Ba | Limited to 1 kit per 30 days      |
| Opana Er                      | Oxymorphone Hcl                   | 10 mg      | Tab Er 12h | Limited to 90 tabs per 30 days    |
| Opana Er                      | Oxymorphone Hcl                   | 15 mg      | Tab Er 12h | Limited to 90 tabs per 30 days    |
| Opana Er                      | Oxymorphone Hcl                   | 20 mg      | Tab Er 12h | Limited to 90 tabs per 30 days    |
| Opana Er                      | Oxymorphone Hcl                   | 30 mg      | Tab Er 12h | Limited to 90 tabs per 30 days    |
| Opana Er                      | Oxymorphone Hcl                   | 40 mg      | Tab Er 12h | Limited to 90 tabs per 30 days    |
| Opana Er                      | Oxymorphone Hcl                   | 5 mg       | Tab Er 12h | Limited to 90 tabs per 30 days    |
| Opana Er                      | Oxymorphone Hcl                   | 7.5 mg     | Tab Er 12h | Limited to 90 tabs per 30 days    |
| Optium                        | Blood Sugar Diagnostic            |            | Strip      | Limited to 300 strips per 30 days |
| Optium Ez                     | Blood Sugar Diagnostic            |            | Strip      | Limited to 300 strips per 30 days |
| Optumrx                       | Blood Sugar Diagnostic            |            | Strip      | Limited to 300 strips per 30 days |
| Oralair                       | Gr Pol-Orc/Sw<br>Ver/Rye/Kent/Tim | 100 ir     | Tab Subl   | Limited to 90 tabs per 30 days    |
| Oralair                       | Gr Pol-Orc/Sw<br>Ver/Rye/Kent/Tim | 300 ir     | Tab Subl   | Limited to 30 tabs per 30 days    |
| Orencia                       | Abatacept                         | 125 mg/ml  | Syringe    | Limited to 4ml per 28 days        |
| Orencia                       | Abatacept                         | 50mg/0.4ml | Syringe    | Limited to 1.6ml per 28 days      |
| Orencia                       | Abatacept                         | 87.5mg/0.7 | Syringe    | Limited to 2.8ml per 28 days      |
| Orencia Clickject             | Abatacept                         | 125 mg/ml  | Auto Injct | Limited to 4ml per 28 days        |
| Orenitram Er                  | Treprostinil Diolamine            | 0.125 mg   | Tablet Er  | Limited to 90 tabs per 30 days    |
| Orenitram Er                  | Treprostinil Diolamine            | 0.25 mg    | Tablet Er  | Limited to 90 tabs per 30 days    |
| Orenitram Er                  | Treprostinil Diolamine            | 1 mg       | Tablet Er  | Limited to 90 tabs per 30 days    |
| Orenitram Er                  | Treprostinil Diolamine            | 2.5 mg     | Tablet Er  | Limited to 90 tabs per 30 days    |
| Orenitram Er                  | Treprostinil Diolamine            | 5 mg       | Tablet Er  | Limited to 90 tabs per 30 days    |
| Oriahnn                       | Elagolix/Estradiol/Norethindr     | 300-1-0.5  | Cap Seq    | Limited to 56 caps per 28 days    |
| Orilissa                      | Elagolix Sodium                   | 150 mg     | Tablet     | Limited to 30 tabs per 30 days    |
| Orilissa                      | Elagolix Sodium                   | 200 mg     | Tablet     | Limited to 60 tabs per 30 days    |
| Orkambi                       | Lumacaftor/Ivacaftor              | 100-125 mg | Gran Pack  | Limited to 60 packs per 30 days   |
| Orkambi                       | Lumacaftor/Ivacaftor              | 150-188 mg | Gran Pack  | Limited to 60 packs per 30 days   |
| Orkambi                       | Lumacaftor/Ivacaftor              | 100-125 mg | Tablet     | Limited to 120 tabs per 30 days   |
| Orkambi                       | Lumacaftor/Ivacaftor              | 200-125mg  | Tablet     | Limited to 120 tabs per 30 days   |
| Ortikos                       | Budesonide                        | 6 mg       | Capsule Er | Limited to 30 caps per 30 days    |
| Ortikos                       | Budesonide                        | 9 mg       | Capsule Er | Limited to 30 caps per 30 days    |
| Oseni                         | Alogliptin Benz/Pioglitazone      | 12.5-15 mg | Tablet     | Limited to 30 tabs per 30 days    |
| Oseni                         | Alogliptin Benz/Pioglitazone      | 12.5-30 mg | Tablet     | Limited to 30 tabs per 30 days    |
| Oseni                         | Alogliptin Benz/Pioglitazone      | 12.5-45 mg | Tablet     | Limited to 30 tabs per 30 days    |
| Oseni                         | Alogliptin Benz/Pioglitazone      | 25 mg-15mg | Tablet     | Limited to 30 tabs per 30 days    |
| Oseni                         | Alogliptin Benz/Pioglitazone      | 25 mg-30mg | Tablet     | Limited to 30 tabs per 30 days    |

| Brand Name          | Generic Name                 | Strength   | Dosage     | Details  |
|---------------------|------------------------------|------------|------------|--|
| Oseni               | Alogliptin Benz/Pioglitazone | 25 mg-45mg | Tablet     | Limited to 30 tabs per 30 days                           |
| Osmolex Er          | Amantadine Hcl               | 129 mg     | Tab Bp 24h | Limited to 30 tabs per 30 days                           |
| Osmolex Er          | Amantadine Hcl               | 322 mg/day | Tab Bp 24h | Limited to 30 tabs per 30 days                           |
| Ospheña             | Ospemifene                   | 60 mg      | Tablet     | Limited to 30 tabs per 30 days                           |
| Otezla              | Apremilast                   | 10-20-30mg | Tab Ds Pk  | Limited to 27 tabs per 14 days                           |
| Otezla              | Apremilast                   | 30 mg      | Tablet     | Limited to 60 tabs per 30 days                           |
| Oxbryta             | Voxelotor                    | 500 mg     | Tablet     | Limited to 90 tabs per 30 days                           |
| Oxervate            | Cenegermin-Bkbj              | 0.002%     | Drops      | Limited to 28ml per 28 days. Up to 2 fills per lifetime. |
| Oxycontin           | Oxycodone Hcl                | 10 mg      | Tab Er 12h | Limited to 90 tabs per 30 days                           |
| Oxycontin           | Oxycodone Hcl                | 15 mg      | Tab Er 12h | Limited to 90 tabs per 30 days                           |
| Oxycontin           | Oxycodone Hcl                | 20 mg      | Tab Er 12h | Limited to 90 tabs per 30 days                           |
| Oxycontin           | Oxycodone Hcl                | 30 mg      | Tab Er 12h | Limited to 90 tabs per 30 days                           |
| Oxycontin           | Oxycodone Hcl                | 40 mg      | Tab Er 12h | Limited to 90 tabs per 30 days                           |
| Oxycontin           | Oxycodone Hcl                | 60 mg      | Tab Er 12h | Limited to 90 tabs per 30 days                           |
| Oxycontin           | Oxycodone Hcl                | 80 mg      | Tab Er 12h | Limited to 90 tabs per 30 days                           |
| Oxytrol             | Oxybutynin                   | 3.9mg/24hr | Patch Tdsw | Limited to 10 patches per 30 days                        |
| Ozempic             | Semaglutide                  | 0.25 or .5 | Pen Injctr | Limited to 3ml per 28 days                               |
| Ozempic             | Semaglutide                  | 1mg/0.75ml | Pen Injctr | Limited to 3ml per 28 days                               |
| Ozobax              | Baclofen                     | 5 mg/5 ml  | Solution   | Limited to 2400ml per 30 days                            |
| Palforzia           | Peanut Allergen Powder-Dnfp  | 0.5 to 6mg | Cap Sprink | Limited to 13 caps per 1 day                             |
| Palforzia           | Peanut Allergen Powder-Dnfp  | 3 mg       | Cap Sprink | Limited to 45 caps per 15 days                           |
| Palforzia           | Peanut Allergen Powder-Dnfp  | 6 mg       | Cap Sprink | Limited to 90 caps per 15 days                           |
| Palforzia           | Peanut Allergen Powder-Dnfp  | 12 mg      | Cap Sprink | Limited to 45 caps per 15 days                           |
| Palforzia           | Peanut Allergen Powder-Dnfp  | 20 mg      | Cap Sprink | Limited to 15 caps per 15 days                           |
| Palforzia           | Peanut Allergen Powder-Dnfp  | 40 mg      | Cap Sprink | Limited to 30 caps per 15 days                           |
| Palforzia           | Peanut Allergen Powder-Dnfp  | 80 mg      | Cap Sprink | Limited to 60 caps per 15 days                           |
| Palforzia           | Peanut Allergen Powder-Dnfp  | 120 mg     | Cap Sprink | Limited to 30 caps per 15 days                           |
| Palforzia           | Peanut Allergen Powder-Dnfp  | 160 mg     | Cap Sprink | Limited to 60 caps per 15 days                           |
| Palforzia           | Peanut Allergen Powder-Dnfp  | 200 mg     | Cap Sprink | Limited to 30 caps per 15 days                           |
| Palforzia           | Peanut Allergen Powder-Dnfp  | 240 mg     | Cap Sprink | Limited to 60 caps per 15 days                           |
| Palforzia (15 Pack) | Peanut Allergen Powder-Dnfp  | 300 mg     | Powd Pack  | Limited to 15 caps per 15 days                           |
| Palforzia (30 Pack) | Peanut Allergen Powder-Dnfp  | 300 mg     | Powd Pack  | Limited to 30 caps per 15 days                           |
| Palynziq            | Pegvaliase-Pqpz              | 10mg/0.5ml | Syringe    | Limited to 60ml per 30 days                              |
| Palynziq            | Pegvaliase-Pqpz              | 2.5 mg/0.5 | Syringe    | Limited to 60ml per 30 days                              |
| Palynziq            | Pegvaliase-Pqpz              | 20 mg/ml   | Syringe    | Limited to 60ml per 30 days                              |
| Patanase            | Olopatadine Hcl              | 0.60%      | Spray/Pump | Limited to 30.5 gm per 30 days                           |
| Pedia Relief Infant | Pseudoephedrine Hcl          | 9.4mg/ml   | Drops      | Limited to 750ml per 30 days                             |
| Pegasys             | Peginterferon Alfa-2a        | 180mcg/0.5 | Syringe    | Limited to 2ml per 28 days                               |
| Pegasys Proclick    | Peginterferon Alfa-2a        | 135mcg/0.5 | Pen Injctr | Limited to 2ml per 28 days                               |
| Pegasys Proclick    | Peginterferon Alfa-2a        | 180mcg/0.5 | Pen Injctr | Limited to 2ml per 28 days                               |
| Pegintron Redipen   | Peginterferon Alfa-2b        | 120mcg/0.5 | Pen Ij Kit | Limited to 5 pens per 30 days                            |
| Pemazyre            | Pemigatinib                  | 4.5 mg     | Tablet     | Limited to 14 tabs per 21 days                           |
| Pemazyre            | Pemigatinib                  | 9 mg       | Tablet     | Limited to 14 tabs per 21 days                           |
| Pemazyre            | Pemigatinib                  | 13.5 mg    | Tablet     | Limited to 14 tabs per 21 days                           |

2020.4 (10/1/2020).

For prior effective dates, please contact Moda Health.

| Brand Name              | Generic Name                   | Strength   | Dosage     | Details                           |
|-------------------------|--------------------------------|------------|------------|-----------------------------------|
| Penicillamine           | Penicillamine                  | 250 mg     | Tablet     | Limited to 480 tabs per 30 days   |
| Pentasa                 | Mesalamine                     | 250 mg     | Capsule Er | Limited to 480 caps per 30 days   |
| Pentasa                 | Mesalamine                     | 500 mg     | Capsule Er | Limited to 240 caps per 30 days   |
| Percocet                | Oxycodone Hcl/Acetaminophen    | 10mg-325mg | Tablet     | Limited to 360 tabs per 30 days   |
| Percocet                | Oxycodone Hcl/Acetaminophen    | 2.5-325 mg | Tablet     | Limited to 360 tabs per 30 days   |
| Percocet                | Oxycodone Hcl/Acetaminophen    | 5 mg-325mg | Tablet     | Limited to 360 tabs per 30 days   |
| Percocet                | Oxycodone Hcl/Acetaminophen    | 7.5-325 mg | Tablet     | Limited to 360 tabs per 30 days   |
| Perforomist             | Formoterol Fumarate            | 20 mcg/2ml | Vial-Neb   | Limited To 120ml Per 30 Days      |
| Pharmacist Choice       | Blood Sugar Diagnostic         |            | Strip      | Limited to 300 strips per 30 days |
| Picato                  | Ingenol Mebutate               | 0.02%      | Gel (Ea)   | Limited to 3 tubes per 60 days    |
| Picato                  | Ingenol Mebutate               | 0.05%      | Gel (Ea)   | Limited to 2 tubes per 60 days    |
| Piqray                  | Alpelisib                      | 200 mg/day | Tablet     | Limited to 28 tabs per 30 days    |
| Piqray                  | Alpelisib                      | 250 mg/day | Tablet     | Limited to 56 tabs per 30 days    |
| Piqray                  | Alpelisib                      | 300 mg/day | Tablet     | Limited to 56 tabs per 30 days    |
| Plegridy                | Peginterferon Beta-1a          | 125mcg/0.5 | Syringe    | Limited to 1 kit per 30 days      |
| Plegridy                | Peginterferon Beta-1a          | 63-94 mcg  | Syringe    | Limited to 1 kit per 30 days      |
| Plegridy Pen            | Peginterferon Beta-1a          | 125mcg/0.5 | Pen Injctr | Limited to 1 kit per 30 days      |
| Plegridy Pen            | Peginterferon Beta-1a          | 63-94 mcg  | Pen Injctr | Limited to 1 kit per 30 days      |
| Poly-Tussin Ac          | Brompheniramine/P-Eph/Codeine  | 4-10-10/5  | Liquid     | Limited To 900ml Per 30 Days      |
| Poly-Vent Dm            | Guaifenesin/Dm/Pseudoephedrine | 380-20-60  | Tablet     | Limited to 120 tabs per 30 days   |
| Pomalyst                | Pomalidomide                   | 1 mg       | Capsule    | Limited to 21 caps per 28 days    |
| Pomalyst                | Pomalidomide                   | 2 mg       | Capsule    | Limited to 21 caps per 28 days    |
| Pomalyst                | Pomalidomide                   | 3 mg       | Capsule    | Limited to 21 caps per 28 days    |
| Pomalyst                | Pomalidomide                   | 4 mg       | Capsule    | Limited to 21 caps per 28 days    |
| Ponstel                 | Mefenamic Acid                 | 250 mg     | Capsule    | Limited to 112 caps per 28 days   |
| Posaconazole            | Posaconazole                   | 200 mg/5ml | Oral Susp  | Limited to 600ml per 30 days      |
| Posaconazole            | Posaconazole                   | 100 mg     | Tablet Dr  | Limited to 240 tabs per 30 days   |
| Potiga                  | Ezogabine                      | 200 mg     | Tablet     | Limited to 90 tabs per 30 days    |
| Potiga                  | Ezogabine                      | 300 mg     | Tablet     | Limited to 90 tabs per 30 days    |
| Potiga                  | Ezogabine                      | 400 mg     | Tablet     | Limited to 90 tabs per 30 days    |
| Potiga                  | Ezogabine                      | 50 mg      | Tablet     | Limited to 180 tabs per 30 days   |
| Precision Pcx           | Blood Sugar Diagnostic         |            | Strip      | Limited to 300 strips per 30 days |
| Precision Pcx Plus      | Blood Sugar Diagnostic         |            | Strip      | Limited to 300 strips per 30 days |
| Precision Point Of Care | Blood Sugar Diagnostic         |            | Strip      | Limited to 300 strips per 30 days |
| Precision Q-I-D         | Blood Sugar Diagnostic         |            | Strip      | Limited to 300 strips per 30 days |
| Precision Xtra          | Blood Sugar Diagnostic         |            | Strip      | Limited to 300 strips per 30 days |
| Precose                 | Acarbose                       | 100 mg     | Tablet     | Limited to 90 tabs per 30 days    |
| Precose                 | Acarbose                       | 25 mg      | Tablet     | Limited to 90 tabs per 30 days    |
| Precose                 | Acarbose                       | 50 mg      | Tablet     | Limited to 90 tabs per 30 days    |
| Pregabalin              | Pregabalin                     | 100 mg     | Capsule    | Limited to 90 caps per 30 days    |
| Pregabalin              | Pregabalin                     | 150 mg     | Capsule    | Limited to 90 caps per 30 days    |
| Pregabalin              | Pregabalin                     | 200 mg     | Capsule    | Limited to 90 caps per 30 days    |
| Pregabalin              | Pregabalin                     | 225 mg     | Capsule    | Limited to 60 caps per 30 days    |

| Brand Name                 | Generic Name                   | Strength   | Dosage     | Details  |
|----------------------------|--------------------------------|------------|------------|--|
| Pregabalin                 | Pregabalin                     | 25 mg      | Capsule    | Limited to 90 caps per 30 days                           |
| Pregabalin                 | Pregabalin                     | 300 mg     | Capsule    | Limited to 60 caps per 30 days                           |
| Pregabalin                 | Pregabalin                     | 50 mg      | Capsule    | Limited to 90 caps per 30 days                           |
| Pregabalin                 | Pregabalin                     | 75 mg      | Capsule    | Limited to 90 caps per 30 days                           |
| Pregabalin                 | Pregabalin                     | 20 mg/ml   | Solution   | Limited to 900ml per 30 days                             |
| Premier Test Strip         | Blood Sugar Diagnostic         |            | Strip      | Limited to 300 strips per 30 days                        |
| Premium Blood Glucose Test | Blood Sugar Diagnostic         |            | Strip      | Limited to 300 strips per 30 days                        |
| Premium V10                | Blood Sugar Diagnostic         |            | Strip      | Limited to 300 strips per 30 days                        |
| Prestalia                  | Perindopril Arg/Amlodipine Bes | 14mg-10mg  | Tablet     | Limited to 30 tabs per 30 days                           |
| Prestalia                  | Perindopril Arg/Amlodipine Bes | 3.5-2.5 mg | Tablet     | Limited to 30 tabs per 30 days                           |
| Prestalia                  | Perindopril Arg/Amlodipine Bes | 7 mg-5 mg  | Tablet     | Limited to 30 tabs per 30 days                           |
| Pretomanid                 | Pretomanid                     | 200 mg     | Tablet     | Limited to 30 tabs per 30 days                           |
| Prevacid                   | Lansoprazole                   | 15 mg      | Capsule Dr | Limited to 60 caps per 30 days                           |
| Prevacid                   | Lansoprazole                   | 30 mg      | Capsule Dr | Limited to 60 caps per 30 days                           |
| Prevacid                   | Lansoprazole                   | 15 mg      | Tab Rap Dr | Limited to 60 tabs per 30 days                           |
| Prevacid                   | Lansoprazole                   | 30 mg      | Tab Rap Dr | Limited to 60 tabs per 30 days                           |
| Prevymis                   | Letermovir                     | 240 mg     | Tablet     | Limited to 100 tabs per 365 days                         |
| Prevymis                   | Letermovir                     | 480 mg     | Tablet     | Limited to 100 tabs per 365 days                         |
| Prezista                   | Darunavir Ethanolate           | 800 mg     | Tablet     | Limited to 30 tabs per 30 days                           |
| Prilosec                   | Omeprazole Magnesium           | 10 mg      | Suspdr Pkt | Limited to 60 packets per 30 days                        |
| Prilosec                   | Omeprazole Magnesium           | 2.5 mg     | Suspdr Pkt | Limited to 60 packets per 30 days                        |
| Primlev                    | Oxycodone Hcl/Acetaminophen    | 10mg-300mg | Tablet     | Limited to 390 tabs per 30 days                          |
| Primlev                    | Oxycodone Hcl/Acetaminophen    | 5 mg-300mg | Tablet     | Limited to 390 tabs per 30 days                          |
| Primlev                    | Oxycodone Hcl/Acetaminophen    | 7.5-300 mg | Tablet     | Limited to 390 tabs per 30 days                          |
| Pro Voice V8-V9 Test Strip | Blood Sugar Diagnostic         |            | Strip      | Limited to 300 strips per 30 days                        |
| Proair Digihaler           | Albuterol Sulfate              | 90 mcg     | Aer Pw Bas | Limited to 2 inhalers per 30 days                        |
| Proair Hfa                 | Albuterol Sulfate              | 90 mcg     | Hfa Aer Ad | Limited to 17 gm per 30 days                             |
| Proair Respiclick          | Albuterol Sulfate              | 90 mcg     | Aer Pow Ba | Limited to 2 inhalers per 30 days                        |
| Procentra                  | Dextroamphetamine Sulfate      | 5 mg/5 ml  | Solution   | Limited To 1200ml Per 30 Days                            |
| Prodigy No Coding          | Blood Sugar Diagnostic         |            | Strip      | Limited to 300 strips per 30 days                        |
| Promacta                   | Eltrombopag Olamine            | 25 mg      | Powd Pack  | Limited to 180 packs per 30 days                         |
| Pro-Red Ac                 | Dexchlorphen/Phenyleph/Codeine | 1-5-9 mg/5 | Liquid     | Limited To 1800ml Per 30 Days                            |
| Protonix                   | Pantoprazole Sodium            | 40 mg      | Granpkt Dr | Limited to 30 packets per 30 days                        |
| Proventil Hfa              | Albuterol Sulfate              | 90 mcg     | Hfa Aer Ad | Limited to 13.4 gm per 30 days                           |
| Provigil                   | Modafinil                      | 100 mg     | Tablet     | Limited to 30 tabs per 30 days                           |
| Provigil                   | Modafinil                      | 200 mg     | Tablet     | Limited to 60 tabs per 30 days                           |
| Pulmicort Flexhaler        | Budesonide                     | 180 mcg    | Aer Pow Ba | Limited to 2 inhalers per 30 days                        |
| Pulmicort Flexhaler        | Budesonide                     | 90 mcg     | Aer Pow Ba | Bill 15-day supply or greater for each inhaler dispensed |
| Qbrexza                    | Glycopyrronium Tosylate        | 2.40%      | Towelette  | Limited to 30 towelettes per 30 days                     |
| Qtern                      | Dapagliflozin/Saxagliptin Hcl  | 10 mg-5 mg | Tablet     | Limited to 30 tabs per 30 days                           |
| Qtern                      | Dapagliflozin/Saxagliptin Hcl  | 5 mg-5 mg  | Tablet     | Limited to 30 tabs per 30 days                           |
| Quartette                  | L-Norgest/E.Estradiol-E.Estrad | 0.15mg(84) | Tbdspk 3mo | Limited to 91 tabs per 91 days                           |

| Brand Name               | Generic Name                | Strength   | Dosage     | Details   |
|--------------------------|-----------------------------|------------|------------|---|
| Quillichew Er            | Methylphenidate Hcl         | 20 mg      | Tab Cbp24h | Limited to 90 tabs per 30 days                    |
| Quillichew Er            | Methylphenidate Hcl         | 30 mg      | Tab Cbp24h | Limited to 60 tabs per 30 days                    |
| Quillichew Er            | Methylphenidate Hcl         | 40 mg      | Tab Cbp24h | Limited to 30 tabs per 30 days                    |
| Quillivant Xr            | Methylphenidate Hcl         | 5 mg/ml    | Su Er Rc24 | Limited To 60ml Per 30 Days                       |
| Quintet                  | Blood Sugar Diagnostic      |            | Strip      | Limited to 300 strips per 30 days                 |
| Quintet Ac               | Blood Sugar Diagnostic      |            | Strip      | Limited to 300 strips per 30 days                 |
| Qvar                     | Beclomethasone Dipropionate | 40 mcg     | Aer W/Adap | Limited to 8.7 gm per 10 days/26.1 gm per 30 days |
| Qvar                     | Beclomethasone Dipropionate | 80 mcg     | Aer W/Adap | Limited to 8.7 gm per 10 days/26.1 gm per 30 days |
| Ragwitek                 | Weed Pollen-Short Ragweed   | 12 unit    | Tab Subl   | Limited to 30 tabs per 30 days                    |
| Ramelteon                | Ramelteon                   | 8 mg       | Tablet     | Limited to 30 tabs per 30 days                    |
| Ranexa                   | Ranolazine                  | 1000 mg    | Tab Er 12h | Limited to 120 tabs per 30 days                   |
| Ranexa                   | Ranolazine                  | 500 mg     | Tab Er 12h | Limited to 120 tabs per 30 days                   |
| Ravicti                  | Glycerol Phenylbutyrate     | 1.1gram/ml | Liquid     | Limited To 500ml Per 30 Days                      |
| Rayaldee                 | Calcifediol                 | 30 mcg     | Cap Sa 24h | Limited to 30 caps per 30 days                    |
| Razadyne                 | Galantamine Hbr             | 12 mg      | Tablet     | Limited to 60 tabs per 30 days                    |
| Razadyne                 | Galantamine Hbr             | 4 mg       | Tablet     | Limited to 60 tabs per 30 days                    |
| Razadyne                 | Galantamine Hbr             | 8 mg       | Tablet     | Limited to 60 tabs per 30 days                    |
| Razadyne Er              | Galantamine Hbr             | 16 mg      | Cap24h Pel | Limited to 30 caps per 30 days                    |
| Razadyne Er              | Galantamine Hbr             | 24 mg      | Cap24h Pel | Limited to 30 caps per 30 days                    |
| Razadyne Er              | Galantamine Hbr             | 8 mg       | Cap24h Pel | Limited to 30 caps per 30 days                    |
| Rebif                    | Interferon Beta-1a/Albumin  | 22mcg/.5ml | Syringe    | Limited To 6ml Per 28 Days                        |
| Rebif                    | Interferon Beta-1a/Albumin  | 44mcg/.5ml | Syringe    | Limited To 6ml Per 28 Days                        |
| Rebif                    | Interferon Beta-1a/Albumin  | 8.8-22(6)  | Syringe    | Limited To 4.2ml Per 28 Days                      |
| Rebif Rebidose           | Interferon Beta-1a/Albumin  | 22mcg/.5ml | Pen Injctr | Limited To 6ml Per 28 Days                        |
| Rebif Rebidose           | Interferon Beta-1a/Albumin  | 44mcg/.5ml | Pen Injctr | Limited To 6ml Per 28 Days                        |
| Rebif Rebidose           | Interferon Beta-1a/Albumin  | 8.8-22(6)  | Pen Injctr | Limited To 4.2ml Per 28 Days                      |
| Refuah Plus              | Blood Sugar Diagnostic      |            | Strip      | Limited to 300 strips per 30 days                 |
| Relafen DS               | Nabumetone                  | 1000 mg    | Tablet     | Limited to 60 tabs per 30 days                    |
| Relenza                  | Zanamivir                   | 5 mg       | Blst W/Dev | Limited to 20 blisters per fill                   |
| Relexxii                 | Methylphenidate Hcl         | 72 mg      | Tab Er 24  | Limited to 30 tabs per 30 days                    |
| Relion Confirm-Micro     | Blood Sugar Diagnostic      |            | Strip      | Limited to 300 strips per 30 days                 |
| Relion Prime Test Strips | Blood Sugar Diagnostic      |            | Strip      | Limited to 300 strips per 30 days                 |
| Relpax                   | Eletriptan Hydrobromide     | 20 mg      | Tablet     | Limited to 9 tabs per 30 days                     |
| Relpax                   | Eletriptan Hydrobromide     | 40 mg      | Tablet     | Limited to 9 tabs per 30 days                     |
| Restasis                 | Cyclosporine                | 0.05%      | Droperette | Limited to 60 vials per 30 days                   |
| Restasis Multidose       | Cyclosporine                | 0.05%      | Drops      | Limited to 5.5 ml per 28 days                     |
| Retevmo                  | Selpercatinib               | 40 mg      | Capsule    | Limited to 180 tabs per 30 days                   |
| Retevmo                  | Selpercatinib               | 80 mg      | Capsule    | Limited to 120 tabs per 30 days                   |
| Revatio                  | Sildenafil Citrate          | 10 mg/ml   | Susp Recon | Limited To 224ml Per 30 Days                      |
| Revatio                  | Sildenafil Citrate          | 20 mg      | Tablet     | Limited to 90 tabs per 30 days                    |
| Reveal Test Strip        | Blood Sugar Diagnostic      |            | Strip      | Limited to 300 strips per 30 days                 |
| Rexulti                  | Brexiprazole                | 0.25 mg    | Tablet     | Limited to 30 tabs per 30 days                    |



| Brand Name                  | Generic Name                   | Strength   | Dosage      | Details                           |
|-----------------------------|--------------------------------|------------|-------------|-----------------------------------|
| Rexulti                     | Brexipiprazole                 | 0.5 mg     | Tablet      | Limited to 30 tabs per 30 days    |
| Rexulti                     | Brexipiprazole                 | 1 mg       | Tablet      | Limited to 30 tabs per 30 days    |
| Rexulti                     | Brexipiprazole                 | 2 mg       | Tablet      | Limited to 30 tabs per 30 days    |
| Rexulti                     | Brexipiprazole                 | 3 mg       | Tablet      | Limited to 30 tabs per 30 days    |
| Rexulti                     | Brexipiprazole                 | 4 mg       | Tablet      | Limited to 4 tabs per 30 days     |
| Reyvow                      | Lasmiditan Succinate           | 100 mg     | Tablet      | Limited to 8 tabs per 30 days     |
| Reyvow                      | Lasmiditan Succinate           | 50 mg      | Tablet      | Limited to 4 tabs per 30 days     |
| Rightest Gs100 Test Strips  | Blood Sugar Diagnostic         |            | Strip       | Limited to 300 strips per 30 days |
| Rightest Gs250s Test Strips | Blood Sugar Diagnostic         |            | Strip       | Limited to 300 strips per 30 days |
| Rightest Gs260 Test Strips  | Blood Sugar Diagnostic         |            | Strip       | Limited to 300 strips per 30 days |
| Rightest Gs300 Test Strips  | Blood Sugar Diagnostic         |            | Strip       | Limited to 300 strips per 30 days |
| Rightest Gs550 Test Strips  | Blood Sugar Diagnostic         |            | Strip       | Limited to 300 strips per 30 days |
| Rilutek                     | Riluzole                       | 50 mg      | Tablet      | Limited to 60 tabs per 30 days    |
| Rinvoq Er                   | Upadacitinib                   | 15 mg      | Tab Er 24h  | Limited to 30 tabs per 30 days    |
| Riomet Er                   | Metformin Hcl                  | 500 mg/5ml | Sus Er Rec  | Limited to 480ml per 30 days      |
| Risperdal                   | Risperidone                    | 1 mg/ml    | Solution    | Limited to 240ml per 30 Days      |
| Ritalin La                  | Methylphenidate Hcl            | 10 mg      | Cpbp 50-50  | Limited to 30 caps per 30 days    |
| Ritalin La                  | Methylphenidate Hcl            | 20 mg      | Cpbp 50-50  | Limited to 60 caps per 30 days    |
| Ritalin La                  | Methylphenidate Hcl            | 30 mg      | Cpbp 50-50  | Limited to 60 caps per 30 days    |
| Ritalin La                  | Methylphenidate Hcl            | 40 mg      | Cpbp 50-50  | Limited to 30 caps per 30 days    |
| Ritifed                     | Tripolidine/Pseudoephedrine    | 1.25-30/5  | Syrup       | Limited To 1200ml Per 30 Days     |
| Rozerem                     | Ramelteon                      | 8 mg       | Tablet      | Limited to 30 tabs per 30 days    |
| Rubraca                     | Rucaparib Camsylate            | 200 mg     | Tablet      | Limited to 120 tabs per 30 days   |
| Rubraca                     | Rucaparib Camsylate            | 300 mg     | Tablet      | Limited to 120 tabs per 30 days   |
| Ruconest                    | C1 Esterase Inhibitor, Recomb  | 2100 unit  | Vial        | Limited to 2 vials per 30 days    |
| Ruzurgi                     | Amifampridine                  | 10 mg      | Tablet      | Limited to 240 tabs per 30 days   |
| Rynex Pse                   | Brompheniramin/Pseudoephedrine | 1-15mg/5ml | Liquid      | Limited To 2400ml Per 30 Days     |
| Safyral                     | Drospir/Eth Estra/Levomefol Ca | 3-0.03(21) | Tablet      | Limited to 28 tabs per 28 days    |
| Samsca                      | Tolvaptan                      | 30 mg      | Tablet      | Limited to 60 tabs per 30 days    |
| Sancuso                     | Granisetron                    | 3.1mg/24hr | Patch Tdwk  | Limited to 4 patches per 28 days  |
| Saphris                     | Asenapine Maleate              | 10 mg      | Tab Subl    | Limited to 60 tabs per 30 days    |
| Saphris                     | Asenapine Maleate              | 5 mg       | Tab Subl    | Limited to 60 tabs per 30 days    |
| Scopolamine                 | Scopolamine                    | 1 mg/3 day | Patch Td 3  | Limited to 10 patches per 30 days |
| Seasonique                  | L-Norgest/E.Estradiol-E.Estrad | 150-30(84) | Tbdspk 3mo  | Bill 84 days supply or greater.   |
| Secuado                     | Asenapine                      | 3.8mg/24hr | Patch Td24  | Limited to 30 patches per 30 days |
| Secuado                     | Asenapine                      | 5.7mg/24hr | Patch Td24  | Limited to 30 patches per 30 days |
| Secuado                     | Asenapine                      | 7.6mg/24hr | Patch Td24  | Limited to 30 patches per 30 days |
| Segluromet                  | Ertugliflozin/Metformin        | 2.5-1000mg | Tablet      | Limited to 60 tabs per 30 days    |
| Segluromet                  | Ertugliflozin/Metformin        | 2.5-500 mg | Tablet      | Limited to 120 tabs per 30 days   |
| Segluromet                  | Ertugliflozin/Metformin        | 7.5-1000mg | Tablet      | Limited to 60 tabs per 30 days    |
| Segluromet                  | Ertugliflozin/Metformin        | 7.5-500 mg | Tablet      | Limited to 60 tabs per 30 days    |
| Semglee                     | Insulin Glargine,Hum.Rec.Anlog | 100/ml     | Vial        | Limited to 60ml per 30 days       |
| Semglee Pen                 | Insulin Glargine,Hum.Rec.Anlog | 100/ml (3) | Insulin Pen | Limited to 60ml per 30 days       |
| Semglee Pen                 | Insulin Glargine,Hum.Rec.Anlog | 100/ml (3) | Insulin Pen | Limited to 60ml per 30 days       |

| Brand Name                    | Generic Name                   | Strength   | Dosage      | Details                               |
|-------------------------------|--------------------------------|------------|-------------|---------------------------------------|
| Seroquel                      | Quetiapine Fumarate            | 100 mg     | Tablet      | Limited to 90 tabs per 30 days        |
| Seroquel                      | Quetiapine Fumarate            | 200 mg     | Tablet      | Limited to 90 tabs per 30 days        |
| Seroquel                      | Quetiapine Fumarate            | 25 mg      | Tablet      | Limited to 90 tabs per 30 days        |
| Seroquel                      | Quetiapine Fumarate            | 300 mg     | Tablet      | Limited to 90 tabs per 30 days        |
| Seroquel                      | Quetiapine Fumarate            | 400 mg     | Tablet      | Limited to 90 tabs per 30 days        |
| Seroquel                      | Quetiapine Fumarate            | 50 mg      | Tablet      | Limited to 90 tabs per 30 days        |
| Seroquel Xr                   | Quetiapine Fumarate            | 150 mg     | Tab Er 24h  | Limited to 30 tabs per 30 days        |
| Seroquel Xr                   | Quetiapine Fumarate            | 200 mg     | Tab Er 24h  | Limited to 30 tabs per 30 days        |
| Seroquel Xr                   | Quetiapine Fumarate            | 300 mg     | Tab Er 24h  | Limited to 60 tabs per 30 days        |
| Seroquel Xr                   | Quetiapine Fumarate            | 400 mg     | Tab Er 24h  | Limited to 60 tabs per 30 days        |
| Seroquel Xr                   | Quetiapine Fumarate            | 50 mg      | Tab Er 24h  | Limited to 60 tabs per 30 days        |
| Shingrix                      | Varicella-Zoster Ge/As01b/Pf   | 50 mcg/0.5 | Kit         | Limited to 2 injections per lifetime. |
| Shingrix Adjuvant Component   | Adjuvant As01b/Pf, Vial 1 Of 2 |            | Vial        | Limited to 2 injections per lifetime. |
| Shingrix Ge Antigen Component | Varicella-Zoster Ge Vac,2 Of 2 | 50 mcg     | Vial        | Limited to 2 injections per lifetime. |
| Signifor                      | Pasireotide Diaspartate        | 0.3 mg/ml  | Ampul       | Limited To 60ml Per 30 Days           |
| Signifor                      | Pasireotide Diaspartate        | 0.6 mg/ml  | Ampul       | Limited To 60ml Per 30 Days           |
| Signifor                      | Pasireotide Diaspartate        | 0.9 mg/ml  | Ampul       | Limited To 60ml Per 30 Days           |
| Silenor                       | Doxepin Hcl                    | 3 mg       | Tablet      | Limited to 30 tabs per 30 days        |
| Silenor                       | Doxepin Hcl                    | 6 mg       | Tablet      | Limited to 30 tabs per 30 days        |
| Siliq                         | Brodalumab                     | 210 mg/1.5 | Syringe     | Limited to 2 syringes per 28 days     |
| Simponi                       | Golimumab                      | 100 mg/ml  | Pen Injctr  | Limited to 1 pen per 28 days          |
| Simponi                       | Golimumab                      | 50mg/0.5ml | Pen Injctr  | Limited To 0.5ml Per 28 Days          |
| Simponi                       | Golimumab                      | 100 mg/ml  | Syringe     | Limited to 1 syringe per 28 days      |
| Simponi                       | Golimumab                      | 50mg/0.5ml | Syringe     | Limited To 0.5ml Per 28 Days          |
| Simvastatin                   | Simvastatin                    | 20 mg/5 ml | Oral Susp   | Limited to 300ml per 30 days          |
| Sinus Headache                | Pseudoephedrine/Acetaminophen  | 30mg-500mg | Tablet      | Limited to 240 tabs per 30 days       |
| Sitavig                       | Acyclovir                      | 50 mg      | Ma Buc Tab  | Limited to 8 tabs per 30 days         |
| Skyrizi                       | Risankizumab-Rzaa              | 150mg/1.66 | Syringekit  | Limited to 1 syringe per 84 days      |
| Slynd                         | Drospirenone                   | 4 mg (28)  | Tablet      | Limited to 1 pack per 24 days         |
| Smart Sense Test Strips       | Blood Sugar Diagnostic         |            | Strip       | Limited to 300 strips per 30 days     |
| Smartest Test                 | Blood Sugar Diagnostic         |            | Strip       | Limited to 300 strips per 30 days     |
| Soliqua 100-33                | Insulin Glargine/Lixisenatide  | 100-33/ml  | Insulin Pen | Limited to 15 syringes per 28 days    |
| Solodyn                       | Minocycline Hcl                | 115mg      | Tab Er 24h  | Limited to 30 tabs per 30 days        |
| Solodyn                       | Minocycline Hcl                | 65 mg      | Tab Er 24h  | Limited to 30 tabs per 30 days        |
| Solosec                       | Secnidazole                    | 2 g        | Grandr Pkt  | Limited to 1 packet per 14 days       |
| Solus V2 Test Strips          | Blood Sugar Diagnostic         |            | Strip       | Limited to 300 strips per 30 days     |
| Sonata                        | Zaleplon                       | 10 mg      | Capsule     | Limited to 60 caps per 30 days        |
| Sonata                        | Zaleplon                       | 5 mg       | Capsule     | Limited to 60 caps per 30 days        |
| Soolantra                     | Ivermectin                     | 1%         | Cream (G)   | Limited to 1 tube per 30 days         |
| Sorilux                       | Calcipotriene                  | 0.005%     | Foam        | Limited to 60 grams per 30 days       |
| Sovaldi                       | Sofosbuvir                     | 150 mg     | Pelet Pack  | Limited to 28 packs per 28 days       |
| Sovaldi                       | Sofosbuvir                     | 200 mg     | Pelet Pack  | Limited to 28 packs per 28 days       |
| Sovaldi                       | Sofosbuvir                     | 200 mg     | Tablet      | Limited to 28 tabs per 28 days        |

| Brand Name         | Generic Name                   | Strength   | Dosage     | Details                                   |
|--------------------|--------------------------------|------------|------------|---|
| Sovaldi            | Sofosbuvir                     | 400 mg     | Tablet     | Limited to 28 tabs per 28 days            |
| Spiriva            | Tiotropium Bromide             | 18 mcg     | Cap W/Dev  | Limited to 1 inhaler per 30 days          |
| Spiriva Respimat   | Tiotropium Bromide             | 1.25 mcg   | Mist Inhal | Limited to 1 inhaler per 30 days          |
| Spiriva Respimat   | Tiotropium Bromide             | 2.5 mcg    | Mist Inhal | Limited to 1 inhaler per 30 days          |
| Spravato           | Esketamine Hcl                 | 28 mg      | Spray      | Limited to 4 per 30 days                  |
| Spravato           | Esketamine Hcl                 | 56 mg      | Spray      | Limited to 4 per 30 day                   |
| Spravato           | Esketamine Hcl                 | 84 mg      | Spray      | Limited to 4 per 30 days                  |
| Sprix              | Ketorolac Tromethamine         | 15.75 mg   | Spray      | Limited to 5ml per 30 days                |
| Stahist Ad         | Chlorcyclizine/Pseudoephedrine | 25-60mg/5  | Liquid     | Limited To 600ml Per 30 Days              |
| Stahist Ad         | Chlorcyclizine/Pseudoephedrine | 25 mg-60mg | Tablet     | Limited to 120 tabs per 30 days           |
| Staxyn             | Vardenafil Hcl                 | 10 mg      | Tab Rapdis | Limited to 6 tabs per 30 days             |
| Steglatro          | Ertugliflozin Pidolate         | 15 mg      | Tablet     | Limited to 30 tabs per 30 days            |
| Steglatro          | Ertugliflozin Pidolate         | 5 mg       | Tablet     | Limited to 60 tabs per 30 days            |
| Stelara            | Ustekinumab                    | 45mg/0.5ml | Syringe    | Quantity limit varies based on indication |
| Stelara            | Ustekinumab                    | 90 mg/ml   | Syringe    | Quantity limit varies based on indication |
| Stelara            | Ustekinumab                    | 45mg/0.5ml | Vial       | Quantity limit varies based on indication |
| Stendra            | Avanafil                       | 100 mg     | Tablet     | Limited to 6 tabs per 30 days             |
| Stendra            | Avanafil                       | 200 mg     | Tablet     | Limited to 6 tabs per 30 days             |
| Stendra            | Avanafil                       | 50 mg      | Tablet     | Limited to 6 tabs per 30 days             |
| Stiolto Respimat   | Tiotropium Br/Olodaterol Hcl   | 2.5-2.5mcg | Mist Inhal | Limited to 1 inhaler per 30 days          |
| Stivarga           | Regorafenib                    | 40 mg      | Tablet     | Limited to 84 tabs per 28 days            |
| Strattera          | Atomoxetine Hcl                | 10 mg      | Capsule    | Limited to 60 caps per 30 days            |
| Strattera          | Atomoxetine Hcl                | 100 mg     | Capsule    | Limited to 30 caps per 30 days            |
| Strattera          | Atomoxetine Hcl                | 18 mg      | Capsule    | Limited to 60 caps per 30 days            |
| Strattera          | Atomoxetine Hcl                | 25 mg      | Capsule    | Limited to 60 caps per 30 days            |
| Strattera          | Atomoxetine Hcl                | 40 mg      | Capsule    | Limited to 60 caps per 30 days            |
| Strattera          | Atomoxetine Hcl                | 60 mg      | Capsule    | Limited to 30 caps per 30 days            |
| Strattera          | Atomoxetine Hcl                | 80 mg      | Capsule    | Limited to 30 caps per 30 days            |
| Strensiq           | Asfotase Alfa                  | 18mg/.45ml | Vial       | Limited To 10.8ml Per 28 Days             |
| Strensiq           | Asfotase Alfa                  | 28mg/0.7ml | Vial       | Limited To 16.8ml Per 28 Days             |
| Strensiq           | Asfotase Alfa                  | 40 mg/ml   | Vial       | Limited To 24ml Per 28 Days               |
| Strensiq           | Asfotase Alfa                  | 80mg/0.8ml | Vial       | Limited To 19.2ml Per 28 Days             |
| Striant            | Testosterone                   | 30 mg      | Muc Er 12h | Limited to 60 buccal systems per 30 days  |
| Stribild           | Elviteg/Cob/Emtri/Tenofo Disop | 150-200 mg | Tablet     | Limited to 30 tabs per 30 days            |
| Striverdi Respimat | Olodaterol Hcl                 | 2.5 mcg    | Mist Inhal | Limited to 4 gm per 30 days               |
| Subsys             | Fentanyl                       | 100mcg/spr | Spray      | Limited to 180 sprays per 30 days         |
| Subsys             | Fentanyl                       | 1200 mcg   | Spray      | Limited to 180 sprays per 30 days         |
| Subsys             | Fentanyl                       | 1600 mcg   | Spray      | Limited to 180 sprays per 30 days         |
| Subsys             | Fentanyl                       | 200 mcg    | Spray      | Limited to 180 sprays per 30 days         |
| Subsys             | Fentanyl                       | 400mcg/spr | Spray      | Limited to 180 sprays per 30 days         |
| Subsys             | Fentanyl                       | 600 mcg    | Spray      | Limited to 180 sprays per 30 days         |
| Subsys             | Fentanyl                       | 800 mcg    | Spray      | Limited to 180 sprays per 30 days         |
| Sudafed            | Pseudoephedrine Hcl            | 30 mg      | Tablet     | Limited to 240 tabs per 30 days           |

| Brand Name                  | Generic Name                   | Strength   | Dosage     | Details                                   |
|-----------------------------|--------------------------------|------------|------------|---|
| Sudafed 12 Hour             | Pseudoephedrine Hcl            | 120 mg     | Tablet Er  | Limited to 60 tabs per 30 days            |
| Sudafed 12-Hour             | Pseudoephedrine Hcl            | 120 mg     | Tablet Er  | Limited to 60 tabs per 30 days            |
| Sudafed 24-Hour             | Pseudoephedrine Hcl            | 240 mg     | Tab Er 24h | Limited to 30 tabs per 30 days            |
| Sudogest                    | Pseudoephedrine Hcl            | 60 mg      | Tablet     | Limited to 120 tabs per 30 days           |
| Sumatriptan Succinate       | Sumatriptan Succinate          | 6 mg/0.5ml | Syringe    | Limited to 8ml per 30 days                |
| Sumavel Dosepro             | Sumatriptan Succinate          | 4 mg/0.5ml | Ndl Fr Inj | Limited To 3ml Per 30 Days                |
| Sumavel Dosepro             | Sumatriptan Succinate          | 6 mg/0.5ml | Ndl Fr Inj | Limited To 3ml Per 30 Days                |
| Sunosi                      | Solriamfetol Hcl               | 150 mg     | Tablet     | Limited to 30 tabs per 30 days            |
| Sunosi                      | Solriamfetol Hcl               | 75 mg      | Tablet     | Limited to 60 tabs per 30 days            |
| Sure-Test Easyplus Mini     | Blood Sugar Diagnostic         |            | Strip      | Limited to 300 strips per 30 days         |
| Symbicort                   | Budesonide-Formoterol Fumarate | 160-4.5mcg | Hfa Aer Ad | Limited to 10.2 grams per 30 days         |
| Symbicort                   | Budesonide-Formoterol Fumarate | 80-4.5 mcg | Hfa Aer Ad | Limited to 10.2 grams per 30 days         |
| Symdeko                     | Tezacaftor/Ivacaftor           | 100-150 mg | Tablet Seq | Limited to 56 tabs per 28 days            |
| Symdeko                     | Tezacaftor/Ivacaftor           | 50 mg-75mg | Tablet Seq | Limited to 56 tabs per 28 days            |
| Symproic                    | Naldemedine Tosylate           | 0.2 mg     | Tablet     | Limited to 30 tabs per 30 days            |
| Synalgos-Dc                 | Aspirin/Caffein/Dihydrocodeine | 356-30-16  | Capsule    | Limited to 360 caps per 30 days           |
| Synjardy                    | Empagliflozin/Metformin Hcl    | 12.5-1000  | Tablet     | Limited to 60 tabs per 30 days            |
| Synjardy                    | Empagliflozin/Metformin Hcl    | 12.5-500mg | Tablet     | Limited to 60 tabs per 30 days            |
| Synjardy                    | Empagliflozin/Metformin Hcl    | 5 mg-500mg | Tablet     | Limited to 120 tabs per 30 days           |
| Synjardy                    | Empagliflozin/Metformin Hcl    | 5mg-1000mg | Tablet     | Limited to 120 tabs per 30 days           |
| Synjardy Xr                 | Empagliflozin/Metformin Hcl    | 10-1000 mg | Tab Bp 24h | Limited to 60 tabs per 30 days            |
| Synjardy Xr                 | Empagliflozin/Metformin Hcl    | 12.5-1000  | Tab Bp 24h | Limited to 60 tabs per 30 days            |
| Synjardy Xr                 | Empagliflozin/Metformin Hcl    | 25-1000 mg | Tab Bp 24h | Limited to 60 tabs per 30 days            |
| Synjardy Xr                 | Empagliflozin/Metformin Hcl    | 5mg-1000mg | Tab Bp 24h | Limited to 60 tabs per 30 days            |
| Tabloid                     | Thioguanine                    | 40 mg      | Tablet     | Limited to 120 tabs per 30 days           |
| Tabrecta                    | Capmatinib Hydrochloride       | 150 mg     | Tablet     | Limited to 112 tabs per 28 days           |
| Tabrecta                    | Capmatinib Hydrochloride       | 200 mg     | Tablet     | Limited to 112 tabs per 28 days           |
| Taclonex                    | Calcipotriene/Betamethasone    | 0.005-.064 | Suspension | Limited to 400 grams per 30 days          |
| Tafinlar                    | Dabrafenib Mesylate            | 50 mg      | Capsule    | Limited to 120 caps per 30 days           |
| Tafinlar                    | Dabrafenib Mesylate            | 75 mg      | Capsule    | Limited to 120 caps per 30 days           |
| Takhzyro                    | Lanadelumab-Flyo               | 300 mg/2ml | Vial       | Limited to 4ml per 28 days                |
| Talicia                     | Omeprazole/Amoxicill/Rifabutin | 10mg-250mg | Cap Ir Dr  | Limited to 168 caps per 14 days           |
| Taltz Autoinjector          | Ixekizumab                     | 80 mg/ml   | Auto Injct | Quantity limit varies based on indication |
| Taltz Autoinjector (2 Pack) | Ixekizumab                     | 80 mg/ml   | Auto Injct | Quantity limit varies based on indication |
| Taltz Autoinjector (3 Pack) | Ixekizumab                     | 80 mg/ml   | Auto Injct | Quantity limit varies based on indication |
| Taltz Syringe               | Ixekizumab                     | 80 mg/ml   | Syringe    | Quantity limit varies based on indication |
| Taltz Syringe (2 Pack)      | Ixekizumab                     | 80 mg/ml   | Syringe    | Quantity limit varies based on indication |
| Taltz Syringe (3 Pack)      | Ixekizumab                     | 80 mg/ml   | Syringe    | Quantity limit varies based on indication |
| Talzenna                    | Talazoparib Tosylate           | 0.25 mg    | Capsule    | Limited to 90 caps per 30 days            |

| Brand Name          | Generic Name                   | Strength   | Dosage      | Details  |
|---------------------|--------------------------------|------------|-------------|--|
| Talzenna            | Talazoparib Tosylate           | 1 mg       | Capsule     | Limited to 30 caps per 30 days                                       |
| Tamiflu             | Oseltamivir Phosphate          | 30 mg      | Capsule     | Limited to 28 caps per 90 days                                       |
| Tamiflu             | Oseltamivir Phosphate          | 45 mg      | Capsule     | Limited to 1 fill every flu season<br>Limited to 14 caps per 90 days |
| Tamiflu             | Oseltamivir Phosphate          | 75 mg      | Capsule     | Limited to 1 fill every flu season<br>Limited to 14 caps per 90 days |
| Tamiflu             | Oseltamivir Phosphate          | 6 mg/ml    | Susp Recon  | Limited to 1 fill every flu season<br>Limited To 252ml Per 90 Days   |
| Tanzeum             | Abiglutide                     | 30mg/0.5ml | Pen Injctr  | Limited To 2ml Per 28 Days   |
| Tanzeum             | Abiglutide                     | 50mg/0.5ml | Pen Injctr  | Limited To 2ml Per 28 Days   |
| Tasigna             | Nilotinib Hcl                  | 50 mg      | Capsule     | Limited to 60 caps per 30 days                                       |
| Tavalisse           | Fostamatinib Disodium          | 100 mg     | Tablet      | Limited to 60 tabs per 30 days                                       |
| Tavalisse           | Fostamatinib Disodium          | 150 mg     | Tablet      | Limited to 60 tabs per 30 days                                       |
| Tazverik            | Tazemetostat Hydrobromide      | 200 mg     | Tablet      | Limited to 240 tabs per 30 days                                      |
| Td Gold Test Strip  | Blood Sugar Diagnostic         |            | Strip       | Limited to 300 strips per 30 days                                    |
| Technivie           | Ombitasvir/Paritaprev/Ritonav  | 12.5-75 mg | Tablet      | Limited to 56 tabs per 28 days                                       |
| Tegsedi             | Inotersen Sodium               | 284 mg/1.5 | Syringe     | Limited to 6ml per 28 days   |
| Telcare             | Blood Sugar Diagnostic         |            | Strip       | Limited to 300 strips per 30 days                                    |
| Temixys             | Lamivudine/Tenofovir Disop Fum | 300-300 mg | Tablet      | Limited to 30 tabs per 30 days                                       |
| Terazol 7           | Terconazole                    | 0.40%      | Cream/App I | Limited to 45 gm per 30 days   |
| Teriparatide        | Teriparatide                   | 20mcg/dose | Pen Injctr  | Limited to 1 package per 28 days                                     |
| Test N'go           | Blood Sugar Diagnostic         |            | Strip       | Limited to 300 strips per 30 days                                    |
| Test Strips         | Blood Sugar Diagnostic         |            | Strip       | Limited to 300 strips per 30 days                                    |
| Testim              | Testosterone                   | 50 mg (1%) | Gel (Gram)  | Limited to 300 gm per 30 days  |
| Thiola EC           | Tiopronin                      | 100 mg     | Tablet Dr   | Limited to 240 tabs per 30 days                                      |
| Thiola EC           | Tiopronin                      | 300 mg     | Tablet Dr   | Limited to 60 tabs per 30 days                                       |
| Tibsovo             | Ivosidenib                     | 250 mg     | Tablet      | Limited to 60 tabs per 30 days                                       |
| Tivicay Pd          | Dolutegravir Sodium            | 5 mg       | Tab Susp    | Limited to 180 tabs per 30 days                                      |
| Tivorbex            | Indomethacin, Submicronized    | 20 mg      | Capsule     | Limited to 90 caps per 30 days                                       |
| Tobi                | Tobramycin In 0.225% Sod Chlor | 300 mg/5ml | Ampul-Neb   | Limited To 280ml Per 28 Days   |
| Tobi Podhaler       | Tobramycin                     | 28 mg      | Cap W/Dev   | Limited to 224 caps per 28 days                                      |
| Tobi Podhaler       | Tobramycin                     | 28 mg      | Capsule     | Limited to 224 caps per 28 days                                      |
| Tobramcyin          | Tobramcyin                     | 300 mg/4ml | Ampul-Neb   | Limited to 224ml per 28 days   |
| Tobramcyin          | Tobramcyin                     | 300 mg/5ml | Ampul-Neb   | Limited to 280ml per 28 days   |
| Tolsura             | Itraconazole                   | 65 mg      | Cap Sd Dsp  | Limited to 120 caps per 30 days                                      |
| Tolvaptan           | Tolvaptan                      | 30 mg      | Tablet      | Limited to 60 tabs per 30 days                                       |
| Tosymra             | Sumatriptan                    | 10 mg      | Spray       | Limited to 6ml per 30 days   |
| Toujeo Max Solostar | Insulin Glargine,Hum.Rec.Anlog | 300/ml (3) | Insulin Pen | Limited To 18ml Per 30 Days  |
| Toujeo Solostar     | Insulin Glargine,Hum.Rec.Anlog | 300/ml     | Insulin Pen | Limited To 18ml Per 30 Days  |
| Toviaz              | Fesoterodine Fumarate          | 4 mg       | Tab Er 24h  | Limited to 30 tabs per 30 days                                       |
| Toviaz              | Fesoterodine Fumarate          | 8 mg       | Tab Er 24h  | Limited to 30 tabs per 30 days                                       |
| Tradjenta           | Linagliptin                    | 5 mg       | Tablet      | Limited to 30 tabs per 30 days                                       |

| Brand Name                     | Generic Name                    | Strength   | Dosage      | Details                                   |
|--------------------------------|---------------------------------|------------|-------------|---|
| Tramadol Hcl                   | Tramadol Hcl                    | 100 mg     | Tablet      | Limited to 120 tabs per 30 days           |
| Trelegly Ellipta               | Fluticasone/Umeclidin/Vilanter  | 100-62.5   | Blst W/Dev  | Limited to 1 device per 30 days           |
| Tremfya                        | Guselkumab                      | 100 mg/ml  | Auto Injct  | Quantity limit varies based on indication |
| Tremfya                        | Guselkumab                      | 100 mg/ml  | Syringe     | Quantity limit varies based on indication |
| Tresiba                        | Insulin Degludec                | 100/ml     | Vial        | Limited to 60ml per 30 days               |
| Tresiba Flextouch U-100        | Insulin Degludec                | 100/ml (3) | Insulin Pen | Limited to 60ml per 30 days               |
| Tresiba Flextouch U-200        | Insulin Degludec                | 200/ml (3) | Insulin Pen | Limited to 30ml per 30 days               |
| Treximet                       | Sumatriptan Succ/Naproxen Sod   | 10 mg-60mg | Tablet      | Limited to 9 tabs per 30 days             |
| Treximet                       | Sumatriptan Succ/Naproxen Sod   | 85mg-500mg | Tablet      | Limited to 9 tabs per 30 days             |
| Trezix                         | Acetaminophen/Caff/Dihydrocod   | 320.5-30mg | Capsule     | Limited to 300 caps per 30 days           |
| Trijardy Xr                    | Empaglifloz/Linaglipt/Metformin | 10-5-1000  | Tab Bp 24h  | Limited to 60 tabs per 30 days            |
| Trijardy Xr                    | Empaglifloz/Linaglipt/Metformin | 12.5-2.5mg | Tab Bp 24h  | Limited to 60 tabs per 30 days            |
| Trijardy Xr                    | Empaglifloz/Linaglipt/Metformin | 25-5-1000  | Tab Bp 24h  | Limited to 60 tabs per 30 days            |
| Trijardy Xr                    | Empaglifloz/Linaglipt/Metformin | 5-2.5-1000 | Tab Bp 24h  | Limited to 60 tabs per 30 days            |
| Trikafta                       | Elexacaftor/Tezacaftor/Ivacaft  | 100-50-75  | Tablet Seq  | Limited to 84 tabs per 28 days            |
| Trispec Pse                    | Guaifenesin/Dm/Pseudoephedrine  | 187-10-30  | Liquid      | Limited To 1200ml Per 30 Days             |
| True Metrix Glucose Test Strip | Blood Sugar Diagnostic          |            | Strip       | Limited to 300 strips per 30 days         |
| True Metrix Pro Test Strip     | Blood Sugar Diagnostic          |            | Strip       | Limited to 300 strips per 30 days         |
| Truetest Test Strips           | Blood Sugar Diagnostic          |            | Strip       | Limited to 300 strips per 30 days         |
| Truetrack Test Strip           | Blood Sugar Diagnostic          |            | Strip       | Limited to 300 strips per 30 days         |
| Trulance                       | Plecanatide                     | 3 mg       | Tablet      | Limited to 30 tabs per 30 days            |
| Trulicity                      | Dulaglutide                     | 0.75mg/0.5 | Pen Injctr  | Limited To 2ml Per 28 Days                |
| Trulicity                      | Dulaglutide                     | 1.5 mg/0.5 | Pen Injctr  | Limited To 2ml Per 28 Days                |
| Trulicity                      | Dulaglutide                     | 3 mg/0.5ml | Pen Injctr  | Limited to 2ml per 28 days                |
| Trulicity                      | Dulaglutide                     | 4.5 mg/0.5 | Pen Injctr  | Limited to 2ml per 28 days                |
| Tudorza Pressair               | Acidinium Bromide               | 400 mcg    | Aer Pow Ba  | Limited to 1 inhaler per 30 days          |
| Tukysa                         | Tucatinib                       | 50 mg      | Tablet      | Limited to 60 tabs per 30 days            |
| Tukysa                         | Tucatinib                       | 150 mg     | Tablet      | Limited to 120 tabs per 30 days           |
| Tusnel                         | Guaifenesin/Dm/Pseudoephedrine  | 200-15-30  | Solution    | Limited To 1200ml Per 30 Days             |
| Tusnel                         | Guaifenesin/Dm/Pseudoephedrine  | 400-30-60  | Tablet      | Limited to 120 tabs per 30 days           |
| Tusnel C                       | Pseudoephed/Codeine/Guaifen     | 30-10-100  | Syrup       | Limited To 1200ml Per 30 Days             |
| Tusnel Dm Pediatric            | Guaifenesin/Dm/Pseudoephedrine  | 2.5-7.5/ml | Drops       | Limited To 960ml Per 30 Days              |
| Tusnel Pediatric               | Guaifenesin/Dm/Pseudoephedrine  | 50-5-15/5  | Liquid      | Limited To 2400ml Per 30 Days             |
| Tussin Cf                      | Guaifenesin/Dm/Pseudoephedrine  | 100-10-30  | Syrup       | Limited To 1200ml Per 30 Days             |
| Tuxarin Er                     | Chlorpheniramine/Codeine Phos   | 8mg-54.3mg | Tab Er 12h  | Limited to 600ml per 30 days              |
| Tydem                          | Drospir/Eth Estra/Levomefol Ca  | 3-0.03(21) | Tablet      | Limited to 28 tabs per 28 days            |
| Tylenol-Codeine No.3           | Acetaminophen With Codeine      | 300mg-30mg | Tablet      | Limited to 360 tabs per 30 days           |
| Tylenol-Codeine No.4           | Acetaminophen With Codeine      | 300mg-60mg | Tablet      | Limited to 180 tabs per 30 days           |

| Brand Name              | Generic Name                   | Strength   | Dosage     | Details                           |
|-------------------------|--------------------------------|------------|------------|-----------------------------------|
| Tymlos                  | Abaloparatide                  | 80mcg/dose | Pen Injctr | Limited to 1 pen per 30 days      |
| Ubrelyv                 | Ubrogepant                     | 100 mg     | Tablet     | Limited to 16 tabs per 30 days    |
| Ubrelyv                 | Ubrogepant                     | 50 mg      | Tablet     | Limited to 8 tabs per 30 days     |
| Udenyca                 | Pegfilgrastim-Cbqv             | 6 mg/0.6ml | Syringe    | Limited to 2 syringes per 28 days |
| Ultima                  | Blood Sugar Diagnostic         |            | Strip      | Limited to 300 strips per 30 days |
| Ultracet                | Tramadol Hcl/Acetaminophen     | 37.5-325mg | Tablet     | Limited to 180 tabs per 30 days   |
| Ultrarak                | Blood Sugar Diagnostic         |            | Strip      | Limited to 300 strips per 30 days |
| Ultrarak Ultimate       | Blood Sugar Diagnostic         |            | Strip      | Limited to 300 strips per 30 days |
| Unistrip1               | Blood Sugar Diagnostic         |            | Strip      | Limited to 300 strips per 30 days |
| Vanatol Lq              | Butalb/Acetaminophen/Caffeine  | 50-325/15  | Solution   | Limited To 2700ml Per 30 Days     |
| Vanatol S               | Butalb/Acetaminophen/Caffeine  | 50-325/15  | Solution   | Limited To 2700ml Per 30 Days     |
| Vancomycin Hcl          | Vancomycin Hcl                 | 50 mg/ml   | Soln Recon | Limited to 140ml per 14 days      |
| Vardenafil Hcl          | Vardenafil Hcl                 | 10 mg      | Tab Rapdis | Limited to 6 tabs per 30 days     |
| Vardenafil Hcl          | Vardenafil Hcl                 | 10 mg      | Tablet     | Limited to 6 tabs per 30 days     |
| Vardenafil Hcl          | Vardenafil Hcl                 | 2.5 mg     | Tablet     | Limited to 6 tabs per 30 days     |
| Vardenafil Hcl          | Vardenafil Hcl                 | 20 mg      | Tablet     | Limited to 6 tabs per 30 days     |
| Vardenafil Hcl          | Vardenafil Hcl                 | 5 mg       | Tablet     | Limited to 6 tabs per 30 days     |
| Vascepa                 | Icosapent Ethyl                | 0.5 gram   | Capsule    | Limited to 120 caps per 30 days   |
| Vascepa                 | Icosapent Ethyl                | 1g         | Capsule    | Limited to 120 caps per 30 days   |
| Vemlidy                 | Tenofovir Alafenamide Fumarate | 25 mg      | Tablet     | Limited to 30 tabs per 30 days    |
| Venclexta               | Venetoclax                     | 10 mg      | Tablet     | Limited to 30 tabs per 30 days    |
| Venclexta               | Venetoclax                     | 100 mg     | Tablet     | Limited to 30 tabs per 30 days    |
| Venclexta               | Venetoclax                     | 50 mg      | Tablet     | Limited to 30 tabs per 30 days    |
| Venclexta Starting Pack | Venetoclax                     | 10-50-100  | Tab Ds Pk  | Limited to 42 tabs per 28 days    |
| Ventolin Hfa            | Albuterol Sulfate              | 90 mcg     | Hfa Aer Ad | Limited to 2 inhalers per 30 days |
| Verasens Test Strip     | Blood Sugar Diagnostic         |            | Strip      | Limited to 300 strips per 30 days |
| Verdrocet               | Hydrocodone/Acetaminophen      | 2.5-325 mg | Tablet     | Limited to 360 tabs per 30 days   |
| Veregen                 | Sinecatechins                  | 15%        | Oint. (G)  | Limited To 30gm Per 30 Days       |
| Verzenio                | Abemaciclib                    | 100 mg     | Tablet     | Limited to 56 tabs per 28 days    |
| Verzenio                | Abemaciclib                    | 150 mg     | Tablet     | Limited to 56 tabs per 28 days    |
| Verzenio                | Abemaciclib                    | 200 mg     | Tablet     | Limited to 56 tabs per 28 days    |
| Verzenio                | Abemaciclib                    | 50 mg      | Tablet     | Limited to 56 tabs per 28 days    |
| Vesicare                | Solifenacin Succinate          | 10 mg      | Tablet     | Limited to 30 tabs per 30 days    |
| Vesicare                | Solifenacin Succinate          | 5 mg       | Tablet     | Limited to 30 tabs per 30 days    |
| Vfend                   | Voriconazole                   | 200 mg/5ml | Susp Recon | Limited To 450ml Per 30 Days      |
| Vfend                   | Voriconazole                   | 200 mg     | Tablet     | Limited to 90 tabs per 30 days    |
| Vfend                   | Voriconazole                   | 50 mg      | Tablet     | Limited to 90 tabs per 30 days    |
| Viagra                  | Sildenafil Citrate             | 100 mg     | Tablet     | Limited to 6 tabs per 30 days     |
| Viagra                  | Sildenafil Citrate             | 25 mg      | Tablet     | Limited to 6 tabs per 30 days     |
| Viagra                  | Sildenafil Citrate             | 50 mg      | Tablet     | Limited to 6 tabs per 30 days     |
| Victoza 2-Pak           | Liraglutide                    | 0.6 mg/0.1 | Pen Injctr | Limited to 9ml per 30 days        |
| Victoza 3-Pak           | Liraglutide                    | 0.6 mg/0.1 | Pen Injctr | Limited to 9ml per 30 days        |
| Viekira Xr              | Ombita/Paritap/Riton/Dasabuvir | 8.33-50 mg | Tab Bp 24h | Limited to 84 tabs per 28 days    |

| Brand Name               | Generic Name                   | Strength   | Dosage     | Details                           |
|--------------------------|--------------------------------|------------|------------|-----------------------------------|
| Vimovo                   | Naproxen/Esomeprazole Mag      | 375mg-20mg | Tab Ir Dr  | Limited to 30 tabs per 30 days    |
| Vimovo                   | Naproxen/Esomeprazole Mag      | 500mg-20mg | Tab Ir Dr  | Limited to 30 tabs per 30 days    |
| Vimpat                   | Lacosamide                     | 100 mg     | Tablet     | Limited to 60 tabs per 30 days    |
| Vimpat                   | Lacosamide                     | 150 mg     | Tablet     | Limited to 60 tabs per 30 days    |
| Vimpat                   | Lacosamide                     | 200 mg     | Tablet     | Limited to 60 tabs per 30 days    |
| Vimpat                   | Lacosamide                     | 50 mg      | Tablet     | Limited to 60 tabs per 30 days    |
| Viramune Xr              | Nevirapine                     | 100 mg     | Tab Er 24h | Limited to 30 tabs per 30 days    |
| Viramune Xr              | Nevirapine                     | 400 mg     | Tab Er 24h | Limited to 30 tabs per 30 days    |
| Vitrakvi                 | Larotrectinib Sulfate          | 100 mg     | Capsule    | Limited to 60 caps per 30 days    |
| Vitrakvi                 | Larotrectinib Sulfate          | 25 mg      | Capsule    | Limited to 240 caps per 30 days   |
| Vitrakvi                 | Larotrectinib Sulfate          | 20 mg/ml   | Solution   | Limited to 300ml per 30 days      |
| Vivaguard Ino Test Strip | Blood Sugar Diagnostic         |            | Strip      | Limited to 300 strips per 30 days |
| Vivaguard Ino Test Strip | Blood Sugar Diagnostic         |            | Strip      | Limited to 300 strips per 30 days |
| Vizimpro                 | Dacomitinib                    | 15 mg      | Tablet     | Limited to 30 tabs per 30 days    |
| Vizimpro                 | Dacomitinib                    | 30 mg      | Tablet     | Limited to 30 tabs per 30 days    |
| Vizimpro                 | Dacomitinib                    | 45 mg      | Tablet     | Limited to 30 tabs per 30 days    |
| Vogelxo                  | Testosterone                   | 50 mg (1%) | Gel (Gram) | Limited to 300 gm per 30 days     |
| Vogelxo                  | Testosterone                   | 12.5/1.25g | Gel Md Pmp | Limited to 300 gm per 30 days     |
| Vosevi                   | Sofosbuvir/Velpatas/Voxilaprev | 400-100 mg | Tablet     | Limited to 30 tabs per 30 days    |
| Vumerity                 | Diroximel Fumarate             | 231mg      | Capsule Dr | Limited to 120 caps per 30 days   |
| Vyndamax                 | Tafamidis                      | 20 mg      | Capsule    | Limited to 30 caps per 30 days    |
| Vyndamax                 | Tafamidis                      | 61 mg      | Capsule    | Limited to 30 caps per 30 days    |
| Vyndaqel                 | Tafamidis Meglumine            | 20 mg      | Capsule    | Limited to 30 caps per 30 days    |
| Vytorin                  | Ezetimibe/Simvastatin          | 10 mg-10mg | Tablet     | Limited to 30 tabs per 30 days    |
| Vytorin                  | Ezetimibe/Simvastatin          | 10 mg-20mg | Tablet     | Limited to 30 tabs per 30 days    |
| Vytorin                  | Ezetimibe/Simvastatin          | 10 mg-40mg | Tablet     | Limited to 30 tabs per 30 days    |
| Vytorin                  | Ezetimibe/Simvastatin          | 10 mg-80mg | Tablet     | Limited to 30 tabs per 30 days    |
| Vyvanse                  | Lisdexamfetamine Dimesylate    | 10 mg      | Capsule    | Limited to 30 caps per 30 days    |
| Vyvanse                  | Lisdexamfetamine Dimesylate    | 20 mg      | Capsule    | Limited to 30 caps per 30 days    |
| Vyvanse                  | Lisdexamfetamine Dimesylate    | 30 mg      | Capsule    | Limited to 30 caps per 30 days    |
| Vyvanse                  | Lisdexamfetamine Dimesylate    | 40 mg      | Capsule    | Limited to 30 caps per 30 days    |
| Vyvanse                  | Lisdexamfetamine Dimesylate    | 50 mg      | Capsule    | Limited to 30 caps per 30 days    |
| Vyvanse                  | Lisdexamfetamine Dimesylate    | 60 mg      | Capsule    | Limited to 30 caps per 30 days    |
| Vyvanse                  | Lisdexamfetamine Dimesylate    | 70 mg      | Capsule    | Limited to 30 caps per 30 days    |
| Vyvanse                  | Lisdexamfetamine Dimesylate    | 10 mg      | Tab Chew   | Limited to 30 tabs per 30 days    |
| Vyvanse                  | Lisdexamfetamine Dimesylate    | 20 mg      | Tab Chew   | Limited to 30 tabs per 30 days    |
| Vyvanse                  | Lisdexamfetamine Dimesylate    | 30 mg      | Tab Chew   | Limited to 30 tabs per 30 days    |
| Vyvanse                  | Lisdexamfetamine Dimesylate    | 40 mg      | Tab Chew   | Limited to 30 tabs per 30 days    |
| Vyvanse                  | Lisdexamfetamine Dimesylate    | 50 mg      | Tab Chew   | Limited to 30 tabs per 30 days    |
| Vyvanse                  | Lisdexamfetamine Dimesylate    | 60 mg      | Tab Chew   | Limited to 30 tabs per 30 days    |
| Wavesense Jazz           | Blood Sugar Diagnostic         |            | Strip      | Limited to 300 strips per 30 days |
| Wavesense Presto         | Blood Sugar Diagnostic         |            | Strip      | Limited to 300 strips per 30 days |
| Wellbutrin XL            | Bupropion Hcl                  | 150 mg     | Tab Er 24h | Limited to 90 tabs per 30 days    |



| Brand Name          | Generic Name                | Strength   | Dosage     | Details                         |
|---------------------|-----------------------------|------------|------------|---------------------------------|
| Wellbutrin XL       | Bupropion Hcl               | 300 mg     | Tab Er 24h | Limited to 30 tabs per 30 days  |
| Wixela Inhub        | Fluticasone/Salmeterol      | 100-50 mcg | Blst W/Dev | Limited to 1 device per 30 days |
| Wixela Inhub        | Fluticasone/Salmeterol      | 250-50 mcg | Blst W/Dev | Limited to 1 device per 30 days |
| Wixela Inhub        | Fluticasone/Salmeterol      | 500-50 mcg | Blst W/Dev | Limited to 1 device per 30 days |
| Xadago              | Safinamide Mesylate         | 100 mg     | Tablet     | Limited to 30 tabs per 30 days  |
| Xadago              | Safinamide Mesylate         | 50 mg      | Tablet     | Limited to 30 tabs per 30 days  |
| Xartemis Xr         | Oxycodone Hcl/Acetaminophen | 7.5-325 mg | Tab Ir Ero | Limited to 360 tabs per 30 days |
| Xcopri              | Cenobamate                  | 12.5-25mg  | Tab Ds Pk  | Limited to 28 tabs per 28 days  |
| Xcopri              | Cenobamate                  | 150-200 mg | Tab Ds Pk  | Limited to 28 tabs per 28 days  |
| Xcopri              | Cenobamate                  | 50mg-100mg | Tab Ds Pk  | Limited to 28 tabs per 28 days  |
| Xcopri              | Cenobamate                  | 100 mg     | Tablet     | Limited to 30 tabs per 30 days  |
| Xcopri              | Cenobamate                  | 150 mg     | Tablet     | Limited to 30 tabs per 30 days  |
| Xcopri              | Cenobamate                  | 200 mg     | Tablet     | Limited to 30 tabs per 30 days  |
| Xcopri              | Cenobamate                  | 250 mg/day | Tablet     | Limited to 56 tabs per 28 days  |
| Xcopri              | Cenobamate                  | 350 mg/day | Tablet     | Limited to 56 tabs per 28 days  |
| Xcopri              | Cenobamate                  | 50 mg      | Tablet     | Limited to 30 tabs per 30 days  |
| Xeljanz             | Tofacitinib Citrate         | 10 mg      | Tablet     | Limited to 60 tabs per 30 days  |
| Xeljanz             | Tofacitinib Citrate         | 5 mg       | Tablet     | Limited to 60 tabs per 30 days  |
| Xeljanz Xr          | Tofacitinib Citrate         | 11 mg      | Tab Er 24h | Limited to 30 tabs per 30 days  |
| Xeljanz Xr          | Tofacitinib Citrate         | 22 mg      | Tab Er 24h | Limited to 30 tabs per 30 days  |
| Xepi                | Ozenoxacin                  | 1%         | Cream (G)  | Limited to 30 grams per 30 days |
| Xermelo             | Telotristat Etiprate        | 250 mg     | Tablet     | Limited to 90 tabs per 30 days  |
| Xifaxan             | Rifaximin                   | 200 mg     | Tablet     | Limited to 90 tabs per 30 days  |
| Xifaxan             | Rifaximin                   | 550 mg     | Tablet     | Limited to 60 tabs per 30 days  |
| Xigduo Xr           | Dapagliflozin/Metformin Hcl | 10-1000 mg | Tab Bp 24h | Limited to 30 tabs per 30 days  |
| Xigduo Xr           | Dapagliflozin/Metformin Hcl | 10mg-500mg | Tab Bp 24h | Limited to 30 tabs per 30 days  |
| Xigduo Xr           | Dapagliflozin/Metformin Hcl | 2.5-1000mg | Tab Bp 24h | Limited to 60 tabs per 30 days  |
| Xigduo Xr           | Dapagliflozin/Metformin Hcl | 5 mg-500mg | Tab Bp 24h | Limited to 30 tabs per 30 days  |
| Xigduo Xr           | Dapagliflozin/Metformin Hcl | 5mg-1000mg | Tab Bp 24h | Limited to 60 tabs per 30 days  |
| Xiidra              | Lifitegrast                 | 5%         | Droperette | Limited to 60 vials per 30 days |
| Ximino              | Minocycline Hcl             | 135 mg     | Cap Er 24h | Limited to 30 caps per 30 days  |
| Ximino              | Minocycline Hcl             | 45 mg      | Cap Er 24h | Limited to 30 caps per 30 days  |
| Ximino              | Minocycline Hcl             | 90 mg      | Cap Er 24h | Limited to 30 caps per 30 days  |
| Xodol 10-300        | Hydrocodone/Acetaminophen   | 10mg-300mg | Tablet     | Limited to 390 tabs per 30 days |
| Xodol 5-300         | Hydrocodone/Acetaminophen   | 5 mg-300mg | Tablet     | Limited to 390 tabs per 30 days |
| Xodol 7.5-300       | Hydrocodone/Acetaminophen   | 7.5-300 mg | Tablet     | Limited to 390 tabs per 30 days |
| Xofluza             | Baloxavir Marboxil          | 20 mg      | Tablet     | Limited to 2 tabs per 120 days  |
| Xofluza             | Baloxavir Marboxil          | 40 mg      | Tablet     | Limited to 2 tabs per 120 days  |
| Xopenex             | Levalbuterol Hcl            | 0.31mg/3ml | Vial-Neb   | Limited To 288ml Per 30 Days    |
| Xopenex             | Levalbuterol Hcl            | 0.63mg/3ml | Vial-Neb   | Limited To 288ml Per 30 Days    |
| Xopenex             | Levalbuterol Hcl            | 1.25mg/3ml | Vial-Neb   | Limited To 288ml Per 30 Days    |
| Xopenex Concentrate | Levalbuterol Hcl            | 1.25mg/0.5 | Vial-Neb   | Limited To 288ml Per 30 Days    |
| Xopenex Hfa         | Levalbuterol Tartrate       | 45 mcg     | Hfa Aer Ad | Limited to 30 gm per 30 days    |

| Brand Name        | Generic Name                   | Strength   | Dosage      | Details                            |
|-------------------|--------------------------------|------------|-------------|------------------------------------|
| Xospata           | Gilteritinib Fumarate          | 40 mg      | Tablet      | Limited to 90 tabs per 30 days     |
| Xtampza Er        | Oxycodone Myristate            | 13.5 mg    | Cap Spr 12  | Limited to 90 caps per 30 days     |
| Xtampza Er        | Oxycodone Myristate            | 18 mg      | Cap Spr 12  | Limited to 90 caps per 30 days     |
| Xtampza Er        | Oxycodone Myristate            | 27 mg      | Cap Spr 12  | Limited to 90 caps per 30 days     |
| Xtampza Er        | Oxycodone Myristate            | 36 mg      | Cap Spr 12  | Limited to 90 caps per 30 days     |
| Xtampza Er        | Oxycodone Myristate            | 9 mg       | Cap Spr 12  | Limited to 90 caps per 30 days     |
| Xtandi            | Enzalutamide                   | 40 mg      | Capsule     | Limited to 120 caps per 30 days    |
| Xultophy 100-3.6  | Insulin Degludec/Liraglutide   | 100-3.6/ml | Insulin Pen | Limited to 15 syringes per 28 days |
| Xywav             | Sodium,Calcium,Mag,Pot Oxybate | 0.5g/ml    | Solution    | Limited to 540ml per 30 days       |
| Xyzal             | Levocetirizine Dihydrochloride | 2.5 mg/5ml | Solution    | Limited to 150ml per 30 days       |
| Xyzal             | Levocetirizine Dihydrochloride | 5 mg       | Tablet      | Limited to 30 tabs per 30 days     |
| Yupelri           | Revefenacin                    | 175mcg/3ml | Vial-Neb    | Limited to 90ml per 30 days        |
| Zamicet           | Hydrocodone/Acetaminophen      | 10-325/15  | Solution    | Limited to 5400ml per 30 days      |
| Zanaflex          | Tizanidine Hcl                 | 2 mg       | Capsule     | Limited to 180 caps per 30 days    |
| Zanaflex          | Tizanidine Hcl                 | 4 mg       | Capsule     | Limited to 180 caps per 30 days    |
| Zanaflex          | Tizanidine Hcl                 | 6 mg       | Capsule     | Limited to 180 caps per 30 days    |
| Zarxio            | Filgrastim-Sndz                | 300mcg/0.5 | Syringe     | Limited to 14 syringes per 28 days |
| Zarxio            | Filgrastim-Sndz                | 480mcg/0.8 | Syringe     | Limited to 14 syringes per 28 days |
| Zcort             | Dexamethasone                  | 1.5 mg(25) | Tab Ds Pk   | Limited to 1 pack per 7 days       |
| Zegerid           | Omeprazole/Sodium Bicarbonate  | 20mg-1.1g  | Capsule     | Limited to 60 caps per 30 days     |
| Zegerid           | Omeprazole/Sodium Bicarbonate  | 40mg-1.1g  | Capsule     | Limited to 60 caps per 30 days     |
| Zegerid           | Omeprazole/Sodium Bicarbonate  | 20-1680mg  | Packet      | Limited to 30 packets per 30 days  |
| Zegerid           | Omeprazole/Sodium Bicarbonate  | 40-1680mg  | Packet      | Limited to 30 packets per 30 days  |
| Zejula            | Niraparib Tosylate             | 100 mg     | Capsule     | Limited to 90 caps per 30 days     |
| Zelboraf          | Vemurafenib                    | 240 mg     | Tablet      | Limited to 240 tabs per 30 days    |
| Zembrace Symtouch | Sumatriptan Succinate          | 3 mg/0.5ml | Pen Injctr  | Limited to 4 pens per 28 days      |
| Zepatier          | Elbasvir/Grazoprevir           | 50mg-100mg | Tablet      | Limited to 30 tabs per 30 days     |
| Zeposia           | Ozanimod Hydrochloride         | 0.23-0.46  | Cap Ds Pk   | Limited to 7 caps per 7 days       |
| Zeposia           | Ozanimod Hydrochloride         | 0.23-0.92  | Cap Ds Pk   | Limited to 37 caps per 37 days     |
| Zeposia           | Ozanimod Hydrochloride         | 0.92 mg    | Capsule     | Limited to 30 caps per 30 days     |
| Ziextenzo         | Pegfilgrastim-Bmez             | 6 mg/0.6ml | Syringe     | Limited to 2 syringe per 28 days   |
| Zilxi             | Minocycline Hcl                | 1.50%      | Foam        | Limited to 30ml per 30 days        |
| Zinbryta          | Daclizumab                     | 150 mg/ml  | Syringe     | Limited to 1 syringe per 28 days   |
| Zocor             | Simvastatin                    | 40 mg      | Tablet      | Limited to 30 tabs per 30 days     |
| Zocor             | Simvastatin                    | 80 mg      | Tablet      | Limited to 30 tabs per 30 days     |
| Zodryl Ac 25      | Chlorpheniramine/Codeine Phos  | 1-3mg/3ml  | Oral Susp   | Limited to 2160ml per 30 days      |
| Zodryl Ac 30      | Chlorpheniramine/Codeine Phos  | 1-3.5/3.5  | Oral Susp   | Limited to 2160ml per 30 days      |
| Zodryl Ac 35      | Chlorpheniramine/Codeine Phos  | 1-4mg/4ml  | Oral Susp   | Limited to 2160ml per 30 days      |
| Zodryl Ac 40      | Chlorpheniramine/Codeine Phos  | 1-4.5/4.5  | Oral Susp   | Limited to 2160ml per 30 days      |
| Zodryl Ac 50      | Chlorpheniramine/Codeine Phos  | 2mg-5mg/5  | Oral Susp   | Limited to 1800ml per 30 days      |
| Zodryl Ac 60      | Chlorpheniramine/Codeine Phos  | 2-7.5/7.5  | Oral Susp   | Limited to 2700ml per 30 days      |
| Zodryl Ac 80      | Chlorpheniramine/Codeine Phos  | 2-10mg/10  | Oral Susp   | Limited to 3600ml per 30 days      |

| Brand Name    | Generic Name                  | Strength   | Dosage     | Details                             |
|---------------|-------------------------------|------------|------------|-------------------------------------|
| Zodryl Dac 25 | Chlorphen/Pseudoephed/Codeine | 1-15-3mg/3 | Oral Susp  | Limited to 1440ml per 30 days       |
| Zodryl Dac 30 | Chlorphen/Pseudoephed/Codeine | 1-15mg/3.5 | Oral Susp  | Limited to 2400ml per 30 days       |
| Zodryl Dac 35 | Chlorphen/Pseudoephed/Codeine | 1-15-4mg/4 | Oral Susp  | Limited to 1920ml per 30 days       |
| Zodryl Dac 40 | Chlorphen/Pseudoephed/Codeine | 1-15mg/4.5 | Oral Susp  | Limited to 2400ml per 30 days       |
| Zodryl Dac 80 | Chlorphen/Pseudoephed/Codeine | 2-30-10/10 | Oral Susp  | Limited to 1200ml per 30 days       |
| Zodryl Dec 25 | Pseudoephed/Codeine/Guaifen   | 15-3-60/3  | Oral Susp  | Limited to 1440ml per 30 days       |
| Zodryl Dec 30 | Pseudoephed/Codeine/Guaifen   | 15-3.5/3.5 | Oral Susp  | Limited to 1680ml per 30 days       |
| Zodryl Dec 35 | Pseudoephed/Codeine/Guaifen   | 15-4-80/4  | Oral Susp  | Limited to 1920ml per 30 days       |
| Zodryl Dec 40 | Pseudoephed/Codeine/Guaifen   | 15-4.5/4.5 | Oral Susp  | Limited to 2160ml per 30 days       |
| Zodryl Dec 50 | Pseudoephed/Codeine/Guaifen   | 30-5-100/5 | Oral Susp  | Limited to 1200ml per 30 days       |
| Zodryl Dec 80 | Pseudoephed/Codeine/Guaifen   | 30-10mg/10 | Oral Susp  | Limited to 2400ml per 30 days       |
| Zofran        | Ondansetron Hcl               | 4 mg/5 ml  | Solution   | Limited to 150ml per 30 days        |
| Zofran        | Ondansetron Hcl               | 4 mg       | Tablet     | Limited to 180 tabs per 30 days     |
| Zofran        | Ondansetron Hcl               | 8 mg       | Tablet     | Limited to 90 tabs per 30 days      |
| Zofran Odt    | Ondansetron                   | 4 mg       | Tab Rapdis | Limited to 180 tabs per 30 days     |
| Zofran Odt    | Ondansetron                   | 8 mg       | Tab Rapdis | Limited to 90 tabs per 30 days      |
| Zohydro Er    | Hydrocodone Bitartrate        | 10 mg      | Cap Er 12h | Limited to 60 caps per 30 days      |
| Zohydro Er    | Hydrocodone Bitartrate        | 15 mg      | Cap Er 12h | Limited to 60 caps per 30 days      |
| Zohydro Er    | Hydrocodone Bitartrate        | 20 mg      | Cap Er 12h | Limited to 60 caps per 30 days      |
| Zohydro Er    | Hydrocodone Bitartrate        | 30 mg      | Cap Er 12h | Limited to 60 caps per 30 days      |
| Zohydro Er    | Hydrocodone Bitartrate        | 40 mg      | Cap Er 12h | Limited to 60 caps per 30 days      |
| Zohydro Er    | Hydrocodone Bitartrate        | 50 mg      | Cap Er 12h | Limited to 120 caps per 30 days     |
| Zolpimist     | Zolpidem Tartrate             | 5 mg/spray | Spray/Pump | Limited to 7.7ml per 30 days        |
| Zomig         | Zolmitriptan                  | 2.5 mg     | Spray      | Limited to 6ml per 30 days          |
| Zomig         | Zolmitriptan                  | 5 mg       | Spray      | Limited to 6ml per 30 days          |
| Zomig         | Zolmitriptan                  | 2.5 mg     | Tablet     | Limited to 9 tabs per 30 days       |
| Zomig         | Zolmitriptan                  | 5 mg       | Tablet     | Limited to 9 tabs per 30 days       |
| Zomig Zmt     | Zolmitriptan                  | 2.5 mg     | Tab Rapdis | Limited to 9 tabs per 30 days       |
| Zomig Zmt     | Zolmitriptan                  | 5 mg       | Tab Rapdis | Limited to 9 tabs per 30 days       |
| Zontivity     | Vorapaxar Sulfate             | 2.08 mg    | Tablet     | Limited to 30 tabs per 30 days      |
| Zostavax      | Zoster Vaccine Live/Pf        | 19400 unit | Vial       | Limited to 1 injection per lifetime |
| Z-Tuss Ac     | Chlorpheniramine/Codeine Phos | 2 mg-9mg/5 | Liquid     | Limited to 1800ml per 30 days       |
| Zuplenz       | Ondansetron                   | 4 mg       | Film       | Limited to 90 films per 30 days     |
| Zuplenz       | Ondansetron                   | 8 mg       | Film       | Limited to 90 films per 30 days     |
| Zurampic      | Lesinurad                     | 200 mg     | Tablet     | Limited to 30 tabs per 30 days      |
| Zydelig       | Idelalisib                    | 100 mg     | Tablet     | Limited to 60 tabs per 30 days      |
| Zydelig       | Idelalisib                    | 150 mg     | Tablet     | Limited to 60 tabs per 30 days      |
| Zykadia       | Ceritinib                     | 150 mg     | Capsule    | Limited to 150 caps per 30 days     |
| Zykadia       | Ceritinib                     | 150 mg     | Tablet     | Limited to 150 tabs per 30 days     |
| Zypitamag     | Pitavastatin Magnesium        | 1 mg       | Tablet     | Limited to 30 tabs per 30 days      |
| Zypitamag     | Pitavastatin Magnesium        | 2 mg       | Tablet     | Limited to 30 tabs per 30 days      |
| Zypitamag     | Pitavastatin Magnesium        | 4 mg       | Tablet     | Limited to 30 tabs per 30 days      |

| Brand Name | Generic Name                   | Strength   | Dosage     | Details                        |
|------------|--------------------------------|------------|------------|--------------------------------|
| Zyrtec-D   | Cetirizine Hcl/Pseudoephedrine | 5 mg-120mg | Tab Er 12h | Limited to 60 tabs per 30 days |

## Step therapy

Step therapy requires you to try one or more “first-line” medications before proceeding to higher cost alternative treatments.

| Brand Name                 | Generic Name                   | Dosage     | Details  |
|----------------------------|--------------------------------|------------|--|
| Absorica                   | Isotretinoin                   | Capsule    | Must try/fail at least one of the following: Amnesteem, Claravis, Myorisan, or Isotretinoin.   |
| Absorica LD                | Isotretinoin, Micronized       | Capsule    | Must try/fail the following: Amnesteem, Claravis, Myorisan, and Isotretinoin.  |
| Acanya                     | Clindamycin Phos/Benzoyl Perox | Gel W/Pump | Must try/fail generic topical clindamycin/benzoyl peroxide gel.  |
| Actonel                    | Risedronate Sodium             | Tablet     | Must try/fail generic alendronate.   |
| Actoplus Met Xr            | Pioglitazone Hcl/Metformin Hcl | Tbmp 24hr  | Must try/fail generic metformin.   |
| Aczone                     | Dapsone                        | Gel W/Pump | Must try/fail at least one of the following generics: clindamycin phosphate gel or sulfacetamide suspension  |
| Adapalene                  | Adapalene                      | Solution   | Must try/fail generic adapalene gel/cream or generic tretinoin.  |
| Adhansia XR                | Methylphenidate Hcl            | Cpbp 20-80 | Must try/fail at least one of the following: dextroamphetamine/amphetamine ER, Metadate ER 20mg, methylphenidate ER tab 10mg or 20mg   |
| Adlyxin                    | Lixisenatide                   | Pen Injctr | Must try/fail generic metformin and Ozempic, Victoza or Trulicity.   |
| Adzenys Er                 | Amphetamine                    | Sus Bp 24h | Must try/fail generic dextroamphetamine/amphetamine ER or methylphenidate ER. For members unable to swallow tablets/capsules dextroamphetamine/ amphetamine ER capsules can be opened and sprinkled in applesauce      |
| Airduo Respiclick          | Fluticasone/Salmeterol         | Aer Pow Ba | Must try/fail Advair Diskus HFA and Breo Ellipta.  |
| Aklief                     | Trifarotene                    | Cream (G)  | Must try/fail tretinoin and adapalene.   |
| Akynzeo                    | Netupitant/Palonosetron Hcl    | Capsule    | Must try/fail at least two of the following: ondansetron, Anzemet, Emend, or granisetron.  |
| Ala-Scalp                  | Hydrocortisone                 | Lotion     | Must try/fail at least two of the following: Ala-cort 1% crm, hydrocortisone 1% crm, or hydrocortisone 2.5% crm/lot/oint.  |
| Alclometasone Dipropionate | Alclometasone Dipropionate     | Cream (G)  | Must try/fail at least two of the following: betamethasone val 0.1% lot, fluocinolone acet 0.01% sol/oil, or triamcinolone acet 0.025% crm/lot.  |
| Alclometasone Dipropionate | Alclometasone Dipropionate     | Oint. (G)  | Must try/fail at least two of the following: betamethasone val 0.1% lot, fluocinolone acet 0.01% sol/oil, or triamcinolone acet 0.025% crm/lot.  |
| Aliskiren                  | Aliskiren Hemifumarate         | Tablet     | Must try/fail losartan potassium or losartan/HCTZ  |
| Alogliptin                 | Alogliptin Benzoate            | Tablet     | Must try/fail metformin.   |
| Alogliptin-Metformin       | Alogliptin Benz/Metformin Hcl  | Tablet     | Must try/fail metformin.   |
| Alogliptin-Pioglitazone    | Alogliptin Benz/Pioglitazone   | Tablet     | Must try/fail metformin or pioglitazone and one of the following: Tradjenta, Jentadueto or Jentadueto Xr.  |
| Altreno                    | Tretinoin                      | Lotion     | Must try/fail adapalene or tretinoin.  |
| Amcinonide                 | Amcinonide                     | Cream (G)  | Must try/fail at least two of the following: betamethasone diprop 0.05% crm, betamethasone val 0.1% oint, fluticasone prop 0.05% oint, mometasone fur 0.1% oint, triamcinolone acet 0.5% crm/oint or triderm 0.5% crm. |

| Brand Name            | Generic Name                    | Dosage     | Details   |
|-----------------------|---------------------------------|------------|---|
| Amcinonide            | Amcinonide                      | Oint. (G)  | Must try/fail at least two of the following: betamethasone diprop aug 0.05% crm, betamethasone diprop 0.05% oint, desoximetasone 0.25% crm/oint, or fluocinonide 0.05% crm/oint/sol.                      |
| Amphetamine           | Amphetamine                     | Sus Bp 24h | Must try/fail dextroamphetamine/amphetamine ER or methylphenidate ER. For members unable to swallow tablets/capsules dextroamphetamine/amphetamine ER capsules can be opened and sprinkled in applesauce. |
| Amrix                 | Cyclobenzaprine Hcl             | Cap Er 24h | Must try/fail generic cyclobenzaprine IR.   |
| Amzeeq                | Minocycline Hcl                 | Foam       | Must try/fail generic adapalene or tretinoin.   |
| Anusol-Hc             | Hydrocortisone                  | Crm/Pe App | Must try/fail at least two of the following: Ala-cort 1% crm, hydrocortisone 1% crm, or hydrocortisone 2.5% crm/lot/oint.   |
| Anzemet               | Dolasetron Mesylate             | Tablet     | Must try/fail at least one of the following: generic ondansetron or Anzemet.  |
| Aplenzin              | Bupropion Hbr                   | Tab Er 24h | Must try/fail at least two of the following generics: selective serotonin reuptake inhibitors (SSRI) or serotonin-norepinephrine reuptake inhibitors (SNRI).  |
| Arazlo                | Tazarotene                      | Lotion     | Must try/fail generic tretinoin and generic adapalene   |
| Arcapta Neohaler      | Indacaterol Maleate             | Cap W/Dev  | Must try/fail at least one of the following: Serevent Diskus or Striverdi Respimat.   |
| Armonair Digihaler    | Fluticasone Propionate          | Aer Pw Bas | Must try/fail Qvar Redihaler, Arnuity Ellipta, Flovent Diskus, or Flovent HFA.  |
| Atacand               | Candesartan Cilexetil           | Tablet     | Must try/fail at least two of the following generics: (candesartan or candesartan/HCTZ), (losartan potassium or losartan/HCTZ), (irbesartan or Irbesartan/HCTZ), or (valsartan/HCTZ).                     |
| Atacand Hct           | Candesartan/Hydrochlorothi azid | Tablet     | Must try/fail at least two of the following generics: (candesartan or candesartan/HCTZ), (losartan potassium or losartan/HCTZ), (irbesartan or Irbesartan/HCTZ), or (valsartan/HCTZ).                     |
| Atelvia               | Risedronate Sodium              | Tablet Dr  | Must try/fail generic alendronate or Binosto.   |
| Atralin               | Tretinoin                       | Gel (Gram) | Must try/fail at least one of the following generics: tretinoin or adapalene.   |
| Avage                 | Tazarotene                      | Cream (G)  | Must try and fail generic tretinoin AND generic adapalene OR one topical steroid (e.g. halobetasol, fluticasone, triamcinolone).  |
| Axert                 | Almotriptan Malate              | Tablet     | Must try/fail at least two of the following generics: naratriptan, rizatriptan, or sumatriptan.   |
| Azelastine (205.5mcg) | Azelastine Hcl                  | Spray      | Must try/fail Azelastine 137mcg nasal spray   |
| Azor                  | Amlodipine Bes/Olmesartan Med   | Tablet     | Must try/fail at least one of the following: irbesartan, irbesartan/HCTZ, losartan, losartan/HCTZ, valsartan, or valsartan/HCTZ.  |

| Brand Name                     | Generic Name                       | Dosage      | Details  |
|--------------------------------|------------------------------------|-------------|--|
| Basaglar Kwikpen U-100         | Insulin Glargine, Hum. Rec. Analog | Insulin Pen | Must try/fail at least one of the following: Lantus, Lantus Solostar, or Toujeo.   |
| Benicar Hct                    | Olmesartan/Hydrochlorothiazide     | Tablet      | Must try/fail at least one of the following: irbesartan, irbesartan/HCTZ, losartan, losartan/HCTZ, valsartan, or valsartan/HCTZ.   |
| Beser                          | Fluticasone Propionate             | Lotion      | Must try/fail at least two of the following: betamethasone diprop 0.05% lot, betamethasone val 0.1% crm, fluticasone prop 0.05% crm, triamcinolone acet 0.1% lot, or triamcinolone acet 0.025% oint.   |
| Betamethasone Diprop Augmented | Betamethasone Dipropionate         | Gel (Gram)  | Must try/fail at least two of the following: betamethasone diprop aug 0.05% lot/ointment or clobetasol prop 0.05% crm/gel/lot/ointment/sham/sol.   |
| Bimatoprost                    | Bimatoprost                        | Drops       | Must try/fail generic latanoprost  |
| Binosto                        | Alendronate Sodium                 | Tablet Eff  | Must try/fail generic alendronate and ibandronate.   |
| Brimonidine Tartrate           | Brimonidine Tartrate               | Drops       | Must try/fail Brimonidine 0.20%  |
| Brovana                        | Arformoterol Tartrate              | Vial-Neb    | Must try/fail at least one of the following: Serevent or Serevent Diskus   |
| Bryhali                        | Halobetasol Propionate             | Lotion      | Must try/fail at least one of the following:   |
| Budesonide-Formoterol Fumarate | Budesonide-Formoterol Fumarate     | Hfa Aer Ad  | Must try/fail fluticasone-salmeterol.  |
| Butalbital-Acetaminophen       | Butalbital/Acetaminophen           | Tablet      | Must try/fail butalbital-acetaminophen 50/325mg tablets  |
| Bydureon                       | Exenatide Microspheres             | Vial        | Must try/fail generic metformin and Ozempic, Victoza or Trulicity.   |
| Bydureon Bcise                 | Exenatide Microspheres             | Auto Injct  | Must try/fail generic metformin and Byetta, Ozempic, Victoza, or Trulicity.  |
| Bydureon Pen                   | Exenatide Microspheres             | Pen Injctr  | Must try/fail generic metformin and Ozempic, Victoza or Trulicity.   |
| Byetta                         | Exenatide                          | Pen Injctr  | Must try/fail generic metformin and Ozempic, Victoza or Trulicity.   |
| Caplyta                        | Lumateperone Tosylate              | Capsule     | Must try/fail aripiprazole.  |
| Captopril                      | Captopril                          | Tablet      | Must try/fail at least two of the following: ramipril, perindopril, enalapril, benazepril, moxipril, fosinopril, lisinopril,trandolapril, enalaprilat, or quinapril.                                   |
| Captopril-Hydrochlorothiazide  | Captopril/Hydrochlorothiazide      | Tablet      | Must try/fail at least two of the following: ramipril, perindopril, enalapril, benazepril, moxipril, fosinopril, lisinopril,trandolapril, enalaprilat, or quinapril.                                   |
| Cesamet                        | Nabilone                           | Capsule     | Must try/fail at least one of the following: generic ondansetron or Zuplenz.   |
| Chlorzoxazone                  | Chlorzoxazone                      | Tablet      | Must try/fail at least two of the following: baclofen tablet, methocarbamol tablet, chlorzoxazone 500mg tablet, cyclobenzaprine (5mg, 10mg) tablet, orphenadrine citrate tablet ER, tizanidine tablet. |
| Ciprodex                       | Ciprofloxacin Hcl/Dexameth         | Drops Susp  | Must try/fail at least one of the following: neomycin-polymixin-HC, acetic acid/hydrocortisone, ofloxacin, or ciprofloxacin.   |
| Ciprofloxacin Hcl-Fluocinolone | Ciprofloxacin Hcl/Fluocinolone     | Vial        | Must try/fail at least one of the following: neomycin-polymyxin-hydrocort otic or neomycin-polymyxin-HC otic.  |

| Brand Name                  | Generic Name                   | Dosage     | Details  |
|-----------------------------|--------------------------------|------------|--|
| Ciprofloxacin-Dexamethasone | Ciprofloxacin Hcl/Dexameth     | Drops Susp | Must try/fail at least one of the following: neomycin-polymixin-HC, acetic acid/hydrocortisone, ofloxacin, or ciprofloxacin.   |
| Ciprofloxacin-Dexamethasone | Ciprofloxacin Hcl/Dexameth     | Drops Susp | Must try/fail one of the followings: neomycin-polymixin-HC, acetic acid/hydrocortisone, ofloxacin, or ciprofloxacin.   |
| Clindacin Etz               | Clindamycin Phos/Skin Clnsr 19 | Kit        | Must try/fail generic clindamycin phosphate.   |
| Clindacin Pac               | Clindamycin Phos/Skin Clnsr 19 | Kit        | Must try/fail generic clindamycin phosphate.   |
| Clindagel                   | Clindamycin Phosphate          | Gel (Ml)   | Must try/fail generic clindamycin phosphate.   |
| Clobetasol Emollient        | Clobetasol Propionate/Emoll    | Cream (G)  | Must try/fail at least two of the following: betamethasone diprop aug 0.05% lot/oint or clobetasol prop 0.05% crm/gel/lot/oint/sham/sol.   |
| Clobetasol Emollient        | Clobetasol Propionate          | Foam       | Must try/fail at least two of the following: betamethasone diprop aug 0.05% lot/oint or clobetasol prop 0.05% crm/gel/lot/oint/sham/sol.   |
| Clobetasol Emulsion         | Clobetasol Propionate/Emoll    | Foam       | Must try/fail at least two of the following: betamethasone diprop aug 0.05% lot/oint or clobetasol prop 0.05% crm/gel/lot/oint/sham/sol.   |
| Clobex                      | Clobetasol Propionate          | Lotion     | Must try/fail at least two of the following: betamethasone diprop aug 0.05% lot/oint or clobetasol prop 0.05% crm/gel/lot/oint/sham/sol.   |
| Clobex                      | Clobetasol Propionate          | Shampoo    | Must try/fail at least two of the following: betamethasone diprop aug 0.05% lot/oint or clobetasol prop 0.05% crm/gel/lot/oint/sham/sol.   |
| Clobex                      | Clobetasol Propionate          | Spray      | Must try/fail at least two of the following: betamethasone diprop aug 0.05% lot/oint or clobetasol prop 0.05% crm/gel/lot/oint/sham/sol.   |
| Clodan                      | Clobetasol Propionate          | Shampoo    | Must try/fail at least two of the following: betamethasone diprop aug 0.05% lot/oint or clobetasol prop 0.05% crm/gel/lot/oint/sham/sol.   |
| Cloderm                     | Clocortolone Pivalate          | Cream (G)  | Must try/fail at least two of the following: mometasone fur 0.1% crm/sol, triamcinolone acet 0.1% crm/oint, or triderm 0.1% crm.   |
| Conjupri                    | Levamlodipine Maleate          | Tablet     | Must try/fail at least two of the following: amlodipine, nifedipine, nicardipine, felodipine, isradipine.  |
| Consensi                    | Amlodipine Besylate/Celecoxib  | Tablet     | Must try/fail amlodipine, nifedipine or felodipine and ibuprofen, diclofenac, or celecoxib   |
| Conzip                      | Tramadol Hcl                   | Cpbp 17-83 | Must try/fail generic tramadol HCl IR.   |
| Conzip                      | Tramadol Hcl                   | Cpbp 25-75 | Must try/fail generic tramadol HCl IR.   |
| Copaxone                    | Glatiramer Acetate             | Syringe    | Must try/fail all of the following: generic Tecfidera, Avonex, Gilenya, and generic glatiramer OR Glatopa.   |
| Cordran                     | Flurandrenolide                | Cream (G)  | Must try/fail at least two of the following: betamethasone diprop 0.05% lot, betamethasone val 0.1% crm, fluticasone prop 0.05% crm, triamcinolone acet 0.1% lot, or triamcinolone acet 0.025% oint. |
| Cordran                     | Flurandrenolide                | Lotion     | Must try/fail at least two of the following: betamethasone diprop 0.05% lot, betamethasone val 0.1% crm, fluticasone prop 0.05% crm, triamcinolone acet 0.1% lot, or triamcinolone acet 0.025% oint. |
| Cordran                     | Flurandrenolide                | Oint. (G)  | Must try/fail at least two of the following: mometasone fur 0.1% crm/sol, triamcinolone acet 0.1% crm/oint, or triderm 0.1% crm.   |
| Cosopt Pf                   | Dorzolamide/Timolol/Pf         | Droperette | Must try/fail generic dorzolamide/timolol.   |



| Brand Name       | Generic Name           | Dosage     | Details  |
|------------------|------------------------|------------|--|
| Crestor          | Rosuvastatin Calcium   | Tablet     | Must try/fail generic atorvastatin.  |
| Cutivate         | Fluticasone Propionate | Cream (G)  | Must try/fail at least two of the following: betamethasone diprop 0.05% lot, betamethasone val 0.1% crm, fluticasone prop 0.05% crm, triamcinolone acet 0.1% lot, or triamcinolone acet 0.025% oint.                       |
| Cutivate         | Fluticasone Propionate | Lotion     | Must try/fail at least two of the following: betamethasone diprop 0.05% lot, betamethasone val 0.1% crm, fluticasone prop 0.05% crm, triamcinolone acet 0.1% lot, or triamcinolone acet 0.025% oint.                       |
| Cycloset         | Bromocriptine Mesylate | Tablet     | Must try/fail generic metformin.   |
| Dantrium         | Dantrolene Sodium      | Capsule    | Must try/fail tizanidine tablets.  |
| Dapsone          | Dapsone                | Gel W/Pump | Must try/fail clindamycin phosphate gel or sulfacetamide suspension  |
| Dayvigo          | Lemborexant            | Tablet     | Must try/fail at least four of the following: zolpidem IR/ER, zaleplon, eszopiclone, doxepin, trazodone, triazolam, temazepam, lorazepam, estazolam.   |
| Depen            | Penicillamine          | Tablet     | Must try/fail generic penicillamine tablets.   |
| Derma-Smoothe-Fs | Fluocinolone Acetonide | Oil        | Must try/fail at least two of the following: betamethasone val 0.1% lot, fluocinolone acet 0.01% oil, or triamcinolone acet 0.025% crm/lot.  |
| Dermatop         | Prednicarbate          | Oint. (G)  | Must try/fail at least two of the following: betamethasone diprop 0.05% lot, betamethasone val 0.1% crm, fluticasone prop 0.05% crm, triamcinolone acet 0.1% lot, or triamcinolone acet 0.025% oint.                       |
| Desonide         | Desonide               | Cream (G)  | Must try/fail at least two of the following: betamethasone val 0.1% lot, fluocinolone acet 0.01% sol/oil, or triamcinolone acet 0.025% crm/lot.  |
| Desonide         | Desonide               | Gel (Gram) | Must try/fail Desonide cream, oint, or lotion.   |
| Desonide         | Desonide               | Lotion     | Must try/fail at least two of the following: betamethasone val 0.1% lot, fluocinolone acet 0.01% sol/oil, or triamcinolone acet 0.025% crm/lot.  |
| Desonide         | Desonide               | Oint. (G)  | Must try/fail at least two of the following: betamethasone diprop 0.05% lot, betamethasone val 0.1% crm, fluticasone prop 0.05% crm, triamcinolone acet 0.1% lot, or triamcinolone acet 0.025% oint.                       |
| Desowen          | Desonide               | Cream (G)  | Must try/fail at least two of the following: betamethasone val 0.1% lot, fluocinolone acet 0.01% sol/oil, or triamcinolone acet 0.025% crm/lot.  |
| Desowen          | Desonide               | Lotion     | Must try/fail at least two of the following: betamethasone val 0.1% lot, fluocinolone acet 0.01% sol/oil, or triamcinolone acet 0.025% crm/lot.  |
| Desoximetasone   | Desoximetasone         | Cream (G)  | Must try/fail at least two of the following: betamethasone diprop 0.05% crm, betamethasone val 0.1% oint, fluticasone prop 0.05% oint, mometasone fur 0.1% oint, triamcinolone acet 0.5% crm/ointment or triderm 0.5% crm. |
| Desoximetasone   | Desoximetasone         | Gel (Gram) | Must try/fail at least two of the following: betamethasone diprop aug 0.05% crm, betamethasone diprop 0.05% oint, desoximetasone 0.25% crm/ointment, or fluocinonide 0.05% crm/ointment/sol.                               |
| Desoximetasone   | Desoximetasone         | Oint. (G)  | Must try/fail at least two of the following: betamethasone diprop 0.05% crm, betamethasone val 0.1% oint, fluticasone  |

| Brand Name                 | Generic Name                   | Dosage     | Details   |
|----------------------------|--------------------------------|------------|---|
|                            |                                |            | prop 0.05% oint, mometasone fur 0.1% oint, triamcinolone acet 0.5% crm/ointment or triderm 0.5% crm.  |
| Desvenlafaxine Er          | Desvenlafaxine                 | Tab Er 24h | Must try/fail at least one generic SSRI.  |
| Desvenlafaxine Fumarate Er | Desvenlafaxine Fumarate        | Tab Er 24  | Must try/fail at least one generic SSRI.  |
| Dexabliss                  | Dexamethasone                  | Tab Ds Pk  | Must try/fail at least two oral corticosteroids (e.g. dexamethasone tablets, prednisone tablets, hydrocortisone tablets).   |
| Dexilant                   | Dexlansoprazole                | Cap Dr Bp  | Must try/fail generic omeprazole  |
| Diclofenac                 | Diclofenac Submicronized       | Capsule    | Must try/fail at least one of the following generics: diclofenac tabs, celecoxib, indomethacin, naproxen or nabumetone.   |
| Dicyclomine Hcl            | Dicyclomine Hcl                | Ampul      | Must try/fail oral dicyclomine tablet, capsule or solution.   |
| Differin                   | Adapalene                      | Cream (G)  | Must try/fail at least one of the following generics: tretinoin or adapalene.   |
| Differin                   | Adapalene                      | Gel (Gram) | Must try/fail at least one of the following generics: tretinoin or adapalene.   |
| Differin                   | Adapalene                      | Gel W/Pump | Must try/fail at least one of the following generics: tretinoin or adapalene.   |
| Differin                   | Adapalene                      | Lotion     | Must try/fail at least one of the following generics: tretinoin or adapalene.   |
| Dificid                    | Fidaxomicin                    | Tablet     | Must try/fail generic oral metronidazole and vancomycin.  |
| Diprolene                  | Betamethasone/Propylene Glyc   | Oint. (G)  | Must try/fail at least two of the following: betamethasone diprop aug 0.05% lot/ointment or clobetasol prop 0.05% crm/gel/lot/ointment/sham/sol.                                      |
| Dm2                        | Metformin/Blood Sugar Diagnost | Cmbtabstrp | Must try/fail generic metformin.  |
| Doryx                      | Doxycycline Hyclate            | Tablet Dr  | Must try/fail generic doxycycline monohydrate.  |
| Doryx Mpc                  | Doxycycline Hyclate            | Tablet Dr  | Must try/fail generic doxycycline monohydrate.  |
| Doxepin Hcl                | Doxepin Hcl                    | Tablet     | Must try/fail three of the following generics: zolpidem tartrate IR, eszopiclone and zaleplon   |
| Drizalma Sprinkle          | Duloxetine Hcl                 | Cap Dr Spr | Must try/fail at least two SSRIs or two of the following: gabapentin, pregabalin, or amitriptyline.   |
| Duaklir Pressair           | Aclidinium Brom/Formoterol Fum | Aer Pow Ba | Must try/fail Anoro Ellipta.  |
| Duetact                    | Pioglitazone Hcl/Glimepiride   | Tablet     | Must try/fail generic metformin.  |
| Duobrii                    | Halobetasol Propion/Tazarotene | Lotion     | Must try/fail one high potency topical steroid.   |
| Dutoprol                   | Metoprolol Su/Hydrochlorothiaz | Tab Er 24h | Must try/fail at least two of the following generics: bisoprolol/HCTZ, propranolol/HCTZ, metoprolol/HCTZ, nadolol/HCTZ, metoprolol ER.  |
| Edarbi                     | Azilsartan Medoxomil           | Tablet     | Must try/fail at least two of the following generics: (candesartan or candesartan/HCTZ), (losartan potassium or losartan/HCTZ), (irbesartan or Irbesartan/HCTZ), or (valsartan/HCTZ). |
| Edarbyclor                 | Azilsartan Med/Chlorthalidone  | Tablet     | Must try/fail at least two of the following generics: (candesartan or candesartan/HCTZ), (losartan potassium or losartan/HCTZ), (irbesartan or Irbesartan/HCTZ), or (valsartan/HCTZ). |

| Brand Name       | Generic Name                 | Dosage     | Details   |
|------------------|------------------------------|------------|---|
| Edluar           | Zolpidem Tartrate            | Tab Subl   | Must try/fail all of the following generics: zolpidem IR AND zaleplon.  |
| Elocon           | Mometasone Furoate           | Cream (G)  | Must try/fail at least two of the following: mometasone fur 0.1% crm/sol, triamcinolone acet 0.1% crm/oint, or triderm 0.1% crm.                            |
| Emend            | Aprepitant                   | Cap Ds Pk  | Must try/fail generic ondansetron.  |
| Emend            | Aprepitant                   | Capsule    | Must try/fail generic ondansetron.  |
| Enablex          | Darifenacin Hydrobromide     | Tab Er 24h | Must try/fail at least two of the following generics: oxybutynin, tolterodine, or trospium.   |
| Epiduo Forte     | Adapalene/Benzoyl Peroxide   | Gel W/Pump | Must try/fail at least one of the following generics: tretinoin or adapalene.   |
| Eskata           | Hydrogen Peroxide            | Sol W/Appl | Must try/fail generic tretinoin and imiquimod.  |
| Eucrisa          | Crisaborole                  | Oint. (G)  | Must try/fail at least two of the following generics: topical corticosteroids and topical calcinerin.   |
| Evekeo           | Amphetamine Sulfate          | Tablet     | Must try/fail dextroamphetamine IR AND amphetamine/dextroamphetamine IR   |
| Evekeo ODT       | Amphetamine Sulfate          | Tab Rapdis | Must try/fail dextroamphetamine IR AND amphetamine/dextroamphetamine IR   |
| Evizio           | Naloxone Hcl                 | Auto Injct | Must try/fail at least two of the following: naloxone HCL and Narcan  |
| Exelderm         | Sulconazole Nitrate          | Cream (G)  | Must try/fail topical ketoconazole and topical ciclopirox   |
| Exelderm         | Sulconazole Nitrate          | Solution   | Must try/fail topical ketoconazole and topical ciclopirox   |
| Ezallor Sprinkle | Rosuvastatin Calcium         | Cap Sprink | Must try/fail at least two of the following generics: rosuvastatin, lovastatin, simvastatin, fluvastatin, or atorvastatin                                   |
| Fabior           | Tazarotene                   | Foam       | Must try and fail generic tretinoin AND generic adapalene OR one topical steroid (e.g. halobetasol, fluticasone, triamcinolone).                            |
| Famotidine       | Famotidine                   | Oral Susp  | Must try/fail at least one of the following: Ranitidine 15mg/ml, Cimetidine 300mg/5ml or Nizatidine 150mg/10ml  |
| Fenofibrate      | Fenofibrate Nanocrystallized | Tablet     | Must try/fail at least one of the following: generic fenofibrate or fenofibrate nanocrystalized 48 mg or 145 mg   |
| Fenortho         | Fenoprofen Calcium           | Capsule    | Must try/fail at least one of the following: ibuprofen, diclofenac, or etodolac.  |
| Fetzima          | Levomilnacipran Hcl          | Cap Sa 24h | Must try/fail at least two of the following generics: selective serotonin reuptake inhibitors (SSRI) or serotonin-norepinephrine reuptake inhibitors (SNRI) |
| Fetzima          | Levomilnacipran Hcl          | Cap24hdsbk | Must try/fail at least two of the following generics: selective serotonin reuptake inhibitors (SSRI) or serotonin-norepinephrine reuptake inhibitors (SNRI) |
| Flector          | Diclofenac Epolamine         | Patch Td12 | Must try/fail one generic oral NSAID and topical Voltaren 1% gel.   |
| Flolipid         | Simvastatin                  | Oral Susp  | Must try/fail two of the following: atorvastatin tablets, rosuvastatin tablets or simvastatin tablets   |

| Brand Name             | Generic Name                  | Dosage     | Details  |
|------------------------|-------------------------------|------------|--|
| Fluocinolone Acetonide | Fluocinolone Acetonide        | Cream (G)  | Must try/fail at least two of the following: betamethasone val 0.1% lot, fluocinolone acet 0.01% sol/oil, or triamcinolone acet 0.025% crm/lot.  |
| Fluocinolone Acetonide | Fluocinolone Acetonide        | Oint. (G)  | Must try/fail at least two of the following: mometasone fur 0.1% crm/sol, triamcinolone acet 0.1% crm/oint, or triderm 0.1% crm.   |
| Fluocinonide           | Fluocinonide                  | Gel (Gram) | Must try/fail at least two of the following: betamethasone diprop aug 0.05% crm, betamethasone diprop 0.05% oint, desoximetasone 0.25% crm/oint, or fluocinonide 0.05% crm/oint/sol.                                   |
| Fluocinonide-E         | Fluocinonide/Emollient Base   | Cream (G)  | Must try/fail at least two of the following: betamethasone diprop 0.05% crm, betamethasone val 0.1% oint, fluticasone prop 0.05% oint, mometasone fur 0.1% oint, triamcinolone acet 0.5% crm/oint or triderm 0.5% crm. |
| Fluoxetine (60mg)      | Fluoxetine                    | Tablet     | Must try/fail fluoxetine 20mg  |
| Flurbiprofen Sodium    | Flurbiprofen Sodium           | Drops      | Must try/fail at least one of the following generics: diclofenac 1% drops or 0.5% ketorolac drops  |
| Fluticasone-Salmeterol | Fluticasone/Salmeterol        | Blst W/Dev | Must try/fail Wixela   |
| Foradil                | Formoterol Fumarate           | Cap W/Dev  | Must try/fail at least one of the following: Serevent or Serevent Diskus   |
| Forfivo XI             | Bupropion Hcl                 | Tab Er 24h | Must try/fail at least two of the following generics: selective serotonin reuptake inhibitors (SSRI) or serotonin-norepinephrine reuptake inhibitors (SNRI).   |
| Fosamax Plus D         | Alendronate Sodium/Vitamin D3 | Tablet     | Must try/fail at least two of the following generics: alendronate tablet, ibandronate tablet or risedronate tablet.  |
| Frova                  | Frovatriptan Succinate        | Tablet     | Must try/fail at least two of the following generics: naratriptan, rizatriptan or sumatriptan.   |
| Gelnique               | Oxybutynin Chloride           | Gel Md Pmp | Must try/fail at least two of the following generics: oxybutynin, tolterodine, or trospium.  |
| Gelnique               | Oxybutynin Chloride           | Gel Packet | Must try/fail at least two of the following generics: oxybutynin, tolterodine, or trospium.  |
| Giazo                  | Balsalazide Disodium          | Tablet     | Must try/fail generic balsalazide.   |
| Gloperba               | Colchicine                    | Solution   | Must try/fail generic colchicine.  |
| Glumetza               | Metformin Hcl                 | Tabergr24h | Must try/fail generic metformin.   |
| Glycate                | Glycopyrrolate                | Tablet     | Must try/fail glycopyrrolate 1mg or 2mg.   |
| Glyxambi               | Empagliflozin/Linagliptin     | Tablet     | Must try/fail generic metformin and at least one of the following: Farxiga, Xigduo XR, Jardiance, Synjardy or Synjardy XR.   |
| Halcinonide            | Halcinonide                   | Cream (G)  | Must try/fail at least two of the following: betamethasone cream/ointment, desoximetasone cream/ointment, or fluocinonide cream/ointment/solution  |
| Halog                  | Halcinonide                   | Solution   | Must try/fail at least two of the following: desonide lotion, betamethasone valerate lotion, fluocinonide solution, clobetasol solution, mometasone solution, triamcinolone lotion.                                    |

| Brand Name                  | Generic Name                   | Dosage     | Details  |
|-----------------------------|--------------------------------|------------|--|
| Hydrocodone Bitartrate Er   | Hydrocodone Bitartrate         | Cap Er 12h | Must try/fail morphine sulfate ER  |
| Hydrocortisone              | Hydrocortisone                 | Crm/Pe App | Must try/fail at least two of the following: Ala-cort 1% crm, hydrocortisone 1% crm, or hydrocortisone 2.5% crm/lot/oint   |
| Hydrocortisone Butyrate     | Hydrocortisone Butyrate        | Cream (G)  | Must try/fail at least two of the following: betamethasone diprop 0.05% lot, betamethasone val 0.1% crm, fluticasone prop 0.05% crm, triamcinolone acet 0.1% lot, or triamcinolone acet 0.025% oint. |
| Hydrocortisone Butyrate     | Hydrocortisone Butyrate        | Oint. (G)  | Must try/fail at least two of the following: betamethasone diprop 0.05% lot, betamethasone val 0.1% crm, fluticasone prop 0.05% crm, triamcinolone acet 0.1% lot, or triamcinolone acet 0.025% oint. |
| Hydrocortisone Valerate     | Hydrocortisone Valerate        | Cream (G)  | Must try/fail at least two of the following: betamethasone diprop 0.05% lot, betamethasone val 0.1% crm, fluticasone prop 0.05% crm, triamcinolone acet 0.1% lot, or triamcinolone acet 0.025% oint. |
| Hydrocortisone Valerate     | Hydrocortisone Valerate        | Oint. (G)  | Must try/fail at least two of the following: mometasone fur 0.1% crm/sol, triamcinolone acet 0.1% crm/oint, or triderm 0.1% crm.   |
| Impoyz                      | Clobetasol Propionate          | Cream (G)  | Must try/fail at least one of the following generics: clobetasol, betamethasone, halobetasol, flucinonide, or desoximetasone.  |
| Invokamet                   | Canagliflozin/Metformin Hcl    | Tablet     | Must try/fail generic metformin and at least one of the following: Farxiga, Xigduo XR, Jardiance, Synjardy or Synjardy XR.   |
| Invokamet Xr                | Canagliflozin/Metformin Hcl    | Tab Bp 24h | Must try/fail generic metformin and at least one of the following: Farxiga, Xigduo XR, Jardiance, Synjardy or Synjardy XR.   |
| Invokana                    | Canagliflozin                  | Tablet     | Must try/fail generic metformin and at least one of the following: Farxiga, Xigduo XR, Jardiance, Synjardy or Synjardy XR.   |
| Irenka                      | Duloxetine Hcl                 | Capsule Dr | Must try/fail generic duloxetine HCl.  |
| Isordil (40mg)              | Isosorbide Dinitrate           | Tablet     | Must try/fail isosorbide dinitrate IR 20 mg or isosorbide dinitrate ER 40 mg   |
| Isosorbide Dinitrate (40mg) | Isosorbide Dinitrate           | Tablet     | Must try/fail isosorbide dinitrate IR 20 mg or isosorbide dinitrate ER 40 mg   |
| Ivermectin                  | Ivermectin                     | Cream (G)  | Must try/fail doxycycline and metronidazole gel or cream.  |
| Jalyn                       | Dutasteride/Tamsulosin Hcl     | Cpmp 24hr  | Must try/fail generic finasteride and tamsulosin.  |
| Janumet                     | Sitagliptin Phos/Metformin Hcl | Tablet     | Must try/fail generic metformin and at least one of the following: Tradjenta, Jentadueto or Jentadueto XR.   |
| Janumet Xr                  | Sitagliptin Phos/Metformin Hcl | Tbmp 24hr  | Must try/fail generic metformin and at least one of the following: Tradjenta, Jentadueto or Jentadueto XR.   |
| Januvia                     | Sitagliptin Phosphate          | Tablet     | Must try/fail generic metformin and at least one of the following: Tradjenta, Jentadueto or Jentadueto XR.   |
| Jentadueto                  | Linagliptin/Metformin Hcl      | Tablet     | Must try/fail generic metformin.   |
| Jentadueto Xr               | Linagliptin/Metformin Hcl      | Tab Bp 24h | Must try/fail generic metformin.   |
| Jublia                      | Efinaconazole                  | Sol W/App  | Must try/fail at least two of the following: terbinafine, itraconazole, ciclopirox, or Ciclopirox/urea/camph/men/euc.  |

| Brand Name           | Generic Name                   | Dosage     | Details  |
|----------------------|--------------------------------|------------|--|
| Kadian               | Morphine Sulfate               | Cap Er Pel | Must try/fail morphine sulfate ER tablet   |
| Katerzia             | Amlodipine Benzoate            | Oral Susp  | Must try/fail generic amlodipine tablets, which may be crushed or chewed for ease of administration  |
| Kazano               | Alogliptin Benz/Metformin Hcl  | Tablet     | Must try/fail generic metformin and at least one of the following: Tradjenta, Jentadueto or Jentadueto XR.   |
| Kenalog              | Triamcinolone Acetonide        | Aerosol    | Must try/fail at least two of the following: mometasone fur 0.1% crm/sol, triamcinolone acet 0.1% crm/oint, or triderm 0.1% crm.   |
| Kerydin              | Tavaborole                     | Sol W/Appl | Must try/fail at least two of the following: terbinafine, itraconazole, ciclopirox, or Ciclopirox/urea/camph/men/euc.  |
| Khedeza              | Desvenlafaxine                 | Tab Er 24  | Must try/fail at least one generic SSRI.   |
| Kombiglyze Xr        | Saxagliptin Hcl/Metformin Hcl  | Tbmp 24hr  | Must try/fail generic metformin and at least one of the following: Tradjenta, Jentadueto or Jentadueto XR.   |
| Levemir              | Insulin Detemir                | Vial       | Must try/fail at least one of the following: Lantus or Toujeo.   |
| Levemir Flextouch    | Insulin Detemir                | Insuln Pen | Must try/fail at least one of the following: Lantus or Toujeo.   |
| Levorphanol Tartrate | Levorphanol Tartrate           | Tablet     | Must try/fail at least one of the following generics: hydromorphone IR, oxycodone, oxycodone/acetaminophen, oxycodone/ibuprofen, oxycodone/aspirin, hydrocodone/acetaminophen, or hydrocodone ibuprofen.                         |
| Lexette              | Halobetasol Propionate         | Foam       | Must try/fail at least one of the following: clobetasol, betamethasone, halobetasol, or flunisolide.   |
| Licart               | Diclofenac Epolamine           | Patch Td24 | Must try/fail at least two of the following: diclofenac gel, lidocaine solution/ointment/cream/jelly, diclofenac tablets, meloxicam tablets, piroxicam capsules, etodolac tablets, indomethacin capsules, or celecoxib capsules. |
| Locoid               | Hydrocortisone Butyrate        | Cream (G)  | Must try/fail at least two of the following: betamethasone diprop 0.05% lot, betamethasone val 0.1% crm, fluticasone prop 0.05% crm, triamcinolone acet 0.1% lot, or triamcinolone acet 0.025% oint.                             |
| Locoid               | Hydrocortisone Butyrate        | Lotion     | Must try/fail at least two of the following: betamethasone diprop 0.05% lot, betamethasone val 0.1% crm, fluticasone prop 0.05% crm, triamcinolone acet 0.1% lot, or triamcinolone acet 0.025% oint.                             |
| Locoid               | Hydrocortisone Butyrate        | Solution   | Must try/fail at least two of the following: betamethasone diprop 0.05% lot, betamethasone val 0.1% crm, fluticasone prop 0.05% crm, triamcinolone acet 0.1% lot, or triamcinolone acet 0.025% oint.                             |
| Locoid Lipocream     | Hydrocortisone Butyrate/Emoll  | Cream (G)  | Must try/fail at least two of the following: betamethasone diprop 0.05% lot, betamethasone val 0.1% crm, fluticasone prop 0.05% crm, triamcinolone acet 0.1% lot, or triamcinolone acet 0.025% oint.                             |
| Lokelma              | Sodium Zirconium Cyclosilicate | Powd Pack  | Must try/fail at least one of the following: loop diuretics (e.g. furosemide, torsemide), thiazide diuretics (e.g. hydrochlorothiazide, chlorthalidone) or sodium polystyrene sulfonate.   |
| Luxiq                | Betamethasone Valerate         | Foam       | Must try/fail at least two of the following: Betamethasone Diprop 0.05% Crm, Betamethasone Val 0.1% Oint, Fluticasone Prop 0.05% Oint, Mometasone Fur 0.1% Oint, Triamcinolone Acet 0.5% Crm/Oint, Or Triderm 0.5% Crm.          |

| Brand Name                           | Generic Name                   | Dosage     | Details  |
|--------------------------------------|--------------------------------|------------|--|
| Lyrica                               | Pregabalin                     | Capsule    | Must try/fail gabapentin and pregabalin  |
| Lyrica                               | Pregabalin                     | Solution   | Must try/fail gabapentin and pregabalin  |
| Lyrica CR                            | Pregabalin                     | Tab Er 24h | Must try/fail gabapentin and pregabalin  |
| Marplan                              | Isocarboxazid                  | Tablet     | Must try/fail at least two of the following generics: selective serotonin reuptake inhibitors (SSRI) or serotonin-norepinephrine reuptake inhibitors (SNRI). |
| Metaxalone                           | Metaxalone                     | Tablet     | Must try/fail at least one of the following generics: orphenadrine, methocarbamol, baclofen, tizanidine, or chlorzoxazone, cyclobenzaprine                   |
| Methylphenidate Er                   | Methylphenidate Hcl            | Csbp 40-60 | Must try/fail dextroamphetamine, amphetamine ER and one of the following: methylphenidate ER tab 10 mg/20 mg or Metadate ER tab.                             |
| Micardis                             | Telmisartan                    | Tablet     | Must try/fail at least two of the following generics: irbesartan or irbesartan/hctz, losartan or losartan hctz and valsartan or valsartan/hctz.              |
| Micardis Hct                         | Telmisartan/Hydrochlorothiazid | Tablet     | Must try/fail at least two of the following generics: irbesartan or irbesartan/hctz, losartan or losartan hctz and valsartan or valsartan/hctz.              |
| Migranal                             | Dihydroergotamine Mesylate     | Spray/Pump | Must try/fail generic sumatriptan tablets and rizatriptan tablets.   |
| Minocycline Hcl ER (80mg and 105 mg) | Minocycline Hcl                | Tab Er 24h | Must try/fail minocycline IR   |
| Minolira Er                          | Minocycline Hcl                | Tab Bp 24h | Must try/fail minocycline IR   |
| Mirapex Er                           | Pramipexole Di-Hcl             | Tab Er 24h | Must try/fail generic pramipexole IR tablets.  |
| Motegrity                            | Prucalopride Succinate         | Tablet     | Must try/fail Amitiza and Linzess.   |
| Moxeza                               | Moxifloxacin Hcl               | Drops Visc | Must try/fail at least two of the following: ciprofloxacin drops, levofloxacin drops, or ofloxacin drops.  |
| Moxifloxacin                         | Moxifloxacin Hcl               | Drops      | Must try/fail at least two of the following: ciprofloxacin drops, levofloxacin drops, or ofloxacin drops.  |
| Moxifloxacin                         | Moxifloxacin Hcl               | Drops Visc | Must try/fail at least two of the following: ciprofloxacin drops, levofloxacin drops, or ofloxacin drops.  |
| Myrbetriq                            | Mirabegron                     | Tab Er 24h | Member under the age of 65 must try/fail at least two of the following generics: oxybutynin IR/ER, tolterodine IR/ER or trospium IR/ER.                      |
| Nalfon                               | Fenoprofen Calcium             | Capsule    | Must try/fail at least one of the following: ibuprofen, diclofenac, or etodolac.   |
| Nalfon                               | Fenoprofen Calcium             | Tablet     | Must try/fail at least one of the following: ibuprofen, diclofenac, or etodolac.   |
| Nalocet                              | Oxycodone Hcl/Acetaminophen    | Tablet     | Must try/fail generic oxycodone/acetaminophen.   |

| Brand Name | Generic Name                   | Dosage     | Details  |
|------------|--------------------------------|------------|--|
| Namenda    | Memantine Hcl                  | Solution   | Must try/fail generic memantine IR.  |
| Namenda    | Memantine Hcl                  | Tab Ds Pk  | Must try/fail generic memantine IR.  |
| Namenda    | Memantine Hcl                  | Tablet     | Must try/fail generic memantine IR.  |
| Namenda Xr | Memantine Hcl                  | Cap Spr 24 | Must try/fail generic memantine IR.  |
| Namenda Xr | Memantine Hcl                  | Cap24 Dspk | Must try/fail generic memantine IR.  |
| Namzaric   | Memantine Hcl/Donepezil Hcl    | Cap Spr 24 | Must try/fail at least two of the following: generic donepezil, memantine or Namenda XR.   |
| Namzaric   | Memantine Hcl/Donepezil Hcl    | Cap24 Dspk | Must try/fail at least two of the following: generic donepezil, memantine or Namenda XR.   |
| Nayzilam   | Midazolam                      | Spray      | Must try/fail midazolam vial with atomizer   |
| Nesina     | Alogliptin Benzoate            | Tablet     | Must try/fail generic metformin and at least one of the following: Tradjenta, Jentadueto or Jentadueto XR.   |
| Nexium     | Esomeprazole Magnesium         | Capsule Dr | Must try/fail generic omeprazole and pantoprazole.   |
| Nexium     | Esomeprazole Magnesium         | Suspdr Pkt | Must try/fail at least one of the following: first-omeprazole or first-lansoprazole.   |
| Noctiva    | Desmopressin Acetate           | Spray/Pump | Must try/fail generic desmopressin and flavoxate.  |
| Nolix      | Flurandrenolide                | Cream (G)  | Must try/fail at least two of the following: betamethasone diprop 0.05% lot, betamethasone val 0.1% crm, fluticasone prop 0.05% crm, triamcinolone acet 0.1% lot, or triamcinolone acet 0.025% oint. |
| Nolix      | Flurandrenolide                | Lotion     | Must try/fail at least two of the following: betamethasone diprop 0.05% lot, betamethasone val 0.1% crm, fluticasone prop 0.05% crm, triamcinolone acet 0.1% lot, or triamcinolone acet 0.025% oint. |
| Nurtec Odt | Rimegepant Sulfate             | Tab Rapdis | Must try/fail at least two of the following generics: sumatriptan, naratriptan or rizatriptan  |
| Nymalize   | Nimodipine                     | Solution   | Must try/fail nimodipine capsules.   |
| Nymalize   | Nimodipine                     | Syringe    | Must try/fail nimodipine capsules.   |
| Olux       | Clobetasol Propionate          | Foam       | Must try/fail at least two of the following: betamethasone diprop aug 0.05% lot/oint or clobetasol prop 0.05% crm/gel/lot/oint/sham/sol.   |
| Olux-E     | Clobetasol Propionate/Emoll    | Foam       | Must try/fail at least two of the following: betamethasone diprop aug 0.05% lot/oint or clobetasol prop 0.05% crm/gel/lot/oint/sham/sol.   |
| Onexton    | Clindamycin Phos/Benzoyl Perox | Gel W/Pump | Must try/fail generic topical clindamycin/benzoyl peroxide gel.  |
| Ongentys   | Opicapone                      | Capsule    | Must try/fail Entacapone AND at least one of the following: dopamine agonist (e.g. pramipexole, ropinirole) OR MAO-I (e.g. rasagiline, selegiline).  |
| Onglyza    | Saxagliptin Hcl                | Tablet     | Must try/fail generic metformin and at least one of the following: Tradjenta, Jentadueto or Jentadueto XR.   |



| Brand Name    | Generic Name                  | Dosage     | Details  |
|---------------|-------------------------------|------------|--|
| Onmel         | Itraconazole                  | Tablet     | Must try/fail generic oral itraconazole.   |
| Onzetra Xsail | Sumatriptan Succinate         | Aer Pow Ba | Must try/fail at least one of the following generics: naratriptan, sumatriptan or rizatriptan.   |
| Oracea        | Doxycycline Monohydrate       | Cap Ir Dr  | Must try/fail at least one of the following generics: doxycycline monohydrate or doxycycline hyclate.  |
| Oseni         | Alogliptin Benz/Pioglitazone  | Tablet     | Must try/fail generic metformin and at least one of the following: Tradjenta, Jentaduetto or Jentaduetto XR.   |
| Osmolex Er    | Amantadine Hcl                | Tab Bp 24h | Must try/fail generic amantadine IR.   |
| Osmolex Er    | Amantadine Hcl                | Tab Bp 24h | Must try/fail amantadine IR tablets/capsules.  |
| Oxazepam      | Oxazepam                      | Capsule    | Must try/fail at least two of the following: Alprazolam IR, Diazepam tablet or solution, lorazepam tablet or solution, or Chlordiazepoxide tablet.           |
| Oxycontin     | Oxycodone Hcl                 | Tab Er 12h | Must try/fail morphine ER tabs.  |
| Oxytrol       | Oxybutynin                    | Patch Tdsw | Must try/fail at least two of the following generics: oxybutynin, tolterodine, or trospium.  |
| Ozempic       | Semaglutide                   | Pen Injctr | Must try/fail generic metformin.   |
| Ozobax        | Baclofen                      | Solution   | Must try/fail generic baclofen and one additional muscle relaxant (e.g. cyclobenzaprine, methocarbamol, tizanidine, orphenadrine)                            |
| Patanase      | Olopatadine Hcl               | Spray/Pump | Must try/fail at least one of the following generics: fluticasone or flunisolide.  |
| Penicillamine | Penicillamine                 | Capsule    | Must try/fail generic penicillamine tablets.   |
| Pennsaid      | Diclofenac Sodium             | Sol Md Pmp | Must try/fail at least one oral NSAID and topical diclofenac sodium.   |
| Pennsaid      | Diclofenac Sodium             | Soln Pk(G) | Must try/fail at least one oral NSAID and generic topical diclofenac sodium 1% gel.  |
| Perforomist   | Formoterol Fumarate           | Vial-Neb   | Must try/fail at least one of the following: Serevent or Serevent Diskus.  |
| Pexeva        | Paroxetine Mesylate           | Tablet     | Must try/fail at least two of the following generics: selective serotonin reuptake inhibitors (SSRI) or serotonin-norepinephrine reuptake inhibitors (SNRI). |
| Plixda        | Adapalene                     | Med. Swab  | Must try/fail generic tretinoin or generic adapalene.  |
| Posaconazole  | Posaconazole                  | Oral Susp  | Must try/fail at least one of the following: Fluconazole, Itraconazole, or Voriconazole  |
| Posaconazole  | Posaconazole                  | Tablet     | Must try/fail at least one of the following: Fluconazole, Itraconazole, or Voriconazole  |
| Pradaxa       | Dabigatran Etexilate Mesylate | Capsule    | Must try/fail Xarelto and Eliquis.   |
| Prednicarbate | Prednicarbate                 | Cream (G)  | Must try/fail at least two of the following: betamethasone diprop 0.05% lot, betamethasone val 0.1% crm, fluticasone   |

| Brand Name    | Generic Name                   | Dosage     | Details   |
|---------------|--------------------------------|------------|---|
|               |                                |            | prop 0.05% crm, triamcinolone acet 0.1% lot, or triamcinolone acet 0.025% oint.   |
| Prednicarbate | Prednicarbate                  | Oint. (G)  | Must try/fail at least two of the following: betamethasone diprop 0.05% lot, betamethasone val 0.1% crm, fluticasone prop 0.05% crm, triamcinolone acet 0.1% lot, or triamcinolone acet 0.025% oint.                  |
| Prestalia     | Perindopril Arg/Amlodipine Bes | Tablet     | Must try/fail at least two of the following: (lisinopril or enalapril) and (amlodipine, felodipine, or benazepril).   |
| Prevacid      | Lansoprazole                   | Tab Rap Dr | Must try/fail at least one of the following generics: omeprazole or pantoprazole.   |
| Prilosec      | Omeprazole Magnesium           | Suspdr Pkt | Must try/fail at least one of the following: first-omeprazole or first-lansoprazole.  |
| Pristiq       | Desvenlafaxine Succinate       | Tab Er 24h | Must try/fail at least two of the following generics: selective serotonin reuptake inhibitors (SSRI) or serotonin-norepinephrine reuptake inhibitors (SNRI).  |
| Proctocort    | Hydrocortisone                 | Crm/Pe App | Must try/fail at least two of the following: Ala-cort 1% crm, hydrocortisone 1% crm, or hydrocortisone 2.5% crm/lot/oint.   |
| Procto-Med Hc | Hydrocortisone                 | Crm/Pe App | Must try/fail at least two of the following: Ala-cort 1% crm, hydrocortisone 1% crm, or hydrocortisone 2.5% crm/lot/oint.   |
| Procto-Pak    | Hydrocortisone                 | Crm/Pe App | Must try/fail at least two of the following: Ala-cort 1% crm, hydrocortisone 1% crm, or hydrocortisone 2.5% crm/lot/oint.   |
| Proctosol-Hc  | Hydrocortisone                 | Crm/Pe App | Must try/fail at least two of the following: Ala-cort 1% crm, hydrocortisone 1% crm, or hydrocortisone 2.5% crm/lot/oint.   |
| Profeno       | Fenoprofen Calcium             | Tablet     | Must try/fail at least one of the following: ibuprofen, diclofenac, or etodolac.  |
| Protonix      | Pantoprazole Sodium            | Granpkt Dr | Must try/fail at least one of the following: first-omeprazole or first-lansoprazole.  |
| Psorcon       | Diflorasone Diacetate          | Cream (G)  | Must try/fail at least 2 of the following: betamethasone diprop 0.05% crm, betamethasone val 0.1% oint, fluticasone prop 0.05% oint, mometasone fur 0.1% oint, triamcinolone acet 0.5% crm/oint, or triderm 0.5% crm. |
| Qmiiz Odt     | Meloxicam                      | Tab Rapdis | Must try/fail generic oral ibuprofen or meloxicam suspension and topical diclofenac sodium 1% gel.  |
| Qtern         | Dapagliflozin/Saxagliptin Hcl  | Tablet     | Must try/fail at least one of the following: Farxiga, Xigduo, Jardiance, or Synjardy.   |
| Ramelteon     | Ramelteon                      | Tablet     | Must try/fail generic zolpidem IR and zaleplon.   |
| Rayos         | Prednisone                     | Tablet Dr  | Must try/fail at least two generic oral steroids.   |
| Relafen DS    | Nabumetone                     | Tablet     | Must try/fail at least two generic alternatives (e.g. nabumetone 500 mg, nabumetone 750 mg, ibuprofen, diclofenac, etodolac).   |
| Relpax        | Eletriptan Hydrobromide        | Tablet     | Must try/fail at least two of the following generics: naratriptan, rizatriptan or sumatriptan.  |
| Retin-A       | Tretinoin                      | Cream (G)  | Must try/fail at least one of the following generics: tretinoin or adapalene.   |

| Brand Name         | Generic Name                   | Dosage     | Details   |
|--------------------|--------------------------------|------------|---|
| Retin-A            | Tretinoin                      | Gel (Gram) | Must try/fail at least one of the following generics: tretinoin or adapalene.   |
| Retin-A Micro      | Tretinoin Microspheres         | Gel (Gram) | Must try/fail at least one of the following generics: tretinoin or adapalene.   |
| Retin-A Micro Pump | Tretinoin Microspheres         | Gel W/Pump | Must try/fail at least one of the following: generic tretinoin or adapalene.  |
| Reyvow             | Lasmiditan Succinate           | Tablet     | Must try/fail at least two of the following generics: sumatriptan, naratriptan or rizatriptan.                            |
| Rhopressa          | Netarsudil Mesylate            | Drops      | Must try/fail lantanoprost and dorzolamide-timelol  |
| Riomet Er          | Metformin Hcl                  | Sus Er Rec | Must try/fail metformin ER tablets.   |
| Rocklatan          | Netarsudil Mesylat/Latanoprost | Drops      | Must try/fail lantanoprost and dorzolamide-timelol  |
| Ropinerole Er      | Ropinerole                     | Tablet Er  | Must try/fail generic ropinerole IR tablets   |
| Rosadan            | Metronidazole/Skin Cleanser 23 | Kit Cl-Crm | Must try/fail generic topical metronidazole.  |
| Roxybond           | Oxycodone Hcl                  | Tablet Orl | Must try/fail morphine ER tabs  |
| Rozerem            | Ramelteon                      | Tablet     | Must try/fail generic zolpidem IR and zaleplon.   |
| Sancuso            | Granisetron                    | Patch Tdwk | Must try/fail generic granisetron.  |
| Savaysa            | Edoxaban Tosylate              | Tablet     | Must try/fail Xarelto and Eliquis.  |
| Savella            | Milnacipran Hcl                | Tab Ds Pk  | Must try/fail gabapentin and duloxetine.  |
| Savella            | Milnacipran Hcl                | Tablet     | Must try/fail gabapentin and duloxetine.  |
| Scalacort          | Hydrocortisone                 | Lotion     | Must try/fail at least two of the following: Ala-cort 1% crm, hydrocortisone 1% crm, or hydrocortisone 2.5% crm/lot/oint. |
| Secuado            | Asenapine                      | Patch Td24 | Must try/fail at least one of the following generics: risperidone, olanzapine or quetiapine                               |
| Segluromet         | Ertugliflozin/Metformin        | Tablet     | Must try/fail at least one of the following: Farxiga, Xigduo XR, Synjardy or Jardiance.                                   |
| Semglee            | Insulin Glargine,Hum.Rec.Anlog | Vial       | Must try/fail at least one of the following: Lantus, Lantus Solostar, or Toujeo.  |
| Semglee Pen        | Insulin Glargine,Hum.Rec.Anlog | Insuln Pen | Must try/fail at least one of the following: Lantus, Lantus Solostar, or Toujeo.  |
| Sernivo            | Betamethasone Dipropionate     | Spray/Pump | Must try/fail generic betamethasone ointment, cream, or lotion.   |
| Seysara            | Sarecycline Hcl                | Tablet     | Must try/fail topical tretinoin or adapalene and minocycline and doxycycline.   |
| Siklos             | Hydroxyurea                    | Tablet     | Must try/fail Droxia tablets.   |
| Silenor            | Doxepin Hcl                    | Tablet     | Must try/fail all three of the following generics: eszopiclone, zolpidem IR and zaleplon.                                 |
| Simvastatin        | Simvastatin                    | Oral Susp  | Must try/fail two of the following: atorvastatin tablets, rosuvastatin tablets or simvastatin tablets                     |

| Brand Name          | Generic Name                   | Dosage     | Details  |
|---------------------|--------------------------------|------------|--|
| Sitavig             | Acyclovir                      | Ma Buc Tab | Must try/fail at least two of the following generics: acyclovir, and (famciclovir or valacyclovir).  |
| Solaraze            | Diclofenac Sodium              | Gel (Gram) | Must try/fail at least one of the following generics: imiquimod or fluorouracil.   |
| Solosec             | Secnidazole                    | Grandr Pkt | Must try/fail at least one of the following generics: metronidazole tablets, metronidazole vaginal gel, clindamycin vaginal cream or clindamycin oral capsules.                                      |
| Soma                | Carisoprodol                   | Tablet     | Must try/fail at least one of the following: cyclobenzaprine, tizanidine, methocarbamol, or orphenadrine citrate.  |
| Soolantra           | Ivermectin                     | Cream (G)  | Must try/fail doxycycline and metronidazole gel or cream.  |
| Soriatane           | Acitretin                      | Capsule    | Must try/fail generic tretinoin.   |
| Sorilux             | Calcipotriene                  | Foam       | Must try/fail calcipotriene solution.  |
| Spritam             | Levetiracetam                  | Tab Susp   | Must try/fail generic levetiracetam tablet, solution or ER tablets.  |
| Sprix               | Ketorolac Tromethamine         | Spray      | Must try/fail at least two of the following generics: ketorolac tablets, ibuprofen, or diclofenac.   |
| Steglatro           | Ertugliflozin Pidolate         | Tablet     | Must try/fail at least one of the following: Farxiga, Xigduo XR, Synjardy or Jardiance.  |
| Steglujan           | Ertugliflozin/Sitagliptin      | Tablet     | Must try/fail at least one of the following: Farxiga, Xigduo XR, Synjardy or Jardiance.  |
| Stiolto Respimat    | Tiotropium Br/Olodaterol Hcl   | Mist Inhal | Must try/fail Incruse Ellipta.   |
| Sulconazole Nitrate | Sulconazole Nitrate            | Cream (G)  | Must try/fail topical ketoconazole and topical ciclopirox  |
| Sulconazole Nitrate | Sulconazole Nitrate            | Solution   | Must try/fail topical ketoconazole and topical ciclopirox  |
| Surmontil           | Trimipramine Maleate           | Capsule    | Must try/fail at least two of the following generics: selective serotonin reuptake inhibitors (SSRI) or serotonin-norepinephrine reuptake inhibitors (SNRI).   |
| Symbicort           | Budesonide-Formoterol Fumarate | Hfa Aer Ad | Must try/fail fluticasone-salmeterol   |
| Synalar             | Fluocinolone Acetonide         | Cream (G)  | Must try/fail at least two of the following: betamethasone diprop 0.05% lot, betamethasone val 0.1% crm, fluticasone prop 0.05% crm, triamcinolone acet 0.1% lot, or triamcinolone acet 0.025% oint. |
| Synalar             | Fluocinolone Acetonide         | Oint. (G)  | Must try/fail at least two of the following: mometasone fur 0.1% crm/sol, triamcinolone acet 0.1% crm/oint, or triderm 0.1% crm.   |
| Synalar             | Fluocinolone Acetonide         | Solution   | Must try/fail at least two of the following: betamethasone val 0.1% lot, fluocinolone acet 0.01% oil, or triamcinolone acet 0.025% crm/lot.  |
| Syprine             | Trientine Hcl                  | Capsule    | Must try/fail Depen and trientine.   |
| Taclonex            | Calcipotriene/Betamethasone    | Suspension | Must try/fail calcipotriene cream/oint/solution and one topical corticosteroid.  |
| Tacrolimus          | Tacrolimus                     | Oint. (G)  | Must try/fail pimecrolimus.  |

| Brand Name       | Generic Name                  | Dosage     | Details   |
|------------------|-------------------------------|------------|---|
| Tanzeum          | Albiglutide                   | Pen Injctr | Must try/fail generic metformin and Victoza or Trulicity.   |
| Targadox         | Doxycycline Hyclate           | Tablet     | Must try/fail at least one of the following generics: doxycycline monohydrate 50mg caps, 100mg caps, 50mg tabs or 75mg tabs.  |
| Tazorac          | Tazarotene                    | Cream (G)  | Must try and fail generic tretinoin AND generic adapalene OR one topical steroid (e.g. halobetasol, fluticasone, triamcinolone).  |
| Tazorac          | Tazarotene                    | Gel (Gram) | Must try and fail generic tretinoin AND generic adapalene OR one topical steroid (e.g. halobetasol, fluticasone, triamcinolone).  |
| Tecfidera        | Dimethyl Fumarate             | Capsule DR | Must try/fail all of the following: generic Tecfidera, Avonex, Gilenya, and generic glatiramer OR Glatopa.  |
| Tekturna         | Aliskiren Hemifumarate        | Tablet     | Must try/fail at least one of the following generics: losartan potassium or losartan/HCTZ.  |
| Tekturna Hct     | Aliskiren/Hydrochlorothiazide | Tablet     | Must try/fail at least one of the following generics: losartan potassium or losartan/HCTZ.  |
| Temovate         | Clobetasol Propionate         | Cream (G)  | Must try/fail at least two of the following: betamethasone diprop aug 0.05% lot/oint or clobetasol prop 0.05% crm/gel/lot/oint/sham/sol.  |
| Temovate         | Clobetasol Propionate         | Oint. (G)  | Must try/fail at least two of the following: betamethasone diprop aug 0.05% lot/oint or clobetasol prop 0.05% crm/gel/lot/oint/sham/sol.  |
| Tiglutik         | Riluzole                      | Oral Susp  | Must try/fail generic riluzole tablet   |
| Timoptic-Xe      | Timolol Maleate               | Sol-Gel    | Must try/fail timolol drops (non-gel form)  |
| Tivorbex         | Indomethacin, Submicronized   | Capsule    | Must try/fail at least two of the following: indomethacin 25/50/75 mg capsules, ibuprofen, or diclofenac.   |
| Tizanidine Hcl   | Tizanidine Hcl                | Capsule    | Must try/fail tizanidine tablets.   |
| Tolsura          | Itraconazole                  | Cap Sd Dsp | Must try/fail itraconazole.   |
| Topicort         | Desoximetasone                | Gel (Gram) | Must try/fail at least two of the following: betamethasone diprop aug 0.05% crm, betamethasone diprop 0.05% oint, desoximetasone 0.25% crm/oint, or fluocinonide 0.05% crm/oint/sol.                                  |
| Topicort         | Desoximetasone                | Spray      | Must try/fail at least two of the following: betamethasone diprop aug 0.05% crm, betamethasone diprop 0.05% oint, desoximetasone 0.25% crm/oint, or fluocinonide 0.05% crm/oint/sol.                                  |
| Topicort (0.05%) | Desoximetasone                | Cream (G)  | Must try/fail at least 2 of the following: BETAMETHASONE DIPROP 0.05% CRM, BETAMETHASONE VAL 0.1% OINT, FLUTICASONE PROP 0.05% OINT, MOMETASONE FUR 0.1% OINT, TRIAMCINOLONE ACET 0.5% CRM/OINT, OR TRIDERM 0.5% CRM. |
| Topicort (0.05%) | Desoximetasone                | Oint. (G)  | Must try/fail at least 2 of the following: BETAMETHASONE DIPROP 0.05% CRM, BETAMETHASONE VAL 0.1% OINT, FLUTICASONE PROP 0.05% OINT, MOMETASONE FUR 0.1% OINT, TRIAMCINOLONE ACET 0.5% CRM/OINT, OR TRIDERM 0.5% CRM. |
| Topicort (0.25%) | Desoximetasone                | Cream (G)  | Must try/fail at least two of the following: betamethasone diprop aug 0.05% crm, betamethasone diprop 0.05% oint, desoximetasone 0.25% crm/oint, or fluocinonide 0.05% crm/oint/sol.                                  |

| Brand Name              | Generic Name                    | Dosage     | Details  |
|-------------------------|---------------------------------|------------|--|
| Topicort (0.25%)        | Desoximetasone                  | Oint. (G)  | Must try/fail at least two of the following: betamethasone diprop aug 0.05% crm, betamethasone diprop 0.05% oint, desoximetasone 0.25% crm/oint, or fluocinonide 0.05% crm/oint/sol. |
| Tosymra                 | Sumatriptan                     | Spray      | Must try/fail at least two of the following generics: naratriptan, rizatriptan or sumatriptan.   |
| Toviaz                  | Fesoterodine Fumarate           | Tab Er 24h | Must try/fail at least two of the following generics: oxybutynin, tolterodine or trospium.   |
| Tradjenta               | Linagliptin                     | Tablet     | Must try/fail generic metformin.   |
| Travatan Z              | Travoprost                      | Drops      | Must try/fail generic latanoprost  |
| Travoprost              | Travoprost                      | Drops      | Must try/fail generic latanoprost  |
| Trazodone Hcl (300mg)   | Trazodone Hcl                   | Tablet     | Must try/fail trazodone 100mg or 150mg   |
| Tresiba                 | Insulin Degludec                | Vial       | Must try/fail at least one of the following: Lantus or Toujeo.   |
| Tresiba Flextouch U-100 | Insulin Degludec                | Insuln Pen | Must try/fail at least one of the following: Lantus or Toujeo.   |
| Tresiba Flextouch U-200 | Insulin Degludec                | Insuln Pen | Must try/fail at least one of the following: Lantus or Toujeo.   |
| Tretin-X                | Tretinoin/Emol 9/Skin Cleansr1  | Combo. Pkg | Must try/fail at least one of the following generics: tretinoin or adapalene.  |
| Tretin-X                | Tretinoin                       | Cream (G)  | Must try/fail at least one of the following generics: tretinoin or adapalene.  |
| Treximet                | Sumatriptan Succ/Naproxen Sod   | Tablet     | Must try/fail at least two of the following generics: naratriptan, rizatriptan or sumatriptan.   |
| Triamcinolone Acetonide | Triamcinolone Acetonide         | Spray      | Must try/fail spironolactone or amiloride  |
| Trianex                 | Triamcinolone Acetonide         | Oint. (G)  | Must try/fail at least two of the following: mometasone fur 0.1% crm/sol, triamcinolone acet 0.1% crm/oint, or triderm 0.1% crm.   |
| Tribenzor               | Olmesartan/Amlodipin/Hcthi azid | Tablet     | Must try/fail at least two of the following generics: irbesartan, irbesartan/hctz, losartan, losartan/ hctz, valsartan, or valsartan/hctz.   |
| Tridesilon              | Desonide                        | Cream (G)  | Must try/fail at least two of the following: betamethasone val 0.1% lot, fluocinolone acet 0.01% oil, or triamcinolone acet 0.025% crm/lot.  |
| Trijardy Xr             | Empaglifloz/Linaglip/Metfor min | Tab Bp 24h | Must try/fail metformin tablets AND, Tradjenta OR Jentaduetto IR/XR, AND One of the following: Jardiance, Synjardy IR/XR, Farxiga, Xigduo XR   |
| Trintellix              | Vortioxetine Hydrobromide       | Tablet     | Must try/fail at least two of the following generics: selective serotonin reuptake inhibitors (SSRI) or serotonin-norepinephrine reuptake inhibitors (SNRI).                         |
| Trulance                | Plecanatide                     | Tablet     | Must try/fail Amatiza.   |
| Trulicity               | Dulaglutide                     | Pen Injctr | Must try/fail generic metformin.   |
| Tudorza Pressair        | Aclidinium Bromide              | Aer Pow Ba | Must try/fail Incruse Ellipta.   |

| Brand Name    | Generic Name               | Dosage     | Details  |
|---------------|----------------------------|------------|--|
| Twynsta       | Telmisartan/Amlodipine     | Tablet     | Must try/fail at least two of the following generics: (candesartan or candesartan/HCTZ), (losartan potassium or losartan/HCTZ), (irbesartan or Irbesartan/HCTZ), or (valsartan/HCTZ).    |
| Ubrelvy       | Ubrogepant                 | Tablet     | Must try/fail at least two of the following: generic sumatriptan, naratriptan or rizatriptan.  |
| Ultravate     | Halobetasol Propionate     | Cream (G)  | Must try/fail at least two of the following: betamethasone diprop aug 0.05% lot/oint or clobetasol prop 0.05% crm/gel/lot/oint/sham/sol.   |
| Ultravate     | Halobetasol Propionate     | Oint. (G)  | Must try/fail at least two of the following: betamethasone diprop aug 0.05% lot/oint or clobetasol prop 0.05% crm/gel/lot/oint/sham/sol.   |
| Valtoco       | Diazepam                   | Spray      | Must try/fail midazolam vial with atomizer.  |
| Vanos         | Fluocinonide               | Cream (G)  | Must try/fail at least two of the following: betamethasone diprop aug 0.05% lot/oint or clobetasol prop 0.05% crm/gel/lot/oint/sham/sol.   |
| Varubi        | Rolapitant Hcl             | Tablet     | Must try/fail ondansetron and at least one of the following: Aloxi, Anzemet, granisetron, Sancuso, or Zuplenz  |
| Veltassa      | Patiromer Calcium Sorbitex | Powd Pack  | Must try/fail at least one of the following: loop diuretics (e.g. furosemide, torsemide), thiazide diuretics (e.g. hydrochlorothiazide, chlorthalidone) OR sodium polystyrene sulfonate. |
| Veltin        | Clindamycin/Tretinoin      | Gel (Gram) | Must try/fail at least one of the following: clindamycin or tretinoin.   |
| Vesicare      | Solifenacin Succinate      | Tablet     | Must try/fail at least two of the following generics: oxybutynin, tolterodine, or trospium.  |
| Victoza 2-Pak | Liraglutide                | Pen Injctr | Must try/fail generic metformin.   |
| Victoza 3-Pak | Liraglutide                | Pen Injctr | Must try/fail generic metformin.   |
| Viibryd       | Vilazodone Hcl             | Tab Ds Pk  | Must try/fail at least two of the following generics: selective serotonin reuptake inhibitors (SSRI) or serotonin-norepinephrine reuptake inhibitors (SNRI).                             |
| Viibryd       | Vilazodone Hcl             | Tablet     | Must try/fail at least two of the following generics: selective serotonin reuptake inhibitors (SSRI) or serotonin-norepinephrine reuptake inhibitors (SNRI).                             |
| Vivlodex      | Meloxicam, Submicronized   | Capsule    | Must try/fail at least one of the following: meloxicam, aspirin, naproxen, ketoprofen, oxaprozin, tolmetin, diclofenac, or sulindac.   |
| Vyzulta       | Latanoprostene Bunod       | Drops      | Must try/fail both generic lantanoprost and bimatoprost.   |
| Xadago        | Safinamide Mesylate        | Tablet     | Must try/fail carbidopa-levodopa.  |
| Xcopri        | Cenobamate                 | Tab Ds Pk  | Must try/fail two generic anticonvulsants (e.g. oxcarbazepine tablets, carbamazepine tablets, lamotrigine tablets).  |
| Xcopri        | Cenobamate                 | Tablet     | Must try/fail two generic anticonvulsants (e.g. oxcarbazepine tablets, carbamazepine tablets, lamotrigine tablets).  |
| Xelpros       | Latanoprost                | Drps Emuls | Must try/fail generic latanoprost.   |
| Xermelo       | Telotristat Etiprate       | Tablet     | Must try/fail at least one of the following generics: octreotide or lanreotide.  |

| Brand Name        | Generic Name                  | Dosage     | Details  |
|-------------------|-------------------------------|------------|--|
| Ximino            | Minocycline Hcl               | Cap Er 24h | Must try/fail generic minocycline IR and minocycline ER.   |
| Xtampza Er        | Oxycodone Myristate           | Cap Spr 12 | Must try/fail morphine sulfate ER tablets  |
| Xyosted           | Testosterone Enanthate        | Auto Injct | Must try/fail testosterone enanthate or testosterone cypionate.  |
| Zegerid           | Omeprazole/Sodium Bicarbonate | Packet     | Must try/fail at least one of the following generics: first-omeprazole or first-lansoprazole.  |
| Zembrace Symtouch | Sumatriptan Succinate         | Pen Injctr | Must try/fail at least two of the following: naratriptan, rizatriptan, alsuma, sumatriptan, sumavel dosepro, treximet, or zecuity.   |
| Zenzedi           | Dextroamphetamine Sulfate     | Tablet     | Must try/fail at least one generic ir stimulant (dexmethylphenidate, methlyphenidate, amphetamine salt combo, or dextroamphetamine). |
| Ziana             | Clindamycin/Tretinoin         | Gel (Gram) | Must try/fail at least one of the following: clindamycin or tretinoin.   |
| Zilxi             | Minocycline Hcl               | Foam       | Must try/fail at least one of the following: Metronidazole Gel/Cream/Lotion.   |
| Zioptan           | Tafluprost/Pf                 | Droperette | Must try/fail both generic lantanoprost and bimatoprost.   |
| Zodex             | Dexamethasone                 | Tab Ds Pk  | Must try/fail generic dexamethasone tablets or solution.   |
| Zohydro Er        | Hydrocodone Bitartrate        | Cap Er 12h | Must try/fail generic morphine sulfate ER tabs   |
| Zolpimist         | Zolpidem Tartrate             | Spray/Pump | Must try/fail generic zolpidem IR and zaleplon.  |
| Zostavax          | Zoster Vaccine Live/Pf        | Vial       | Must try/fail Shingrix.  |
| Zuplenz           | Ondansetron                   | Film       | Must try/fail at least one of the following: generic ondansetron or Cesamet  |
| Zyclara           | Imiquimod                     | Cream Pack | Must try/fail generic imiquimod.   |
| Zyclara           | Imiquimod                     | Crn Md Pmp | Must try/fail generic imiquimod.   |
| Zypitamag         | Pitavastatin Magnesium        | Tablet     | Must try/fail at least two of the following generics: rosuvastatin, simvastatin, atorvastatin, lovastatin, or pravastatin.           |



## Age limits

Some medications are limited to certain ages based on FDA recommendation or plan benefit limitations.

| Brand Name                | Generic Name                  | Dosage     | Details   |
|---------------------------|-------------------------------|------------|---|
| Adapalene                 | Adapalene                     | Solution   | Prior authorization for members 25 years of age or older.   |
| Adult Aspirin             | Aspirin                       | Tablet Dr  | Covered under preventative tier (\$0 copay/coinsurance) for female members.                                 |
| Adult Aspirin Regimen     | Aspirin                       | Tablet Dr  | Covered under preventative tier (\$0 copay/coinsurance) for female members.                                 |
| Adult Low Dose Aspirin Ec | Aspirin                       | Tablet Dr  | Covered under preventative tier (\$0 copay/coinsurance) for female members.                                 |
| Adzenys Xr-Odt            | Amphetamine                   | Tab Rap Bp | Prior authorization for members 6 years of age or under.  |
| Arbinoxa                  | Carbinoxamine Maleate         | Tablet     | Prior authorization for members 2 years of age or under.  |
| Aspir 81                  | Aspirin                       | Tablet Dr  | Covered under preventative tier (\$0 copay/coinsurance) for female members.                                 |
| Aspirin                   | Aspirin                       | Tab Chew   | Covered under preventative tier (\$0 copay/coinsurance) for female members.                                 |
| Aspirin                   | Aspirin                       | Tablet     | Covered under preventative tier (\$0 copay/coinsurance) for members between the ages of 45-79 years of age. |
| Aspirin Ec                | Aspirin                       | Tablet Dr  | Covered under preventative tier (\$0 copay/coinsurance) for female members.                                 |
| Aspir-Low                 | Aspirin                       | Tablet Dr  | Covered under preventative tier (\$0 copay/coinsurance) for female members.                                 |
| Aspir-Trin                | Aspirin                       | Tablet Dr  | Covered under preventative tier (\$0 copay/coinsurance) for members between the ages of 45-79 years of age. |
| Atorvastatin Calcium      | Atorvastatin Calcium          | Tablet     | Covered under preventative tier (\$0 copay/coinsurance) for members 40 years of age or older.               |
| Carbinoxamine Maleate     | Carbinoxamine Maleate         | Tablet     | Prior authorization for members 2 years of age or under.  |
| Carbinoxamine Maleate     | Carbinoxamine Maleate         | Liquid     | Prior authorization for members 2 years of age or under.  |
| Cheratussin Ac            | Codeine Phosphate/Guaifenesin | Liquid     | Excluded for members 17 years of age and under due to FDA warning.  |
| Children's Aspirin        | Aspirin                       | Tab Chew   | Covered under preventative tier (\$0 copay/coinsurance) for female members.                                 |
| Children's Vitamin D3     | Cholecalciferol (Vitamin D3)  | Tab Chew   | Covered under preventative tier (\$0 copay/coinsurance) for members 65 years of age or older.               |
| Codeine-Guaifenesin       | Codeine Phosphate/Guaifenesin | Liquid     | Excluded for members 17 years of age and under due to FDA warning.  |
| Coditussin Ac             | Codeine Phosphate/Guaifenesin | Liquid     | Excluded for members 17 years of age and under due to FDA warning.  |
| Coditussin Dac            | Pseudoephed/Codeine/Guaifen   | Liquid     | Excluded for members 17 years of age and under due to FDA warning.  |
| D3 Dots                   | Cholecalciferol (Vitamin D3)  | Tablet     | Covered under preventative tier (\$0 copay/coinsurance) for members 65 years of age or older.               |

| Brand Name              | Generic Name                   | Dosage     | Details   |
|-------------------------|--------------------------------|------------|---|
| D3-2000                 | Cholecalciferol (Vitamin D3)   | Capsule    | Covered under preventative tier (\$0 copay/coinsurance) for members 65 years of age or older.               |
| Decara                  | Cholecalciferol (Vitamin D3)   | Capsule    | Covered under preventative tier (\$0 copay/coinsurance) for members 65 years of age or older.               |
| Delta D3                | Cholecalciferol (Vitamin D3)   | Tablet     | Covered under preventative tier (\$0 copay/coinsurance) for members 65 years of age or older.               |
| Denta 5000 Plus         | Fluoride (Sodium)              | Cream (G)  | Covered under preventative tier (\$0 copay/coinsurance) for members 6 years of age or under.                |
| Dentagel                | Fluoride (Sodium)              | Gel (Gram) | Covered under preventative tier (\$0 copay/coinsurance) for members 6 years of age or under.                |
| Dexilant                | Dexlansoprazole                | Cap Dr Bp  | Excluded for ages 18 years and old due to OTC alternatives.   |
| Dialyvit Vitamin D      | Cholecalciferol (Vitamin D3)   | Capsule    | Covered under preventative tier (\$0 copay/coinsurance) for members 65 years of age or older.               |
| Dyanavel Xr             | Amphetamine                    | Sus Bp 24h | Prior authorization for members 7 years of age or under and 13 years of age or older.                       |
| Ecotrin                 | Aspirin                        | Tablet Dr  | Covered under preventative tier (\$0 copay/coinsurance) for members between the ages of 45-79 years of age. |
| Ecpirin                 | Aspirin                        | Tablet Dr  | Covered under preventative tier (\$0 copay/coinsurance) for members between the ages of 45-79 years of age. |
| Epiduo Forte            | Adapalene/Benzoyl Peroxide     | Gel W/Pump | Prior authorization for members 25 years of age or older.   |
| Escavite                | Pedi Multivit 47/Iron/Fluoride | Tab Chew   | Excluded for members 18 years of age or older.  |
| Escavite D              | Pedi Multivit 78/Iron/Fluoride | Tab Ch Bph | Excluded for members 18 years of age or older.  |
| Escavite Lq             | Pedi Multivit 86/Iron/Fluoride | Drops      | Excluded for members 18 years of age or older.  |
| Esomeprazole Magnesium  | Esomeprazole Magnesium         | Capsule Dr | Excluded for ages 18 years and old due to OTC alternatives.   |
| Esomeprazole Magnesium  | Esomeprazole Magnesium         | Suspdr Pkt | Excluded for ages 18 years and old due to OTC alternatives.   |
| Esomeprazole Strontium  | Esomeprazole Strontium         | Capsule Dr | Excluded for members 18 years of age and older due to OTC alternatives                                      |
| Floriva                 | Sodium Fluoride/Vitamin D3     | Drops      | Excluded for members 18 years of age or older.  |
| Floriva                 | Pedi Multivit No.85/Fluoride   | Tab Chew   | Excluded for members 18 years of age or older.  |
| Floriva Plus            | Pedi Multivit No.130/Fluoride  | Drops      | Excluded for members 18 years of age or older.  |
| Flowtuss                | Guaifenesin/Hydrocodone        | Solution   | Excluded for members 17 years of age and under due to FDA warning.  |
| Fluorabon               | Fluoride (Sodium)              | Drops      | Excluded for members 18 years of age or older.  |
| Fluoride                | Fluoride (Sodium)              | Tab Chew   | Excluded for members 18 years of age or older.  |
| Fluoridex Daily Defense | Fluoride (Sodium)              | Gel (Gram) | Covered under preventative tier (\$0 copay/coinsurance) for members 6 years of age or under.                |
| Fluoritab               | Fluoride (Sodium)              | Tab Chew   | Excluded for members 18 years of age or older.  |
| Flura-Drops             | Fluoride (Sodium)              | Drops      | Excluded for members 18 years of age or older.  |

| Brand Name                     | Generic Name                   | Dosage     | Details   |
|--------------------------------|--------------------------------|------------|---|
| Fluvastatin Er                 | Fluvastatin Sodium             | Tab Er 24h | Covered under preventative tier (\$0 copay/coinsurance) for members 40 years of age or older. |
| Fluvastatin Sodium             | Fluvastatin Sodium             | Capsule    | Covered under preventative tier (\$0 copay/coinsurance) for members 40 years of age or older. |
| Folic Acid                     | Folic Acid                     | Tablet     | Covered under preventative tier (\$0 copay/coinsurance) for members 12 years of age or older. |
| G Tussin Ac                    | Codeine Phosphate/Guaifenesin  | Liquid     | Excluded for members 17 years of age and under due to FDA warning.                            |
| Gardasil                       | Human Papilomvirus Vac,Qval/Pf | Vial       | Must be between the age of 9 and 26 years of age.   |
| Gardasil 9                     | Hpv Vaccine 9-Valent/Pf        | Vial       | Must be between the age of 9 and 26 years of age.   |
| Gardasil 9                     | Hpv Vaccine 9-Valent/Pf        | Syringe    | Must be between the age of 9 and 26 years of age.   |
| Guaiaatusin Ac                 | Codeine Phosphate/Guaifenesin  | Liquid     | Excluded for members 17 years of age and under due to FDA warning.                            |
| Guaifenesin Ac                 | Codeine Phosphate/Guaifenesin  | Liquid     | Excluded for members 17 years of age and under due to FDA warning.                            |
| Guaifenesin Dac                | Pseudoephed/Codeine/Guaifen    | Syrup      | Excluded for members 17 years of age and under due to FDA warning.                            |
| Guaifenesin-Codeine            | Codeine Phosphate/Guaifenesin  | Liquid     | Excluded for members 17 years of age and under due to FDA warning.                            |
| Histex-Ac                      | Tripolidine/Phenyleph/Codeine  | Syrup      | Excluded for members 17 years of age and under due to FDA warning.                            |
| Hycofenix                      | Hydrocodone/Pseudoephed/Guaif  | Solution   | Excluded for members 17 years of age and under due to FDA warning.                            |
| Hydrocod-Cpm-Pseudoephedrine   | Hydrocodone/Cpm/Pseudoephed    | Solution   | Excluded for members 17 years of age and under due to FDA warning.                            |
| Hydrocodone-Chlorpheniramne Er | Hydrocodone/Chlorphen P-Stirex | Sus Er 12h | Excluded for members 17 years of age and under due to FDA warning.                            |
| Hydrocodone-Guaifenesin        | Guaifenesin/Hydrocodone        | Solution   | Excluded for members 17 years of age and under due to FDA warning.                            |
| Hydrocodone-Homatropine Mbr    | Hydrocodone Bit/Homatrop Me-Br | Syrup      | Excluded for members 17 years of age and under due to FDA warning.                            |
| Hydrocodone-Homatropine Mbr    | Hydrocodone Bit/Homatrop Me-Br | Tablet     | Excluded for members 17 years of age and under due to FDA warning.                            |
| Hydromet                       | Hydrocodone Bit/Homatrop Me-Br | Syrup      | Excluded for members 17 years of age and under due to FDA warning.                            |
| Iophen-C Nr                    | Codeine Phosphate/Guaifenesin  | Liquid     | Excluded for members 17 years of age and under due to FDA warning.                            |
| Karbinal Er                    | Carbinoxamine Maleate          | Sus Er 12h | Prior authorization required for members 2 years or under.                                    |
| Kids First Vitamin D3          | Cholecalciferol (Vitamin D3)   | Tab Chew   | Covered under preventative tier (\$0 copay/coinsurance) for members 65 years of age or older. |
| Lansoprazole                   | Lansoprazole                   | Tab Rap Dr | Excluded for ages 18 years and old due to OTC alternatives.                                   |

| Brand Name                    | Generic Name                   | Dosage     | Details   |
|-------------------------------|--------------------------------|------------|---|
| Lansoprazole                  | Lansoprazole                   | Capsule Dr | Excluded for ages 18 years and old due to OTC alternatives.   |
| Lite Coat Aspirin             | Aspirin                        | Tablet     | Covered under preventative tier (\$0 copay/coinsurance) for members between the ages of 45-79 years of age.                         |
| Lo-Dose Aspirin Ec            | Aspirin                        | Tablet Dr  | Covered under preventative tier (\$0 copay/coinsurance) for female members.   |
| Lortuss Ex                    | Pseudoephed/Codeine/Guaifen    | Syrup      | Excluded for members 17 years of age and under due to FDA warning.  |
| Lovastatin                    | Lovastatin                     | Tablet     | Covered under preventative tier (\$0 copay/coinsurance) for members 40 years of age or older.                                       |
| Low Dose Aspirin Ec           | Aspirin                        | Tablet Dr  | Covered under preventative tier (\$0 copay/coinsurance) for female members.   |
| Ludent Fluoride               | Fluoride (Sodium)              | Tab Chew   | Excluded for members 18 years of age or older.  |
| Mar-Cof Cg                    | Codeine Phosphate/Guaifenesin  | Liquid     | Excluded for members 17 years of age and under due to FDA warning.  |
| M-Clear Wc                    | Codeine Phosphate/Guaifenesin  | Liquid     | Excluded for members 17 years of age and under due to FDA warning.  |
| M-End Pe                      | Brompheniramine/P-Eph/Codeine  | Liquid     | Excluded for members 17 years of age and under due to FDA warning.  |
| Multi-Vitamin W-Fluoride      | Pedi Multivit No.2 W-Fluoride  | Drops      | Excluded for members 18 years of age or older.  |
| Multi-Vitamin W-Fluoride-Iron | Pedi Multivit 45/Fluoride/Iron | Drops      | Covered under preventative tier (\$0 copay/coinsurance) for members 1 year of age or under. Excluded for members ages 18 and older. |
| Multivitamin With Fluoride    | Ped Multivit No.150 W-Fluoride | Drops      | Excluded for members 18 years of age or older.  |
| Multivitamin With Fluoride    | Pedi Multivit No.17 W-Fluoride | Tab Chew   | Excluded for members 18 years of age or older.  |
| Multi-Vitamin With Fluoride   | Pedi Multivit No.17 W-Fluoride | Tab Chew   | Excluded for members 18 years of age or older.  |
| Multivitamin-Iron-Fluoride    | Pedi Multivit 45/Fluoride/Iron | Drops      | Covered under preventative tier (\$0 copay/coinsurance) for members 1 year of age or under. Excluded for members ages 18 and older. |
| Multivitamins W-Fluoride-Iron | Pedi Multivit 75/Fluoride/Iron | Drops      | Covered under preventative tier (\$0 copay/coinsurance) for members 1 year of age or under. Excluded for members ages 18 and older. |
| Multivitamins With Fluoride   | Pedi Multivit No.82 W-Fluoride | Drops      | Excluded for members 18 years of age or older.  |
| Mvc-Fluoride                  | Pedi Multivit No.12 W-Fluoride | Tab Chew   | Excluded for members 18 years of age or older.  |
| Myrbetriq                     | Mirabegron                     | Tab Er 24h | Step therapy required for members 64 years of age and under.  |
| Nexium                        | Esomeprazole Magnesium         | Suspdr Pkt | Excluded for ages 18 years and old due to OTC alternatives.   |
| Nexium                        | Esomeprazole Magnesium         | Capsule Dr | Excluded for ages 18 years and old due to OTC alternatives.   |
| Ninjacof-Xg                   | Codeine Phosphate/Guaifenesin  | Liquid     | Excluded for members 17 years of age and under due to FDA warning.  |

| Brand Name                     | Generic Name                   | Dosage     | Details  |
|--------------------------------|--------------------------------|------------|--|
| Obredon                        | Guaifenesin/Hydrocodone        | Solution   | Excluded for members 17 years of age and under due to FDA warning.   |
| Omeppi                         | Omeprazole/Sodium Bicarbonate  | Capsule    | Excluded for ages 18 years and old due to OTC alternatives.  |
| Omeprazole                     | Omeprazole                     | Capsule Dr | Excluded for ages 18 years and old due to OTC alternatives.  |
| Omeprazole-Sodium Bicarbonate  | Omeprazole/Sodium Bicarbonate  | Capsule    | Excluded for ages 18 years and old due to OTC alternatives.  |
| Omeprazole-Sodium Bicarbonate  | Omeprazole/Sodium Bicarbonate  | Packet     | Covered for ages 17 years or under.  |
| Optimal D3                     | Cholecalciferol (Vitamin D3)   | Capsule    | Covered under preventative tier (\$0 copay/coinsurance) for members 65 years of age or older.                  |
| Pantoprazole Sodium            | Pantoprazole Sodium            | Tablet Dr  | Excluded for ages 18 years and old due to OTC alternatives.  |
| Peg3350-Sod Sul-Nacl-Kcl-Asb-C | Peg3350/Sod Sul/Nacl/Kcl/Asb/C | Powd Pack  | Covered under preventative tier (\$0 copay/coinsurance) for members 50-75 years of age.                        |
| Plenvu                         | Peg3350/Sod Sul/Nacl/Kcl/Asb/C | Powd Pk Sq | Covered under preventative tier (\$0 copay/coinsurance) for members 50-75 years of age.                        |
| Plixda                         | Adapalene                      | Med. Swab  | Prior authorization for members 25 years of age or older.  |
| Poly-Tussin Ac                 | Brompheniramine/P-Eph/Codeine  | Liquid     | Excluded for members 17 years of age and under due to FDA warning.   |
| Poly-Vi-Flor                   | Pedi Multivit No.33/Fluoride   | Tab Chew   | Excluded for members 18 years of age or older.   |
| Poly-Vi-Flor                   | Pedi Multivit No.37 W-Fluoride | Drps Sp Bp | Excluded for members 18 years of age or older.   |
| Poly-Vi-Flor With Iron         | Pedi Multivit 33/Fluoride/Iron | Tab Chew   | Excluded for members 18 years of age or older.   |
| Poly-Vi-Flor With Iron         | Pedi Multivit 37/Fluoride/Iron | Drps Sp Bp | Excluded for members 18 years of age or older.   |
| Pravastatin Sodium             | Pravastatin Sodium             | Tablet     | Covered under preventative tier (\$0 copay/coinsurance) for members 40 years of age or older.                  |
| Prevacid                       | Lansoprazole                   | Capsule Dr | Excluded for ages 18 years and old due to OTC alternatives.  |
| Prevacid                       | Lansoprazole                   | Tab Rap Dr | Excluded for ages 18 years and old due to OTC alternatives.  |
| Prevnar 13                     | Pneumoc 13-Val Conj-Dip Crm/Pf | Syringe    | Covered under preventative tier (\$0 copay/coinsurance) for members 5 years and under AND 65 years and over. . |
| Prilosec                       | Omeprazole Magnesium           | Suspdr Pkt | Excluded for ages 18 years and old due to OTC alternatives.  |
| Promethazine Vc-Codeine        | Promethazine/Phenyleph/Codeine | Syrup      | Excluded for members 17 years of age and under due to FDA warning.   |
| Promethazine-Codeine           | Promethazine Hcl/Codeine       | Syrup      | Excluded for members 17 years of age and under due to FDA warning.   |
| Promethazine-Phenyleph-Codeine | Promethazine/Phenyleph/Codeine | Syrup      | Excluded for members 17 years of age and under due to FDA warning.   |
| Pro-Red Ac                     | Dexchlorphen/Phenyleph/Codeine | Liquid     | Excluded for members 17 years of age and under due to FDA warning.   |

| Brand Name                    | Generic Name                   | Dosage        | Details   |
|-------------------------------|--------------------------------|---------------|---|
| Protonix                      | Pantoprazole Sodium            | Granpkt Dr    | Excluded for ages 18 years and old due to OTC alternatives.   |
| Quflora                       | Pedi Multivit No.83 W-Fluoride | Drops         | Excluded for members 18 years of age or older.  |
| Quflora                       | Pedi Multivit No.63 W-Fluoride | Tab Chew      | Excluded for members 18 years of age or older.  |
| Quflora Fe                    | Ped Multivit 151/Iron/Fluoride | Drops         | Excluded for members 18 years of age or older.  |
| Quflora Fe                    | Ped Multivit 142/Iron/Fluoride | Tab Chew      | Excluded for members 18 years of age or older.  |
| Quillichew Er                 | Methylphenidate Hcl            | Tab<br>Cbp24h | Prior authorization for members 7 years of age or under and 13 years of age or older.   |
| Quillivant Xr                 | Methylphenidate Hcl            | Su Er Rc24    | Prior authorization for members 13 years of age or older.   |
| Relcof C                      | Codeine Phosphate/Guaifenesin  | Liquid        | Excluded for members 17 years of age and under due to FDA warning.  |
| Rezira                        | Pseudoephed/Hydrocodone        | Solution      | Excluded for members 17 years of age and under due to FDA warning.  |
| Robafen Ac                    | Codeine Phosphate/Guaifenesin  | Liquid        | Excluded for members 17 years of age and under due to FDA warning.  |
| Rosuvastatin Calcium          | Rosuvastatin Calcium           | Tablet        | Covered under preventative tier (\$0 copay/coinsurance) for members 40 years of age or older.                                       |
| Ryvent                        | Carbinoxamine Maleate          | Tablet        | Prior authorization for members 2 years of age or under.  |
| Sf                            | Fluoride (Sodium)              | Gel (Gram)    | Covered under preventative tier (\$0 copay/coinsurance) for members 6 years of age or under.  |
| Sf 5000 Plus                  | Fluoride (Sodium)              | Cream (G)     | Covered under preventative tier (\$0 copay/coinsurance) for members 6 years of age or under.  |
| Shingrix                      | Varicella-Zoster Ge/As01b/Pf   | Kit           | Prior authorization for members 51 years of age or older.   |
| Shingrix Adjuvant Component   | Adjuvant As01b/Pf, Vial 1 Of 2 | Vial          | Prior authorization for members 51 years of age or older.   |
| Shingrix Ge Antigen Component | Varicella-Zoster Ge Vac,2 Of 2 | Vial          | Prior authorization for members 51 years of age or older.   |
| Simvastatin                   | Simvastatin                    | Tablet        | Covered under preventative tier (\$0 copay/coinsurance) for members 40 years of age or older.                                       |
| Sodium Fluoride               | Fluoride (Sodium)              | Drops         | Covered under preventative tier (\$0 copay/coinsurance) for members 6 year of age or under. Excluded for members ages 18 and older. |
| Sodium Fluoride               | Fluoride (Sodium)              | Paste (Ml)    | Covered under preventative tier (\$0 copay/coinsurance) for members 6 years of age or under.  |
| Sodium Fluoride Sensitive     | Sodium Fluoride/Potassium Nit  | Paste (Ml)    | Covered under preventative tier (\$0 copay/coinsurance) for members 6 years of age or under.  |
| Sodium Fluoride               | Fluoride (Sodium)              | Tab Chew      | Covered under preventative tier (\$0 copay/coinsurance) for members 6 year of age or under. Excluded for members ages 18 and older. |
| Sprix                         | Ketorolac Tromethamine         | Spray         | Step therapy required for members under 60 years of age.  |

| Brand Name                 | Generic Name                    | Dosage     | Details   |
|----------------------------|---------------------------------|------------|---|
| St. Joseph Aspirin         | Aspirin                         | Tab Chew   | Covered under preventative tier (\$0 copay/coinsurance) for female members.   |
| St. Joseph Aspirin Ec      | Aspirin                         | Tablet Dr  | Covered under preventative tier (\$0 copay/coinsurance) for female members.   |
| Suprep                     | Sodium, Potassium, Mag Sulfates | Soln Recon | Step therapy required for members under 60 years of age.  |
| Texavite Lq                | Ped Multivit 108/Iron/Fluoride  | Drops      | Excluded for members 18 years of age or older.  |
| Thera-D                    | Cholecalciferol (Vitamin D3)    | Tablet     | Covered under preventative tier (\$0 copay/coinsurance) for members 65 years of age or older.                                       |
| Triple-Vitamin W-Fluoride  | Ped Mvit A,C,D3 No.21/Fluoride  | Drops      | Excluded for members 18 years of age or older.  |
| Tri-Vi-Flor                | Ped Mvit A,C,D3 No.38/Fluoride  | Drps Sp Bp | Excluded for members 18 years of age or older.  |
| Tri-Vit With Fluoride-Iron | Fluoride/Iron/Vitamins A,C,D    | Drops      | Covered under preventative tier (\$0 copay/coinsurance) for members 1 year of age or under. Excluded for members ages 18 and older. |
| Tri-Vitamin With Fluoride  | Ped Mvit A,C,D3 No.21/Fluoride  | Drops      | Excluded for members 18 years of age or older.  |
| Tri-Vite With Fluoride     | Ped Mvit A,C,D3 No.21/Fluoride  | Drops      | Excluded for members 18 years of age or older.  |
| Tusnel C                   | Pseudoephed/Codeine/Guaifen     | Syrup      | Excluded for members 17 years of age and under due to FDA warning.  |
| Tussicaps                  | Hydrocodone/Chlorphen P-Stirex  | Cap Er 12h | Excluded for members 17 years of age and under due to FDA warning.  |
| Tussion                    | Hydrocodone Bit/Homatrop Me-Br  | Tablet     | Excluded for members 17 years of age and under due to FDA warning.  |
| Tussionex                  | Hydrocodone/Chlorphen P-Stirex  | Sus Er 12h | Excluded for members 17 years of age and under due to FDA warning.  |
| Tuxarin Er                 | Chlorpheniramine/Codeine Phos   | Tab Er 12h | Excluded for members 17 years of age and under due to FDA warning.  |
| Tuzistra Xr                | Codeine Poli/Chlorphenir Polis  | Sus Er 12h | Excluded for members 17 years of age and under due to FDA warning.  |
| Vimovo                     | Naproxen/Esomeprazole Mag       | Tab Ir Dr  | Excluded for ages 18 years and old due to OTC alternatives.   |
| Virtussin Ac               | Codeine Phosphate/Guaifenesin   | Liquid     | Excluded for members 17 years of age and under due to FDA warning.  |
| Virtussin Dac              | Pseudoephed/Codeine/Guaifen     | Syrup      | Excluded for members 17 years of age and under due to FDA warning.  |
| Vitajoy Daily D            | Cholecalciferol (Vitamin D3)    | Tab Chew   | Covered under preventative tier (\$0 copay/coinsurance) for members 65 years of age or older.                                       |
| Vitamin D                  | Cholecalciferol (Vitamin D3)    | Tablet     | Covered under preventative tier (\$0 copay/coinsurance) for members 65 years of age or older.                                       |
| Vitamin D2                 | Ergocalciferol (Vitamin D2)     | Capsule    | Covered under preventative tier (\$0 copay/coinsurance) for members 65 years of age or older.                                       |
| Vitamin D2                 | Ergocalciferol (Vitamin D2)     | Tablet     | Covered under preventative tier (\$0 copay/coinsurance) for members 65 years of age or older.                                       |

| Brand Name                  | Generic Name                   | Dosage    | Details   |
|-----------------------------|--------------------------------|-----------|---|
| Vitamin D3                  | Cholecalciferol (Vitamin D3)   | Capsule   | Covered under preventative tier (\$0 copay/coinsurance) for members 65 years of age or older. |
| Vitamin D3                  | Cholecalciferol (Vitamin D3)   | Tablet    | Covered under preventative tier (\$0 copay/coinsurance) for members 65 years of age or older. |
| Vitamin D3                  | Cholecalciferol (Vitamin D3)   | Tab Chew  | Covered under preventative tier (\$0 copay/coinsurance) for members 65 years of age or older. |
| Vitamin D-400               | Cholecalciferol (Vitamin D3)   | Tablet    | Covered under preventative tier (\$0 copay/coinsurance) for members 65 years of age or older. |
| Vitamins A,C,D And Fluoride | Ped Mvit A,C,D3 No.21/Fluoride | Drops     | Excluded for members 18 years of age or older.  |
| Vituz                       | Hydrocodone/Chlorpheniramine   | Solution  | Excluded for members 17 years of age and under due to FDA warning.                            |
| Zegerid                     | Omeprazole/Sodium Bicarbonate  | Packet    | Covered for ages 17 years or under.   |
| Zegerid                     | Omeprazole/Sodium Bicarbonate  | Capsule   | Excluded for ages 18 years and old due to OTC alternatives.                                   |
| Zodryl Ac 25                | Chlorpheniramine/Codeine Phos  | Oral Susp | Excluded for members 17 years of age and under due to FDA warning.                            |
| Zodryl Ac 30                | Chlorpheniramine/Codeine Phos  | Oral Susp | Excluded for members 17 years of age and under due to FDA warning.                            |
| Zodryl Ac 35                | Chlorpheniramine/Codeine Phos  | Oral Susp | Excluded for members 17 years of age and under due to FDA warning.                            |
| Zodryl Ac 40                | Chlorpheniramine/Codeine Phos  | Oral Susp | Excluded for members 17 years of age and under due to FDA warning.                            |
| Zodryl Ac 50                | Chlorpheniramine/Codeine Phos  | Oral Susp | Excluded for members 17 years of age and under due to FDA warning.                            |
| Zodryl Ac 60                | Chlorpheniramine/Codeine Phos  | Oral Susp | Excluded for members 17 years of age and under due to FDA warning.                            |
| Zodryl Ac 80                | Chlorpheniramine/Codeine Phos  | Oral Susp | Excluded for members 17 years of age and under due to FDA warning.                            |
| Zodryl Dac 25               | Chlorphen/Pseudoephed/Codeine  | Oral Susp | Excluded for members 17 years of age and under due to FDA warning.                            |
| Zodryl Dac 30               | Chlorphen/Pseudoephed/Codeine  | Oral Susp | Excluded for members 17 years of age and under due to FDA warning.                            |
| Zodryl Dac 35               | Chlorphen/Pseudoephed/Codeine  | Oral Susp | Excluded for members 17 years of age and under due to FDA warning.                            |
| Zodryl Dac 40               | Chlorphen/Pseudoephed/Codeine  | Oral Susp | Excluded for members 17 years of age and under due to FDA warning.                            |
| Zodryl Dac 80               | Chlorphen/Pseudoephed/Codeine  | Oral Susp | Excluded for members 17 years of age and under due to FDA warning.                            |
| Zodryl Dec 25               | Pseudoephed/Codeine/Guaifen    | Oral Susp | Excluded for members 17 years of age and under due to FDA warning.                            |
| Zodryl Dec 30               | Pseudoephed/Codeine/Guaifen    | Oral Susp | Excluded for members 17 years of age and under due to FDA warning.                            |
| Zodryl Dec 35               | Pseudoephed/Codeine/Guaifen    | Oral Susp | Excluded for members 17 years of age and under due to FDA warning.                            |



| Brand Name    | Generic Name                  | Dosage    | Details  |
|---------------|-------------------------------|-----------|--|
| Zodryl Dec 40 | Pseudoephed/Codeine/Guaifen   | Oral Susp | Excluded for members 17 years of age and under due to FDA warning. |
| Zodryl Dec 50 | Pseudoephed/Codeine/Guaifen   | Oral Susp | Excluded for members 17 years of age and under due to FDA warning. |
| Zodryl Dec 80 | Pseudoephed/Codeine/Guaifen   | Oral Susp | Excluded for members 17 years of age and under due to FDA warning. |
| Zostavax      | Zoster Vaccine Live/Pf        | Vial      | Prior authorization for members under 59 years of age.             |
| Z-Tuss Ac     | Chlorpheniramine/Codeine Phos | Liquid    | Excluded for members 17 years of age and under due to FDA warning. |
| Zutripro      | Hydrocodone/Cpm/Pseudoephed   | Solution  | Excluded for members 17 years of age and under due to FDA warning. |

This document is provided for informational purposes only, and is intended as a quick reference. For cost and further details of the coverage, including exclusions, any reduction or limitations and the terms under which the policy may be continued in force, contact your producer or Moda Health.

*Health plans in Oregon and Alaska provided by Moda Health Plan, Inc. Dental plans in Oregon provided by Oregon Dental Service, dba Delta Dental Plan of Oregon. Dental plans in Alaska provided by Delta Dental of Alaska.*

# Nondiscrimination notice

**We follow federal civil rights laws. We do not discriminate based on race, color, national origin, age, disability, gender identity, sex or sexual orientation.**

We provide free services to people with disabilities so that they can communicate with us. These include sign language interpreters and other forms of communication.

If your first language is not English, we will give you free interpretation services and/or materials in other languages.

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**If you need any of the above, call Customer Service at:**

888-217-2363 (TDD/TTY 711)

**If you think we did not offer these services or discriminated, you can file a written complaint.**

**Please mail or fax it to:**

Moda Partners, Inc.  
Attention: Appeal Unit  
601 SW Second Ave.  
Portland, OR 97204  
Fax: 503-412-4003

**If you need help filing a complaint, please call Customer Service.**

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights at [ocrportal.hhs.gov/ocr/portal/lobby.jsf](http://ocrportal.hhs.gov/ocr/portal/lobby.jsf), or by mail or phone:

U.S. Department of Health and Human Services  
200 Independence Ave. SW, Room 509F  
HHH Building, Washington, DC 20201  
800-368-1019, 800-537-7697 (TDD)

You can get Office for Civil Rights complaint forms at [hhs.gov/ocr/office/file/index.html](http://hhs.gov/ocr/office/file/index.html).

**Dave Nessler-Cass coordinates our nondiscrimination work:**

Dave Nessler-Cass,  
Chief Compliance Officer  
601 SW Second Ave.  
Portland, OR 97204  
855-232-9111  
[compliance@modahealth.com](mailto:compliance@modahealth.com)

ATENCIÓN: Si habla español, hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Llame al 1-877-605-3229 (TTY: 711).

CHÚ Ý: Nếu bạn nói tiếng Việt, có dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Gọi 1-877-605-3229 (TTY:711)

注意：如果您說中文，可得到免費語言幫助服務。請致電1-877-605-3229（聾啞人專用：711）

주의: 한국어로 무료 언어 지원 서비스를 이용하시려면 다음 연락처로 연락해주시기 바랍니다. 전화 1-877-605-3229 (TTY: 711)

PAUNAWA: Kung nagsasalita ka ng Tagalog, ang mga serbisyong tulong sa wika, ay walang bayad, at magagamit mo. Tumawag sa numerong 1-877-605-3229 (TTY: 711)

تنبیه: إذا كنت تتحدث العربية، فهناك خدمات مساعدة لغوية متاحة لك مجاناً. اتصل برقم (الهاتف النصي: 711) 1-877-605-3229

بولتے ہیں تو سانی (URDU) توجہ دیں: اگر آپ اردو اعانت آف کے لیے بلا معاوضہ دستیاب ہے۔ پر کال کریں 1-877-605-3229 (TTY: 711)

ВНИМАНИЕ! Если Вы говорите по-русски, воспользуйтесь бесплатной языковой поддержкой. Позвоните по тел. 1-877-605-3229 (текстовый телефон: 711).

ATTENTION : si vous êtes locuteurs francophones, le service d'assistance linguistique gratuit est disponible. Appelez au 1-877-605-3229 (TTY : 711)

توجہ: در صورتی کہ بہ فارسی صحبت می کنید، خدمات ترجمہ بہ صورت رایگان برای شما موجود است. با تماس بگیرد. (TTY: 711) 1-877-605-3229

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपको भाषाई सहायता बिना कोई पैसा दिए उपलब्ध है। 1-877-605-3229 पर कॉल करें (TTY: 711)

Achtung: Falls Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachassistentendienste zur Verfügung. Rufen sie 1-877-605-3229 (TTY: 711)

注意:日本語をご希望の方には、日本語サービスを無料で提供しております。1-877-605-3229 (TTY、テレタイプライターをご利用の方は711)までお電話ください。

અગત્યનું: જો તમે (ભાષાંતર કરેલ ભાષા અહીં દર્શાવેલ) બોલો છો તો તે ભાષામાં તમારે માટે વિના મૂલ્યે સહાય ઉપલબ્ધ છે. 1-877-605-3229 (TTY: 711) પર કોલ કરો

ໂປດຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວ, ການຊ່ວຍເຫຼືອດ້ານພາສາແມ່ນມີໃຫ້ທ່ານໂດຍບໍ່ເສັຍຄ່າ. ໂທ 1-877-605-3229 (TTY: 711)

УВАГА! Якщо ви говорите українською, для вас доступні безкоштовні консультації рідною мовою. Зателефонуйте 1-877-605-3229 (TTY: 711)

ATENȚIE: Dacă vorbiți limba română, vă punem la dispoziție serviciul de asistență lingvistică în mod gratuit. Sunați la 1-877-605-3229 (TTY 711)

THOV CEEB TOOM: Yog hais tias koj hais lus Hmoob, muaj cov kev pab cuam txhais lus, pub dawb rau koj. Hu rau 1-877-605-3229 (TTY: 711)

ត្រូវចងចាំ: បើអ្នកនិយាយភាសាខ្មែរ ហើយត្រូវការសេវាកម្មជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃ គឺមានផ្តល់ជូនលោកអ្នក។ សូមទូរស័ព្ទទៅកាន់លេខ 1-877-605-3229 (TTY: 711)

HUBACHIIISA: Yoo afaan Kshtik kan dubbattan ta'e tajaajiloonni gargaarsaa isiniif jira 1-877-605-3229 (TTY:711) tiin bilbilaa.

โปรดทราบ: หากคุณพูดภาษาไทย คุณสามารรถใช้บริการช่วยเหลือด้านภาษาได้ฟรี โทร 1-877-605-3229 (TTY: 711)

FA'UTAGIA: Afai e te tautala i le gagana Samoa, o loo avanoa fesoasoani tau gagana mo oe e le togotia. Vala'au i le 1-877-605-3229 (TTY: 711)

IPANGAG: Nu agsasaoka iti llocano, sidadaan ti tulong iti lengguathe para kenka nga awan bayadna. Umawag iti 1-877-605-3229 (TTY: 711)

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń: 1-877-605-3229 (obsługa TTY: 711)