

# Specialty Quantity Limit Drug List

Your pharmacy benefit plan is part of the Specialty Quantity Limit Program. This program supports clinically appropriate and cost-effective coverage of specialty medications by allowing quantities of medications based on the manufacturer’s dosing guidelines. Please check the list below to see if your medications are included in the quantity limit program and note the quantity that will be covered by your prescription benefit.

**If your prescription is for a quantity that is greater than the quantity covered by your benefit:**  
 Discuss options with your physician regarding your therapy. Your doctor can write or call in the new prescription to be filled at your current pharmacy or through CVS Specialty®.

**If you need a higher quantity than the quantity limit allows:**  
 Ask your doctor to request prior authorization for approval of a larger quantity.

**If your current prescription quantity is the same or less than the covered quantity limit:**  
 No further action from your doctor is needed.

| DRUG NAME                            | APPROVED QTY                |
|--------------------------------------|-----------------------------|
| ABRILADA INJ 20MG/0.4ML              | 4 SYRINGES PER 28 DAYS      |
| ABRILADA INJ 40MG/0.8ML              | 4 PENS/SYRINGES PER 28 DAYS |
| ACTEMRA INJ 80MG/4ML                 | 10 VIALS PER 14 DAYS        |
| ACTEMRA INJ 162MG/0.9ML              | 4 SYRINGES PER 28 DAYS      |
| ACTEMRA INJ 200MG/10ML               | 4 VIALS PER 14 DAYS         |
| ACTEMRA INJ 400MG/20ML               | 2 VIALS PER 14 DAYS         |
| ACTEMRA INJ ACTPEN                   | 4 PENS PER 28 DAYS          |
| ACTHAR INJ 80UNIT/ML                 | 35 ML PER 21 DAYS           |
| ADALIMUMAB-AACF INJ 40MG/0.8ML       | 4 PENS PER 28 DAYS          |
| ADALIMUMAB-ADAZ INJ 40MG/0.4ML       | 4 PENS/SYRINGES PER 28 DAYS |
| ADALIMUMAB-ADBM 10MG/0.2ML           | 2 SYRINGES PER 28 DAYS      |
| ADALIMUMAB-ADBM 20MG/0.4ML           | 4 SYRINGES PER 28 DAYS      |
| ADALIMUMAB-ADBM 40MG/0.8ML           | 4 PENS/SYRINGES PER 28 DAYS |
| ADALIMUMAB-ADBM 40MG/0.8ML CROHNS/UC | STARTER KIT - ONE TIME USE  |
| ADALIMUMAB-ADBM 40MG/0.8ML PSORIASIS | STARTER KIT - ONE TIME USE  |
| ADALIMUMAB-FKJP KIT 20MG/0.4ML       | 4 SYRINGES PER 28 DAYS      |
| ADALIMUMAB-FKJP KIT 40MG/0.8ML       | 4 PENS/SYRINGES PER 28 DAYS |
| ADBRY INJ 150MG/ML                   | 4 SYRINGES PER 28 DAYS      |
| ADCIRCA TAB 20MG                     | 60 TABLETS PER 30 DAYS      |
| ADEMPAS TAB 0.5MG                    | 90 TABLETS PER 30 DAYS      |
| ADEMPAS TAB 1.0MG                    | 90 TABLETS PER 30 DAYS      |
| ADEMPAS TAB 1.5MG                    | 90 TABLETS PER 30 DAYS      |

| DRUG NAME                 | APPROVED QTY                |
|---------------------------|-----------------------------|
| ADEMPAS TAB 2.0MG         | 90 TABLETS PER 30 DAYS      |
| ADEMPAS TAB 2.5MG         | 90 TABLETS PER 30 DAYS      |
| ADSTILADRIN SUS           | 4 VIALS PER 90 DAYS         |
| AFINITOR TAB 2.5MG        | 30 TABLETS PER 30 DAYS      |
| AFINITOR TAB 5.0MG        | 30 TABLETS PER 30 DAYS      |
| AFINITOR TAB 7.5MG        | 30 TABLETS PER 30 DAYS      |
| AFINITOR TAB 10MG         | 30 TABLETS PER 30 DAYS      |
| AFINITOR DIS TAB 2MG      | 60 TABLETS PER 30 DAYS      |
| AFINITOR DIS TAB 3MG      | 90 TABLETS PER 30 DAYS      |
| AFINITOR DIS TAB 5MG      | 60 TABLETS PER 30 DAYS      |
| AGAMREE SUS 40MG/ML       | 3 BOTTLES PER 30 DAYS       |
| AKEEGA TAB 50MG/500MG     | 60 TABLETS PER 30 DAYS      |
| AKEEGA TAB 100/500MG      | 60 TABLETS PER 30 DAYS      |
| ALECENSA CAP 150MG        | 240 CAPSULES PER 30 DAYS    |
| ALUNBRIG INITIATION PAK   | 30 TABLETS PER 30 DAYS      |
| ALUNBRIG TAB 30MG         | 120 TABLETS PER 30 DAYS     |
| ALUNBRIG TAB 90MG         | 30 TABLETS PER 30 DAYS      |
| ALUNBRIG TAB 180MG        | 30 TABLETS PER 30 DAYS      |
| ALYQ TAB 20MG             | 60 TABLETS PER 30 DAYS      |
| AMJEVITA INJ 10MG/0.2ML   | 2 SYRINGES PER 28 DAYS      |
| AMJEVITA INJ 20MG/0.2ML   | 4 SYRINGES PER 28 DAYS      |
| AMJEVITA INJ 20MG/0.4ML   | 4 SYRINGES PER 28 DAYS      |
| AMJEVITA INJ 40MG/0.4ML   | 4 PENS/SYRINGES PER 28 DAYS |
| AMJEVITA INJ 40MG/0.8ML   | 4 PENS/SYRINGES PER 28 DAYS |
| AMJEVITA INJ 80MG/0.8ML   | 2 PENS PER 28 DAYS          |
| AMONDYS 45 INJ 50MG/ML    | 60 VIALS PER 28 DAYS        |
| AMPYRA TAB 10MG           | 60 TABLETS PER 30 DAYS      |
| AMVUTTRA SOL 25MG/0.5ML   | 1 SYRINGE PER 84 DAYS       |
| APOKYN INJ 10MG/ML        | 20 CARTRIDGES PER 30 DAYS   |
| APRETUDE SUS 600MG ER     | 2 VIALS PER 90 DAYS         |
| APTIVUS SOL 100 MG/ML     | 285 ML PER 28 DAYS          |
| APTIVUS CAP 250MG         | 120 CAPSULES PER 30 DAYS    |
| ARCALYST INJ 220MG        | 8 VIALS PER 28 DAYS         |
| ATRIPLA TAB 600-200-300MG | 30 TABLETS PER 30 DAYS      |
| AUBAGIO TAB 7MG           | 30 TABLETS PER 30 DAYS      |
| AUBAGIO TAB 14MG          | 30 TABLETS PER 30 DAYS      |
| AUGTYRO CAP 40MG          | 240 CAPSULES PER 30 DAYS    |
| AUSTEDO TAB 6MG           | 60 TABLETS PER 30 DAYS      |
| AUSTEDO TAB 9MG           | 120 TABLETS PER 30 DAYS     |
| AUSTEDO TAB 12MG          | 120 TABLETS PER 30 DAYS     |

| DRUG NAME                        | APPROVED QTY                |
|----------------------------------|-----------------------------|
| AUSTEDO XR TAB 6MG               | 90 TABLETS PER 30 DAYS      |
| AUSTEDO XR TAB 12MG              | 120 TABLETS PER 30 DAYS     |
| AUSTEDO XR TAB 24MG              | 60 TABLETS PER 30 DAYS      |
| AUSTEDO XR PATIENT TITRATION KIT | 42 TABLETS PER 28 DAYS      |
| AVONEX 30MCG                     | 4 PENS/SYRINGES PER 28 DAYS |
| AVSOLA INJ 100MG                 | 5 VIALS PER 42 DAYS         |
| AYVAKIT TAB 25MG                 | 30 TABLETS PER 30 DAYS      |
| AYVAKIT TAB 50MG                 | 30 TABLETS PER 30 DAYS      |
| AYVAKIT TAB 100MG                | 30 TABLETS PER 30 DAYS      |
| AYVAKIT TAB 200MG                | 30 TABLETS PER 30 DAYS      |
| AYVAKIT TAB 300MG                | 30 TABLETS PER 30 DAYS      |
| BAFIERTAM CAP 95MG               | 120 CAPSULES PER 30 DAYS    |
| BALVERSA TAB 3MG                 | 84 TABLETS PER 28 DAYS      |
| BALVERSA TAB 4MG                 | 56 TABLETS PER 28 DAYS      |
| BALVERSA TAB 5MG                 | 28 TABLETS PER 28 DAYS      |
| BARACLUDE SOL 0.05MG/ML          | 630 ML PER 30 DAYS          |
| BARACLUDE TAB 0.5MG              | 30 TABLETS PER 30 DAYS      |
| BARACLUDE TAB 1MG                | 30 TABLETS PER 30 DAYS      |
| BENLYSTA INJ 200MG/ML            | 4 PENS/SYRINGES PER 28 DAYS |
| BERINERT INJ 500UNIT             | 60 VIALS PER 90 DAYS        |
| BESREMI SOL 500MCG               | 2 SYRINGES PER 28 DAYS      |
| BETASERON INJ KIT 0.3MG          | 14 KITS PER 28 DAYS         |
| BETHKIS NEB 300MG/4ML            | 56 AMPULES PER 28 DAYS      |
| BIKTARVY TAB 30-120-15 MG        | 30 TABLETS PER 30 DAYS      |
| BIKTARVY TAB 50-200-25MG         | 30 TABLETS PER 30 DAYS      |
| BIMZELX INJ 160MG/ML             | 2 PENS/SYRINGES PER 56 DAYS |
| BOSULIF CAP 50MG                 | 30 CAPSULES PER 30 DAYS     |
| BOSULIF CAP 100MG                | 300 CAPSULES PER 30 DAYS    |
| BOSULIF TAB 100MG                | 90 TABLETS PER 30 DAYS      |
| BOSULIF TAB 400MG                | 30 TABLETS PER 30 DAYS      |
| BOSULIF TAB 500MG                | 30 TABLETS PER 30 DAYS      |
| BRAFTOVI CAP 75MG                | 180 CAPSULES PER 30 DAYS    |
| BRIUMVI INJ 150MG/6ML            | 3 VIALS PER 168 DAYS        |
| BRONCHITOL INHAL CAPS 40MG       | 560 CAPSULES PER 28 DAYS    |
| BRONCHITOL CAP TOLERANCE TEST    | 20 CAPSULES PER 7 DAYS      |
| BRUKINSA CAP 80MG                | 120 CAPSULES PER 30 DAYS    |
| BUPHENYL POW 3 GM/TEASPOONFUL    | 798 GRAMS PER 30 DAYS       |
| BUPHENYL TAB 500MG               | 1200 TABLETS PER 30 DAYS    |
| BYLVAY CAP 200MCG                | 360 CAPSULES PER 30 DAYS    |
| BYLVAY CAP 400MCG                | 540 CAPSULES PER 30 DAYS    |

| DRUG NAME                   | APPROVED QTY                    |
|-----------------------------|---------------------------------|
| BYLVAY CAP 600MCG           | 120 CAPSULES PER 30 DAYS        |
| BYLVAY CAP 1200MCG          | 180 CAPSULES PER 30 DAYS        |
| CABENUVA SUS 400-600MG      | 1 KIT PER 30 DAYS               |
| CABENUVA SUS 600-900MG      | 1 KIT PER 30 DAYS               |
| CABOMETYX TAB 20MG          | 30 TABLETS PER 30 DAYS          |
| CABOMETYX TAB 40MG          | 30 TABLETS PER 30 DAYS          |
| CABOMETYX TAB 60MG          | 30 TABLETS PER 30 DAYS          |
| CALQUENCE CAP 100MG         | 60 CAPSULES PER 30 DAYS         |
| CALQUENCE TAB 100MG         | 60 TABLETS PER 30 DAYS          |
| CAMZYOS CAP 2.5MG           | 30 CAPSULES PER 30 DAYS         |
| CAMZYOS CAP 5MG             | 30 CAPSULES PER 30 DAYS         |
| CAMZYOS CAP 10MG            | 30 CAPSULES PER 30 DAYS         |
| CAMZYOS CAP 15MG            | 30 CAPSULES PER 30 DAYS         |
| CAPRELSA TAB 100MG          | 60 TABLETS PER 30 DAYS          |
| CAPRELSA TAB 300MG          | 30 TABLETS PER 30 DAYS          |
| CAYSTON INH 75MG            | 84 VIALS PER 28 DAYS            |
| CERDELGA CAP 84MG           | 56 CAPSULES PER 28 DAYS         |
| CEREZYME INJ 400UNIT        | 15 VIALS PER 14 DAYS            |
| CIBINQO TAB 50MG            | 30 TABLETS PER 30 DAYS          |
| CIBINQO TAB 100MG           | 30 TABLETS PER 30 DAYS          |
| CIBINQO TAB 200MG           | 30 TABLETS PER 30 DAYS          |
| CIMDUO TAB 300-300MG        | 30 TABLETS PER 30 DAYS          |
| CIMZIA KIT 200MG            | 2 VIAL/SYRINGE KITS PER 28 DAYS |
| CIMZIA STARTER KIT 200MG/ML | 1 KIT PER 28 DAYS               |
| CINQAIR INJ 100MG/ML        | 3 VIALS PER 28 DAYS             |
| CINRYZE SOL 500 UNIT        | 20 VIALS PER 30 DAYS            |
| COLUMVI INJ 2.5MG/2.5ML     | 1 VIAL FOR ONE TIME USE         |
| COLUMVI INJ 10MG/10ML       | 3 VIALS PER 21 DAYS             |
| COMBIVIR TAB 150-300MG      | 60 TABLETS PER 30 DAYS          |
| COMETRIQ KIT 60MG           | 84 CAPSULES PER 28 DAYS         |
| COMETRIQ KIT 100MG          | 56 CAPSULES PER 28 DAYS         |
| COMETRIQ KIT 140MG          | 112 CAPSULES PER 28 DAYS        |
| COMPLERA TAB 200-25-300 MG  | 30 TABLETS PER 30 DAYS          |
| COPAXONE SYR 20MG/ML        | 30 SYRINGES PER 30 DAYS         |
| COPAXONE SYR 40MG/ML        | 12 SYRINGES PER 28 DAYS         |
| COPIKTRA CAP 15MG           | 56 CAPSULES PER 28 DAYS         |
| COPIKTRA CAP 25MG           | 56 CAPSULES PER 28 DAYS         |
| COSENTYX INJ 75MG/0.5ML     | 1 SYRINGE PER 28 DAYS           |
| COSENTYX INJ 125/5ML        | 3 VIALS PER 28 DAYS             |
| COSENTYX INJ 150MG/ML       | 1 PEN/SYRINGE PER 28 DAYS       |

| DRUG NAME                         | APPROVED QTY                |
|-----------------------------------|-----------------------------|
| COSENTYX INJ 300MG DOSE           | 2 PENS/SYRINGES PER 28 DAYS |
| COSENTYX INJ 300MG/2ML            | 1 PEN PER 28 DAYS           |
| COTELLIC TAB 20MG                 | 63 TABLETS 28 DAYS          |
| CRIXIVAN CAP 200MG                | 450 CAPSULES PER 30 DAYS    |
| CRIXIVAN CAP 400MG                | 180 CAPSULES PER 30 DAYS    |
| CRYSVITA INJ 10MG/ML              | 1 VIAL PER 14 DAYS          |
| CRYSVITA INJ 20MG/ML              | 9 VIALS PER 14 DAYS         |
| CRYSVITA INJ 30MG/ML              | 6 VIALS PER 14 DAYS         |
| CYLTEZO INJ 10MG/0.2ML            | 2 SYRINGES PER 28 DAYS      |
| CYLTEZO INJ 20MG/0.4ML            | 4 SYRINGES PER 28 DAYS      |
| CYLTEZO INJ 40MG/0.8ML            | 4 PENS/SYRINGES PER 28 DAYS |
| CYLTEZO INJ CROHNS 40MG/0.8ML     | STARTER KIT - ONE TIME USE  |
| CYLTEZO INJ PSORIASIS 40MG/0.8ML  | STARTER KIT - ONE TIME USE  |
| CYSTADROPS SOL 0.37%              | 4 BOTTLES PER 28 DAYS       |
| CYSTARAN SOL 0.44%                | 4 BOTTLES PER 28 DAYS       |
| DANYELZA INJ 40MG/10 ML           | 12 VIALS PER 28 DAYS        |
| DAURISMO TAB 25MG                 | 60 TABLETS PER 30 DAYS      |
| DAURISMO TAB 100MG                | 30 TABLETS PER 30 DAYS      |
| DAYBUE SOL 200MG/ML               | 3600 ML PER 30 DAYS         |
| DELSTRIGO TAB 100-300-300MG       | 30 TABLETS PER 30 DAYS      |
| DESCOVY TAB 120-15MG              | 30 TABLETS PER 30 DAYS      |
| DESCOVY TAB 200-25MG              | 30 TABLETS PER 30 DAYS      |
| DIACOMIT CAP 250MG                | 360 CAPSULES PER 30 DAYS    |
| DIACOMIT CAP 500MG                | 180 CAPSULES PER 30 DAYS    |
| DIACOMIT PAK 250MG                | 360 PACKETS PER 30 DAYS     |
| DIACOMIT PAK 500MG                | 180 PACKETS PER 30 DAYS     |
| DIDANOSINE EC CAP 200MG           | 30 CAPSULES PER 30 DAYS     |
| DIDANOSINE EC CAP 250MG           | 30 CAPSULES PER 30 DAYS     |
| DIDANOSINE EC CAP 400MG           | 30 CAPSULES PER 30 DAYS     |
| DOPTELET TAB 20MG (10 TAB CARTON) | 1 CARTON PER 5 DAYS         |
| DOPTELET TAB 20MG (15 TAB CARTON) | 1 CARTON PER 5 DAYS         |
| DOPTELET TAB 20MG (30 TAB CARTON) | 2 CARTONS PER 30 DAYS       |
| DOVATO TAB 50-300MG               | 30 TABLETS PER 30 DAYS      |
| DUPIXENT INJ 200MG/1.14ML         | 2 PENS/SYRINGES PER 28 DAYS |
| DUPIXENT INJ 300MG/2ML            | 4 PENS/SYRINGS PER 28 DAYS  |
| EDURANT TAB 25MG                  | 60 TABLETS PER 30 DAYS      |
| EGRIFTA SV INJ 2MG                | 30 VIALS PER 30 DAYS        |
| ELELYSO INJ 200UNIT               | 30 VIALS PER 14 DAYS        |
| ELREXFIO INJ 44MG/1.1ML           | 2 VIALS FOR ONE TIME USE    |
| ELREXFIO INJ 76MG/1.9ML           | 4 VIALS PER 28 DAYS         |

| DRUG NAME                | APPROVED QTY                     |
|--------------------------|----------------------------------|
| EMFLAZA SUS 22.75MG/ML   | 52 ML PER 30 DAYS                |
| EMFLAZA TAB 6MG          | 60 TABLETS PER 30 DAYS           |
| EMFLAZA TAB 18MG         | 30 TABLETS PER 30 DAYS           |
| EMFLAZA TAB 30MG         | 30 TABLETS PER 30 DAYS           |
| EMFLAZA TAB 36MG         | 30 TABLETS PER 30 DAYS           |
| EMPAVELI INJ 1080MG      | 10 VIALS PER 30 DAYS             |
| EMTRIVA SOL 10MG/ML      | 680 ML PER 28 DAYS               |
| EMTRIVA CAP 200MG        | 30 CAPSULES PER 30 DAYS          |
| ENBREL INJ 25MG/0.5ML    | 8 SYRINGES/VIALS PER 28 DAYS     |
| ENBREL INJ 50MG/ML       | 4 PENS/SYRINGES PER 28 DAYS      |
| ENBREL MINI INJ 50MG/ML  | 4 CARTRIDGES PER 28 DAYS         |
| ENDARI POW 5GM           | 180 PACKETS PER 30 DAYS          |
| ENJAYMO SOL 1100 MG/22ML | 14 SINGLE-DOSE VIALS PER 28 DAYS |
| ENSPRYNG INJ 120 MG/ML   | 1 SYRINGE PER 28 DAYS            |
| ENTYVIO INJ 108MG/0.68ML | 2 PENS PER 28 DAYS               |
| ENTYVIO INJ 300MG        | 1 VIAL PER 56 DAYS               |
| EPCLUSA PAK 150-37.5MG   | 28 PELLETS PER 28 DAYS           |
| EPCLUSA PAK 200-50MG**   | 56 PELLETS PER 28 DAYS           |
| EPCLUSA TAB 200-50MG     | 28 TABLETS PER 28 DAYS           |
| EPCLUSA TAB 400-100MG    | 28 TABLETS PER 28 DAYS           |
| EPIDIOLEX SOL 100MG/ML   | 800 ML PER 30 DAYS               |
| EPIVIR SOL 10MG/ML       | 960 ML PER 30 DAYS               |
| EPIVIR TAB 150MG         | 60 TABLETS PER 30 DAYS           |
| EPIVIR TAB 300MG         | 30 TABLETS PER 30 DAYS           |
| EPKINLY INJ 4MG/0.8ML    | 2 VIALS PER 28 DAYS              |
| EPKINLY INJ 48MG/0.8ML   | 4 VIALS PER 28 DAYS              |
| EPZICOM TAB 600-300MG    | 30 TABLETS PER 30 DAYS           |
| ERIVEDGE CAP 150MG       | 30 CAPSULES PER 30 DAYS          |
| ERLEADA TAB 60MG         | 120 TABLETS PER 30 DAYS          |
| ERLEADA TAB 240MG        | 30 TABLETS PER 30 DAYS           |
| ESBRIET CAP 267MG        | 270 CAPSULES PER 30 DAYS         |
| ESBRIET TAB 267MG        | 270 TABLETS PER 30 DAYS          |
| ESBRIET TAB 801MG        | 90 TABLETS PER 30 DAYS           |
| EVENITY INJ 105MG/1.17ML | 2 SYRINGES PER 30 DAYS           |
| EVKEEZA INJ 1200MG/8ML   | 2 VIALS PER 28 DAYS              |
| EVKEEZA INJ 345MG/2.3ML  | 2 VIALS PER 28 DAYS              |
| EVOTAZ TAB 300-150MG     | 30 TABLETS PER 30 DAYS           |
| EVRYSDI SOL 0.75 MG/ML   | 2 BOTTLES PER 24 DAYS            |
| EXKIVITY CAP 40MG        | 120 CAPSULES PER 30 DAYS         |
| EXONDYS 51 SOL 100MG/2ML | 120 VIALS (240 ML) PER 28 DAYS   |



| DRUG NAME                     | APPROVED QTY                  |
|-------------------------------|-------------------------------|
| EXONDYS 51 SOL 500MG/10ML     | 24 VIALS (240 ML) PER 28 DAYS |
| EXTAVIA INJ 0.3MG             | 15 VIALS PER 30 DAYS          |
| FABHALTA CAP 200MG            | 60 CAPSULES PER 30 DAYS       |
| FARYDAK CAP 10MG              | 6 CAPSULES PER 21 DAYS        |
| FARYDAK CAP 15MG              | 6 CAPSULES PER 21 DAYS        |
| FARYDAK CAP 20MG              | 6 CAPSULES PER 21 DAYS        |
| FASENRA INJ 30MG/ML           | 1 PEN/SYRINGE PER 56 DAYS     |
| FILSPARI TAB 200MG            | 60 TABLETS PER 30 DAYS        |
| FILSPARI TAB 400MG            | 30 TABLETS PER 30 DAYS        |
| FINTEPLA SOL 2.2MG/ML         | 360ML PER 30 DAYS             |
| FIRAZYR INJ 30MG/3ML          | 45 SYRINGES PER 90 DAYS       |
| FIRDAPSE TAB 10MG             | 240 TABLETS PER 30 DAYS       |
| FOLLISTIM AQ INJ 300UNIT      | 15 CARTRIDGES PER 28 DAYS     |
| FOLLISTIM AQ INJ 600UNIT      | 10 CARTRIDGES PER 28 DAYS     |
| FOLLISTIM AQ INJ 900UNIT      | 7 CARTRIDGES PER 28 DAYS      |
| FORTEO PENS 600 MCG/2.4ML     | 1 PEN PER 28 DAYS             |
| FOTIVDA CAP 0.89MG            | 21 CAPSULES PER 28 DAYS       |
| FOTIVDA CAP 1.34MG            | 21 CAPSULES PER 28 DAYS       |
| FRUZAQLA CAP 1MG              | 84 CAPSULES PER 28 DAYS       |
| FRUZAQLA CAP 5MG              | 21 CAPSULES PER 28 DAYS       |
| FULPHILA INJ 6MG/0.6ML        | 2 SYRINGES PER 28 DAYS        |
| FUZEON INJ 90MG               | 60 VIALS PER 30 DAYS          |
| FYLNETRA INJ 6MG/0.6ML        | 2 SYRINGES PER 28 DAYS        |
| GALAFOLD CAP 123MG            | 14 CAPSULES PER 28 DAYS       |
| GATTEX ONE VIAL KIT 5MG       | ONE 30-VIAL KIT PER 30 DAYS   |
| GATTEX THIRTY VIAL KIT 5MG    | ONE 30-VIAL KIT PER 30 DAYS   |
| GAVRETO CAP 100MG             | 120 CAPSULES PER 30 DAYS      |
| GENVOYA TAB 150-150-200-10 MG | 30 TABLETS PER 30 DAYS        |
| GILENYA CAP 0.25MG            | 30 CAPSULES PER 30 DAYS       |
| GILENYA CAP 0.5MG             | 30 CAPSULES PER 30 DAYS       |
| GILOTRIF TAB 20MG             | 30 TABLETS PER 30 DAYS        |
| GILOTRIF TAB 30MG             | 30 TABLETS PER 30 DAYS        |
| GILOTRIF TAB 40MG             | 30 TABLETS PER 30 DAYS        |
| GLATOPA SYR 20MG/ML           | 30 SYRINGES PER 30 DAYS       |
| GLATOPA SYR 40MG/ML           | 12 SYRINGES PER 28 DAYS       |
| GLEEVEC TAB 100MG             | 120 TABLETS PER 30 DAYS       |
| GLEEVEC TAB 400MG             | 60 TABLETS PER 30 DAYS        |
| GONAL-F VIA 1050 UNIT         | 6 VIALS PER 28 DAYS           |
| GONAL-F VIA 450 UNIT          | 10 VIALS PER 28 DAYS          |
| GONAL-F RFF 75IU              | 60 VIALS PER 28 DAYS          |

| DRUG NAME  | APPROVED QTY                |
|--|-----------------------------|
| GONAL-F RFF PENS 300UNIT/0.5ML                     | 15 CARTRIDGES PER 28 DAYS   |
| GONAL-F RFF PENS 450UNIT/0.75ML                    | 10 CARTRIDGES PER 28 DAYS   |
| GONAL-F RFF PENS 900UNIT/1.5ML                     | 7 CARTRIDGES PER 28 DAYS    |
| HADLIMA INJ 40MG/0.4ML                             | 4 SYRINGES PER 28 DAYS      |
| HADLIMA INJ 40MG/0.8ML                             | 4 SYRINGES PER 28 DAYS      |
| HADLIMA PUSH INJ 40MG/0.4ML                        | 4 PENS PER 28 DAYS          |
| HADLIMA PUSH INJ 40MG/0.8ML                        | 4 PENS PER 28 DAYS          |
| HAEGARDA INJ 2000UNIT                              | 20 VIALS PER 30 DAYS        |
| HAEGARDA INJ 3000UNIT                              | 20 VIALS PER 30 DAYS        |
| HARVONI PELLETT PAK 33.75-150MG                    | 28 PELLETS PER 28 DAYS      |
| HARVONI PELLETT PAK 45-200MG**                     | 56 PELLETS PER 28 DAYS      |
| HARVONI TAB 45-200MG                               | 28 TABLETS PER 28 DAYS      |
| HARVONI TAB 90-400MG                               | 28 TABLETS PER 28 DAYS      |
| HETLIOZ CAP 20MG                                   | 30 CAPSULES PER 30 DAYS     |
| HETLIOZ LQ SUS 4MG/ML                              | 5 ML PER DAY                |
| HULIO INJ 40MG/0.8ML                               | 4 PENS/SYRINGES PER 28 DAYS |
| HULIO KIT 20MG/0.4ML                               | 4 SYRINGES PER 28 DAYS      |
| HUMIRA INJ 10MG/0.1ML                              | 2 SYRINGES PER 28 DAYS      |
| HUMIRA INJ 20MG/0.2ML                              | 4 SYRINGES PER 28 DAYS      |
| HUMIRA INJ 40MG/0.4ML                              | 4 PENS/SYRINGES PER 28 DAYS |
| HUMIRA INJ 40MG/0.8ML                              | 4 PENS/SYRINGES PER 28 DAYS |
| HUMIRA INJ 80MG/0.8ML                              | 2 PENS PER 28 DAYS          |
| HUMIRA INJ CD/UC/HS 40MG/0.8ML                     | STARTER KIT - ONE TIME USE  |
| HUMIRA INJ CD/UC/HS 80MG/0.8ML                     | STARTER KIT - ONE TIME USE  |
| HUMIRA INJ PS/UV 40MG/0.8ML                        | STARTER KIT - ONE TIME USE  |
| HUMIRA INJ PS/UV 80MG/0.8ML & 40MG/0.4ML           | STARTER KIT - ONE TIME USE  |
| HUMIRA PED INJ 80MG/0.8ML UC                       | STARTER KIT - ONE TIME USE  |
| HUMIRA PED INJ 80MG/0.8ML CROHNS                   | STARTER KIT - ONE TIME USE  |
| HUMIRA PED INJ 80MG/0.8ML & 40MG/0.4ML CROHNS      | STARTER KIT - ONE TIME USE  |
| HYRIMOZ INJ 10MG/0.1ML                             | 2 SYRINGES PER 28 DAYS      |
| HYRIMOZ INJ 20MG/0.2ML                             | 4 SYRINGES PER 28 DAYS      |
| HYRIMOZ INJ 40MG/0.4ML                             | 4 PENS/SYRINGES PER 28 DAYS |
| HYRIMOZ INJ 40MG/0.8ML                             | 4 PENS/SYRINGES PER 28 DAYS |
| HYRIMOZ INJ 80MG/0.8ML                             | 2 PENS PER 28 DAYS          |
| HYRIMOZ-INJ 80MG/0.8ML CROHNS UC                   | STARTER KIT - ONE TIME USE  |
| HYRIMOZ-INJ 80MG/0.8ML & 40MG/0.4ML PLAQ PSORIASIS | STARTER KIT - ONE TIME USE  |
| HYRIMOZ-PED INJ 80MG/0.8ML CROHNS                  | STARTER KIT - ONE TIME USE  |



| DRUG NAME                                      | APPROVED QTY                |
|--|-----------------------------|
| HYRIMOZ-PED INJ 80MG/0.8ML & 40MG/0.4ML CROHNS | STARTER KIT - ONE TIME USE  |
| IBRANCE CAP 75MG                               | 21 CAPSULES PER 28 DAYS     |
| IBRANCE CAP 100MG                              | 21 CAPSULES PER 28 DAYS     |
| IBRANCE CAP 125MG                              | 21 CAPSULES PER 28 DAYS     |
| IBRANCE TAB 75MG                               | 21 TABLETS PER 28 DAYS      |
| IBRANCE TAB 100MG                              | 21 TABLETS PER 28 DAYS      |
| IBRANCE TAB 125MG                              | 21 TABLETS PER 28 DAYS      |
| ICLUSIG TAB 10MG                               | 30 TABLETS PER 30 DAYS      |
| ICLUSIG TAB 15MG                               | 30 TABLETS PER 30 DAYS      |
| ICLUSIG TAB 30MG                               | 30 TABLETS PER 30 DAYS      |
| ICLUSIG TAB 45MG                               | 30 TABLETS PER 30 DAYS      |
| IDACIO INJ 40MG/0.8ML                          | 4 PENS/SYRINGES PER 28 DAYS |
| IDACIO INJ 40MG/0.8ML CROHNS                   | STARTER KIT - ONE TIME USE  |
| IDACIO INJ 40MG/0.8ML PLAQ PSORIASIS           | STARTER KIT - ONE TIME USE  |
| IDHIFA TAB 50MG                                | 30 TABLETS PER 30 DAYS      |
| IDHIFA TAB 100MG                               | 30 TABLETS PER 30 DAYS      |
| ILUMYA SOL 100MG/ML                            | 1 SYRINGE PER 90 DAYS       |
| IMBRUVICA SUS 70MG/ML                          | 216 ML PER 36 DAYS          |
| IMBRUVICA CAP 70MG                             | 30 CAPSULES PER 30 DAYS     |
| IMBRUVICA CAP 140MG                            | 90 CAPSULES PER 30 DAYS     |
| IMBRUVICA TAB 140MG                            | 30 TABLETS PER 30 DAYS      |
| IMBRUVICA TAB 280MG                            | 30 TABLETS PER 30 DAYS      |
| IMBRUVICA TAB 420MG                            | 30 TABLETS PER 30 DAYS      |
| IMBRUVICA TAB 560MG                            | 30 TABLETS PER 30 DAYS      |
| IMCIVREE INJ 10MG/ML                           | 10 VIALS PER 30 DAYS        |
| INBRIJA CAP 42MG                               | 300 CAPSULES PER 30 DAYS    |
| INFLECTRA INJ 100MG                            | 5 VIALS PER 42 DAYS         |
| INGREZZA CAP 40MG                              | 30 CAPSULES PER 30 DAYS     |
| INGREZZA CAP 60MG                              | 30 CAPSULES PER 30 DAYS     |
| INGREZZA CAP 80MG                              | 30 CAPSULES PER 30 DAYS     |
| INGREZZA CAP 40-80MG                           | 28 CAPSULES PER 28 DAYS     |
| INLYTA TAB 1MG                                 | 240 TABLETS PER 30 DAYS     |
| INLYTA TAB 5MG                                 | 120 TABLETS PER 30 DAYS     |
| INQOVI TAB 35-100MG                            | 5 TABLETS PER 28 DAYS       |
| INREBIC CAP 100MG                              | 120 CAPSULES PER 30 DAYS    |
| INTELENCE TAB 25MG                             | 120 TABLETS PER 30 DAYS     |
| INTELENCE TAB 100MG                            | 120 TABLETS PER 30 DAYS     |
| INTELENCE TAB 200MG                            | 60 TABLETS PER 30 DAYS      |
| INVIRASE TAB 500MG                             | 120 TABLETS PER 30 DAYS     |
| IRESSA TAB 250MG                               | 30 TABLETS PER 30 DAYS      |

| DRUG NAME                  | APPROVED QTY            |
|----------------------------|-------------------------|
| ISENTRESS CHW 25MG         | 180 TABLETS PER 30 DAYS |
| ISENTRESS CHW 100MG        | 180 TABLETS PER 30 DAYS |
| ISENTRESS POW 100MG        | 60 PACKETS PER 30 DAYS  |
| ISENTRESS TAB 400MG        | 120 TABLETS PER 30 DAYS |
| ISENTRESS HD TAB 600MG     | 60 TABLETS PER 30 DAYS  |
| ISTURISA TAB 1MG           | 240 TABLETS PER 30 DAYS |
| ISTURISA TAB 5MG           | 360 TABLETS PER 30 DAYS |
| ISTURISA TAB 10MG          | 180 TABLETS PER 30 DAYS |
| IWILFIN TAB 192MG*         | 240 TABLETS PER 30      |
| JAKAFI TAB 5MG             | 60 TABLETS PER 30 DAYS  |
| JAKAFI TAB 10MG            | 60 TABLETS PER 30 DAYS  |
| JAKAFI TAB 15MG            | 60 TABLETS PER 30 DAYS  |
| JAKAFI TAB 20MG            | 60 TABLETS PER 30 DAYS  |
| JAKAFI TAB 25MG            | 60 TABLETS PER 30 DAYS  |
| JAYPIRCA TAB 50MG          | 30 TABLETS PER 30 DAYS  |
| JAYPIRCA TAB 100MG         | 60 TABLETS PER 30 DAYS  |
| JEMPERLI SOL 500/10ML      | 2 VIALS PER 42 DAYS     |
| JESDUVROQ TAB 1MG          | 30 TABLETS PER 30 DAYS  |
| JESDUVROQ TAB 2MG          | 30 TABLETS PER 30 DAYS  |
| JESDUVROQ TAB 4MG          | 30 TABLETS PER 30 DAYS  |
| JESDUVROQ TAB 6MG          | 60 TABLETS PER 30 DAYS  |
| JESDUVROQ TAB 8MG          | 90 TABLETS PER 30 DAYS  |
| JOENJA TAB 70MG            | 60 TABLETS PER 30 DAYS  |
| JULUCA TAB 50-25MG         | 30 TABLETS PER 30 DAYS  |
| JUXTAPID CAP 5MG           | 28 CAPSULES PER 28 DAYS |
| JUXTAPID CAP 10MG          | 28 CAPSULES PER 28 DAYS |
| JUXTAPID CAP 20MG          | 56 CAPSULES PER 28 DAYS |
| JUXTAPID CAP 30MG          | 56 CAPSULES PER 28 DAYS |
| JUXTAPID CAP 40MG          | 28 CAPSULES PER 28 DAYS |
| JUXTAPID CAP 60MG          | 28 CAPSULES PER 28 DAYS |
| JYNARQUE PAK 15MG          | 56 TABLETS PER 28 DAYS  |
| JYNARQUE PAK 30-15MG       | 56 TABLETS PER 28 DAYS  |
| JYNARQUE PAK 45-15MG       | 56 TABLETS PER 28 DAYS  |
| JYNARQUE PAK 60-30MG       | 56 TABLETS PER 28 DAYS  |
| JYNARQUE PAK 90-30MG       | 56 TABLETS PER 28 DAYS  |
| JYNARQUE TAB 15MG          | 60 TABLETS PER 30 DAYS  |
| JYNARQUE TAB 30MG          | 30 TABLETS PER 30 DAYS  |
| KALBITOR INJ 10MG/ML       | 30 CARTONS PER 90 DAYS  |
| KALETRA SOL 400-100 MG/5ML | 480 ML PER 30 DAYS      |
| KALETRA TAB 100-25MG       | 300 TABLETS PER 30 DAYS |

| DRUG NAME                     | APPROVED QTY                |
|-------------------------------|-----------------------------|
| KALETRA TAB 200-50MG          | 120 TABLETS PER 30 DAYS     |
| KALYDECO GRA 5.8MG            | 56 PACKETS PER 28 DAYS      |
| KALYDECO GRA 13.4MG           | 56 PACKETS PER 28 DAYS      |
| KALYDECO PAK 25MG             | 56 PACKETS PER 28 DAYS      |
| KALYDECO PAK 50MG             | 56 PACKETS PER 28 DAYS      |
| KALYDECO PAK 75MG             | 56 PACKETS PER 28 DAYS      |
| KALYDECO TAB 150MG            | 60 TABLETS PER 30 DAYS      |
| KESIMPTA INJ 20MG/4ML         | 1 PEN PER 28 DAYS           |
| KEVEYIS TAB 50MG              | 120 TABLETS PER 30 DAYS     |
| KEVZARA INJ 150MG/1.14ML      | 2 PENS/SYRINGES PER 4 WEEKS |
| KEVZARA INJ 200MG/1.14ML      | 2 PENS/SYRINGES PER 4 WEEKS |
| KIMMTRAK SOL 100MCG           | 4 VIALS PER 28 DAYS         |
| KINERET INJ 100 MG/0.67ML     | 30 SYRINGES PER 30 DAYS     |
| KISQALI TAB 200MG DOSE        | 21 TABLETS PER 28 DAYS      |
| KISQALI TAB 400MG DOSE        | 42 TABLETS 28 DAYS          |
| KISQALI TAB 600MG DOSE        | 63 TABLETS 28 DAYS          |
| KISQALI 200MG DOSE PAK FEMARA | 49 TABLETS PER 28 DAYS      |
| KISQALI 400MG DOSE PAK FEMARA | 70 TABLETS PER 28 DAYS      |
| KISQALI 600MG DOSE PAK FEMARA | 91 TABLETS PER 28 DAYS      |
| KITABIS PAK NEB 300MG/5ML     | 56 AMPULES PER 28 DAYS      |
| KORLYM TAB 300MG              | 120 TABLETS PER 30 DAYS     |
| KOSELUGO CAP 10MG             | 240 CAPSULES PER 30 DAYS    |
| KOSELUGO CAP 25MG             | 120 CAPSULES PER 30 DAYS    |
| KRAZATI TAB 200MG             | 180 TABLETS PER 30 DAYS     |
| KYNMOBI MIS 10MG              | 150 FILMS PER 30 DAYS       |
| KYNMOBI MIS 15MG              | 150 FILMS PER 30 DAYS       |
| KYNMOBI MIS 20MG              | 150 FILMS PER 30 DAYS       |
| KYNMOBI MIS 25MG              | 150 FILMS PER 30 DAYS       |
| KYNMOBI MIS 30MG              | 150 FILMS PER 30 DAYS       |
| LEMTRADA INJ 12MG/1.2ML       | 5 VIALS PER 12 MONTHS       |
| LENVIMA CAP 4MG               | 30 CAPSULES PER 30 DAYS     |
| LENVIMA CAP 8 MG              | 60 CAPSULES PER 30 DAYS     |
| LENVIMA CAP 10MG              | 30 CAPSULES PER 30 DAYS     |
| LENVIMA CAP 12MG              | 90 CAPSULES PER 30 DAYS     |
| LENVIMA CAP 14MG              | 60 CAPSULES PER 30 DAYS     |
| LENVIMA CAP 18MG              | 90 CAPSULES PER 30 DAYS     |
| LENVIMA CAP 20MG              | 60 CAPSULES PER 30 DAYS     |
| LENVIMA CAP 24MG              | 90 CAPSULES PER 30 DAYS     |
| LEQVIO SOL 284 MG/1.5ML       | 1 SYRINGE PER 180 DAYS      |
| LETAIRIS TAB 5MG              | 30 TABLETS PER 30 DAYS      |

| DRUG NAME                         | APPROVED QTY             |
|-----------------------------------|--------------------------|
| LETAIRIS TAB 10MG                 | 30 TABLETS PER 30 DAYS   |
| LEXIVA SUS 50MG/ML                | 1575 ML PER 28 DAYS      |
| LEXIVA TAB 700MG                  | 120 TABLETS PER 30 DAYS  |
| LIBTAYO INJ 350MG/7ML             | 1 VIAL PER 21 DAYS       |
| LIQREV SUS 10MG/ML                | 732 mL PER 30 DAYS       |
| LITFULO CAP 50MG                  | 28 CAPSULES PER 28 DAYS  |
| LIVMARLI SOL 9.5MG/ML             | 90 ML PER 30 DAYS        |
| LIVTENCITY TAB 200MG              | 120 TABLETS PER 30 DAYS  |
| LONSURF TAB 15-6.14MG             | 100 TABLETS 28 DAYS      |
| LONSURF TAB 20-8.19MG             | 80 TABLETS 28 DAYS       |
| LORBRENA TAB 25MG                 | 90 TABLETS PER 30 DAYS   |
| LORBRENA TAB 100MG                | 30 TABLETS PER 30 DAYS   |
| LUMAKRAS TAB 120MG                | 240 TABLETS PER 30 DAYS  |
| LUMAKRAS TAB 320MG                | 90 TABLETS PER 30 DAYS   |
| LUMRYZ PAK 6.0GM                  | 30 PACKETS PER 30 DAYS   |
| LUMRYZ PAK 7.5GM                  | 30 PACKETS PER 30 DAYS   |
| LUMRYZ PKG 4.5GM                  | 30 PACKETS PER 30 DAYS   |
| LUMRYZ PAK 9.0GM                  | 30 PACKETS PER 30 DAYS   |
| LUNSUMIO INJ 1MG/ML               | 3 VIALS PER 8 DAYS       |
| LUNSUMIO INJ 30MG/30              | 2 VIALS PER 21 DAYS      |
| LUPKYNIS CAP 7.9MG                | 180 CAPSULES PER 30 DAYS |
| LYNPARZA TAB 100MG                | 120 TABLETS PER 30 DAYS  |
| LYNPARZA TAB 150MG                | 120 TABLETS PER 30 DAYS  |
| LYTGOBI TAB 4MG (12MG DAILY DOSE) | 84 TABLETS PER 28 DAYS   |
| LYTGOBI TAB 4MG (16MG DAILY DOSE) | 112 TABLETS PER 28 DAYS  |
| LYTGOBI TAB 4MG (20MG DAILY DOSE) | 140 TABLETS PER 28 DAYS  |
| MAVENCLAD 10MG                    | 20 TABLETS PER 9 MONTHS  |
| MAVYRET PAK 50-20MG               | 140 PKTS PER 28 DAYS     |
| MAVYRET TAB 100-40MG              | 84 TABLETS PER 28 DAYS   |
| MAYZENT TAB 0.25MG                | 12 TABLETS PER 5 DAYS    |
| MAYZENT TAB 1MG                   | 30 TABLETS PER 30 DAYS   |
| MAYZENT TAB 2MG                   | 30 TABLETS PER 30 DAYS   |
| MAYZENT 1MG STARTER PAK           | 7 TABLETS PER 4 DAYS     |
| MAYZENT 2MG STARTER PAK           | 12 TABLETS PER 5 DAYS    |
| MEKINIST SOL 0.05MG/ML            | 12 BOTTLES PER 28 DAYS   |
| MEKINIST TAB 0.5MG                | 90 TABLETS PER 30 DAYS   |
| MEKINIST TAB 2MG                  | 30 TABLETS PER 30 DAYS   |
| MEKTOVI TAB 15MG                  | 180 TABLETS PER 30 DAYS  |
| MULPLETA TAB 3MG                  | 7 TABLETS PER 14 DAYS    |
| MYALEPT VIA 11.3MG                | 30 VIALS PER 30 DAYS     |

| DRUG NAME                    | APPROVED QTY                      |
|------------------------------|-----------------------------------|
| MYCAPSSA 20MG                | 112 CAPSULES PER 28 DAYS          |
| NATPARA INJ 25MCG            | 2 CARTRIDGES PER 28 DAYS          |
| NATPARA INJ 50MCG            | 2 CARTRIDGES PER 28 DAYS          |
| NATPARA INJ 75MCG            | 2 CARTRIDGES PER 28 DAYS          |
| NATPARA INJ 100MCG           | 2 CARTRIDGES PER 28 DAYS          |
| NERLYNX TAB 40MG             | 180 TABLETS PER 30 DAYS           |
| NEULASTA KIT 6MG/0.6ML       | 2 SYRINGES PER 28 DAYS            |
| NEVIRAPINE SUSP 50MG/5ML     | 1200 ML PER 30 ML DAYS            |
| NEVIRAPINE TAB 200MG         | 60 TABLETS PER 30 DAYS            |
| NEVIRAPINE TAB ER 24HR 100MG | 90 TABLETS PER 30 DAYS            |
| NEVIRAPINE TAB ER 24HR 400MG | 30 TABLETS PER 30 DAYS            |
| NEXAVAR TAB 200MG            | 120 TABLETS PER 30 DAYS           |
| NINLARO CAP 2.3MG            | 3 CAPSULES PER 28 DAYS            |
| NINLARO CAP 3MG              | 3 CAPSULES PER 28 DAYS            |
| NINLARO CAP 4MG              | 3 CAPSULES PER 28 DAYS            |
| NORTHERA CAP 100MG           | 90 CAPSULES PER 30 DAYS           |
| NORTHERA CAP 200MG           | 180 CAPSULES PER 30 DAYS          |
| NORTHERA CAP 300MG           | 180 CAPSULES PER 30 DAYS          |
| NORVIR SOL 80MG/ML           | 480 ML PER 30 DAYS                |
| NORVIR POW 100MG             | 360 PACKETS PER 30 DAYS           |
| NORVIR TAB 100MG             | 360 TABLETS PER 30 DAYS           |
| NUBEQA TAB 300MG             | 120 TABLETS PER 30 DAYS           |
| NUCALA INJ 40MG/0.4ML        | 1 SYRINGE PER 28 DAYS             |
| NUCALA INJ 100MG/ML          | 3 PENS/SYRINGES/VIALS PER 28 DAYS |
| NULIBRY INJ 9.5MG            | 150 VIALS PER 30 DAYS             |
| NUPLAZID TAB 10MG            | 30 TABLETS PER 30 DAYS            |
| NUPLAZID CAP 34MG            | 30 CAPSULES PER 30 DAYS           |
| NYVEPRIA INJ 6 MG/0.6ML      | 2 SYRINGES PER 28 DAYS            |
| OCALIVA TAB 5MG              | 30 TABLETS PER 30 DAYS            |
| OCALIVA TAB 10MG             | 30 TABLETS PER 30 DAYS            |
| OCREVUS INJ 300/10ML         | 2 VIALS PER 168 DAYS              |
| OCTREOTIDE INJ 50MCG/ML      | 90 SYRINGES PER 30 DAYS           |
| OCTREOTIDE INJ 100MCG        | 90 SYRINGES/VIALS PER 30 DAYS     |
| OCTREOTIDE INJ 200MCG        | 45 VIALS PER 30 DAYS              |
| OCTREOTIDE INJ 500MCG        | 90 SYRINGES/VIALS PER 30 DAYS     |
| OCTREOTIDE INJ 1000MCG       | 9 VIALS PER 30 DAYS               |
| ODEFSEY TAB 200-25-25 MG     | 30 TABLETS PER 30 DAYS            |
| ODOMZO CAP 200MG             | 30 CAPSULES PER 30 DAYS           |
| OFEV CAP 100MG               | 60 CAPSULES PER 30 DAYS           |
| OFEV CAP 150MG               | 60 CAPSULES PER 30 DAYS           |

| DRUG NAME                         | APPROVED QTY                |
|-----------------------------------|-----------------------------|
| OGSIVEO TAB 50MG*                 | 180 TABLETS PER 30 DAYS     |
| OJJAARA TAB 100MG                 | 30 TABLETS PER 30 DAYS      |
| OJJAARA TAB 150MG                 | 30 TABLETS PER 30 DAYS      |
| OJJAARA TAB 200MG                 | 30 TABLETS PER 30 DAYS      |
| OLPRUVA PAK 2GM                   | 90 ENVELOPES PER 30 DAYS    |
| OLPRUVA PAK 3GM                   | 90 ENVELOPES PER 30 DAYS    |
| OLPRUVA PAK 4GM                   | 90 ENVELOPES PER 30 DAYS    |
| OLPRUVA PAK 5GM                   | 90 ENVELOPES PER 30 DAYS    |
| OLPRUVA PAK 6GM                   | 90 ENVELOPES PER 30 DAYS    |
| OLPRUVA PAK 6.67GM                | 90 ENVELOPES PER 30 DAYS    |
| OLUMIANT TAB 1MG                  | 30 TABLETS PER 30 DAYS      |
| OLUMIANT TAB 2MG                  | 30 TABLETS PER 30 DAYS      |
| OLUMIANT TAB 4MG                  | 30 TABLETS PER 30 DAYS      |
| OMVOH INJ 100MG/ML                | 2 PENS PER 28 DAYS          |
| OMVOH INJ 300/15ML                | 3 VIALS PER 56 DAYS         |
| ONPATTRO SOL 10MG/5ML             | 3 VIALS PER 21 DAYS         |
| ONUREG TAB 200MG                  | 14 TABLETS PER 28 DAYS      |
| ONUREG TAB 300MG                  | 14 TABLETS PER 28 DAYS      |
| OPDUALAG SOL 240-80 MG/20ML       | 2 VIALS PER 28 DAYS         |
| OPFOLDA CAP 65MG                  | 8 CAPSULES PER 28 DAYS      |
| OPSUMIT TAB 10MG                  | 30 TABLETS PER 30 DAYS      |
| ORENCIA INJ 50MG/0.4ML            | 4 SYRINGES PER 28 DAYS      |
| ORENCIA INJ 87.5MG/0.7ML          | 4 SYRINGES PER 28 DAYS      |
| ORENCIA INJ 125MG/ML              | 4 PENS/SYRINGES PER 28 DAYS |
| ORENCIA INJ 250MG                 | 4 VIALS EVERY 28 DAYS       |
| ORGOVYX TAB 120MG                 | 30 TABLETS PER 30 DAYS      |
| ORKAMBI GRA 75-94MG               | 56 PACKETS PER 28 DAYS      |
| ORKAMBI GRA 100-125MG             | 56 PACKETS PER 28 DAYS      |
| ORKAMBI GRA 150-188MG             | 56 PACKETS PER 28 DAYS      |
| ORKAMBI TAB 100-125MG             | 112 TABLETS PER 28 DAYS     |
| ORKAMBI TAB 200-125MG             | 112 TABLETS PER 28 DAYS     |
| ORLADEYO CAP 110MG                | 28 CAPSULES PER 28 DAYS     |
| ORLADEYO CAP 150MG                | 28 CAPSULES PER 28 DAYS     |
| ORSERDU TAB 86MG                  | 90 TABLETS PER 30 DAYS      |
| ORSERDU TAB 345MG                 | 30 TABLETS PER 30 DAYS      |
| OTEZLA TAB STARTER PAK 10/20/30MG | 55 TABLETS PER 28 DAYS      |
| OTEZLA TAB 30MG                   | 60 TABLETS PER 30 DAYS      |
| OTREXUP INJ 10MG/0.4ML            | 4 PENS PER 28 DAYS          |
| OTREXUP INJ 12.5MG/0.4ML          | 4 PENS PER 28 DAYS          |
| OTREXUP INJ 15MG/0.4ML            | 4 PENS PER 28 DAYS          |



| DRUG NAME                       | APPROVED QTY                          |
|---------------------------------|---------------------------------------|
| OTREXUP INJ 17.5MG/0.4ML        | 4 PENS PER 28 DAYS                    |
| OTREXUP INJ 20MG/0.4ML          | 4 PENS PER 28 DAYS                    |
| OTREXUP INJ 22.5MG/0.4ML        | 4 PENS PER 28 DAYS                    |
| OTREXUP INJ 25MG/0.4ML          | 4 PENS PER 28 DAYS                    |
| OXBRYTA TAB FOR ORAL SUSP 300MG | 150 TABLETS PER 30 DAYS               |
| OXBRYTA TAB 300MG               | 150 TABLETS PER 30 DAYS               |
| OXBRYTA TAB 500MG               | 90 TABLETS PER 30 DAYS                |
| OXERVATE SOL 20MCG/ML           | 16 CARTONS PER 56 DAYS - ONE TIME USE |
| OXLUMO INJ 94.5MG/0.5ML         | 4 VIALS PER 90 DAYS                   |
| PADCEV INJ 20MG                 | 21 VIALS PER 28 DAYS                  |
| PADCEV INJ 30MG                 | 15 VIALS PER 28 DAYS                  |
| PALYNZIQ INJ 2.5MG/0.5ML        | 8 SYRINGES PER 28 DAYS                |
| PALYNZIQ INJ 10MG/0.5ML         | 30 SYRINGES PER 30 DAYS               |
| PALYNZIQ INJ 20MG/ML            | 90 SYRINGES PER 30 DAYS               |
| PEMAZYRE TAB 4.5MG              | 30 TABLETS PER 30 DAYS                |
| PEMAZYRE TAB 9MG                | 30 TABLETS PER 30 DAYS                |
| PEMAZYRE TAB 13.5MG             | 30 TABLETS PER 30 DAYS                |
| PEPAXTO INJ 20MG                | 2 VIALS PER 28 DAYS                   |
| PHEBURANE MIS 483MG/GM          | 8 BOTTLES PER 30 DAYS                 |
| PIFELTRO TAB 100MG              | 60 TABLETS PER 30 DAYS                |
| PIQRAY TAB 200MG DOSE           | 28 TABLETS PER 28 DAYS                |
| PIQRAY TAB 250MG DOSE           | 56 TABLETS PER 28 DAYS                |
| PIQRAY TAB 300MG DOSE           | 56 TABLETS PER 28 DAYS                |
| PIRFENIDONE TAB 534MG           | 90 TABLETS PER 30 DAYS                |
| PLEGRIDY IM INJ 125 MCG/0.5ML   | 2 SYRINGES PER 28 DAYS                |
| PLEGRIDY SC INJ 125 MCG/0.5ML   | 2 PEN/SYRINGE PER 28 DAYS             |
| PLEGRIDY INJ STARTER PACK       | 1 PACK PER 28 DAYS                    |
| POMALYST CAP 1MG                | 21 CAPSULES PER 28 DAYS               |
| POMALYST CAP 2MG                | 21 CAPSULES PER 28 DAYS               |
| POMALYST CAP 3MG                | 21 CAPSULES PER 28 DAYS               |
| POMALYST CAP 4MG                | 21 CAPSULES PER 28 DAYS               |
| PONVORY TAB 20MG                | 30 TABLETS PER 30 DAYS                |
| PONVORY TAB STARTER PACK        | 1 PACK PER 14 DAYS                    |
| PRALUENT INJ 75MG/ML            | 2 PENS PER 28 DAYS                    |
| PRALUENT INJ 150MG/ML           | 2 PENS PER 28 DAYS                    |
| PREZCOBIX TAB 800-150 MG        | 30 TABLETS PER 30 DAYS                |
| PREZISTA SUS 100MG/ML           | 400 ML PER 30 DAYS                    |
| PREZISTA TAB 75MG               | 300 TABLETS PER 30 DAYS               |
| PREZISTA TAB 150MG              | 180 TABLETS PER 30 DAYS               |
| PREZISTA TAB 600MG              | 60 TABLETS PER 30 DAYS                |

| DRUG NAME                          | APPROVED QTY             |
|------------------------------------|--------------------------|
| PREZISTA TAB 800MG                 | 30 TABLETS PER 30 DAYS   |
| PROCYSBI CAP 25MG                  | 240 CAPSULES PER 30 DAYS |
| PROCYSBI CAP 75MG                  | 750 CAPSULES PER 30 DAYS |
| PROCYSBI GRA 300MG                 | 180 PACKETS PER 30 DAYS  |
| PROCYSBI GRA 75MG                  | 180 PACKETS PER 30 DAYS  |
| PROLIA INJ 60MG/ML                 | 1 SYRINGE PER 6 MONTHS   |
| PROMACTA POW 12.5MG                | 120 PACKETS PER 30 DAYS  |
| PROMACTA POW 25MG                  | 180 PACKETS PER 30 DAYS  |
| PROMACTA TAB 12.5MG                | 30 TABLETS PER 30 DAYS   |
| PROMACTA TAB 25MG                  | 30 TABLETS PER 30 DAYS   |
| PROMACTA TAB 50MG                  | 60 TABLETS PER 30 DAYS   |
| PROMACTA TAB 75MG                  | 60 TABLETS PER 30 DAYS   |
| PULMOZYME SOL 1MG/ML               | 60 AMPULES PER 30 DAYS   |
| PYRUKYND TAB 5MG                   | 28 TABLETS PER 28 DAYS   |
| PYRUKYND TAB 20MG                  | 28 TABLETS PER 28 DAYS   |
| PYRUKYND TAB 50MG                  | 28 TABLETS PER 28 DAYS   |
| PYRUKYND TAPER PACK TAB 5MG        | 7 TABLETS PER 7 DAYS     |
| PYRUKYND TAPER PACK TAB 20MG - 5MG | 14 TABLETS PER 14 DAYS   |
| PYRUKYND TAPER PACK TAB 50MG -20MG | 14 TABLETS PER 14 DAYS   |
| QALSODY SOL 100/15ML               | 1 VIAL PER 28 DAYS       |
| QINLOCK TAB 50MG                   | 90 TABLETS PER 30 DAYS   |
| RADICAVA INJ 30MG                  | 20 IV BAGS PER 28 DAYS   |
| RADICAVA ORS KIT                   | 50ML PER 28 DAYS         |
| RADICAVA ORS STARTER KIT           | 70ML PER 28 DAYS         |
| RASUVO INJ 7.5 MG/0.15ML           | 4 PENS PER 28 DAYS       |
| RASUVO INJ 10 MG/0.2ML             | 4 PENS PER 28 DAYS       |
| RASUVO INJ 12.5 MG/0.25ML          | 4 PENS PER 28 DAYS       |
| RASUVO INJ 15 MG/0.3ML             | 4 PENS PER 28 DAYS       |
| RASUVO INJ 17.5 MG/0.35ML          | 4 PENS PER 28 DAYS       |
| RASUVO INJ 20MG/0.4ML              | 4 PENS PER 28 DAYS       |
| RASUVO INJ 22.5 MG/0.45ML          | 4 PENS PER 28 DAYS       |
| RASUVO INJ 25 MG/0.5ML             | 4 PENS PER 28 DAYS       |
| RASUVO INJ 30 MG/0.6ML             | 4 PENS PER 28 DAYS       |
| REBIF INJ TITRATION PACK           | 12 SYRINGES PER 28 DAYS  |
| REBIF INJ 22 MCG/0.5ML             | 12 SYRINGES PER 28 DAYS  |
| REBIF INJ 44 MCG/0.5ML             | 12 SYRINGES PER 28 DAYS  |
| REBIF REBIDO INJ TITRATION PACK    | 12 PENS PER 28 DAYS      |
| REBIF REBIDO INJ 22 MCG/0.5ML      | 12 PENS PER 28 DAYS      |
| REBIF REBIDO INJ 44 MCG/0.5ML      | 12 PENS PER 28 DAYS      |
| RECORLEV TAB 150MG                 | 240 TABLETS PER 30 DAYS  |

| DRUG NAME                           | APPROVED QTY                |
|-------------------------------------|-----------------------------|
| REDITREX INJ 7.5MG/0.3ML            | 4 SYRINGES PER 28 DAYS      |
| REDITREX INJ 10MG/0.4ML             | 4 SYRINGES PER 28 DAYS      |
| REDITREX INJ 12.5MG/0.5ML           | 4 SYRINGES PER 28 DAYS      |
| REDITREX INJ 15MG/0.6ML             | 4 SYRINGES PER 28 DAYS      |
| REDITREX INJ 17.5MG/0.7ML           | 4 SYRINGES PER 28 DAYS      |
| REDITREX INJ 20MG/0.8ML             | 4 SYRINGES PER 28 DAYS      |
| REDITREX INJ 22.5MG/0.9ML           | 4 SYRINGES PER 28 DAYS      |
| REDITREX INJ 25MG/ML                | 4 SYRINGES PER 28 DAYS      |
| RELYVRIO PAK 3-1GM                  | 56 PACKETS PER 28 DAYS      |
| REMICADE INJ 100MG                  | 5 VIALS PER 42 DAYS         |
| RENFLXIS INJ 100MG                  | 5 VIALS PER 42 DAYS         |
| REPATHA INJ 140MG/ML                | 3 SYRINGES PER 28 DAYS      |
| REPATHA INJ PUSHTRONEX 420 MG/3.5ML | 1 CARTRIDGE PER 28 DAYS     |
| REPATHA INJ SURECLICK 140MG/ML      | 3 PENS PER 28 DAYS          |
| RETEVMO CAP 40MG                    | 60 TABLETS PER 30 DAYS      |
| RETEVMO CAP 80MG                    | 120 TABLETS PER 30 DAYS     |
| RETROVIR CAP 100MG                  | 180 CAPSULES PER 30 DAYS    |
| RETROVIR SYP 50MG/5ML               | 1920 ML PER 30 DAYS         |
| REVATIO SUS 10MG/ML                 | 784 ML PER 30 DAYS          |
| REVATIO TAB 20MG                    | 360 TABLETS PER 30 DAYS     |
| REVLIMID CAP 10MG                   | 28 CAPSULES PER 28 DAYS     |
| REVLIMID CAP 2.5MG                  | 28 CAPSULES PER 28 DAYS     |
| REVLIMID CAP 5MG                    | 28 CAPSULES PER 28 DAYS     |
| REVLIMID CAP 15MG                   | 28 CAPSULES PER 28 DAYS     |
| REVLIMID CAP 20MG                   | 21 CAPSULES PER 28 DAYS     |
| REVLIMID CAP 25MG                   | 21 CAPSULES PER 28 DAYS     |
| REYATAZ CAP 150MG                   | 30 CAPSULES PER 30 DAYS     |
| REYATAZ CAP 200MG                   | 60 CAPSULES PER 30 DAYS     |
| REYATAZ CAP 300MG                   | 30 CAPSULES PER 30 DAYS     |
| REYATAZ POW 50MG                    | 180 PACKETS PER 30 DAYS     |
| REZLIDHIA CAP 150MG                 | 60 CAPSULES PER 30 DAYS     |
| REZUROCK TAB 200MG                  | 30 TABLETS PER 30 DAYS      |
| RINVOQ TAB 15MG ER                  | 30 TABLETS PER 30 DAYS      |
| RINVOQ TAB 30MG ER                  | 30 TABLETS PER 30 DAYS      |
| RINVOQ TAB 45MG ER                  | STARTER DOSE - ONE TIME USE |
| ROLVEDON INJ 13.2MG                 | 2 SYRINGES PER 28 DAYS      |
| ROZLYTREK CAP 100MG                 | 30 CAPSULES PER 30 DAYS     |
| ROZLYTREK CAP 200MG                 | 90 CAPSULES PER 30 DAYS     |
| ROZLYTREK PELLETT 50MG              | 8 CARTONS PER 28 DAYS       |
| RUBRACA TAB 200MG                   | 120 TABLETS PER 30 DAYS     |

| DRUG NAME                 | APPROVED QTY              |
|---------------------------|---------------------------|
| RUBRACA TAB 250MG         | 120 TABLETS PER 30 DAYS   |
| RUBRACA TAB 300MG         | 120 TABLETS PER 30 DAYS   |
| RUCONEST INJ 2100UNIT     | 60 VIALS PER 90 DAYS      |
| RUKOBIA TAB 600MG ER      | 60 TABLETS PER 30 DAYS    |
| RYBREVANT SOL 350/7ML     | 8 VIALS PER 28 DAYS       |
| RYDAPT CAP 25MG           | 224 CAPSULES PER 28 DAYS  |
| RYSTIGGO INJ 280/2ML      | 18 VIALS PER 45 DAYS      |
| SABRIL POW 500MG          | 180 PACKETS PER 30 DAYS   |
| SABRIL TAB 500MG          | 180 TABLETS PER 30 DAYS   |
| SAJAZIR INJ 30MG/3ML      | 45 SYRINGES PER 90 DAYS   |
| SANDOSTATIN INJ 100MCG    | 90 AMPULES PER 30 DAYS    |
| SANDOSTATIN INJ 500MCG    | 90 AMPULES PER 30 DAYS    |
| SANDOSTATIN KIT LAR 10MG  | 1 KIT PER 28 DAYS         |
| SANDOSTATIN KIT LAR 20MG  | 2 KITS PER 28 DAYS        |
| SANDOSTATIN KIT LAR 30MG  | 1 KIT PER 28 DAYS         |
| SAPHNELO SOL 300MG/2ML    | 1 VIAL PER 28 DAYS        |
| SCEMBLIX TAB 20MG         | 60 TABLETS PER 30 DAYS    |
| SCEMBLIX TAB 40MG         | 300 TABLETS PER 30 DAYS   |
| SCENESSE IMP 16MG         | 1 IMPLANT PER 2 MONTHS    |
| SELZENTRY SOL 20MG/ML     | 1840 ML PER 30 DAYS       |
| SELZENTRY TAB 25MG        | 240 TABLETS PER 30 DAYS   |
| SELZENTRY TAB 75MG        | 60 TABLETS PER 30 DAYS    |
| SELZENTRY TAB 150MG       | 60 TABLETS PER 30 DAYS    |
| SELZENTRY TAB 300MG       | 120 TABLETS PER 30 DAYS   |
| SENSIPAR TAB 30MG         | 60 TABLETS PER 30 DAYS    |
| SENSIPAR TAB 60MG         | 60 TABLETS PER 30 DAYS    |
| SENSIPAR TAB 90MG         | 120 TABLETS PER 30 DAYS   |
| SIGNIFOR AMP 0.3MG/ML     | 60 AMPULES PER 30 DAYS    |
| SIGNIFOR AMP 0.6MG/ML     | 60 AMPULES PER 30 DAYS    |
| SIGNIFOR AMP 0.9MG/ML     | 60 AMPULES PER 30 DAYS    |
| SIGNIFOR LAR INJ 10MG     | 1 KIT PER 28 DAYS         |
| SIGNIFOR LAR INJ 20MG     | 1 KIT PER 28 DAYS         |
| SIGNIFOR LAR INJ 30MG     | 1 KIT PER 28 DAYS         |
| SIGNIFOR LAR INJ 40MG     | 1 KIT PER 28 DAYS         |
| SIGNIFOR LAR INJ 60MG     | 1 KIT PER 28 DAYS         |
| SILIQ INJ 210 MG/1.5ML    | 2 SYRINGES PER 28 DAYS    |
| SIMPONI INJ 50/0.5ML      | 1 PEN/SYRINGE PER 28 DAYS |
| SIMPONI INJ 100MG/ML      | 1 PEN/SYRINGE PER 28 DAYS |
| SIMPONI ARIA SOL 50MG/4ML | 4 VIALS PER 56 DAYS       |
| SKYCLARYS CAP 50MG        | 90 CAPSULES PER 30 DAYS   |

| DRUG NAME                   | APPROVED QTY               |
|-----------------------------|----------------------------|
| SKYRIZI INJ 150MG/ML        | 1 PEN/SYRINGE PER 84 DAYS  |
| SKYRIZI INJ 180 MG/1.2ML    | 1 CARTRIDGE PER 56 DAYS    |
| SKYRIZI INJ 360 MG/2.4ML    | 1 CARTRIDGE PER 56 DAYS    |
| SKYRIZI SOL 60MG/ML         | 3 VIALS PER 56 DAYS        |
| SOGROYA INJ 5MG/1.5ML       | 4 PENS PER 28 DAYS         |
| SOGROYA INJ 10MG/1.5ML      | 4 PENS PER 28 DAYS         |
| SOGROYA INJ 15MG/1.5ML      | 4 PENS PER 28 DAYS         |
| SOHONOS CAP 1MG             | 28 CAPSULES PER 28 DAYS    |
| SOHONOS CAP 1.5MG           | 56 CAPSULES PER 28 DAYS    |
| SOHONOS CAP 2.5MG           | 28 CAPSULES PER 28 DAYS    |
| SOHONOS CAP 5MG             | 28 CAPSULES PER 28 DAYS    |
| SOHONOS CAP 10MG            | 56 CAPSULES PER 28 DAYS    |
| SOMATULINE INJ 60MG/0.2ML   | 1 SYRINGE PER 28 DAYS      |
| SOMATULINE INJ 90MG/0.3ML   | 1 SYRINGE PER 28 DAYS      |
| SOMATULINE INJ 120MG/.5ML   | 1 SYRINGE PER 28 DAYS      |
| SOMAVERT INJ 10MG           | 30 VIALS PER 30 DAYS       |
| SOMAVERT INJ 15MG           | 30 VIALS PER 30 DAYS       |
| SOMAVERT INJ 20MG           | 30 VIALS PER 30 DAYS       |
| SOMAVERT INJ 25MG           | 30 VIALS PER 30 DAYS       |
| SOMAVERT INJ 30MG           | 30 VIALS PER 30 DAYS       |
| SOTYKTU TAB 6MG             | 30 TABLETS PER 30 DAYS     |
| SOVALDI PELLETT PAK 150MG   | 28 PELLETS PER 28 DAYS     |
| SOVALDI PELLETT PAK 200MG** | 56 PELLETS PER 28 DAYS     |
| SOVALDI TAB 200MG           | 28 TABLETS PER 28 DAYS     |
| SOVALDI TAB 400MG           | 28 TABLETS PER 28 DAYS     |
| SPEVIGO INJ 450/7.5         | 4 VIALS PER 14 DAYS        |
| SPRYCEL TAB 20MG            | 90 TABLETS PER 30 DAYS     |
| SPRYCEL TAB 50MG            | 30 TABLETS PER 30 DAYS     |
| SPRYCEL TAB 70MG            | 30 TABLETS PER 30 DAYS     |
| SPRYCEL TAB 80MG            | 30 TABLETS PER 30 DAYS     |
| SPRYCEL TAB 100MG           | 30 TABLETS PER 30 DAYS     |
| SPRYCEL TAB 140MG           | 30 TABLETS PER 30 DAYS     |
| STAVUDINE CAP 15MG          | 60 CAPSULES PER 30 DAYS    |
| STAVUDINE CAP 20MG          | 60 CAPSULES PER 30 DAYS    |
| STAVUDINE CAP 30 MG         | 60 CAPSULES PER 30 DAYS    |
| STAVUDINE CAP 40 MG         | 60 CAPSULES PER 30 DAYS    |
| STELARA INJ 45MG/0.5ML      | 1 SYRINGE/VIAL PER 84 DAYS |
| STELARA INJ 5MG/ML          | 4 VIALS PER 56 DAYS        |
| STELARA INJ 90MG/ML         | 1 SYRINGE PER 56 DAYS      |
| STIMUFEND INJ 6MG/0.6ML     | 2 SYRINGES PER 28 DAYS     |

| DRUG NAME                      | APPROVED QTY                 |
|--------------------------------|------------------------------|
| STIVARGA TAB 40MG              | 84 TABLETS PER 28 DAYS       |
| STRIBILD TAB 150-150-200-300MG | 30 TABLETS PER 30 DAYS       |
| SUNLENCA INJ 463.5 MG/1.5ML    | 2 VIALS PER 168 DAYS         |
| SUNLENCA TAB 300MG             | 4 TABLETS PER 2 DAYS         |
| SUNLENCA TAB 300MG             | 5 TABLETS PER 8 DAYS         |
| SUSTIVA CAP 50MG               | 90 CAPSULES PER 30 DAYS      |
| SUSTIVA CAP 200MG              | 90 CAPSULES PER 30 DAYS      |
| SUSTIVA TAB 600MG              | 30 TABLETS PER 30 DAYS       |
| SUTENT CAP 12.5MG              | 30 CAPSULES PER 30 DAYS      |
| SUTENT CAP 25MG                | 30 CAPSULES PER 30 DAYS      |
| SUTENT CAP 37.5MG              | 30 CAPSULES PER 30 DAYS      |
| SUTENT CAP 50MG                | 30 CAPSULES PER 30 DAYS      |
| SYLATRON KIT 200MCG            | 4 VIALS PER 28 DAYS          |
| SYLATRON KIT 300MCG            | 4 VIALS PER 28 DAYS          |
| SYLATRON KIT 600MCG            | 4 VIALS PER 28 DAYS          |
| SYMDEKO TAB 100-150MG          | 56 TABLETS PER 28 DAYS       |
| SYMDEKO TAB 50-75MG            | 56 TABLETS PER 28 DAYS       |
| SYMFI TAB 600-300-300MG        | 30 TABLETS PER 30 DAYS       |
| SYMFI LO TAB 400-300-300MG     | 30 TABLETS PER 30 DAYS       |
| SYMITUZA TAB 800-150-200-10MG  | 30 TABLETS PER 30 DAYS       |
| TABRECTA TAB 150MG             | 112 TABLETS PER 28 DAYS      |
| TABRECTA TAB 200MG             | 112 TABLETS PER 28 DAYS      |
| TADLIQ SUS 20MG/5ML            | 300 ML PER 30 DAYS           |
| TAFINLAR TAB FOR SUSP 10MG     | 4 BOTTLES PER 28 DAYS        |
| TAFINLAR CAP 50MG              | 120 CAPSULES PER 30 DAYS     |
| TAFINLAR CAP 75MG              | 120 CAPSULES PER 30 DAYS     |
| TAGRISSE TAB 40MG              | 30 TABLETS PER 30 DAYS       |
| TAGRISSE TAB 80MG              | 30 TABLETS PER 30 DAYS       |
| TAKHZYRO INJ 150MG/ML          | 2 SYRINGES PER 28 DAYS       |
| TAKHZYRO INJ 300/2ML           | 2 SYRINGES/VIALS PER 28 DAYS |
| TALTZ INJ 80MG/ML              | 1 PEN/SYRINGE PER 28 DAYS    |
| TALZENNA CAP 0.1MG             | 30 CAPSULES PER 30 DAYS      |
| TALZENNA CAP 0.25MG            | 90 CAPSULES PER 30 DAYS      |
| TALZENNA CAP 0.35MG            | 30 CAPSULES PER 30 DAYS      |
| TALZENNA CAP 0.5MG             | 30 CAPSULES PER 30 DAYS      |
| TALZENNA CAP 0.75MG            | 30 CAPSULES PER 30 DAYS      |
| TALZENNA CAP 1MG               | 30 CAPSULES PER 30 DAYS      |
| TARCEVA TAB 25MG               | 60 TABLETS PER 30 DAYS       |
| TARCEVA TAB 100MG              | 30 TABLETS PER 30 DAYS       |
| TARCEVA TAB 150MG              | 30 TABLETS PER 30 DAYS       |



| DRUG NAME                      | APPROVED QTY              |
|--------------------------------|---------------------------|
| TARPEYO CAP 4MG                | 120 CAPSULES PER 30 DAYS  |
| TASCENSO ODT TAB 0.25MG        | 30 TABLETS PER 30 DAYS    |
| TASCENSO ODT TAB 0.5MG         | 30 TABLETS PER 30 DAYS    |
| TASIGNA CAP 50MG               | 120 CAPSULES PER 30 DAYS  |
| TASIGNA CAP 150MG              | 120 CAPSULES PER 30 DAYS  |
| TASIGNA CAP 200MG              | 120 CAPSULES PER 30 DAYS  |
| TAVALISSE TAB 100MG            | 60 TABLETS PER 30 DAYS    |
| TAVALISSE TAB 150MG            | 60 TABLETS PER 30 DAYS    |
| TAVNEOS CAP 10MG               | 180 CAPSULES PER 30 DAYS  |
| TAZVERIK TAB 200MG             | 240 TABLETS PER 30 DAYS   |
| TECFIDERA CAP 120MG            | 14 CAPSULES PER 28 DAYS   |
| TECFIDERA CAP 240MG            | 60 CAPSULES PER 30 DAYS   |
| TECFIDERA STARTER PAK          | 60 CAPSULES PER 30 DAYS   |
| TEGSEDI INJ 284 MG/1.5ML       | 4 SYRINGES PER 28 DAYS    |
| TEPMETKO TAB 225MG             | 60 TABLETS PER 30 DAYS    |
| TERIPARATIDE INJ 620MCG/2.48ML | 1 PEN PER 28 DAYS         |
| TEZSPIRE INJ 210 MG/1.91ML     | 1 PEN/SYRINGE PER 28 DAYS |
| THALOMID CAP 50MG              | 28 CAPSULES PER 28 DAYS   |
| THALOMID CAP 100MG             | 28 CAPSULES PER 28 DAYS   |
| THALOMID CAP 150MG             | 56 CAPSULES PER 28 DAYS   |
| THALOMID CAP 200MG             | 56 CAPSULES PER 28 DAYS   |
| TIBSOVO TAB 250MG              | 60 TABLETS PER 30 DAYS    |
| TIVDAK INJ 40MG                | 5 VIALS PER 21 DAYS       |
| TIVICAY TAB 10MG               | 240 TABLETS PER 30 DAYS   |
| TIVICAY TAB 25MG               | 60 TABLETS PER 30 DAYS    |
| TIVICAY TAB 50MG               | 60 TABLETS PER 30 DAYS    |
| TIVICAY PD TAB 5MG             | 360 TABLETS PER 30 DAYS   |
| TOBI NEB 300MG/5ML             | 56 AMPULES PER 28 DAYS    |
| TOBI PODHALR CAP 28MG          | 224 CAPSULES PER 28 DAYS  |
| TRACLEER TAB 62.5MG            | 60 TABLETS PER 30 DAYS    |
| TRACLEER TAB 125MG             | 60 TABLETS PER 30 DAYS    |
| TRACLEER TAB 32MG              | 112 TABLETS PER 28 DAYS   |
| TREMFYA INJ 100MG/ML           | 1 PEN/SYRINGE PER 56 DAYS |
| TRIKAFTA GRAN 100-50-75-75MG   | 56 PACKETS PER 28 DAYS    |
| TRIKAFTA GRAN 80-40-60-59.5MG  | 56 PACKETS PER 28 DAYS    |
| TRIKAFTA TAB 50-25-37.5-75MG   | 84 TABLETS PER 28 DAYS    |
| TRIKAFTA TAB 100-50-75-150MG   | 84 TABLETS PER 28 DAYS    |
| TRIUMEQ TAB 600-50-300MG       | 30 TABLETS PER 30 DAYS    |
| TRIUMEQ PD TAB 60-5-30MG       | 180 TABLETS PER 30 DAYS   |
| TRIZIVIR TAB 300-150-300MG     | 60 TABLETS PER 30 DAYS    |

| DRUG NAME                             | APPROVED QTY               |
|---------------------------------------|----------------------------|
| TRUQAP TAB 160MG                      | 64 TABLETS PER 28 DAYS     |
| TRUQAP TAB 200MG                      | 64 TABLETS PER 28 DAYS     |
| TRUSELTIQ CAP 50MG                    | 42 CAPSULES PER 28 DAYS    |
| TRUSELTIQ CAP 75MG                    | 63 CAPSULES PER 28 DAYS    |
| TRUSELTIQ CAP 100MG                   | 21 CAPSULES PER 28 DAYS    |
| TRUSELTIQ CAP 125MG                   | 42 CAPSULES PER 28 DAYS    |
| TRUVADA TAB 100-150MG                 | 30 TABLETS PER 30 DAYS     |
| TRUVADA TAB 133-200MG                 | 30 TABLETS PER 30 DAYS     |
| TRUVADA TAB 167-250MG                 | 30 TABLETS PER 30 DAYS     |
| TRUVADA TAB 200-300MG                 | 30 TABLETS PER 30 DAYS     |
| TUKYSA TAB 50MG                       | 120 TABLETS PER 30 DAYS    |
| TUKYSA TAB 150MG                      | 120 TABLETS PER 30 DAYS    |
| TURALIO CAP 125MG                     | 120 CAPSULES PER 30 DAYS   |
| TYBOST TAB 150MG                      | 30 TABLETS PER 30 DAYS     |
| TYKERB TAB 250MG                      | 180 TABLETS PER 30 DAYS    |
| TYMLOS INJ 3120MCG/1.56ML             | 1 PEN PER 30 DAYS          |
| TYSABRI INJ 300MG/15ML                | 1 VIAL PER 28 DAYS         |
| TYVASO SOL 0.6MG/ML                   | 28 AMPULES PER 28 DAYS     |
| TYVASO DPI POW 16MCG                  | 112 CARTRIDGES PER 28 DAYS |
| TYVASO DPI POW 16-32MCG               | 196 CARTRIDGES PER 28 DAYS |
| TYVASO DPI POW 16-32-48MCG            | 252 CARTRIDGES PER 28 DAYS |
| TYVASO DPI POW 32MCG                  | 112 CARTRIDGES PER 28 DAYS |
| TYVASO DPI POW 32-48MCG               | 224 CARTRIDGES PER 28 DAYS |
| TYVASO DPI POW 48MCG                  | 112 CARTRIDGES PER 28 DAYS |
| TYVASO DPI POW 64MCG                  | 112 CARTRIDGES PER 28 DAYS |
| UDENYCA INJ 6MG/0.6ML                 | 2 SYRINGES PER 28 DAYS     |
| UKONIQ TAB 200MG                      | 120 TABLETS PER 30 DAYS    |
| UPLIZNA SOL 100MG                     | 3 VIALS PER 180 DAYS       |
| UPTRAVI TAB 200MCG                    | 140 TABLETS PER 28 DAYS    |
| UPTRAVI TAB 400MCG                    | 60 TABLETS PER 30 DAYS     |
| UPTRAVI TAB 600MCG                    | 60 TABLETS PER 30 DAYS     |
| UPTRAVI TAB 800MCG                    | 60 TABLETS PER 30 DAYS     |
| UPTRAVI TAB 1000MCG                   | 60 TABLETS PER 30 DAYS     |
| UPTRAVI TAB 1200MCG                   | 60 TABLETS PER 30 DAYS     |
| UPTRAVI TAB 1400MCG                   | 60 TABLETS PER 30 DAYS     |
| UPTRAVI TAB 1600MCG                   | 60 TABLETS PER 30 DAYS     |
| UPTRAVI TITRATION PACK TAB 200/800MCG | 1 PACK EVERY 28 DAYS       |
| VALCHLOR GEL 0.016%                   | 2 TUBES PER 30 DAYS        |
| VALCYTE SOL 50MG/ML                   | 1000 ML PER 30 DAYS        |
| VALCYTE TAB 450MG                     | 120 TABLETS PER 30 DAYS    |

| DRUG NAME                          | APPROVED QTY             |
|------------------------------------|--------------------------|
| VANFLYTA TAB 17.7MG                | 28 PER 28 DAYS           |
| VANFLYTA TAB 26.5MG                | 56 PER 28 DAYS           |
| VEKLURY INJ 100MG                  | 4 VIALS PER 30 DAYS      |
| VEKLURY SOL 100MG/20ML             | 4 VIALS PER 30 DAYS      |
| VELSIPITY TAB 2MG                  | 30 TABLETS PER 30 DAYS   |
| VEMLIDY TAB 25MG                   | 30 TABLETS PER 30 DAYS   |
| VENCLEXTA TAB 10MG                 | 120 TABLETS PER 30 DAYS  |
| VENCLEXTA TAB 50MG                 | 120 TABLETS PER 30 DAYS  |
| VENCLEXTA TAB 100MG                | 180 TABLETS PER 30 DAYS  |
| VENCLEXTA TAB STARTER PACK         | 1 PACK EVERY 28 DAYS     |
| VENTAVIS SOL 10MCG/ML              | 270 AMPULES PER 30 DAYS  |
| VENTAVIS SOL 20MCG/ML              | 270 AMPULES PER 30 DAYS  |
| VERZENIO TAB 50MG                  | 56 TABLETS PER 28 DAYS   |
| VERZENIO TAB 100MG                 | 56 TABLETS PER 28 DAYS   |
| VERZENIO TAB 150MG                 | 56 TABLETS PER 28 DAYS   |
| VERZENIO TAB 200MG                 | 56 TABLETS PER 28 DAYS   |
| VIEKIRA PAK TAB 12.5-75-50 & 250MG | 112 TABLETS PER 28 DAYS  |
| VIGADRONE POW 500MG                | 180 PACKETS PER 30 DAYS  |
| VIJOICE TAB 50MG                   | 1 CARTON PER 28 DAYS     |
| VIJOICE TAB 125MG                  | 1 CARTON PER 28 DAYS     |
| VIJOICE TAB 250MG                  | 1 CARTON PER 28 DAYS     |
| VILTEPSO SOL 250MG/5ML             | 64 VIALS PER 28 DAYS     |
| VIRACEPT TAB 250MG                 | 300 TABLETS PER 30 DAYS  |
| VIRACEPT TAB 625MG                 | 120 TABLETS PER 30 DAYS  |
| VIREAD POW 40MG/GM                 | 240 GM PER 30 DAYS       |
| VIREAD TAB 150MG                   | 30 TABLETS PER 30 DAYS   |
| VIREAD TAB 200MG                   | 30 TABLETS PER 30 DAYS   |
| VIREAD TAB 250MG                   | 30 TABLETS PER 30 DAYS   |
| VIREAD TAB 300MG                   | 30 TABLETS PER 30 DAYS   |
| VISTOGARD PAK 10GM                 | 20 PACKETS PER 5 DAYS    |
| VITRAKVI CAP 25MG                  | 180 CAPSULES PER 30 DAYS |
| VITRAKVI CAP 100MG                 | 60 CAPSULES PER 30 DAYS  |
| VITRAKVI SOL 20MG/ML               | 300 ML PER 30 DAYS       |
| VIVITROL INJ 380MG                 | 1 VIAL PER 28 DAYS       |
| VIZIMPRO TAB 15MG                  | 30 TABLETS PER 30 DAYS   |
| VIZIMPRO TAB 30MG                  | 30 TABLETS PER 30 DAYS   |
| VIZIMPRO TAB 45MG                  | 30 TABLETS PER 30 DAYS   |
| VOCABRIA TAB 30MG                  | 30 TABLETS PER 30 DAYS   |
| VONJO CAP 100MG                    | 120 CAPSULES PER 30 DAYS |
| VOSEVI TAB 400-100-100MG           | 28 TABLETS PER 28 DAYS   |

| DRUG NAME                               | APPROVED QTY                    |
|---|---------------------------------|
| VOTRIENT TAB 200MG                      | 120 TABLETS PER 30 DAYS         |
| VOWST CAP                               | 12 CAPSULES PER 30 DAYS         |
| VOXZOGO INJ 0.4MG                       | 30 VIALS PER 30 DAYS            |
| VOXZOGO INJ 0.56MG                      | 30 VIALS PER 30 DAYS            |
| VOXZOGO INJ 1.2MG                       | 30 VIALS PER 30 DAYS            |
| VPRIV INJ 400UNIT                       | 15 VIALS PER 14 DAYS            |
| VUMERITY CAP 231MG                      | 120 CAPSULES PER 30 DAYS        |
| VYJUVEK GEL                             | 4 CARTONS PER 28 DAYS           |
| VYNDAMAX CAP 61MG                       | 30 CAPSULES PER 30 DAYS         |
| VYNDAQEL CAP 20MG                       | 120 CAPSULES PER 30 DAYS        |
| VYONDYS 53 INJ 100MG/2ML                | 120 VIALS PER 28 DAYS           |
| VYVGART INJ 400MG/20ML                  | 12 VIALS PER 28 DAYS            |
| VYVGART INJ HYTRULO 180-2000 MG-UNIT/ML | 4 SINGLE-DOSE VIALS PER 28 DAYS |
| WAKIX TAB 4.45MG                        | 60 TABLETS PER 30 DAYS          |
| WAKIX TAB 17.8MG                        | 60 TABLETS PER 30 DAYS          |
| WELIREG TAB 40MG                        | 90 TABLETS PER 30 DAYS          |
| XALKORI SPRINKLE 20MG                   | 120 CAPSULES PER 30 DAYS        |
| XALKORI SPRINKLE 50MG                   | 120 CAPSULES PER 30 DAYS        |
| XALKORI SPRINKLE 150MG                  | 180 CAPSULES PER 30 DAYS        |
| XALKORI CAP 200MG                       | 120 CAPSULES PER 30 DAYS        |
| XALKORI CAP 250MG                       | 120 CAPSULES PER 30 DAYS        |
| XELJANZ SOL 1MG/ML                      | 240ML PER 24 DAYS               |
| XELJANZ TAB 10MG                        | 60 TABLETS PER 30 DAYS          |
| XELJANZ TAB 5MG                         | 60 TABLETS PER 30 DAYS          |
| XELJANZ XR TAB 11MG                     | 30 TABLETS PER 30 DAYS          |
| XELJANZ XR TAB 22MG                     | 30 TABLETS PER 30 DAYS          |
| XENAZINE TAB 12.5MG                     | 120 TABLETS PER 30 DAYS         |
| XENAZINE TAB 25MG                       | 60 TABLETS PER 30 DAYS          |
| XERMELO TAB 250MG                       | 90 TABLETS PER 30 DAYS          |
| XOLAIR INJ 75 MG/0.5ML                  | 2 SYRINGES PER 28 DAYS          |
| XOLAIR INJ 150MG/ML                     | 8 SYRINGES PER 28 DAYS          |
| XOLAIR SOL 150MG                        | 8 VIALS PER 28 DAYS             |
| XOSPATA TAB 40MG                        | 90 TABLETS PER 30 DAYS          |
| XPOVIO PAK                              | 1 CARTON PER 28 DAYS            |
| XTANDI CAP 40MG                         | 120 CAPSULES PER 30 DAYS        |
| XTANDI TAB 40MG                         | 120 TABLETS PER 30 DAYS         |
| XTANDI TAB 80MG                         | 60 TABLETS PER 30 DAYS          |
| XURIDEN POW 2GM                         | 4 PACKETS PER DAY               |
| XYREM SOL 500MG/ML                      | 540 ML PER 30 DAYS              |
| XYWAV SOL 0.5GM/ML                      | 540 ML (270 GRAMS) PER 30 DAYS  |
| YARGESA CAP 100MG                       | 90 CAPSULES PER 30 DAYS         |
| YONSA TAB 125MG                         | 120 TABLETS PER 30 DAYS         |

| DRUG NAME                               | APPROVED QTY                |
|---|-----------------------------|
| YUFLYMA 40MG/0.4ML                      | 4 PENS/SYRINGES PER 28 DAYS |
| YUFLYMA 80MG/0.8ML                      | 2 PENS PER 28 DAYS          |
| YUFLYMA INJ CD/UC/HS STARTER 80/MG0.8ML | STARTER KIT - ONE TIME USE  |
| YUSIMRY INJ 40MG/0.8ML                  | 4 PENS PER 28 DAYS          |
| ZAVESCA CAP 100MG                       | 90 CAPSULES PER 30 DAYS     |
| ZEJULA CAP 100MG                        | 90 CAPSULES PER 30 DAYS     |
| ZEJULA TAB 100MG                        | 30 TABLETS PER 30 DAYS      |
| ZEJULA TAB 200MG                        | 30 TABLETS PER 30 DAYS      |
| ZEJULA TAB 300MG                        | 30 TABLETS PER 30 DAYS      |
| ZELBORAF TAB 240MG                      | 240 TABLETS PER 30 DAYS     |
| ZEPATIER TAB 50-100MG                   | 28 TABLETS PER 28 DAYS      |
| ZEPOSIA CAP 0.92MG                      | 30 TABLETS PER 30 DAYS      |
| ZEPOSIA CAP 7 DAY STARTER PACK          | 7 CAPSULES PER 7 DAYS       |
| ZEPOSIA CAP 37 DAY STARTER PACK         | 37 CAPSULES PER 37 DAYS     |
| ZEPOSIA CAP 28 DAY STARTER PACK         | 28 CAPSULES PER 28 DAYS     |
| ZIAGEN SOL 20MG/ML                      | 900 ML PER 30 DAYS          |
| ZIAGEN TAB 300MG                        | 60 TABLETS PER 30 DAYS      |
| ZIDOVUDINE TAB 300MG                    | 60 TABLETS PER 30 DAYS      |
| ZIEXTENZO INJ 6MG/0.6M                  | 2 SYRINGES PER 28 DAYS      |
| ZILBRYSQ INJ 16.6MG                     | 28 SYRINGES PER 28 DAYS     |
| ZILBRYSQ INJ 23MG                       | 28 SYRINGES PER 28 DAYS     |
| ZILBRYSQ INJ 32.4MG                     | 28 SYRINGES PER 28 DAYS     |
| ZOKINVY CAP 50MG                        | 120 CAPSULES PER 30 DAYS    |
| ZOKINVY CAP 75MG                        | 120 CAPSULES PER 30 DAYS    |
| ZOLINZA CAP 100MG                       | 120 CAPSULES PER 30 DAYS    |
| ZTALMY SUS 50MG/ML                      | 10 BOTTLES PER 30 DAYS      |
| ZURZUVAE CAP 20MG                       | 28 CAPSULES PER 14 DAYS     |
| ZURZUVAE CAP 25MG                       | 28 CAPSULES PER 14 DAYS     |
| ZURZUVAE CAP 30MG                       | 14 CAPSULES PER 14 DAYS     |
| ZYDELIG TAB 100MG                       | 60 TABLETS PER 30 DAYS      |
| ZYDELIG TAB 150MG                       | 60 TABLETS PER 30 DAYS      |
| ZYKADIA TAB 150MG                       | 90 TABLETS PER 30 DAYS      |
| ZYTIGA TAB 250MG                        | 120 TABLETS PER 30 DAYS     |
| ZYTIGA TAB 500MG                        | 60 TABLETS PER 30 DAYS      |

\*New drugs added this month. \*\*Drugs updated this month. The medicines indicated above, along with their quantity limits, are subject to change.

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