

# **KAISER PERMANENTE OF GEORGIA**

## **2026 CHOICE FORMULARY BENEFIT**

**This document includes Kaiser Permanente Georgia's  
2026 Choice Benefit Formulary as of  
January 1, 2026**

**For updated formulary, please call 1-855-364-3185  
(TTY 771) Monday through Friday, 8:00am to 6:00pm  
Eastern time.**

## Kaiser Permanente Insurance Company (KPIC) Preferred Provider Organization (PPO) Plans

**NOTE:** This drug formulary is updated often and is subject to change. Upon revision, all previous versions of the drug formulary are no longer in effect.

You should be referring to this document if you are currently enrolled or interested in enrolling in a Kaiser Permanente of Georgia PPO Plan. Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan, Inc., solely underwrites the coverage for the PPO plan.

This document contains information regarding the outpatient prescription drugs that are covered under the PPO Plan. KPIC's outpatient prescription drug benefit is administered by MedImpact.

For help with this Formulary, please call MedImpact 24 hours a day, 7 days a week, at **1-800-788-2949** (Pharmacy Help Desk) or **711 (TTY)**.

Access to the most current version of the Formulary can be obtained by visiting <http://kp.org/kpic-georgia>. For help in your preferred language, please see the "Help in your Language" section later in this document.

### How to Use This Document (the Formulary)

This document is a list of the prescription medications covered under your PPO Plan.

- Generic drugs are listed by their generic name (in *italics*) followed by the most common brand name if one exists (e.g., atorvastatin oral tablet 10 mg, 20 mg (Lipitor))
- Some generic drugs have a proprietary (brand) name and are listed in CAPITAL letters (e.g., JUNE1 1/20 (21) ORAL TABLET 1-20 MG-MCG)
- Brand drugs are listed by their brand name in CAPITAL letters (e.g., JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG)

The Formulary may be accessed by using:

- Drug Categories: Drugs are grouped into categories according to the types of medical conditions that they are used to treat. Use the 'Table of Contents' to navigate to the drug category.
- Alphabetical Index Listing: The Index is at the end of the formulary and provides an alphabetical list of all the drugs included in this document. First, look in the Index and find the drug. Next to the drug, there is a page number where the member can find coverage information. Then turn to the page listed in the Index and find the name of the drug in the first column of the list on that page.

This document applies only to outpatient prescription drugs provided to the insured through the retail or mail order pharmacies. This document does not apply to medications obtained in the doctor's office or in the hospital.

### Formulary Tier Definition:

| Symbol | Guideline | Description        |
|--------|-----------|--------------------|
| T1     | Tier 1    | Generic Preventive |
| T2     | Tier 2    | Generic Preferred  |
| T3     | Tier 3    | Brand Preferred    |
| T4     | Tier 4    | Non-Preferred      |
| T5     | Tier 5    | Specialty          |

Mandated Preventive Drugs covered under the Affordable Care Act (ACA) are identified in the formulary with "\$0".

## **Tier Benefit Design**

The Formulary may be applied to a tier benefit design, where the insured shares the cost of prescription drug therapy based on the drug's tier at a cost share-copayment or coinsurance. In most instances, generically available drugs will be covered in a separate preventive or preferred lower tier (lower cost share), and brand drugs listed on the Formulary will be covered under a higher tier (higher cost share copay). Specialty drugs will be covered under the highest tier (coinsurance with a per prescription maximum). Preventive medications required under the Affordable Care Act will be covered as described in the COVERED SERVICES sections of your *Certificate of Insurance and Schedule of Coverage*.

## **Maintaining and Updating the Formulary**

The MedImpact Healthcare Systems Pharmacy and Therapeutics (P&T) and Formulary Committees provide physicians and pharmacists with a method to evaluate the safety, efficacy, and cost-effectiveness of commercially available drug products. The MedImpact P&T and Formulary Committees meet quarterly and more often as warranted to ensure clinical relevancy of the Formulary.

This Formulary is updated by the MedImpact P&T and Formulary Committees using a structured approach to the drug tier assignment process to ensure continuing patient access to medically appropriate drug therapies.

The MedImpact P&T and Formulary Committees use the following criteria in the evaluation of drug tier assignment for the Formulary:

- Drug safety profile
- Drug efficacy
- Comparison of relevant therapeutic benefits to current formulary drugs of similar use, and to minimize therapeutic duplication where possible
- Cost-effectiveness relative to comparable therapy

## **What medications are covered?**

KPIC will generally cover prescribed generic, brand, and specialty drugs listed on the Formulary as long as the drug is medically necessary and other coverage rules are followed. Over-the-counter (OTC) medications are not generally covered. In certain plans, some preventive OTC medications are covered when prescribed by a physician, such as aspirin and iron supplementation.

## **What is a generic drug?**

A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Under your PPO Plan, you may pay a different copay or coinsurance for preferred generic drugs and non-preferred generic drugs. For Preferred generic drugs, your out-of-pocket cost will be less than the non-preferred generic drugs.

## **What is a brand name drug?**

Brand name drugs are usually manufactured and sold by the drug company that originally researched and developed the drug. When the patent on a brand name drug expires, other drug companies may manufacture and sell an FDA approved generic version of the drug with the same active ingredient(s) at lower prices.

Under your PPO Plan, you may pay a different copay or coinsurance for preferred brand drugs and non-preferred brand drugs. For Preferred brand drugs, your out-of-pocket cost will be less than the non-preferred brand drugs.

If you request a brand name drug when a generic drug is prescribed, you may be responsible for paying the brand name cost share plus the difference in cost between the generic drug and the brand name drug. Please see your *Certificate of Insurance and Schedule of Coverage* for details.

### What are specialty drugs?

Specialty drugs are high-cost prescription medications that include drugs used to treat complex and chronic conditions, such as multiple sclerosis, rheumatoid arthritis, and hepatitis C. Specialty drugs often require special handling, administration, or monitoring.

### What are Preventive Drugs?

In certain plans, medications, even over-the-counter (OTC) drugs, are covered at no charge if the insured has a prescription from his or her health care provider. The Flu Vaccine does not require a prescription, but an insurance card must be presented at the pharmacy. Some medications are only covered with no cost share for certain patients, for example, specified age range, in groups that are required or have chosen coverage for preventive drugs required under the Affordable Care Act or when a medication is used for a certain purpose.

### What drugs are not covered?

- Over the counter (OTC) medications or their equivalents, unless otherwise covered under your plan.
- Any drug products used for cosmetic purposes.
- Experimental drug products or any drug product used in an experimental manner.
- Replacement of lost or stolen medication.
- Lifestyle drugs (e.g., sexual dysfunction)
- Medications which require administration by a clinician unless otherwise specified in the Formulary listing.
- Non-Diabetic supplies/Diagnostic supplies/Ostomy supplies/Devices
- See your *Certificate of Insurance and Schedule of Coverage* for a list of all exclusions.

### Are there any restrictions on the drugs covered on the Formulary?

Yes, for certain drugs within the Formulary, a recommended prescribing guideline may apply. These are denoted throughout the document using the following symbols (*refer to table below*).

#### Guideline Symbol Table:

| Symbol | Guidelines          | Description                                                                                                                                                   |
|--------|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AGE    | Age Limits          | Coverage depends on patient age.                                                                                                                              |
| PA     | Prior Authorization | Requires a prior authorization based on specific clinical criteria. See “ <b>What is a Prior Authorization?</b> ” below for additional information.           |
| QL     | Quantity Limits     | Coverage is limited to specific quantities per prescription and/or time period. Prior authorization is required for quantities exceeding the restriction.     |
| ST     | Step Therapy        | Coverage depends on previous use of another drug. Prior authorization may be required. See “ <b>What is Step Therapy?</b> ” below for additional information. |

**What is a Prior Authorization?**

A prior authorization (“PA”) is a technique that is used to encourage safe and cost-effective medication use. Many drugs have multiple indications, so PAs are placed on drugs to make sure the drug is appropriate and safe for the insured.

**How does the program work?** Drugs marked with a PA mean that your prescriber must first show that you have a medically necessary need for the prescribed drug. This means that to receive coverage your prescriber will need to work with MedImpact to receive prior authorization of the drug. Drugs subject to Prior Authorization have specific clinical criteria that you must meet in order to obtain coverage. Refer to the Requirements/Limits column in the Formulary for drugs that require a PA.

Upon receipt of your prior authorization request, MedImpact will notify the licensed prescribing provider within 72 hours for non-urgent requests and within 24 hours if exigent circumstances exist of the request approval or other outcome. If MedImpact fails to respond within 72 hours for non-urgent requests and within 24 hours if exigent circumstances exist from receipt of a request form from a licensed prescribing provider, the request shall be deemed to have been approved. If you are not satisfied with the outcome, you can request an appeal by calling MedImpact at **1-800-788-2949** (Pharmacy Help Desk). If MedImpact does not approve a drug you or your provider has requested, you will receive an adverse benefit determination notice telling you why your request was denied and how you can appeal.

**What is Step Therapy?**

Selected prescription drugs require step therapy. The step therapy program encourages safe and cost-effective medication use. Under this program, a “step” approach is required to receive coverage for certain less preferred medications. This means that to receive coverage you may need to first try a proven, cost-effective medication before using a more costly treatment.

**How does the program work?** The step therapy program requires that you have a prescription history for a “first-line” medication before your benefit plan will cover a “second-line” medication. A first-line medication is recognized as safe and effective in treating a specific medical condition, as well as being cost-effective. A second-line medication is a less preferred or sometimes more costly treatment option.

When possible, your doctor should prescribe a first-line medication appropriate for your condition. If your doctor determines that a first-line drug is not appropriate for you or is not effective for you, your prescription drug benefit will cover a second-line drug when certain conditions are met. Prior authorization may be required.

Upon receipt of your request for a second-line drug, MedImpact will notify the licensed prescribing provider within 72 hours for non-urgent requests and within 24 hours if urgent circumstances exist of the request approval or other outcome. If you are not satisfied with the outcome, you can request an appeal by calling MedImpact at **1-800-788-2949** (Pharmacy Help Desk) **or 711 (TTY)**. If MedImpact does not approve a drug you or your provider has requested, you will receive an adverse benefit determination notice telling you why it denied your request and how you can appeal.

**What drugs are eligible to be mailed from the mail-order pharmacy?**

Most maintenance drugs can be mailed from our mail-order pharmacy. Drugs eligible for mail order, however, cannot be mailed outside the United States. There is no extra charge for mail order. The appropriate out-of-pocket cost according to your prescription drug benefit will apply.

**Benefit Coverage and Limitations**

The Formulary does not provide information regarding the specific coverage and limitations an individual insured may be subject to. Specific benefit inclusions, exclusions, and out-of-pocket costs are not reflected in the Formulary.

The Formulary applies only to outpatient prescription drugs dispensed to the insured for self-administration and does not apply to medications which require medical administration. For specific questions regarding your coverage, please call KPIC Customer Service at **1-855-364-3185 Monday through Friday 8 a.m. – 6 p.m., Eastern Time**. To find out the cost of your drugs, you may contact MedImpact at **1- 800-788-2949** (Pharmacy Help Desk) or **711 (TTY)**. Please refer to your Certificate of Insurance and Schedule of Coverage for additional information.

## NONDISCRIMINATION NOTICE

Kaiser Permanente Insurance Company (KPIC) complies with applicable federal civil rights law and does not discriminate, exclude people or treat them less favorably on the basis of race, color, national origin, age, disability, or sex (including sex characteristics, intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes).

KPIC:

- Provides no cost aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats, such as large print, audio, braille and accessible electronic formats
- Provides no cost language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call **1-855-364-3185** (TTY: **711**)

If you believe that Kaiser Permanente Insurance Company has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail at: KPIC Civil Rights Coordinator, Nine Piedmont Center, 3495 Piedmont Road, NE, Atlanta, GA 30305-1736, or by phone at Member Services: 1-855-364-3185.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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## HELP IN YOUR LANGUAGE

**ATTENTION:** If you speak English, language assistance services including appropriate auxiliary aids and services, free of charge, are available to you. Call **1-855-364-3185** (TTY: **711**).

**አማርኛ (Amharic) ማሳሰቢያ፦** አማርኛ የሚናገሩ ከሆነ፣ ተገቢ የሆኑ ረዳት መርጃዎች እና አገልግሎቶችን ጨምሮ የቋንቋ እርዳታ አገልግሎቶች በነጻ ለእርስዎ ይገኛሉ። ወደ **1-855-364-3185** (TTY: **711**) ይደውሉ።

**العربية (Arabic) تنبيه:** إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية بما في ذلك وسائل المساعدة والخدمات المناسبة مجانًا. اتصل على الرقم **1-855-364-3185** (TTY: **711**).

**中文 (Chinese) 注意:** 如果您使用繁體中文，您可以免費獲得語言協助服務，包括適當的輔助與服務。請致電**1-855-364-3185** (TTY: **711**)。

**فارسی (Farsi) توجه:** اگر به زبان فارسی صحبت می‌کنید خدمات کمک‌رسانی زبانی، شامل کمک‌ها و خدمات جانبی مناسب، به صورت رایگان در دسترس‌تان قرار می‌گیرد. با شماره **1-855-364-3185** تماس بگیرید (TTY: **711**).

**Français (French) ATTENTION :** si vous parlez français, des services d'assistance linguistique, notamment des aides et des services auxiliaires adaptés, sont mis gratuitement à votre disposition. Appelez le **1-855-364-3185** (TTY : **711**).

**Deutsch (German) ACHTUNG:** Wenn Sie Deutsch sprechen, steht Ihnen die Sprachassistentz mit entsprechenden Hilfsmitteln und Dienstleistungen kostenfrei zur Verfügung. Bitte wählen Sie die **1-855-364-3185** (TTY: **711**).

**ગુજરાતી (Gujarati) ધ્યાન રાખો:** જો તમે ગુજરાતી બોલતા હોવ, તો યોગ્ય સહાયક સહાય અને સેવાઓ, સહિતની ભાષા સહાય સેવાઓ, તમારા માટે મફત ઉપલબ્ધ છે. કોલ કરો **1-855-364-3185** (TTY: **711**).

**Kreyòl Ayisyen (Haitian Creole) ATANSYON:** Si w pale kreyòl ayisyen, gen sèvis asistans lengwistik ansanm ak èd epi sèvis ki gen rapò ak sa yo ki disponib pou ou san w p ap peye. Rele **1-855-364-3185** (TTY: **711**).

**हिंदी (Hindi) ध्यान दें:** अगर आप हिंदी बोलते हैं, तो आपके लिए उपयुक्त सहायक उपकरण और सेवाओं सहित भाषा सहायता सेवाएँ मुफ्त उपलब्ध हैं। **1-855-364-3185** (TTY: **711**) पर कॉल करें।

**日本語 (Japanese) お知らせ :** 日本語を話す場合、適切な補助機器やサービスを含む言語支援サービスが無料で提供されます。電話 : **1-855-364-3185** (TTY: **711**)。

**한국어 (Korean) 참고:** 한국어를 구사하시는 경우, 필요한 보조 기기와 서비스가 포함된 언어 지원 서비스가 무료로 제공됩니다. **1-855-364-3185**(TTY: **711**)번으로 전화하십시오.

**Naabeehó (Navajo) BEE ADIIT'ÁNÍ:** T'áá shoodí éí Diné bizaad bee yánilti', t'áá iiyisí dóo ch'iyáán yáhoot'éét nihá shikaadéét dah naashá. Doo baa akót'éego nihá baaḥ daniidíí'. Háálá **1-855-364-3185** (TTY: **711**).

**Português (Portuguese) ATENÇÃO:** Se você fala português, serviços de assistência de idioma, incluindo recursos e serviços auxiliares adequados, estão disponíveis gratuitamente para você. Ligue para **1-855-364-3185** (TTY: **711**).

**Русский (Russian) ВНИМАНИЕ:** если вы говорите по-русски, вы можете получить бесплатные услуги языковой поддержки, включая соответствующие вспомогательные средства и услуги. Звоните по телефону **1-855-364-3185** (TTY: **711**).

**Español (Spanish) ATENCIÓN:** Si habla español, tiene a su disposición servicios de asistencia lingüística que incluyen aparatos y servicios auxiliares adecuados y gratuitos. Llame al **1-855-364-3185** (TTY: **711**).

**Tagalog (Tagalog) PAUNAWA:** Kung kayo ay nagsasalita ng Tagalog ang mga serbisyo ng tulong sa wika kabilang ang mga naaangkop na karagdagang tulong at serbisyo, na walang bayad, ay available sa inyo. Tumawag sa **1-855-364-3185** (TTY: **711**).

**Tiếng Việt (Vietnamese) CHÚ Ý:** Nếu nói tiếng Việt, quý vị có thể sử dụng các dịch vụ hỗ trợ ngôn ngữ miễn phí, bao gồm các dịch vụ và phương tiện hỗ trợ phù hợp. Gọi số **1-855-364-3185** (TTY: **711**).



## Table of Contents

|                                                         |     |
|---------------------------------------------------------|-----|
| Allergy.....                                            | 3   |
| Antiemesis/Antivertigo.....                             | 6   |
| Asthma And Copd.....                                    | 7   |
| Autonomic Nervous System Disorders.....                 | 18  |
| Behavioral Health - Antidepressants.....                | 19  |
| Behavioral Health - Other.....                          | 23  |
| Cardiovascular Disease - Arrhythmia.....                | 36  |
| Cardiovascular Disease - Cardiac Stimulant.....         | 36  |
| Cardiovascular Disease - Hypertension.....              | 37  |
| Cardiovascular Disease - Lipid Irregularity.....        | 46  |
| Cardiovascular Disease - Miscellaneous Agents.....      | 51  |
| Cardiovascular Disease - Vasodilation.....              | 52  |
| Contraception/Oxytocics.....                            | 52  |
| Cough And Cold.....                                     | 64  |
| Dermatology - Acne.....                                 | 66  |
| Dermatology - Antiinfective.....                        | 72  |
| Dermatology - Antiinflammatory.....                     | 76  |
| Dermatology - Miscellaneous.....                        | 84  |
| Dermatology - Pigmentation Disorders.....               | 91  |
| Dermatology - Psoriasis/Eczema.....                     | 94  |
| Diabetes.....                                           | 98  |
| Ear - General Disorders.....                            | 142 |
| Electrolyte Regulation.....                             | 143 |
| Endocrine Disorder - Fertility.....                     | 145 |
| Endocrine Disorder - Other.....                         | 145 |
| Endocrine Disorder - Thyroid.....                       | 149 |
| Eye - General Disorders.....                            | 151 |
| Eye - Glaucoma.....                                     | 158 |
| Eye - Miscellaneous.....                                | 162 |
| Fluid Replacement.....                                  | 162 |
| Gout And Related Diseases.....                          | 162 |
| Hematological Disorders.....                            | 163 |
| Hormonal Deficiency.....                                | 174 |
| Immunization.....                                       | 178 |
| Immunosuppression/Modulation.....                       | 179 |
| Infectious Disease - Bacterial.....                     | 181 |
| Infectious Disease - Fungal.....                        | 186 |
| Infectious Disease - Miscellaneous.....                 | 187 |
| Infectious Disease - Parasitic.....                     | 188 |
| Infectious Disease - Viral.....                         | 190 |
| Inflammatory Disease.....                               | 195 |
| Local Anesthesia.....                                   | 204 |
| Lower Gastrointestinal Disorders - Bowel Inflammat..... | 204 |

|                                                          |     |
|----------------------------------------------------------|-----|
| Lower Gastrointestinal Disorders - Other .....           | 206 |
| Medical Supplies .....                                   | 210 |
| Miscellaneous Agents .....                               | 240 |
| Neoplastic Disease .....                                 | 242 |
| Neurological Disease - Miscellaneous .....               | 251 |
| Oral/Pharyngeal Disorders .....                          | 254 |
| Other Drugs .....                                        | 255 |
| Other Respiratory Disorders .....                        | 276 |
| Pain Management - Analgesics .....                       | 277 |
| Parkinsons Disease .....                                 | 288 |
| Seizure Disorder .....                                   | 290 |
| Skeletal Muscle Disorder .....                           | 297 |
| Smoking Cessation .....                                  | 298 |
| Upper Gastrointestinal Disorders - Digestive .....       | 300 |
| Upper Gastrointestinal Disorders - Spastic Disease ..... | 301 |
| Upper Gastrointestinal Disorders - Ulcer Disease .....   | 301 |
| Urinary Tract - Functional Disorders .....               | 304 |
| Vaginal Disorders .....                                  | 307 |
| Vitamin And/Or Mineral Deficiency .....                  | 308 |
| Weight Reduction .....                                   | 316 |

| Drug                                                                             | Status | Notes                                                                                                         |
|----------------------------------------------------------------------------------|--------|---------------------------------------------------------------------------------------------------------------|
| <b>Allergy</b>                                                                   |        |                                                                                                               |
| <b>2Nd Gen Antihistamine &amp; Decongestant Combinations</b>                     |        |                                                                                                               |
| CLARINEX-D 12 HOUR ORAL TABLET,<br>ER MULTIPHASE 12 HR 2.5-120 MG                | Tier 4 | ST: Must meet any of the following requirements:<br>Desloratadine or<br>Levocetirizine tablets in<br>120 days |
| <b>Allergenic Extracts, Therapeutics</b>                                         |        |                                                                                                               |
| GRASTEK SUBLINGUAL TABLET<br>2,800 BAU                                           | Tier 3 | PA                                                                                                            |
| ODACTRA SUBLINGUAL TABLET 12<br>SQ-HDM                                           | Tier 3 | PA                                                                                                            |
| ORALAIR SUBLINGUAL TABLET 300<br>INDX REACTIVITY                                 | Tier 3 | PA                                                                                                            |
| PALFORZIA (LEVEL 0) ORAL<br>CAPSULE, SPRINKLE 1 MG                               | Tier 5 | PA                                                                                                            |
| PALFORZIA (LEVEL 1) ORAL<br>CAPSULE, SPRINKLE 3 MG (1 MG X 3)                    | Tier 5 | PA                                                                                                            |
| PALFORZIA (LEVEL 2) ORAL<br>CAPSULE, SPRINKLE 6 MG (1 MG X 6)                    | Tier 5 | PA                                                                                                            |
| PALFORZIA (LEVEL 3) ORAL<br>CAPSULE, SPRINKLE 12 MG (1 MG X<br>2, 10 MG X 1)     | Tier 5 | PA                                                                                                            |
| PALFORZIA (LEVEL 4) ORAL<br>CAPSULE, SPRINKLE 20 MG                              | Tier 5 | PA                                                                                                            |
| PALFORZIA (LEVEL 5) ORAL<br>CAPSULE, SPRINKLE 40 MG (20 MG X<br>2)               | Tier 5 | PA                                                                                                            |
| PALFORZIA (LEVEL 6) ORAL<br>CAPSULE, SPRINKLE 80 MG (20 MG X<br>4)               | Tier 5 | PA                                                                                                            |
| PALFORZIA (LEVEL 7) ORAL<br>CAPSULE, SPRINKLE 120 MG (20 MG<br>X 1, 100 MG X 1)  | Tier 5 | PA                                                                                                            |
| PALFORZIA (LEVEL 8) ORAL<br>CAPSULE, SPRINKLE 160 MG (20 MG<br>X 3, 100 MG X1)   | Tier 5 | PA                                                                                                            |
| PALFORZIA (LEVEL 9) ORAL<br>CAPSULE, SPRINKLE 200 MG (100 MG<br>X 2)             | Tier 5 | PA                                                                                                            |
| PALFORZIA (LEVEL 10) ORAL<br>CAPSULE, SPRINKLE 240 MG (20 MG<br>X 2, 100 MG X 2) | Tier 5 | PA                                                                                                            |
| PALFORZIA (LEVEL 11 UP-DOSE)<br>ORAL POWDER IN PACKET 300 MG                     | Tier 5 | PA                                                                                                            |

| Drug                                                                                     | Status | Notes                                                                                                                                                     |
|------------------------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| PALFORZIA INITIAL (1-3 YRS) ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3 MG                        | Tier 5 | PA                                                                                                                                                        |
| PALFORZIA INITIAL (4-17 YRS) ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG                     | Tier 5 | PA                                                                                                                                                        |
| PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG                              | Tier 5 | PA                                                                                                                                                        |
| RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT                                               | Tier 3 | PA                                                                                                                                                        |
| <b>Antihistamines - 1St Generation</b>                                                   |        |                                                                                                                                                           |
| <i>carbinoxamine maleate oral liquid 4 mg/5 ml</i> (Carbzah)                             | Tier 2 | Age (Min 2 Years)                                                                                                                                         |
| <i>carbinoxamine maleate oral suspension, extended rel 12 hr 4 mg/5 ml</i> (Karbinal ER) | Tier 2 | ST: Must meet the following requirement:<br>Immediate-release Carbinoxamine Maleate oral solution in 120 days; QL (960 ML per 30 days); Age (Min 2 Years) |
| <i>carbinoxamine maleate oral tablet 4 mg</i>                                            | Tier 2 | Age (Min 2 Years)                                                                                                                                         |
| CARBZAH ORAL LIQUID 4 MG/5 ML (carbinoxamine maleate)                                    | Tier 2 | Age (Min 2 Years)                                                                                                                                         |
| <i>clemastine oral tablet 2.68 mg</i> (Clemsza)                                          | Tier 2 |                                                                                                                                                           |
| CLEMASZ ORAL TABLET 2.68 MG (clemastine)                                                 | Tier 2 |                                                                                                                                                           |
| CLEMSZA ORAL TABLET 2.68 MG (clemastine)                                                 | Tier 2 |                                                                                                                                                           |
| <i>cyproheptadine oral syrup 2 mg/5 ml</i>                                               | Tier 2 |                                                                                                                                                           |
| <i>cyproheptadine oral tablet 4 mg</i>                                                   | Tier 2 |                                                                                                                                                           |
| DIPHEN ORAL ELIXIR 12.5 MG/5 ML (diphenhydramine hcl)                                    | Tier 2 |                                                                                                                                                           |
| <i>hydroxyzine hcl oral solution 10 mg/5 ml</i>                                          | Tier 2 |                                                                                                                                                           |
| <i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>                                   | Tier 2 |                                                                                                                                                           |
| <i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>                             | Tier 2 |                                                                                                                                                           |
| KARBINAL ER ORAL SUSPENSION, EXTENDED REL 12 HR 4 MG/5 ML (carbinoxamine maleate)        | Tier 4 | ST: Must meet the following requirement:<br>Immediate-release Carbinoxamine Maleate oral solution in 120 days; QL (960 ML per 30 days); Age (Min 2 Years) |
| <i>promethazine injection solution 25 mg/ml, 50 mg/ml</i> (Phenergan)                    | Tier 2 |                                                                                                                                                           |
| <i>promethazine oral syrup 6.25 mg/5 ml</i>                                              | Tier 2 |                                                                                                                                                           |
| <i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>                                    | Tier 2 |                                                                                                                                                           |
| <b>Antihistamines - 2Nd Generation</b>                                                   |        |                                                                                                                                                           |
| <i>cetirizine oral solution 1 mg/ml</i> (Allergy Relief (cetirizine))                    | Tier 2 |                                                                                                                                                           |

| Drug                                                                                            | Status | Notes                                                                                                                           |
|-------------------------------------------------------------------------------------------------|--------|---------------------------------------------------------------------------------------------------------------------------------|
| <i>desloratadine oral tablet 5 mg</i> (Clarinet)                                                | Tier 2 |                                                                                                                                 |
| <i>desloratadine oral tablet, disintegrating 2.5 mg, 5 mg</i>                                   | Tier 2 | ST: Must meet any of the following requirements:<br>Desloratadine or<br>Levocetirizine tablets in<br>120 days                   |
| <i>levocetirizine oral solution 2.5 mg/5 ml</i> (Xyzal)                                         | Tier 2 | ST: Must meet any of the following requirements:<br>Desloratadine or<br>Levocetirizine tablets in<br>120 days                   |
| <i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief)                                    | Tier 2 |                                                                                                                                 |
| <b>Nasal Antihistamine</b>                                                                      |        |                                                                                                                                 |
| <i>azelastine nasal spray, non-aerosol 137 mcg (0.1 %)</i>                                      | Tier 2 |                                                                                                                                 |
| <i>azelastine nasal spray, non-aerosol 205.5 mcg (0.15 %)</i> (Astepro Allergy)                 | Tier 2 |                                                                                                                                 |
| <i>olopatadine nasal spray, non-aerosol 0.6 %</i>                                               | Tier 2 |                                                                                                                                 |
| <b>Nasal Antihistamine &amp; Anti-Inflam. Steroid Comb.</b>                                     |        |                                                                                                                                 |
| <i>azelastine-fluticasone nasal spray, non-aerosol 137-50 mcg/spray</i> (Dymista)               | Tier 2 | ST: Must meet the following requirement:<br>Fluticasone or Flunisolide (nasal formulation) in 120 days; QL (23 GM per 30 days)  |
| <b>Nasal Anti-Inflammatory Steroids</b>                                                         |        |                                                                                                                                 |
| <i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>                                    | Tier 2 | QL (25 ML per 30 days)                                                                                                          |
| <i>fluticasone propionate nasal spray, suspension 50 mcg/actuation</i> (24 Hour Allergy Relief) | Tier 2 |                                                                                                                                 |
| <i>mometasone nasal spray, non-aerosol 50 mcg/actuation</i> (Allergy Nasal (mometasone))        | Tier 2 |                                                                                                                                 |
| OMNARIS NASAL SPRAY, NON-AEROSOL 50 MCG                                                         | Tier 4 | ST: Must meet the following requirement:<br>Flunisolide or Fluticasone in 120 days; QL (5 GM per 12 days)                       |
| QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION                                                | Tier 3 | ST: Must meet any of the following requirements:<br>Nasal flunisolide or<br>Fluticasone in 120 days;<br>QL (6.8 GM per 30 days) |

| Drug                                                                                    | Status | Notes                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION                                        | Tier 3 | ST: Must meet any of the following requirements: Nasal flunisolide or Fluticasone in 120 days; QL (10.6 GM per 30 days)                                                             |
| XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION                                  | Tier 3 | ST: Must meet the following requirements of one of the following intranasal corticosteroids: Flunisolide, Fluticasone Propionate, or Mometasone in 120 days; QL (32 ML per 30 days) |
| ZETONNA NASAL HFA AEROSOL INHALER 37 MCG/ACTUATION                                      | Tier 4 | ST: Must meet the following requirement: Flunisolide or Fluticasone in 120 days; QL (6.1 GM per 30 days)                                                                            |
| <b>Antiemesis/Antivertigo</b>                                                           |        |                                                                                                                                                                                     |
| <b>Antiemetic, Cannabinoid-Type</b>                                                     |        |                                                                                                                                                                                     |
| dronabinol oral capsule 10 mg, 2.5 mg, 5 mg (Marinol)                                   | Tier 2 | ST: Must meet any of the following requirements: 5HT3 Antagonist, Corticosteroids, Emend, or Megestrol suspension in 120 days; QL (2 EA per 1 day)                                  |
| SYNDROS ORAL SOLUTION 5 MG/ML                                                           | Tier 4 | ST: Must meet any of the following requirements: generic Dronabinol capsules or Megestrol suspension in 120 days; QL (60 ML per 30 days)                                            |
| <b>Antiemetic/Antivertigo Agents</b>                                                    |        |                                                                                                                                                                                     |
| AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG                                            | Tier 3 | QL (1 EA per 28 days)                                                                                                                                                               |
| aprepitant oral capsule 125 mg                                                          | Tier 2 | QL (1 EA per 21 days)                                                                                                                                                               |
| aprepitant oral capsule 40 mg                                                           | Tier 2 | QL (1 EA per 28 days)                                                                                                                                                               |
| aprepitant oral capsule 80 mg (Emend)                                                   | Tier 2 | QL (2 EA per 21 days)                                                                                                                                                               |
| aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2) (Emend)                        | Tier 2 | QL (3 EA per 21 days)                                                                                                                                                               |
| COMPRO RECTAL SUPPOSITORY 25 MG (prochlorperazine)                                      | Tier 2 |                                                                                                                                                                                     |
| doxylamine-pyridoxine (vit b6) oral tablet, delayed release (dr/ec) 10-10 mg (Diclegis) | Tier 2 | QL (120 EA per 30 days)                                                                                                                                                             |

| Drug                                                                              | Status | Notes                                                                                                  |
|-----------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------|
| EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)           | Tier 3 | QL (3 EA per 21 days)                                                                                  |
| <i>granisetron hcl oral tablet 1 mg</i>                                           | Tier 2 | ST: Must meet the following requirement: Ondansetron tablets or ODT in 120 days; QL (8 EA per 30 days) |
| <i>meclizine oral tablet 12.5 mg</i>                                              | Tier 2 |                                                                                                        |
| <i>meclizine oral tablet 25 mg</i> (Dramamine (meclizine))                        | Tier 2 |                                                                                                        |
| <i>ondansetron hcl oral solution 4 mg/5 ml</i>                                    | Tier 2 | QL (50 ML per 15 days)                                                                                 |
| <i>ondansetron hcl oral tablet 4 mg, 8 mg</i>                                     | Tier 2 |                                                                                                        |
| <i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>                         | Tier 2 |                                                                                                        |
| <i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)               | Tier 2 |                                                                                                        |
| <i>prochlorperazine rectal suppository 25 mg</i> (Compro)                         | Tier 2 |                                                                                                        |
| <i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i> (Promethegan)        | Tier 2 |                                                                                                        |
| PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG (promethazine)               | Tier 2 |                                                                                                        |
| SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR                                   | Tier 4 | ST: Must meet the following requirement: Ondansetron tablets or ODT in 120 days; QL (1 EA per 7 days)  |
| <i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> (Transderm-Scop) | Tier 2 |                                                                                                        |
| <i>trimethobenzamide oral capsule 300 mg</i>                                      | Tier 2 |                                                                                                        |
| VARUBI ORAL TABLET 90 MG                                                          | Tier 4 | QL (2 EA per 14 days)                                                                                  |
| <b>Asthma And Copd</b>                                                            |        |                                                                                                        |
| <b>Anticholinergic, Orally Inhaled Short Acting</b>                               |        |                                                                                                        |
| ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION                      | Tier 3 | QL (25.8 GM per 30 days)                                                                               |
| <i>ipratropium bromide inhalation solution 0.02 %</i>                             | Tier 2 |                                                                                                        |
| <b>Anticholinergics, Orally Inhaled Long Acting</b>                               |        |                                                                                                        |
| INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION                 | Tier 3 | QL (30 EA per 30 days)                                                                                 |

| Drug                                                                                                                                     | Status | Notes                                                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------|--------|---------------------------------------------------------------------------------------------------------------------------|
| SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION                                                                   | Tier 3 | QL (4 GM per 30 days)                                                                                                     |
| <i>tiotropium bromide inhalation capsule, w/inhalation device 18 mcg</i> (Spiriva with HandiHaler)                                       | Tier 2 | QL (30 EA per 30 days)                                                                                                    |
| TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION                                                             | Tier 4 | ST: Must meet any of the following requirements: Spiriva Respimat or Incruse Ellipta in 120 days; QL (1 EA per 30 days)   |
| YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML                                                                                | Tier 4 | QL (90 ML per 30 days)                                                                                                    |
| <b>Beta-Adrenergic Agents</b>                                                                                                            |        |                                                                                                                           |
| <i>albuterol sulfate oral syrup 2 mg/5 ml</i>                                                                                            | Tier 2 |                                                                                                                           |
| <i>albuterol sulfate oral tablet 2 mg, 4 mg</i>                                                                                          | Tier 2 |                                                                                                                           |
| <i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>                                                                   | Tier 2 |                                                                                                                           |
| <i>terbutaline oral tablet 2.5 mg, 5 mg</i>                                                                                              | Tier 2 |                                                                                                                           |
| <b>Beta-Adrenergic Agents, Inhaled, Short Acting</b>                                                                                     |        |                                                                                                                           |
| <i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i> (Ventolin HFA)                                                  | Tier 2 |                                                                                                                           |
| <i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i> | Tier 2 |                                                                                                                           |
| <i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>                    | Tier 2 |                                                                                                                           |
| <i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i> (Xopenex HFA)                                               | Tier 2 |                                                                                                                           |
| <b>Beta-Adrenergic Agents, Inhaled, Ultra-Long Acting</b>                                                                                |        |                                                                                                                           |
| STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION                                                                                     | Tier 3 | QL (4 GM per 30 days)                                                                                                     |
| <b>Beta-Adrenergic Agents, Orally Inhaled, Long Acting</b>                                                                               |        |                                                                                                                           |
| <i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i> (Brovana)                                                           | Tier 2 | ST: Must meet any of the following requirements: Serevent, Striverdi, or Perforomist in 120 days; QL (120 ML per 30 days) |
| <i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i> (Perforomist)                                                | Tier 2 | QL (120 ML per 30 days)                                                                                                   |
| SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE                                                                               | Tier 3 | QL (60 EA per 30 days)                                                                                                    |



| Drug                                                                                                                                            | Status | Notes                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------------------|
| <b>Beta-Adrenergic And Anticholinergic Combinations</b>                                                                                         |        |                                                                                                                    |
| BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG                                                                                     | Tier 4 | ST: Must meet the following requirements: Anoro Ellipta and Stiolto Respimat in 365 days; QL (10.7 GM per 30 days) |
| COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION                                                                                         | Tier 3 |                                                                                                                    |
| DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION                                                                 | Tier 4 | ST: Must meet the following requirements: Anoro Ellipta and Stiolto Respimat in 365 days; QL (1 EA per 30 days)    |
| <i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>                                                 | Tier 2 |                                                                                                                    |
| STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION                                                                                          | Tier 3 | QL (4 GM per 30 days)                                                                                              |
| <i>umeclidinium-vilanterol inhalation blister with device 62.5-25 mcg/actuation</i> (Anoro Ellipta)                                             | Tier 2 | QL (60 EA per 30 days)                                                                                             |
| <b>Beta-Adrenergic And Glucocorticoid Combinations</b>                                                                                          |        |                                                                                                                    |
| AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION                                                                                     | Tier 3 | QL (32.1 GM per 30 days)                                                                                           |
| BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE                                                                                      | Tier 3 | QL (60 EA per 30 days)                                                                                             |
| BREYNA INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION (budesonide-formoterol)                                       | Tier 2 | QL (30.9 GM per 30 days)                                                                                           |
| <i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i> (Breyna)                                | Tier 2 | QL (30.9 GM per 30 days)                                                                                           |
| DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 50-5 MCG/ACTUATION                                                                   | Tier 3 | QL (39 GM per 30 days)                                                                                             |
| DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION                                                                                       | Tier 3 | QL (13 GM per 30 days)                                                                                             |
| <i>fluticasone furoate-vilanterol inhalation blister with device 100-25 mcg/dose, 200-25 mcg/dose</i> (Breo Ellipta)                            | Tier 2 | QL (60 EA per 30 days)                                                                                             |
| <i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i> | Tier 2 | QL (1 EA per 30 days)                                                                                              |

| Drug                                                                                                                                                                            | Status | Notes                                                                                                                                |
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| <i>fluticasone propion-salmeterol inhalation</i> (Wixela Inhub)<br><i>blister with device 100-50 mcg/dose,</i><br><i>250-50 mcg/dose, 500-50 mcg/dose</i>                       | Tier 2 | QL (60 EA per 30 days)                                                                                                               |
| <i>fluticasone propion-salmeterol inhalation</i> (Advair HFA)<br><i>hfa aerosol inhaler 115-21</i><br><i>mcg/actuation, 230-21 mcg/actuation,</i><br><i>45-21 mcg/actuation</i> | Tier 2 | QL (12 GM per 30 days)                                                                                                               |
| WIXELA INHUB INHALATION BLISTER<br>WITH DEVICE 100-50 MCG/DOSE,<br>250-50 MCG/DOSE, 500-50<br>MCG/DOSE (fluticasone propion-<br>salmeterol)                                     | Tier 2 | QL (60 EA per 30 days)                                                                                                               |
| <b>Beta-Adrenergic-Anticholinergic-<br/>Glucocort, Inhaled</b>                                                                                                                  |        |                                                                                                                                      |
| BREZTRI AEROSPHERE INHALATION<br>HFA AEROSOL INHALER 160-9-4.8<br>MCG/ACTUATION                                                                                                 | Tier 3 | QL (10.7 GM per 30 days)                                                                                                             |
| TRELEGY ELLIPTA INHALATION<br>BLISTER WITH DEVICE 100-62.5-25<br>MCG                                                                                                            | Tier 3 | QL (60 EA per 30 days)                                                                                                               |
| TRELEGY ELLIPTA INHALATION<br>BLISTER WITH DEVICE 200-62.5-25<br>MCG                                                                                                            | Tier 3 | QL (2 EA per 1 day)                                                                                                                  |
| <b>Glucocorticoids, Orally Inhaled</b>                                                                                                                                          |        |                                                                                                                                      |
| ALVESCO INHALATION HFA<br>AEROSOL INHALER 160<br>MCG/ACTUATION, 80<br>MCG/ACTUATION                                                                                             | Tier 4 | ST: Must meet any of the<br>following requirements:<br>Asmanex, Qvar, or Arnuity<br>Ellipta in 365 days; QL<br>(12.2 GM per 30 days) |
| ASMANEX HFA INHALATION HFA<br>AEROSOL INHALER 100<br>MCG/ACTUATION, 200<br>MCG/ACTUATION, 50<br>MCG/ACTUATION                                                                   | Tier 3 | QL (13 GM per 30 days)                                                                                                               |
| ASMANEX TWISTHALER INHALATION<br>AEROSOL POWDR BREATH<br>ACTIVATED 110 MCG/ ACTUATION<br>(30), 220 MCG/ ACTUATION (120), 220<br>MCG/ ACTUATION (30), 220 MCG/<br>ACTUATION (60) | Tier 3 | QL (1 EA per 30 days)                                                                                                                |
| <i>budesonide inhalation suspension for</i> (Pulmicort)<br><i>nebulization 0.25 mg/2 ml, 0.5 mg/2 ml,</i><br><i>1 mg/2 ml</i>                                                   | Tier 2 | QL (120 ML per 30 days)                                                                                                              |
| <i>fluticasone furoate inhalation blister with</i> (Arnuity Ellipta)<br><i>device 100 mcg/actuation, 200</i><br><i>mcg/actuation, 50 mcg/actuation</i>                          | Tier 2 | QL (30 EA per 30 days)                                                                                                               |
| <i>fluticasone propionate inhalation blister</i><br><i>with device 100 mcg/actuation, 50</i><br><i>mcg/actuation</i>                                                            | Tier 2 | QL (60 EA per 30 days)                                                                                                               |

| Drug                                                                                                          | Status | Notes                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------------------------|
| <i>fluticasone propionate inhalation blister with device 250 mcg/actuation</i>                                | Tier 2 | QL (120 EA per 30 days)                                                                                                  |
| <i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>                                | Tier 2 | QL (12 GM per 30 days)                                                                                                   |
| <i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>                                | Tier 2 | QL (24 GM per 30 days)                                                                                                   |
| <i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>                                 | Tier 2 | QL (21.2 GM per 30 days)                                                                                                 |
| PULMICORT FLEXHALER<br>INHALATION AEROSOL POWDR<br>BREATH ACTIVATED 180<br>MCG/ACTUATION, 90<br>MCG/ACTUATION | Tier 4 | ST: Must meet any of the following requirements:<br>Asmanex, Qvar, or Arnuity Ellipta in 365 days; QL (1 EA per 30 days) |
| QVAR REDIHALER INHALATION HFA<br>AEROSOL BREATH ACTIVATED 40<br>MCG/ACTUATION, 80<br>MCG/ACTUATION            | Tier 3 | QL (21.2 GM per 30 days)                                                                                                 |
| <b>Interleukin-4(IL-4) Receptor Alpha Antagonist, Mab</b>                                                     |        |                                                                                                                          |
| DUPIXENT PEN SUBCUTANEOUS<br>PEN INJECTOR 200 MG/1.14 ML, 300<br>MG/2 ML                                      | Tier 5 | PA                                                                                                                       |
| DUPIXENT SYRINGE<br>SUBCUTANEOUS SYRINGE 200<br>MG/1.14 ML, 300 MG/2 ML                                       | Tier 5 | PA                                                                                                                       |
| <b>Interleukin-5(IL-5) Receptor Alpha Antagonist, Mab</b>                                                     |        |                                                                                                                          |
| FASENRA PEN SUBCUTANEOUS<br>AUTO-INJECTOR 30 MG/ML                                                            | Tier 5 | PA                                                                                                                       |
| <b>Leukotriene Receptor Antagonists</b>                                                                       |        |                                                                                                                          |
| <i>montelukast oral granules in packet 4 mg</i> (Singulair)                                                   | Tier 2 |                                                                                                                          |
| <i>montelukast oral tablet 10 mg</i> (Singulair)                                                              | Tier 2 |                                                                                                                          |
| <i>montelukast oral tablet, chewable 4 mg, 5 mg</i> (Singulair)                                               | Tier 2 |                                                                                                                          |
| <i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate)                                                        | Tier 2 |                                                                                                                          |
| <b>Mast Cell Stabilizers</b>                                                                                  |        |                                                                                                                          |
| <i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom)                                                     | Tier 2 |                                                                                                                          |
| <b>Mast Cell Stabilizers, Orally Inhaled</b>                                                                  |        |                                                                                                                          |
| <i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>                                               | Tier 2 |                                                                                                                          |
| <b>Monoclonal Antibodies To Immunoglobulin E(Ige)</b>                                                         |        |                                                                                                                          |
| XOLAIR SUBCUTANEOUS AUTO-<br>INJECTOR 150 MG/ML, 300 MG/2 ML,<br>75 MG/0.5 ML                                 | Tier 5 | PA                                                                                                                       |

| Drug                                                                | Status | Notes               |
|---------------------------------------------------------------------|--------|---------------------|
| XOLAIR SUBCUTANEOUS SYRINGE<br>150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML | Tier 5 | PA                  |
| <b>Monoclonal Antibody - Interleukin-5 Antagonists</b>              |        |                     |
| NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML                         | Tier 5 | PA                  |
| NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML                 | Tier 5 | PA                  |
| <b>Phosphodiesterase-4 (Pde4) Inhibitors</b>                        |        |                     |
| OHTUVAYRE INHALATION SUSPENSION FOR NEBULIZATION 3 MG/2.5 ML        | Tier 5 | PA                  |
| <i>roflumilast oral tablet 250 mcg, 500 mcg</i> (Daliresp)          | Tier 2 | QL (1 EA per 1 day) |
| <b>Respiratory Aids, Devices, Equipment</b>                         |        |                     |
| ACE AEROSOL CLOUD ENHANCER SPACER (inhalational spacing device)     | Tier 4 |                     |
| AEROBIKA OSCILLATING PEP SYSTM DEVICE                               | Tier 4 |                     |
| AEROCHAMBER MECHANICAL VENT SPACER (inhalational spacing device)    | Tier 4 |                     |
| AEROCHAMBER MINI SPACER (inhalational spacing device)               | Tier 4 |                     |
| AEROCHAMBER MV SPACER (inhalational spacing device)                 | Tier 4 |                     |
| AEROCHAMBER PLUS FLOW-VU SPACER (inhalational spacing device)       | Tier 4 |                     |
| AEROCHAMBER PLUS FLOW-VU,L MSK SPACER                               | Tier 4 |                     |
| AEROCHAMBER PLUS FLOW-VU,M MSK SPACER                               | Tier 4 |                     |
| AEROCHAMBER PLUS FLOW-VU,S MSK SPACER                               | Tier 4 |                     |
| AEROCHAMBER PLUS Z STAT LG MSK SPACER                               | Tier 4 |                     |
| AEROCHAMBER PLUS Z STAT MD MSK SPACER                               | Tier 4 |                     |
| AEROCHAMBER PLUS Z STAT SM MSK SPACER                               | Tier 4 |                     |
| AEROCHAMBER PLUS Z STAT SPACER (inhalational spacing device)        | Tier 4 |                     |
| AEROCHAMBER Z-STAT PLUS-FLW SG SPACER (inhalational spacing device) | Tier 4 |                     |
| AEROCHAMBER2GO SPACER (inhalational spacing device)                 | Tier 4 |                     |

| Drug                                  |                               | Status | Notes |
|---------------------------------------|-------------------------------|--------|-------|
| AEROECLIPSE II NEBULIZER              | (nebulizers)                  | Tier 4 |       |
| AEROECLIPSE XL NEBULIZER              | (nebulizers)                  | Tier 4 |       |
| AERONEB GO NEBULIZER                  | (nebulizers)                  | Tier 4 |       |
| AEROTRACH PLUS SPACER                 | (inhalational spacing device) | Tier 4 |       |
| AEROVENT PLUS SPACER                  | (inhalational spacing device) | Tier 4 |       |
| AIRS DISPOSABLE NEBULIZER             | (nebulizers)                  | Tier 4 |       |
| ALTERA NEBULIZER HANDSET              | (nebulizers)                  | Tier 4 |       |
| ALTERA NEBULIZER SYSTEM               | (nebulizers)                  | Tier 4 |       |
| ASTHMAPACK CHILDREN'S KIT             |                               | Tier 4 |       |
| AURA PORTANEB                         | (nebulizers)                  | Tier 4 |       |
| BREATHERITE MDI SPACER SPACER         | (inhalational spacing device) | Tier 4 |       |
| BREATHERITE SPACER-MASK, NEO. SPACER  |                               | Tier 4 |       |
| BREATHERITE SPACER-MASK,ADULT SPACER  |                               | Tier 4 |       |
| BREATHERITE SPACER-MASK,CHILD SPACER  |                               | Tier 4 |       |
| BREATHERITE SPACER-MASK,INFANT SPACER |                               | Tier 4 |       |
| BREATHERITE SPACER-MASK,S.CHLD SPACER |                               | Tier 4 |       |
| BREATHERITE VALVED MDI CHAMBER SPACER | (inhalational spacing device) | Tier 4 |       |
| BREATHERITE VALVED MDI SPACER SPACER  | (inhalational spacing device) | Tier 4 |       |
| CLEVER CHOICE CHAMBER-LRG MASK SPACER |                               | Tier 4 |       |
| CLEVER CHOICE CHAMBER-MED MASK SPACER |                               | Tier 4 |       |
| CLEVER CHOICE CHAMBER-SM MASK SPACER  |                               | Tier 4 |       |
| CLEVER CHOICE NEBULIZER DEVICE        | (nebulizer and compressor)    | Tier 4 |       |
| CLEVER CHOICE WHISPER AIRE PED DEVICE | (nebulizer and compressor)    | Tier 4 |       |
| COMFORTSEAL LARGE MASK DEVICE         |                               | Tier 4 |       |
| COMFORTSEAL MEDIUM MASK DEVICE        |                               | Tier 4 |       |
| COMFORTSEAL SMALL MASK DEVICE         |                               | Tier 4 |       |

| Drug                                   |                               | Status | Notes |
|----------------------------------------|-------------------------------|--------|-------|
| COMPACT SPACE CHAMBER SPACER           | (inhalational spacing device) | Tier 4 |       |
| COMPACT SPACE CHAMBER-LRG MASK SPACER  |                               | Tier 4 |       |
| COMPACT SPACE CHAMBER-MED MASK SPACER  |                               | Tier 4 |       |
| COMPACT SPACE CHAMBER-SM MASK SPACER   |                               | Tier 4 |       |
| COMP-AIR NEBULIZER COMPRESSOR DEVICE   | (nebulizer and compressor)    | Tier 4 |       |
| DEVILBISS DISPOSABLE NEBULIZER         | (nebulizers)                  | Tier 4 |       |
| DEVILBISS PULMO-AIDE COMPRESSOR DEVICE |                               | Tier 4 |       |
| DEVILBISS PULMOMATE COMPRESSOR DEVICE  |                               | Tier 4 |       |
| DEVILBISS TRAVELER COMPRESSOR DEVICE   | (nebulizer and compressor)    | Tier 4 |       |
| EASIVENT HOLDING CHAMBER SPACER        | (inhalational spacing device) | Tier 4 |       |
| EASIVENT MASK LARGE DEVICE             |                               | Tier 4 |       |
| EASIVENT MASK MEDIUM DEVICE            |                               | Tier 4 |       |
| EASIVENT MASK SMALL DEVICE             |                               | Tier 4 |       |
| EASY NEB COMPRESSOR NEBULIZER DEVICE   | (nebulizer and compressor)    | Tier 4 |       |
| EBASE CONTROLLER DEVICE                |                               | Tier 4 |       |
| FLEXICHAMBER SPACER                    | (inhalational spacing device) | Tier 4 |       |
| FLEXICHAMBER-LG CHILD MASK DEVICE      |                               | Tier 4 |       |
| FLEXICHAMBER-SM ADULT MASK DEVICE      |                               | Tier 4 |       |
| FLEXICHAMBER-SM CHILD MASK DEVICE      |                               | Tier 4 |       |
| HOME NEBULIZER PLUS SIDESTREAM DEVICE  | (nebulizer and compressor)    | Tier 4 |       |
| INNOSPIRE DELUXE DEVICE                | (nebulizer and compressor)    | Tier 4 |       |
| INNOSPIRE ELEGANCE DEVICE              | (nebulizer and compressor)    | Tier 4 |       |
| INNOSPIRE ESSENCE DEVICE               | (nebulizer and compressor)    | Tier 4 |       |
| INNOSPIRE GO NEBULIZER                 | (nebulizers)                  | Tier 4 |       |
| INNOSPIRE MINI DEVICE                  | (nebulizer and compressor)    | Tier 4 |       |

| Drug                                   |                               | Status | Notes |
|----------------------------------------|-------------------------------|--------|-------|
| INSPIRACHAMBER SPACER                  | (inhalational spacing device) | Tier 4 |       |
| INSPIRACHAMBER WITH MASK-LARGE SPACER  |                               | Tier 4 |       |
| INSPIRACHAMBER WITH MASK-MED SPACER    |                               | Tier 4 |       |
| INSPIRACHAMBER WITH MASK-SMALL SPACER  |                               | Tier 4 |       |
| LC PLUS                                | (nebulizers)                  | Tier 4 |       |
| LC PLUS NEBULIZER-PED MASK             | (nebulizers)                  | Tier 4 |       |
| LITE TOUCH-MEDIUM MASK DEVICE          |                               | Tier 4 |       |
| LITEAIRE MDI CHAMBER SPACER            | (inhalational spacing device) | Tier 4 |       |
| LITETOUCH-LARGE MASK DEVICE            |                               | Tier 4 |       |
| LITETOUCH-SMALL MASK DEVICE            |                               | Tier 4 |       |
| MC 300 NEBULIZER W-MOUTHPIECE          | (nebulizers)                  | Tier 4 |       |
| MC 300 NEBULIZER-UNVRSL TUBING         | (nebulizers)                  | Tier 4 |       |
| MICROAIR MESH NEBULIZER                | (nebulizers)                  | Tier 4 |       |
| MICROCHAMBER SPACER                    | (inhalational spacing device) | Tier 4 |       |
| MICROSPACER SPACER                     | (inhalational spacing device) | Tier 4 |       |
| MINI PLUS NEBULIZER                    | (nebulizers)                  | Tier 4 |       |
| MINI WRIGHT PEAK FLOW METER DEVICE     | (peak flow meter)             | Tier 4 |       |
| <i>nebulizer and compressor device</i> | (Clever Choice Nebulizer)     | Tier 4 |       |
| OMBRA COMPRESSOR SYSTEM DEVICE         | (nebulizer and compressor)    | Tier 4 |       |
| OPTICHAMBER ADULT MASK-LARGE DEVICE    |                               | Tier 4 |       |
| OPTICHAMBER DIAMOND LG MASK SPACER     |                               | Tier 4 |       |
| OPTICHAMBER DIAMOND VHC SPACER         | (inhalational spacing device) | Tier 4 |       |
| OPTICHAMBER DIAMOND-MED MSK SPACER     |                               | Tier 4 |       |
| OPTICHAMBER DIAMOND-SML MASK SPACER    |                               | Tier 4 |       |
| PARI LC SPRINT NEBULIZER SET           | (nebulizers)                  | Tier 4 |       |
| PARI LC SPRINT SINUS                   | (nebulizers)                  | Tier 4 |       |
| PARI TREK S COMBO PACK DEVICE          | (nebulizer and compressor)    | Tier 4 |       |
| PARI TREK S COMPACT COMPRESSOR DEVICE  | (nebulizer and compressor)    | Tier 4 |       |

| Drug                                   |                               | Status | Notes |
|----------------------------------------|-------------------------------|--------|-------|
| PEDIATRIC BEAR NEBULIZER DEVICE        | (nebulizer and compressor)    | Tier 4 |       |
| PEDIATRIC COMP-AIR COMPRES NEB DEVICE  | (nebulizer and compressor)    | Tier 4 |       |
| PFLEX INSPIRATORY TRAINER DEVICE       |                               | Tier 4 |       |
| POCKET CHAMBER SPACER                  | (inhalational spacing device) | Tier 4 |       |
| PRIMEAIRE SPACER                       | (inhalational spacing device) | Tier 4 |       |
| PROCARE COMPRESSOR NEBULIZER DEVICE    | (nebulizer and compressor)    | Tier 4 |       |
| PROCARE PEDIATRIC NEBULIZER DEVICE     | (nebulizer and compressor)    | Tier 4 |       |
| PROCARE SPACER WITH ADULT MASK SPACER  |                               | Tier 4 |       |
| PROCARE SPACER WITH CHILD MASK SPACER  |                               | Tier 4 |       |
| PROCHAMBER SPACER                      | (inhalational spacing device) | Tier 4 |       |
| PRODIGY MINI-MIST NEBULIZER            | (nebulizers)                  | Tier 4 |       |
| PRONEB MAX COMPRESSOR-LC PLUS DEVICE   | (nebulizer and compressor)    | Tier 4 |       |
| PRONEB MAX COMPRESSOR-LC SPRINT DEVICE | (nebulizer and compressor)    | Tier 4 |       |
| PROVENT NASAL DEVICE                   |                               | Tier 4 |       |
| PROVENT STARTER NASAL DEVICE           |                               | Tier 4 |       |
| PULMO-AIDE COMPRESSOR DEVICE           |                               | Tier 4 |       |
| PULMONEB LT COMPRESSOR NEBUL DEVICE    | (nebulizer and compressor)    | Tier 4 |       |
| PUREAIR MINI NEBULIZER DEVICE          | (nebulizer and compressor)    | Tier 4 |       |
| QUAKE VIBRATORY PEP DEVICE             |                               | Tier 4 |       |
| RITEFLO AEROCHAMBER SPACER             | (inhalational spacing device) | Tier 4 |       |
| SAMI THE SEAL DEVICE                   | (nebulizer and compressor)    | Tier 4 |       |
| SIDESTREAM                             | (nebulizers)                  | Tier 4 |       |
| SIDESTREAM NEBULIZER                   | (nebulizers)                  | Tier 4 |       |
| SIDESTREAM PLUS                        | (nebulizers)                  | Tier 4 |       |
| SILICONE MASK - INFANT DEVICE          |                               | Tier 4 |       |
| SINUSTAR NEBULIZER                     | (nebulizers)                  | Tier 4 |       |
| SMARTNEB COMPRESSOR NEBULIZER DEVICE   | (nebulizer and compressor)    | Tier 4 |       |



| Drug                                                                                  |                               | Status | Notes |
|---------------------------------------------------------------------------------------|-------------------------------|--------|-------|
| SOOTHENEB COMPRESSOR NEBULIZER DEVICE                                                 | (nebulizer and compressor)    | Tier 4 |       |
| SOOTHENEB MESH NEBULIZER                                                              | (nebulizers)                  | Tier 4 |       |
| SPACE CHAMBER SPACER                                                                  | (inhalational spacing device) | Tier 4 |       |
| SPACE CHAMBER WITH LARGE MASK SPACER                                                  |                               | Tier 4 |       |
| SPACE CHAMBER WITH MEDIUM MASK SPACER                                                 |                               | Tier 4 |       |
| SPACE CHAMBER WITH SMALL MASK SPACER                                                  |                               | Tier 4 |       |
| SUNRISE COMPRESSOR-NEBULIZER DEVICE                                                   |                               | Tier 4 |       |
| THRESHOLD IMT TRAINER DEVICE                                                          |                               | Tier 4 |       |
| THRESHOLD PEP DEVICE DEVICE                                                           |                               | Tier 4 |       |
| TRUZONE PEAK FLOW METER DEVICE                                                        | (peak flow meter)             | Tier 4 |       |
| VIOS AEROSOL DELIVERY SYSTEM DEVICE                                                   | (nebulizer and compressor)    | Tier 4 |       |
| VORTEX HOLDING CHAMBER SPACER                                                         | (inhalational spacing device) | Tier 4 |       |
| VORTEX VHC PEDIATRIC MASK SPACER                                                      |                               | Tier 4 |       |
| WILLIS THE WHALE COMPRESSOR NEB DEVICE                                                | (nebulizer and compressor)    | Tier 4 |       |
| <b>Thymic Stromal Lymphopoietin (Tslp) Inhibitors</b>                                 |                               |        |       |
| TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML)                         |                               | Tier 5 | PA    |
| <b>Xanthines</b>                                                                      |                               |        |       |
| <i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>                           |                               | Tier 2 |       |
| ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML                                                  | (theophylline)                | Tier 2 |       |
| THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG            |                               | Tier 3 |       |
| <i>theophylline oral elixir 80 mg/15 ml</i>                                           |                               | Tier 2 |       |
| <i>theophylline oral solution 80 mg/15 ml</i>                                         |                               | Tier 2 |       |
| <i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i> |                               | Tier 2 |       |
| <i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>                 |                               | Tier 2 |       |

| Drug                                                                                                       | Status | Notes                                                                                                               |
|------------------------------------------------------------------------------------------------------------|--------|---------------------------------------------------------------------------------------------------------------------|
| <b>Autonomic Nervous System Disorders</b>                                                                  |        |                                                                                                                     |
| <b>Alzheimer's Therapy, Nmda Receptor Antagonists</b>                                                      |        |                                                                                                                     |
| <i>memantine oral capsule,sprinkle,er 24hr</i><br>14 mg, 21 mg, 28 mg                                      | Tier 2 | ST: Must meet the following requirement:<br>Memantine immediate release tablets in 120 days; QL (30 EA per 30 days) |
| <i>memantine oral capsule,sprinkle,er 24hr</i> (Namenda XR)<br>7 mg                                        | Tier 2 | ST: Must meet the following requirement:<br>Memantine immediate release tablets in 120 days; QL (30 EA per 30 days) |
| <i>memantine oral solution</i> 2 mg/ml                                                                     | Tier 2 | QL (300 ML per 30 days)                                                                                             |
| <i>memantine oral tablet</i> 10 mg, 5 mg                                                                   | Tier 2 | QL (60 EA per 30 days)                                                                                              |
| <i>memantine oral tablets,dose pack 5-10</i> (Namenda Titration Pak)<br>mg                                 | Tier 2 | QL (49 EA per 28 days)                                                                                              |
| NAMENDA XR ORAL<br>CAP,SPRINKLE,ER 24HR DOSE PACK<br>7-14-21-28 MG                                         | Tier 3 | ST: Must meet the following requirement:<br>Memantine immediate release tablets in 120 days; QL (28 EA per 28 days) |
| <b>Alzheimer's Thx,Nmda Recept Antag &amp; Cholines Inhib</b>                                              |        |                                                                                                                     |
| <i>memantine-donepezil oral</i> (Namzaric)<br><i>capsule,sprinkle,er 24hr</i> 14-10 mg, 21-10 mg, 28-10 mg | Tier 2 | ST: Must meet the following requirements:<br>Donepezil and Memantine in 365 days; QL (1 EA per 1 day)               |
| NAMZARIC ORAL<br>CAPSULE,SPRINKLE,ER 24HR 7-10<br>MG                                                       | Tier 3 | ST: Must meet the following requirements:<br>Donepezil and Memantine in 365 days; QL (1 EA per 1 day)               |
| <b>Amyloid Directed Monoclonal Antibody</b>                                                                |        |                                                                                                                     |
| LEQEMBI IQLIK SUBCUTANEOUS<br>AUTO-INJECTOR 360 MG/1.8 ML                                                  | Tier 5 | PA                                                                                                                  |
| <b>Cholinesterase Inhibitors</b>                                                                           |        |                                                                                                                     |
| ADLARITY TRANSDERMAL PATCH<br>WEEKLY 10 MG/24 HOUR, 5 MG/24<br>HOUR                                        | Tier 4 | PA                                                                                                                  |
| <i>donepezil oral tablet</i> 10 mg, 23 mg, 5 mg (Aricept)                                                  | Tier 2 |                                                                                                                     |
| <i>donepezil oral tablet,disintegrating</i> 10<br>mg, 5 mg                                                 | Tier 2 |                                                                                                                     |
| <i>galantamine oral capsule,ext rel. pellets</i><br>24 hr 16 mg, 24 mg, 8 mg                               | Tier 2 | QL (30 EA per 30 days)                                                                                              |
| <i>galantamine oral solution</i> 4 mg/ml                                                                   | Tier 2 | QL (200 ML per 30 days)                                                                                             |

| Drug                                                                                                  | Status | Notes                                                                                                                                    |
|-------------------------------------------------------------------------------------------------------|--------|------------------------------------------------------------------------------------------------------------------------------------------|
| galantamine oral tablet 12 mg, 4 mg, 8 mg                                                             | Tier 2 | QL (60 EA per 30 days)                                                                                                                   |
| pyridostigmine bromide oral syrup 60 mg/5 ml (Mestinon)                                               | Tier 2 |                                                                                                                                          |
| pyridostigmine bromide oral tablet 30 mg                                                              | Tier 2 |                                                                                                                                          |
| pyridostigmine bromide oral tablet 60 mg (Mestinon)                                                   | Tier 2 |                                                                                                                                          |
| pyridostigmine bromide oral tablet extended release 105 mg                                            | Tier 4 |                                                                                                                                          |
| pyridostigmine bromide oral tablet extended release 180 mg (Mestinon Timespan)                        | Tier 2 |                                                                                                                                          |
| rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg                                         | Tier 2 |                                                                                                                                          |
| rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour (Exelon Patch) | Tier 2 | QL (30 EA per 30 days)                                                                                                                   |
| ZUNVEYL ORAL TABLET, DELAYED RELEASE (DR/EC) 10 MG, 15 MG, 5 MG                                       | Tier 4 | ST: Must meet any of the following requirements: generic Galantamine tablets or Galantamine ER capsules in 120 days; QL (2 EA per 1 day) |
| <b>Neonatal Fc Receptor (FcRn) Inhibitors</b>                                                         |        |                                                                                                                                          |
| VYVGART HYTRULO SUBCUTANEOUS SYRINGE 1,000 MG-10,000 UNIT/5 ML                                        | Tier 5 | PA                                                                                                                                       |
| <b>Behavioral Health - Antidepressants</b>                                                            |        |                                                                                                                                          |
| <b>Alpha-2 Receptor Antagonist Antidepressants</b>                                                    |        |                                                                                                                                          |
| mirtazapine oral tablet 15 mg, 30 mg (Remeron)                                                        | Tier 2 |                                                                                                                                          |
| mirtazapine oral tablet 45 mg, 7.5 mg                                                                 | Tier 2 |                                                                                                                                          |
| mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg (Remeron SolTab)                          | Tier 2 |                                                                                                                                          |
| <b>Antidepressant - Nmda Receptor Antagonist</b>                                                      |        |                                                                                                                                          |
| SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)                                | Tier 5 | PA                                                                                                                                       |
| <b>Antidepressant - Postpartum Depression (Ppd)</b>                                                   |        |                                                                                                                                          |
| ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG                                                             | Tier 5 | PA                                                                                                                                       |
| <b>Maois - Non-Selective &amp; Irreversible</b>                                                       |        |                                                                                                                                          |
| MARPLAN ORAL TABLET 10 MG                                                                             | Tier 4 |                                                                                                                                          |
| phenelzine oral tablet 15 mg (Nardil)                                                                 | Tier 2 |                                                                                                                                          |
| tranylcypromine oral tablet 10 mg (Parnate)                                                           | Tier 2 |                                                                                                                                          |

| Drug                                                                                            | Status | Notes                                                                                                                                                                                                      |
|-------------------------------------------------------------------------------------------------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Monoamine Oxidase(Mao) Inhibitors</b>                                                        |        |                                                                                                                                                                                                            |
| EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR                             | Tier 4 | ST: Must meet any of the following requirements: Phenelzine, tranylcypromine, or Marplan in 120 days; QL (1 EA per 1 day)                                                                                  |
| <b>Ndma Receptor Antagonist And Ndri Comb</b>                                                   |        |                                                                                                                                                                                                            |
| AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG                                             | Tier 4 | ST: Must meet any of the following requirements: Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Paroxetine, Sertraline, Venlafaxine, Desvenlafaxine, Fluvoxamine, or Duloxetine in 120 days |
| <b>Norepinephrine And Dopamine Reuptake Inhib (Ndris)</b>                                       |        |                                                                                                                                                                                                            |
| <i>bupropion hcl oral tablet 100 mg, 75 mg</i>                                                  | Tier 2 |                                                                                                                                                                                                            |
| <i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL)          | Tier 2 |                                                                                                                                                                                                            |
| <i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR) | Tier 2 |                                                                                                                                                                                                            |
| <b>Selective Serotonin Reuptake Inhibitor (SsrIs)</b>                                           |        |                                                                                                                                                                                                            |
| <i>citalopram oral solution 10 mg/5 ml</i>                                                      | Tier 2 |                                                                                                                                                                                                            |
| <i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i> (Celexa)                                      | Tier 2 |                                                                                                                                                                                                            |
| <i>escitalopram oxalate oral solution 5 mg/5 ml</i>                                             | Tier 2 |                                                                                                                                                                                                            |
| <i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (Lexapro)                            | Tier 2 |                                                                                                                                                                                                            |
| <i>fluoxetine oral capsule 10 mg, 20 mg</i> (Prozac)                                            | Tier 2 |                                                                                                                                                                                                            |
| <i>fluoxetine oral capsule 40 mg</i>                                                            | Tier 2 |                                                                                                                                                                                                            |
| <i>fluoxetine oral capsule, delayed release(dr/ec) 90 mg</i>                                    | Tier 2 |                                                                                                                                                                                                            |
| <i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>                                            | Tier 2 |                                                                                                                                                                                                            |
| <i>fluoxetine oral tablet 10 mg, 20 mg, 60 mg</i>                                               | Tier 2 |                                                                                                                                                                                                            |

| Drug                                                                                              | Status | Notes                                                                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg</i>                              | Tier 2 | ST: Must meet any of the following requirements: Paroxetine, Fluoxetine, Citalopram, Sertraline, Escitalopram, or Fluvoxamine IR in 120 days; QL (2 EA per 1 day)                                      |
| <i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>                                               | Tier 2 |                                                                                                                                                                                                        |
| <i>paroxetine hcl oral suspension 10 mg/5 ml</i> (Paxil)                                          | Tier 2 |                                                                                                                                                                                                        |
| <i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> (Paxil)                              | Tier 2 |                                                                                                                                                                                                        |
| <i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i> (Paxil CR)       | Tier 2 |                                                                                                                                                                                                        |
| <i>sertraline oral capsule 150 mg, 200 mg</i>                                                     | Tier 4 | QL (1 EA per 1 day)                                                                                                                                                                                    |
| <i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)                                              | Tier 2 |                                                                                                                                                                                                        |
| <i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)                                       | Tier 2 |                                                                                                                                                                                                        |
| <b>Serotonin-2 Antagonist/Reuptake Inhibitors (Saris)</b>                                         |        |                                                                                                                                                                                                        |
| <i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>                               | Tier 2 |                                                                                                                                                                                                        |
| RALDESY ORAL SOLUTION 10 MG/ML                                                                    | Tier 4 | PA                                                                                                                                                                                                     |
| <i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>                                        | Tier 2 |                                                                                                                                                                                                        |
| <b>Serotonin-Norepinephrine Reuptake-Inhib (Snris)</b>                                            |        |                                                                                                                                                                                                        |
| <i>desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg</i>                            | Tier 2 | ST: Must meet 2 of the following requirements: Bupropion, Citalopram, Escitalopram, Fluoxetine, generic Paroxetine HCL, Mirtazapine, Sertraline, or Venlafaxine ER/IR in 365 days; QL (1 EA per 1 day) |
| <i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq) | Tier 2 |                                                                                                                                                                                                        |
| <i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>                         | Tier 2 |                                                                                                                                                                                                        |
| FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)                                 | Tier 3 | QL (1 EA per 1 day)                                                                                                                                                                                    |
| FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG                           | Tier 3 | QL (1 EA per 1 day)                                                                                                                                                                                    |

| Drug                                                                                       | Status | Notes                                                                                                                                                                |
|--------------------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i> (Effexor XR) | Tier 2 |                                                                                                                                                                      |
| <i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>                        | Tier 2 |                                                                                                                                                                      |
| <i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>        | Tier 2 |                                                                                                                                                                      |
| <b>Ssri &amp; 5HT1a Partial Agonist Antidepressant</b>                                     |        |                                                                                                                                                                      |
| <i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i> (Viibryd)                                | Tier 2 | ST: Must meet any of the following requirements: Paroxetine, Fluoxetine, Citalopram, Sertraline, Escitalopram, Mirtazapine, Bupropion, Venlafaxine IR/ER in 120 days |
| <b>Ssri &amp; Serotonin Receptor Modulator Antidepressant</b>                              |        |                                                                                                                                                                      |
| TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG                                                  | Tier 3 | QL (1 EA per 1 day)                                                                                                                                                  |
| <b>Tricyclic Antidepressant/Benzodiazepine Combinatns</b>                                  |        |                                                                                                                                                                      |
| <i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>                      | Tier 2 |                                                                                                                                                                      |
| <b>Tricyclic Antidepressant/Phenothiazine Combinatns</b>                                   |        |                                                                                                                                                                      |
| <i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>  | Tier 2 |                                                                                                                                                                      |
| <b>Tricyclic Antidepressants &amp; Rel. Non-Sel. Ru-Inhib</b>                              |        |                                                                                                                                                                      |
| <i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>                | Tier 2 |                                                                                                                                                                      |
| <i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>                                  | Tier 2 |                                                                                                                                                                      |
| <i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil)                           | Tier 2 |                                                                                                                                                                      |
| <i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)                                    | Tier 2 |                                                                                                                                                                      |
| <i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>                                | Tier 2 |                                                                                                                                                                      |
| <i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>                     | Tier 2 |                                                                                                                                                                      |
| <i>doxepin oral concentrate 10 mg/ml</i>                                                   | Tier 2 |                                                                                                                                                                      |
| <i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>                                      | Tier 2 |                                                                                                                                                                      |

| Drug                                                                                                                        | Status | Notes                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>                                                        | Tier 2 |                                                                                                                                                                  |
| <i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor)                                                      | Tier 2 |                                                                                                                                                                  |
| <i>nortriptyline oral solution 10 mg/5 ml</i>                                                                               | Tier 2 |                                                                                                                                                                  |
| <i>protriptyline oral tablet 10 mg, 5 mg</i>                                                                                | Tier 2 |                                                                                                                                                                  |
| <i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>                                                                       | Tier 2 |                                                                                                                                                                  |
| <b>Behavioral Health - Other</b>                                                                                            |        |                                                                                                                                                                  |
| <b>Adrenergics, Aromatic, Non-Catecholamine</b>                                                                             |        |                                                                                                                                                                  |
| ADZENYS XR-ODT ORAL (amphetamine)<br>TABLET,DISINTEG ER BIPHASE 24H<br>12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG,<br>6.3 MG, 9.4 MG | Tier 4 | ST: Must meet the following requirement:<br>Azstarys or Jornay PM in 120 days; QL (1 EA per 1 day)                                                               |
| <i>amphetamine oral tablet,disinteg er biphas 24h 12.5 mg, 15.7 mg, 18.8 mg, 3.1 mg, 6.3 mg, 9.4 mg</i> (Adzenys XR-ODT)    | Tier 4 | ST: Must meet the following requirement:<br>Azstarys or Jornay PM in 120 days; QL (1 EA per 1 day)                                                               |
| <i>amphetamine sulfate oral tablet 10 mg, 5 mg</i> (Evekeo)                                                                 | Tier 2 | QL (4 EA per 1 day)                                                                                                                                              |
| <i>dextroamphetamine sulfate oral capsule, extended release 10 mg</i> (Dexedrine Spansule)                                  | Tier 2 | QL (4 EA per 1 day)                                                                                                                                              |
| <i>dextroamphetamine sulfate oral capsule, extended release 15 mg</i> (Dexedrine Spansule)                                  | Tier 2 | QL (120 EA per 30 days)                                                                                                                                          |
| <i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>                                                        | Tier 2 | QL (60 EA per 30 days)                                                                                                                                           |
| <i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i> (ProCentra)                                                        | Tier 2 | QL (1800 ML per 30 days)                                                                                                                                         |
| <i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i> (Zenzedi)                                                          | Tier 2 | QL (4 EA per 1 day)                                                                                                                                              |
| <i>dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 7.5 mg</i> (Zenzedi)                                                | Tier 2 | ST: Must meet the following requirement:<br>Dextroamphetamine Sulfate IR tablets (5mg or 10mg) or<br>Dextroamphetamine solution in 120 days; QL (4 EA per 1 day) |

| Drug                                                                                                           | Status | Notes                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>dextroamphetamine sulfate oral tablet 20 mg</i> (Zenzedi)                                                   | Tier 2 | ST: Must meet the following requirement:<br>Dextroamphetamine Sulfate IR tablets (5mg or 10mg) or<br>Dextroamphetamine solution in 120 days; QL (3 EA per 1 day) |
| <i>dextroamphetamine sulfate oral tablet 30 mg</i> (Zenzedi)                                                   | Tier 2 | ST: Must meet the following requirement:<br>Dextroamphetamine Sulfate IR tablets (5mg or 10mg) or<br>Dextroamphetamine solution in 120 days; QL (2 EA per 1 day) |
| <i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Mydayis) | Tier 2 | QL (1 EA per 1 day)                                                                                                                                              |
| <i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg</i> (Adderall XR)       | Tier 2 | QL (1 EA per 1 day)                                                                                                                                              |
| <i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg</i> (Adderall XR)      | Tier 2 | QL (2 EA per 1 day)                                                                                                                                              |
| <i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall)  | Tier 2 | QL (2 EA per 1 day)                                                                                                                                              |
| DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML                                                      | Tier 4 | ST: Must meet the following requirement:<br>Azstarys or Jornay PM in 120 days; QL (240 ML per 30 days)                                                           |
| DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG                                      | Tier 4 | ST: Must meet the following requirement:<br>Azstarys or Jornay PM in 120 days; QL (1 EA per 1 day)                                                               |
| <i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i> (Vyvanse)                 | Tier 2 | QL (1 EA per 1 day)                                                                                                                                              |
| <i>lisdexamfetamine oral tablet, chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i> (Vyvanse)               | Tier 2 | QL (1 EA per 1 day)                                                                                                                                              |
| <i>methamphetamine oral tablet 5 mg</i> (Desoxyn)                                                              | Tier 2 | QL (150 EA per 30 days)                                                                                                                                          |



| Drug                                                                                              | Status | Notes                                                                                                                                                            |
|---------------------------------------------------------------------------------------------------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| XELSTRYM TRANSDERMAL PATCH<br>24 HOUR 13.5 MG/9 HOUR, 18 MG/9<br>HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR | Tier 4 | ST: Must meet the following requirement:<br>Azstarys or Jornay PM in 120 days; QL (1 EA per 1 day)                                                               |
| ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG (dextroamphetamine sulfate)                                    | Tier 4 | ST: Must meet the following requirement:<br>Dextroamphetamine Sulfate IR tablets (5mg or 10mg) or<br>Dextroamphetamine solution in 120 days; QL (4 EA per 1 day) |
| <b>Anti-Alcoholic Preparations</b>                                                                |        |                                                                                                                                                                  |
| acamprosate oral tablet, delayed release (drlec) 333 mg                                           | Tier 2 |                                                                                                                                                                  |
| disulfiram oral tablet 250 mg, 500 mg                                                             | Tier 2 |                                                                                                                                                                  |
| <b>Anti-Anxiety - Benzodiazepines</b>                                                             |        |                                                                                                                                                                  |
| ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML                                                      | Tier 3 |                                                                                                                                                                  |
| alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg (Xanax)                                        | Tier 2 |                                                                                                                                                                  |
| alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg (Xanax XR)                 | Tier 2 |                                                                                                                                                                  |
| alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg                                | Tier 2 |                                                                                                                                                                  |
| chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg                                              | Tier 2 |                                                                                                                                                                  |
| clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg                                        | Tier 2 |                                                                                                                                                                  |
| DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML (diazepam)                                             | Tier 2 |                                                                                                                                                                  |
| diazepam oral concentrate 5 mg/ml (Diazepam Intensol)                                             | Tier 2 |                                                                                                                                                                  |
| diazepam oral solution 5 mg/5 ml (1 mg/ml)                                                        | Tier 2 |                                                                                                                                                                  |
| diazepam oral tablet 10 mg, 2 mg, 5 mg (Valium)                                                   | Tier 2 |                                                                                                                                                                  |
| LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML (lorazepam)                                           | Tier 2 |                                                                                                                                                                  |
| lorazepam oral concentrate 2 mg/ml (Lorazepam Intensol)                                           | Tier 2 |                                                                                                                                                                  |
| lorazepam oral tablet 0.5 mg, 1 mg, 2 mg (Ativan)                                                 | Tier 2 |                                                                                                                                                                  |
| oxazepam oral capsule 10 mg, 15 mg, 30 mg                                                         | Tier 2 |                                                                                                                                                                  |
| <b>Anti-Anxiety Drugs</b>                                                                         |        |                                                                                                                                                                  |
| buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg                                           | Tier 2 |                                                                                                                                                                  |

| Drug                                                                           | Status | Notes                                                                                                       |
|--------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------|
| <i>meprobamate oral tablet 200 mg, 400 mg</i>                                  | Tier 2 |                                                                                                             |
| <b>Anti-Mania Drugs</b>                                                        |        |                                                                                                             |
| EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG               | Tier 4 |                                                                                                             |
| <i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>                   | Tier 2 |                                                                                                             |
| <i>lithium carbonate oral tablet 300 mg</i>                                    | Tier 2 |                                                                                                             |
| <i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid)        | Tier 2 |                                                                                                             |
| <i>lithium carbonate oral tablet extended release 450 mg</i>                   | Tier 2 |                                                                                                             |
| <i>lithium citrate oral solution 8 meq/5 ml</i>                                | Tier 2 |                                                                                                             |
| <b>Anti-Narcolepsy &amp; Anti-Cataplexy, Sedative-Type Agt</b>                 |        |                                                                                                             |
| LUMRYZ ORAL EXTEND RELEASE GRANULES, PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM | Tier 5 | PA                                                                                                          |
| LUMRYZ STARTER PACK ORAL GRANULES ER PACKET, DOSE PACK 4.5-6-7.5 GRAM          | Tier 5 | PA                                                                                                          |
| <i>sodium oxybate oral solution 500 mg/ml</i> (Xyrem)                          | Tier 5 | PA                                                                                                          |
| XYWAV ORAL SOLUTION 0.5 GRAM/ML                                                | Tier 5 | PA                                                                                                          |
| <b>Antipsych, Dopamine Antag., Diphenylbutylpiperidines</b>                    |        |                                                                                                             |
| <i>pimozide oral tablet 1 mg, 2 mg</i>                                         | Tier 2 |                                                                                                             |
| <b>Antipsychotic-Atypical, D3/D2 Partial Ag-5Ht Mixed</b>                      |        |                                                                                                             |
| VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG                                | Tier 3 | QL (1 EA per 1 day)                                                                                         |
| <b>Antipsychotics, Atyp, D2 Partial Agonist/5Ht Mixed</b>                      |        |                                                                                                             |
| <i>aripiprazole oral solution 1 mg/ml</i>                                      | Tier 2 | ST: Must meet 2 of the following requirements: Generic SSRIs, SNRIs or Atypical Anti-psychotics in 365 days |
| <i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)     | Tier 2 |                                                                                                             |

| Drug                                                                                | Status | Notes                                                                                                                            |
|-------------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------------------------|
| <i>aripiprazole oral tablet, disintegrating 10 mg</i>                               | Tier 2 | ST: Must meet 2 of the following requirements: Generic SSRIs, SNRIs or Atypical Anti-psychotics in 365 days; QL (3 EA per 1 day) |
| <i>aripiprazole oral tablet, disintegrating 15 mg</i>                               | Tier 2 | ST: Must meet 2 of the following requirements: Generic SSRIs, SNRIs or Atypical Anti-psychotics in 365 days; QL (2 EA per 1 day) |
| OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG                                                  | Tier 4 | ST: Must meet the following requirement: generic Aripiprazole tablets in 120 days                                                |
| REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG                         | Tier 3 | QL (1 EA per 1 day)                                                                                                              |
| <b>Antipsychotics, Dopamine &amp; Serotonin Antagonists</b>                         |        |                                                                                                                                  |
| ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG                             | Tier 5 |                                                                                                                                  |
| <i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>                    | Tier 2 |                                                                                                                                  |
| <b>Antipsychotics, Atypical, Dopamine, &amp; Serotonin Antag</b>                    |        |                                                                                                                                  |
| <i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i> (Saphris)            | Tier 2 | QL (2 EA per 1 day)                                                                                                              |
| CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG                                          | Tier 3 | QL (1 EA per 1 day)                                                                                                              |
| <i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Clozaril)                | Tier 2 |                                                                                                                                  |
| <i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i> | Tier 2 | QL (3 EA per 1 day)                                                                                                              |
| FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG                       | Tier 4 | ST: Must meet 2 of the following requirements: Generic Atypical Anti-Psychotics in 365 days; QL (2 EA per 1 day)                 |
| FANAPT TITRATION PACK A ORAL TABLETS, DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2)         | Tier 4 | ST: Must meet 2 of the following requirements: Generic Atypical Anti-Psychotics in 365 days; QL (8 EA per 28 days)               |

| Drug                                                                                                     | Status | Notes                                                                                                               |
|----------------------------------------------------------------------------------------------------------|--------|---------------------------------------------------------------------------------------------------------------------|
| FANAPT TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2)                           | Tier 4 | ST: Must meet 2 of the following requirements: Generic Atypical Anti-Psychotics in 365 days; QL (12 EA per 28 days) |
| FANAPT TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2 MG(2) -6 MG (2)                                 | Tier 4 | ST: Must meet 2 of the following requirements: Generic Atypical Anti-Psychotics in 365 days; QL (8 EA per 28 days)  |
| <i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i> (Latuda)                                       | Tier 2 | QL (30 EA per 30 days)                                                                                              |
| <i>lurasidone oral tablet 80 mg</i> (Latuda)                                                             | Tier 2 | QL (60 EA per 30 days)                                                                                              |
| LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG                                                | Tier 4 | ST: Must meet any of the following requirements: Generic Atypical Antipsychotic in 365 days; QL (1 EA per 1 day)    |
| <i>olanzapine oral tablet 10 mg, 15 mg, 7.5 mg</i>                                                       | Tier 2 |                                                                                                                     |
| <i>olanzapine oral tablet 2.5 mg, 20 mg, 5 mg</i> (Zyprexa)                                              | Tier 2 |                                                                                                                     |
| <i>olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>                                   | Tier 2 |                                                                                                                     |
| <i>paliperidone oral tablet extended release 24hr 1.5 mg</i>                                             | Tier 2 | QL (1 EA per 1 day)                                                                                                 |
| <i>paliperidone oral tablet extended release 24hr 3 mg, 9 mg</i> (Invega)                                | Tier 2 | QL (1 EA per 1 day)                                                                                                 |
| <i>paliperidone oral tablet extended release 24hr 6 mg</i> (Invega)                                      | Tier 2 | QL (2 EA per 1 day)                                                                                                 |
| <i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel)                    | Tier 2 |                                                                                                                     |
| <i>quetiapine oral tablet 150 mg</i>                                                                     | Tier 2 | QL (1 EA per 1 day)                                                                                                 |
| <i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel XR) | Tier 2 |                                                                                                                     |
| <i>risperidone oral solution 1 mg/ml</i> (Risperdal)                                                     | Tier 2 |                                                                                                                     |
| <i>risperidone oral tablet 0.25 mg</i>                                                                   | Tier 2 |                                                                                                                     |
| <i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)                                | Tier 2 |                                                                                                                     |
| <i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>                    | Tier 2 |                                                                                                                     |
| SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR                         | Tier 4 | ST: Must meet 2 of the following requirements: Generic Atypical Anti-Psychotics in 365 days; QL (1 EA per 1 day)    |

| Drug                                                                                      | Status | Notes                                                                                                             |
|-------------------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------|
| VERSACLOZ ORAL SUSPENSION 50 MG/ML                                                        | Tier 4 | ST: Must meet 2 of the following requirements: Generic Atypical Anti-Psychotics in 365 days; QL (18 ML per 1 day) |
| ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg (Geodon)                          | Tier 2 |                                                                                                                   |
| <b>Antipsychotics,Dopamine Antagonists, Thioxanthenes</b>                                 |        |                                                                                                                   |
| thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg                                          | Tier 2 |                                                                                                                   |
| <b>Antipsychotics,Dopamine Antagonists,Butyrophenones</b>                                 |        |                                                                                                                   |
| haloperidol lactate oral concentrate 2 mg/ml                                              | Tier 2 |                                                                                                                   |
| haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg                            | Tier 2 |                                                                                                                   |
| <b>Antipsychotics,Dopamine Antagonist,Dihydroindolones</b>                                |        |                                                                                                                   |
| molindone oral tablet 10 mg                                                               | Tier 2 | QL (8 EA per 1 day)                                                                                               |
| molindone oral tablet 25 mg                                                               | Tier 2 | QL (9 EA per 1 day)                                                                                               |
| molindone oral tablet 5 mg                                                                | Tier 2 |                                                                                                                   |
| <b>Anti-Psychotics,Phenothiazines</b>                                                     |        |                                                                                                                   |
| chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml                                       | Tier 2 |                                                                                                                   |
| chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg                            | Tier 2 |                                                                                                                   |
| fluphenazine hcl oral concentrate 5 mg/ml                                                 | Tier 2 |                                                                                                                   |
| fluphenazine hcl oral elixir 2.5 mg/5 ml                                                  | Tier 2 |                                                                                                                   |
| fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg                                    | Tier 2 |                                                                                                                   |
| perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg                                          | Tier 2 |                                                                                                                   |
| thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg                                      | Tier 2 |                                                                                                                   |
| trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg                                       | Tier 2 |                                                                                                                   |
| <b>Barbiturates</b>                                                                       |        |                                                                                                                   |
| phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)                                            | Tier 2 |                                                                                                                   |
| phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg | Tier 2 |                                                                                                                   |

| Drug                                                             | Status | Notes                                                                                                                           |
|------------------------------------------------------------------|--------|---------------------------------------------------------------------------------------------------------------------------------|
| <b>Hypnotics, Melatonin Mt1/Mt2 Receptor Agonists</b>            |        |                                                                                                                                 |
| HETLIOZ LQ ORAL SUSPENSION 4 MG/ML                               | Tier 5 | PA                                                                                                                              |
| <i>ramelteon oral tablet 8 mg</i> (Rozerem)                      | Tier 2 | ST: Must meet any of the following requirements: Eszopiclone (Lunesta), Zaleplon (Sontata), or Zolpidem IR (Ambien) in 120 days |
| <i>tasimelteon oral capsule 20 mg</i> (HetlioZ)                  | Tier 5 | PA                                                                                                                              |
| <b>Narcolepsy And Sleep Disorder Therapy Agents</b>              |        |                                                                                                                                 |
| <i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i> (Nuvigil)  | Tier 2 | QL (1 EA per 1 day)                                                                                                             |
| <i>armodafinil oral tablet 50 mg</i> (Nuvigil)                   | Tier 2 | QL (3 EA per 1 day)                                                                                                             |
| <i>modafinil oral tablet 100 mg, 200 mg</i> (Provigil)           | Tier 2 | QL (2 EA per 1 day)                                                                                                             |
| SUNOSI ORAL TABLET 150 MG, 75 MG                                 | Tier 3 | PA                                                                                                                              |
| <b>Narcolepsy Tx-H3-Recept.Antagonist/Inverse Agonist</b>        |        |                                                                                                                                 |
| WAKIX ORAL TABLET 17.8 MG, 4.45 MG                               | Tier 5 | PA                                                                                                                              |
| <b>Narcotic Antagonists</b>                                      |        |                                                                                                                                 |
| KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION                 | Tier 3 | QL (4 EA per 30 days)                                                                                                           |
| LOTREXONE ORAL CAPSULE 1.5 MG, 4.5 MG                            | Tier 4 |                                                                                                                                 |
| <i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>             | Tier 2 |                                                                                                                                 |
| <i>naloxone nasal spray, non-aerosol 4 mg/actuation</i> (Narcan) | Tier 2 | QL (4 EA per 30 days)                                                                                                           |
| NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG                              | Tier 4 |                                                                                                                                 |
| <i>naltrexone oral tablet 50 mg</i>                              | Tier 2 |                                                                                                                                 |
| OPVEE NASAL SPRAY, NON-AEROSOL 2.7 MG/ACTUATION                  | Tier 4 | QL (4 EA per 30 days)                                                                                                           |
| ZIMHI INJECTION SYRINGE 5 MG/0.5 ML                              | Tier 4 | QL (2 ML per 30 days)                                                                                                           |
| <b>Sedative-Hypnotics - Benzodiazepines</b>                      |        |                                                                                                                                 |
| <i>estazolam oral tablet 1 mg, 2 mg</i>                          | Tier 2 |                                                                                                                                 |
| <i>flurazepam oral capsule 15 mg, 30 mg</i>                      | Tier 2 |                                                                                                                                 |
| <i>midazolam oral syrup 2 mg/ml</i>                              | Tier 2 |                                                                                                                                 |

| Drug                                                                             | Status | Notes                                                                                                                                                           |
|----------------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>quazepam oral tablet 15 mg</i> (Doral)                                        | Tier 2 | ST: Must meet any of the following requirements:<br>Zolpidem tablets, Zaleplon, Eszopiclone, Temazepam or Flurazepam in 120 days                                |
| <i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i> (Restoril)           | Tier 2 |                                                                                                                                                                 |
| <i>triazolam oral tablet 0.125 mg</i>                                            | Tier 2 |                                                                                                                                                                 |
| <i>triazolam oral tablet 0.25 mg</i> (Halcion)                                   | Tier 2 |                                                                                                                                                                 |
| <b>Sedative-Hypnotics, Non-Barbiturate</b>                                       |        |                                                                                                                                                                 |
| BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG                                   | Tier 3 | ST: Must meet any of the following requirements:<br>Zolpidem Tartrate, Eszopiclone, or Zaleplon in 130 days; QL (1 EA per 1 day)                                |
| DAYVIGO ORAL TABLET 10 MG, 5 MG                                                  | Tier 3 | ST: Must meet any of the following requirements:<br>Zolpidem Tartrate, Eszopiclone, or Zaleplon in 130 days; QL (1 EA per 1 day)                                |
| <i>doxepin oral tablet 3 mg, 6 mg</i> (Silenor)                                  | Tier 2 | ST: Must meet any of the following requirements:<br>Zolpidem, Zaleplon, Eszopiclone, Doxepin solution, or Doxepin 10mg capsule in 120 days; QL (1 EA per 1 day) |
| <i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta)                        | Tier 2 | QL (1 EA per 1 day)                                                                                                                                             |
| IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG                                          | Tier 4 | PA                                                                                                                                                              |
| MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE 3-25-2 MG                       | Tier 2 |                                                                                                                                                                 |
| QUVIVIQ ORAL TABLET 25 MG, 50 MG                                                 | Tier 4 | ST: Must meet any of the following requirements:<br>Zolpidem Tartrate, Eszopiclone, or Zaleplon in 130 days; QL (1 EA per 1 day)                                |
| <i>zaleplon oral capsule 10 mg, 5 mg</i>                                         | Tier 2 | QL (1 EA per 1 day)                                                                                                                                             |
| <i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)                                 | Tier 2 | QL (1 EA per 1 day)                                                                                                                                             |
| <i>zolpidem oral tablet, ext release multiphase 12.5 mg, 6.25 mg</i> (Ambien CR) | Tier 2 | QL (1 EA per 1 day)                                                                                                                                             |
| <i>zolpidem sublingual tablet 1.75 mg, 3.5 mg</i>                                | Tier 2 | QL (1 EA per 1 day)                                                                                                                                             |

| Drug                                                                                                                         | Status | Notes                                                                                                                                                                        |
|------------------------------------------------------------------------------------------------------------------------------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Selective Serotonin 5-HT<sub>2A</sub> Inverse Agonists (SSIA)</b>                                                         |        |                                                                                                                                                                              |
| NUPLAZID ORAL CAPSULE 34 MG                                                                                                  | Tier 5 | PA                                                                                                                                                                           |
| NUPLAZID ORAL TABLET 10 MG                                                                                                   | Tier 5 | PA                                                                                                                                                                           |
| <b>Ssri &amp; Antipsych, Atyp, Dopamine &amp; Serotonin Antag Comb</b>                                                       |        |                                                                                                                                                                              |
| <i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>                                      | Tier 2 | QL (1 EA per 1 day)                                                                                                                                                          |
| <b>Tx For Adhd - Selective Alpha-2A Receptor Agonist</b>                                                                     |        |                                                                                                                                                                              |
| <i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>                                                               | Tier 2 |                                                                                                                                                                              |
| <i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv ER)                                     | Tier 2 |                                                                                                                                                                              |
| ONYDA XR ORAL SUSPENSION, EXTEND RELEASE 24HR 0.1 MG/ML                                                                      | Tier 4 | ST: Must meet the following requirement: Clonidine 0.1mg ER tablets in 120 days; QL (4 ML per 1 day)                                                                         |
| <b>Tx For Attention Deficit-Hyperact(Adhd)/Narcolepsy</b>                                                                    |        |                                                                                                                                                                              |
| AZSTARYS ORAL CAPSULE 26.1 MG- 5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG- 10.4 MG                                                     | Tier 3 | ST: Must meet any of the following requirements: generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER in 120 days; QL (1 EA per 1 day) |
| COTEMPLA XR-ODT ORAL TABLET, DISINTEG ER BIPHASE 24H 17.3 MG, 8.6 MG                                                         | Tier 4 | ST: Must meet the following requirement: Azstarys or Jornay PM in 120 days; QL (1 EA per 1 day)                                                                              |
| COTEMPLA XR-ODT ORAL TABLET, DISINTEG ER BIPHASE 24H 25.9 MG                                                                 | Tier 4 | ST: Must meet the following requirement: Azstarys or Jornay PM in 120 days; QL (2 EA per 1 day)                                                                              |
| <i>dexmethylphenidate oral capsule, er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i> (Focalin XR) | Tier 2 | QL (1 EA per 1 day)                                                                                                                                                          |
| <i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i> (Focalin)                                                          | Tier 2 | QL (2 EA per 1 day)                                                                                                                                                          |



| Drug                                                                                                                                 | Status | Notes                                                                                                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| JORNAY PM ORAL CAPSULE,DEL<br>REL,EXT REL SPRINK 100 MG, 20 MG,<br>40 MG, 60 MG, 80 MG                                               | Tier 3 | ST: Must meet any of the<br>following requirements:<br>generic Lisdexamphetamine,<br>Methylphenidate<br>ER/LA/CD, or<br>Dextroamphetamine/Amph<br>etamine XR/ER in 120<br>days; QL (1 EA per 1 day) |
| METADATE ER ORAL TABLET<br>EXTENDED RELEASE 20 MG (methylphenidate hcl)                                                              | Tier 2 | QL (90 EA per 30 days)                                                                                                                                                                              |
| <i>methylphenidate hcl oral cap,er<br/>sprinkle,biphasic 40-60 10 mg, 15 mg,<br/>20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i> (Aptensio XR) | Tier 4 | ST: Must meet the<br>following requirement of<br>one generic of: Concerta,<br>Metadate CD, Ritalin LA,<br>Methylin ER, or Ritalin-SR<br>in 120 days; QL (1 EA per<br>1 day)                         |
| <i>methylphenidate hcl oral capsule, er<br/>biphasic 30-70 10 mg, 20 mg, 40 mg, 50<br/>mg, 60 mg</i> (Metadate CD)                   | Tier 2 | QL (1 EA per 1 day)                                                                                                                                                                                 |
| <i>methylphenidate hcl oral capsule, er<br/>biphasic 30-70 30 mg</i> (Metadate CD)                                                   | Tier 2 | QL (2 EA per 1 day)                                                                                                                                                                                 |
| <i>methylphenidate hcl oral capsule,er<br/>biphasic 50-50 10 mg, 20 mg, 40 mg</i> (Ritalin LA)                                       | Tier 2 | QL (1 EA per 1 day)                                                                                                                                                                                 |
| <i>methylphenidate hcl oral capsule,er<br/>biphasic 50-50 30 mg</i> (Ritalin LA)                                                     | Tier 2 | QL (2 EA per 1 day)                                                                                                                                                                                 |
| <i>methylphenidate hcl oral capsule,er<br/>biphasic 50-50 60 mg</i>                                                                  | Tier 2 | QL (1 EA per 1 day)                                                                                                                                                                                 |
| <i>methylphenidate hcl oral solution 10<br/>mg/5 ml, 5 mg/5 ml</i> (Methylin)                                                        | Tier 2 |                                                                                                                                                                                                     |
| <i>methylphenidate hcl oral tablet 10 mg,<br/>20 mg, 5 mg</i> (Ritalin)                                                              | Tier 2 | QL (90 EA per 30 days)                                                                                                                                                                              |
| <i>methylphenidate hcl oral tablet extended<br/>release 10 mg</i>                                                                    | Tier 2 | QL (3 EA per 1 day)                                                                                                                                                                                 |
| <i>methylphenidate hcl oral tablet extended<br/>release 20 mg</i> (Metadate ER)                                                      | Tier 2 | QL (90 EA per 30 days)                                                                                                                                                                              |
| <i>methylphenidate hcl oral tablet extended<br/>release 24hr 18 mg, 27 mg, 54 mg</i> (Concerta)                                      | Tier 2 | QL (1 EA per 1 day)                                                                                                                                                                                 |
| <i>methylphenidate hcl oral tablet extended<br/>release 24hr 36 mg</i> (Concerta)                                                    | Tier 2 | QL (2 EA per 1 day)                                                                                                                                                                                 |
| <i>methylphenidate hcl oral tablet,chewable<br/>10 mg</i>                                                                            | Tier 2 | QL (6 EA per 1 day)                                                                                                                                                                                 |
| <i>methylphenidate hcl oral tablet,chewable<br/>2.5 mg, 5 mg</i>                                                                     | Tier 2 | QL (90 EA per 30 days)                                                                                                                                                                              |

| Drug                                                                                                       | Status | Notes                                                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr</i> (Daytrana) | Tier 2 | ST: Must meet the following requirement: oral Methylphenidate CD/ER/LA or Methylphenidate suspension/solution in 120 days; QL (1 EA per 1 day)                                                 |
| QUILLICHEW ER ORAL<br>TABLET,CHEW,IR-ER.BIPHASIC24HR<br>20 MG, 40 MG                                       | Tier 4 | ST: Must meet any of the following requirements: generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER in 120 days; QL (1 EA per 1 day)                   |
| QUILLICHEW ER ORAL<br>TABLET,CHEW,IR-ER.BIPHASIC24HR<br>30 MG                                              | Tier 4 | ST: Must meet any of the following requirements: generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER in 120 days; QL (2 EA per 1 day)                   |
| QUILLIVANT XR 25 MG/5 ML SUSP 5<br>MG/ML (25 MG/5 ML)                                                      | Tier 4 | 120mL BOTTLE; ST: Must meet any of the following requirements: generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER in 120 days; QL (240 ML per 30 days) |
| QUILLIVANT XR 25 MG/5 ML SUSP 5<br>MG/ML (25 MG/5 ML)                                                      | Tier 4 | 150mL BOTTLE; ST: Must meet any of the following requirements: generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER in 120 days; QL (300 ML per 30 days) |

| Drug                                                                             | Status | Notes                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)                               | Tier 4 | 180mL BOTTLE; ST: Must meet any of the following requirements: generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER in 120 days; QL (360 ML per 30 days)                                  |
| QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)                               | Tier 4 | 60mL BOTTLE; ST: Must meet any of the following requirements: generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER in 120 days; QL (60 ML per 30 days)                                    |
| <b>Tx For Attention Deficit-Hyperact.(Adhd), Nri-Type</b>                        |        |                                                                                                                                                                                                                                 |
| <i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i> | Tier 2 |                                                                                                                                                                                                                                 |
| QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG                                | Tier 4 | ST: Must meet any of the following requirements: Atomoxetine, Clonidine ER (Kapvay), Dexmethylphenidate, Dextroamphetamine/Amphetamine, Guanfacine ER (intuniv), or generic Methylphenidate IR in 120 days; QL (1 EA per 1 day) |
| QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG                                | Tier 4 | ST: Must meet any of the following requirements: Atomoxetine, Clonidine ER (Kapvay), Dexmethylphenidate, Dextroamphetamine/Amphetamine, Guanfacine ER (intuniv), or generic Methylphenidate IR in 120 days; QL (2 EA per 1 day) |

| Drug                                                                          | Status | Notes                                                                                                                                                                                                                                    |
|-------------------------------------------------------------------------------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| QELBREE ORAL<br>CAPSULE,EXTENDED RELEASE 24HR<br>200 MG                       | Tier 4 | ST: Must meet any of the following requirements:<br>Atomoxetine, Clonidine ER (Kapvay),<br>Dexmethylphenidate,<br>Dextroamphetamine/Amphetamine, Guanfacine ER (intuniv), or generic Methylphenidate IR in 120 days; QL (3 EA per 1 day) |
| <b>Cardiovascular Disease - Arrhythmia</b>                                    |        |                                                                                                                                                                                                                                          |
| <b>Antiarrhythmics</b>                                                        |        |                                                                                                                                                                                                                                          |
| <i>amiodarone oral tablet 100 mg, 200 mg</i> (Pacerone)                       | Tier 2 |                                                                                                                                                                                                                                          |
| <i>amiodarone oral tablet 400 mg</i>                                          | Tier 2 |                                                                                                                                                                                                                                          |
| <i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> (Norpace)           | Tier 2 |                                                                                                                                                                                                                                          |
| <i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)            | Tier 2 |                                                                                                                                                                                                                                          |
| <i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>                           | Tier 2 |                                                                                                                                                                                                                                          |
| <i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>                         | Tier 2 |                                                                                                                                                                                                                                          |
| MULTAQ ORAL TABLET 400 MG                                                     | Tier 3 |                                                                                                                                                                                                                                          |
| NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG                              | Tier 3 |                                                                                                                                                                                                                                          |
| NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 150 MG (disopyramide phosphate)     | Tier 3 |                                                                                                                                                                                                                                          |
| PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG (amiodarone)                      | Tier 2 |                                                                                                                                                                                                                                          |
| <i>propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg</i> | Tier 2 |                                                                                                                                                                                                                                          |
| <i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>                         | Tier 2 |                                                                                                                                                                                                                                          |
| <i>quinidine gluconate oral tablet extended release 324 mg</i>                | Tier 2 |                                                                                                                                                                                                                                          |
| <i>quinidine sulfate oral tablet 200 mg, 300 mg</i>                           | Tier 2 |                                                                                                                                                                                                                                          |
| <b>Cardiovascular Disease - Cardiac Stimulant</b>                             |        |                                                                                                                                                                                                                                          |
| <b>Adrenergic Agents,Catecholamines</b>                                       |        |                                                                                                                                                                                                                                          |
| <i>epinephrine injection syringe 0.1 mg/ml</i>                                | Tier 2 |                                                                                                                                                                                                                                          |
| <b>Digitalis Glycosides</b>                                                   |        |                                                                                                                                                                                                                                          |
| DIGITEK ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) (digoxin)           | Tier 2 |                                                                                                                                                                                                                                          |
| <i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>                           | Tier 3 |                                                                                                                                                                                                                                          |

| Drug                                                                                                     | Status | Notes               |
|----------------------------------------------------------------------------------------------------------|--------|---------------------|
| <i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Digitek)                               | Tier 2 |                     |
| <i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i> (Lanoxin)                                                | Tier 2 | PA                  |
| LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) (digoxin)                                      | Tier 3 |                     |
| LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG) (digoxin)                                                       | Tier 3 | PA                  |
| <b>Cardiovascular Disease - Hypertension</b>                                                             |        |                     |
| <b>Ace Inhibitor/Calcium Channel Blocker Combination</b>                                                 |        |                     |
| <i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg</i> (Lotrel)                  | Tier 1 |                     |
| <i>amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg</i>                                             | Tier 1 |                     |
| <i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i> | Tier 2 |                     |
| <b>Ace Inhibitor/Thiazide &amp; Thiazide-Like Diuretic</b>                                               |        |                     |
| <i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Lotensin HCT)        | Tier 1 |                     |
| <i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>                                              | Tier 1 |                     |
| <i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>                  | Tier 1 |                     |
| <i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic)                                    | Tier 1 |                     |
| <i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>                                               | Tier 1 |                     |
| <i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>                                 | Tier 1 |                     |
| <i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)          | Tier 1 |                     |
| <i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Accuretic)            | Tier 1 |                     |
| <b>Alpha/Beta-Adrenergic Blocking Agents</b>                                                             |        |                     |
| <i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg)                                  | Tier 2 |                     |
| <i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i> (Coreg CR)      | Tier 2 | QL (1 EA per 1 day) |
| <i>labetalol oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>                                              | Tier 2 |                     |

| Drug                                                                                                                                    | Status | Notes                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------|
| <b>Alpha-Adrenergic Blocking Agents</b>                                                                                                 |        |                                                                                                                                   |
| CARDURA XL ORAL TABLET<br>EXTENDED RELEASE 24HR 4 MG, 8 MG                                                                              | Tier 4 |                                                                                                                                   |
| <i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)                                                                           | Tier 2 |                                                                                                                                   |
| <i>phenoxybenzamine oral capsule 10 mg</i> (Dibenzyline)                                                                                | Tier 5 | PA                                                                                                                                |
| <i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>                                                                                           | Tier 2 |                                                                                                                                   |
| <i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>                                                                                   | Tier 2 |                                                                                                                                   |
| TEZRULY ORAL SOLUTION 1 MG/ML                                                                                                           | Tier 4 | PA                                                                                                                                |
| <b>Angioten.Receptr Antag./Calc.Chanl Blkr/Thiazide Cb</b>                                                                              |        |                                                                                                                                   |
| <i>amlodipine-valsartan-hcthiiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i> (Exforge HCT) | Tier 2 |                                                                                                                                   |
| <i>olmesartan-amlodipin-hcthiiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i> (Tribenzor)       | Tier 2 |                                                                                                                                   |
| <b>Angiotensin Receptor Antag./Thiazide Diuretic Comb</b>                                                                               |        |                                                                                                                                   |
| <i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> (Atacand HCT)                                        | Tier 2 |                                                                                                                                   |
| EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG                                                                                             | Tier 4 | ST: Must meet any of the following requirements: An ACE-Inhibitor, ACE-Inhibitor combination, ARB, or ARB combination in 120 days |
| <i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)                                                    | Tier 1 |                                                                                                                                   |
| <i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar)                                             | Tier 1 |                                                                                                                                   |
| <i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> (Benicar HCT)                                        | Tier 2 |                                                                                                                                   |
| <i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> (Micardis HCT)                                       | Tier 2 |                                                                                                                                   |
| <i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> (Diovan HCT)                | Tier 1 |                                                                                                                                   |
| <b>Angiotensin Receptor Antgnst &amp; Calc.Channel Blockr</b>                                                                           |        |                                                                                                                                   |
| <i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i> (Azor)                                                    | Tier 2 |                                                                                                                                   |
| <i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> (Exforge)                                              | Tier 1 |                                                                                                                                   |

| Drug                                                                      | Status | Notes                                                                                                                             |
|---------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------|
| telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg   | Tier 2 |                                                                                                                                   |
| <b>Antihypertensives, Ace Inhibitors</b>                                  |        |                                                                                                                                   |
| benazepril oral tablet 10 mg, 20 mg, 40 mg (Lotensin)                     | Tier 1 |                                                                                                                                   |
| benazepril oral tablet 5 mg                                               | Tier 1 |                                                                                                                                   |
| captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg                       | Tier 2 |                                                                                                                                   |
| enalapril maleate oral solution 1 mg/ml (Epaned)                          | Tier 2 | PA                                                                                                                                |
| enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg (Vasotec)        | Tier 1 |                                                                                                                                   |
| fosinopril oral tablet 10 mg, 20 mg, 40 mg                                | Tier 1 |                                                                                                                                   |
| lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg (Zestril) | Tier 1 |                                                                                                                                   |
| moexipril oral tablet 15 mg, 7.5 mg                                       | Tier 1 |                                                                                                                                   |
| perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg                         | Tier 1 |                                                                                                                                   |
| QBRELIS ORAL SOLUTION 1 MG/ML                                             | Tier 4 | PA                                                                                                                                |
| quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg (Accupril)                | Tier 1 |                                                                                                                                   |
| ramipril oral capsule 1.25 mg, 2.5 mg, 5 mg (Altace)                      | Tier 1 |                                                                                                                                   |
| ramipril oral capsule 10 mg                                               | Tier 1 |                                                                                                                                   |
| trandolapril oral tablet 1 mg, 2 mg, 4 mg                                 | Tier 1 |                                                                                                                                   |
| <b>Antihypertensives, Angiotensin Receptor Antagonist</b>                 |        |                                                                                                                                   |
| ARB LI ORAL SUSPENSION 10 MG/ML                                           | Tier 4 | PA                                                                                                                                |
| candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg (Atacand)                | Tier 2 |                                                                                                                                   |
| EDARBI ORAL TABLET 40 MG, 80 MG                                           | Tier 4 | ST: Must meet any of the following requirements: An ACE-Inhibitor, ACE-Inhibitor combination, ARB, or ARB combination in 120 days |
| eprosartan oral tablet 600 mg                                             | Tier 2 |                                                                                                                                   |
| irbesartan oral tablet 150 mg, 300 mg (Avapro)                            | Tier 1 |                                                                                                                                   |
| irbesartan oral tablet 75 mg                                              | Tier 1 |                                                                                                                                   |
| losartan oral tablet 100 mg, 25 mg, 50 mg (Cozaar)                        | Tier 1 |                                                                                                                                   |
| olmesartan oral tablet 20 mg, 40 mg, 5 mg (Benicar)                       | Tier 2 |                                                                                                                                   |
| telmisartan oral tablet 20 mg                                             | Tier 1 |                                                                                                                                   |
| telmisartan oral tablet 40 mg, 80 mg (Micardis)                           | Tier 1 |                                                                                                                                   |

| Drug                                                                            | Status | Notes                                                                                                                         |
|---------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------|
| valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg (Diovan)                     | Tier 1 |                                                                                                                               |
| <b>Antihypertensives, Ganglionic Blockers</b>                                   |        |                                                                                                                               |
| VECAMYL ORAL TABLET 2.5 MG                                                      | Tier 5 | PA                                                                                                                            |
| <b>Antihypertensives, Miscellaneous</b>                                         |        |                                                                                                                               |
| metirosine oral capsule 250 mg (Demser)                                         | Tier 5 | PA                                                                                                                            |
| <b>Antihypertensives, Sympatholytic</b>                                         |        |                                                                                                                               |
| clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg                                | Tier 2 |                                                                                                                               |
| clonidine transdermal patch weekly 0.1 mg/24 hr (Catapres-TTS-1)                | Tier 2 |                                                                                                                               |
| clonidine transdermal patch weekly 0.2 mg/24 hr (Catapres-TTS-2)                | Tier 2 |                                                                                                                               |
| clonidine transdermal patch weekly 0.3 mg/24 hr (Catapres-TTS-3)                | Tier 2 |                                                                                                                               |
| guanfacine oral tablet 1 mg, 2 mg                                               | Tier 2 |                                                                                                                               |
| methyldopa oral tablet 250 mg, 500 mg                                           | Tier 2 |                                                                                                                               |
| methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg                 | Tier 2 |                                                                                                                               |
| <b>Antihypertensives, Vasodilators</b>                                          |        |                                                                                                                               |
| hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg                             | Tier 2 |                                                                                                                               |
| minoxidil oral tablet 10 mg, 2.5 mg                                             | Tier 2 |                                                                                                                               |
| <b>Antihypertensives, Endothelin Receptor Antagonists</b>                       |        |                                                                                                                               |
| TRYVIO ORAL TABLET 12.5 MG                                                      | Tier 5 | PA                                                                                                                            |
| VANRAFIA ORAL TABLET 0.75 MG                                                    | Tier 5 | PA                                                                                                                            |
| <b>Beta-Adrenergic Blocking Agents</b>                                          |        |                                                                                                                               |
| acebutolol oral capsule 200 mg, 400 mg                                          | Tier 2 |                                                                                                                               |
| atenolol oral tablet 100 mg, 25 mg, 50 mg (Tenormin)                            | Tier 2 |                                                                                                                               |
| betaxolol oral tablet 10 mg, 20 mg                                              | Tier 2 |                                                                                                                               |
| bisoprolol fumarate oral tablet 10 mg, 2.5 mg, 5 mg                             | Tier 2 |                                                                                                                               |
| HEMANGEOL ORAL SOLUTION 4.28 MG/ML                                              | Tier 4 | ST: Must meet the following requirement: Propranolol solution in 120 days if 1 year of age and older; QL (360 ML per 30 days) |
| KAPSPARGO SPRINKLE ORAL CAPSULE, SPRINKLE, ER 24HR 100 MG, 200 MG, 25 MG, 50 MG | Tier 4 |                                                                                                                               |
| LOPRESSOR ORAL SOLUTION 10 MG/ML                                                | Tier 4 | PA                                                                                                                            |



| Drug                                                                                                                        | Status | Notes                                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------|--------|------------------------------------------------------------------------------------------------|
| <i>metoprolol succinate oral tablet</i> (Toprol XL)<br><i>extended release 24 hr 100 mg, 200 mg,</i><br><i>25 mg, 50 mg</i> | Tier 2 |                                                                                                |
| <i>metoprolol tartrate oral tablet 100 mg, 50</i> (Lopressor)<br><i>mg</i>                                                  | Tier 2 |                                                                                                |
| <i>metoprolol tartrate oral tablet 25 mg,</i><br><i>37.5 mg, 75 mg</i>                                                      | Tier 2 |                                                                                                |
| <i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>                                                                              | Tier 2 |                                                                                                |
| <i>nebivolol oral tablet 10 mg, 2.5 mg, 20</i> (Bystolic)<br><i>mg, 5 mg</i>                                                | Tier 2 |                                                                                                |
| <i>pindolol oral tablet 10 mg, 5 mg</i>                                                                                     | Tier 2 |                                                                                                |
| <i>propranolol oral capsule,extended</i> (Inderal LA)<br><i>release 24 hr 120 mg, 160 mg, 60 mg,</i><br><i>80 mg</i>        | Tier 2 |                                                                                                |
| <i>propranolol oral solution 20 mg/5 ml (4</i><br><i>mg/ml), 40 mg/5 ml (8 mg/ml)</i>                                       | Tier 2 |                                                                                                |
| <i>propranolol oral tablet 10 mg, 20 mg, 40</i><br><i>mg, 60 mg, 80 mg</i>                                                  | Tier 2 |                                                                                                |
| SOTALOL AF ORAL TABLET 120 MG, (sotalol)<br>160 MG, 80 MG                                                                   | Tier 2 |                                                                                                |
| <i>sotalol oral tablet 120 mg, 160 mg, 80</i> (Sotalol AF)<br><i>mg</i>                                                     | Tier 2 |                                                                                                |
| <i>sotalol oral tablet 240 mg</i> (Betapace)                                                                                | Tier 2 |                                                                                                |
| SOTYLIZE ORAL SOLUTION 5 MG/ML                                                                                              | Tier 4 | QL: 8 BOTTLES IN 30 DAYS; ST: Must meet the following requirement: Sotalol tablets in 120 days |
| <i>timolol maleate oral tablet 10 mg, 20 mg,</i><br><i>5 mg</i>                                                             | Tier 2 |                                                                                                |
| <b>Beta-Adrenergic Blocking Agents/Thiazide &amp; Related</b>                                                               |        |                                                                                                |
| <i>atenolol-chlorthalidone oral tablet 100-25</i> (Tenoretic 100)<br><i>mg</i>                                              | Tier 2 |                                                                                                |
| <i>atenolol-chlorthalidone oral tablet 50-25</i> (Tenoretic 50)<br><i>mg</i>                                                | Tier 2 |                                                                                                |
| <i>bisoprolol-hydrochlorothiazide oral tablet</i><br><i>10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>                              | Tier 2 |                                                                                                |
| <i>metoprolol ta-hydrochlorothiaz oral tablet</i><br><i>100-25 mg, 100-50 mg, 50-25 mg</i>                                  | Tier 2 |                                                                                                |
| <i>propranolol-hydrochlorothiazid oral tablet</i><br><i>40-25 mg, 80-25 mg</i>                                              | Tier 2 |                                                                                                |
| <b>Calcium Channel Blocking Agents</b>                                                                                      |        |                                                                                                |
| <i>amlodipine oral tablet 10 mg, 2.5 mg, 5</i> (Norvasc)<br><i>mg</i>                                                       | Tier 2 |                                                                                                |

| Drug                                                                                                                         | Status | Notes |
|------------------------------------------------------------------------------------------------------------------------------|--------|-------|
| CARTIA XT ORAL (diltiazem hcl)<br>CAPSULE,EXTENDED RELEASE 24HR<br>120 MG, 180 MG, 240 MG, 300 MG                            | Tier 2 |       |
| CONJUPRI ORAL TABLET 2.5 MG (levamlodipine)                                                                                  | Tier 4 | PA    |
| <i>diltiazem hcl oral capsule,ext.rel 24h<br/>degradable 120 mg, 180 mg, 240 mg</i> (DILT-XR)                                | Tier 2 |       |
| <i>diltiazem hcl oral capsule,extended<br/>release 12 hr 120 mg, 60 mg, 90 mg</i>                                            | Tier 2 |       |
| <i>diltiazem hcl oral capsule,extended<br/>release 24 hr 120 mg, 180 mg, 240 mg,<br/>300 mg, 360 mg, 420 mg</i> (Tiadylt ER) | Tier 2 |       |
| <i>diltiazem hcl oral capsule,extended<br/>release 24hr 120 mg, 180 mg, 240 mg,<br/>300 mg</i> (Cartia XT)                   | Tier 2 |       |
| <i>diltiazem hcl oral capsule,extended<br/>release 24hr 360 mg</i> (Cardizem CD)                                             | Tier 2 |       |
| <i>diltiazem hcl oral tablet 120 mg, 30 mg,<br/>60 mg</i> (Cardizem)                                                         | Tier 2 |       |
| <i>diltiazem hcl oral tablet 90 mg</i>                                                                                       | Tier 2 |       |
| <i>diltiazem hcl oral tablet extended release<br/>24 hr 120 mg</i> (Cardizem LA)                                             | Tier 2 |       |
| <i>diltiazem hcl oral tablet extended release<br/>24 hr 180 mg, 240 mg, 300 mg, 360 mg,<br/>420 mg</i> (Matzim LA)           | Tier 2 |       |
| DILT-XR ORAL CAPSULE,EXT.REL<br>24H DEGRADABLE 120 MG, 180 MG,<br>240 MG (diltiazem hcl)                                     | Tier 2 |       |
| <i>felodipine oral tablet extended release<br/>24 hr 10 mg, 2.5 mg, 5 mg</i>                                                 | Tier 2 |       |
| <i>isradipine oral capsule 2.5 mg, 5 mg</i>                                                                                  | Tier 2 |       |
| <i>levamlodipine oral tablet 2.5 mg, 5 mg</i> (Conjupri)                                                                     | Tier 2 | PA    |
| MATZIM LA ORAL TABLET EXTENDED<br>RELEASE 24 HR 180 MG, 240 MG, 300<br>MG, 360 MG, 420 MG (diltiazem hcl)                    | Tier 2 |       |
| <i>nicardipine oral capsule 20 mg, 30 mg</i>                                                                                 | Tier 2 |       |
| <i>nifedipine oral capsule 10 mg, 20 mg</i>                                                                                  | Tier 2 |       |
| <i>nifedipine oral tablet extended release<br/>24hr 30 mg, 60 mg, 90 mg</i> (Procardia XL)                                   | Tier 2 |       |
| <i>nifedipine oral tablet extended release<br/>30 mg, 60 mg, 90 mg</i>                                                       | Tier 2 |       |
| <i>nimodipine oral capsule 30 mg</i>                                                                                         | Tier 2 |       |
| <i>nimodipine oral solution 60 mg/20 ml</i>                                                                                  | Tier 5 | PA    |
| <i>nisoldipine oral tablet extended release<br/>24 hr 17 mg, 34 mg, 8.5 mg</i> (Sular)                                       | Tier 2 |       |

| Drug                                                                                                          | Status | Notes |
|---------------------------------------------------------------------------------------------------------------|--------|-------|
| <i>nisoldipine oral tablet extended release 24 hr 20 mg, 25.5 mg, 30 mg, 40 mg</i>                            | Tier 2 |       |
| NORLIQVA ORAL SOLUTION 1 MG/ML                                                                                | Tier 4 | PA    |
| NYMALIZE ORAL SOLUTION 60 MG/10 ML                                                                            | Tier 4 | PA    |
| NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML                                                                 | Tier 4 | PA    |
| TIADYLT ER ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl) | Tier 2 |       |
| <i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>                                      | Tier 2 |       |
| <i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>                           | Tier 2 |       |
| <i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>                                                             | Tier 2 |       |
| <i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>                                          | Tier 2 |       |
| <b>Loop Diuretics</b>                                                                                         |        |       |
| <i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>                                                              | Tier 2 |       |
| <i>ethacrynic acid oral tablet 25 mg</i> (Edecrin)                                                            | Tier 2 | PA    |
| FUROSCIX SUBCUTANEOUS KIT 80 MG/10 ML                                                                         | Tier 5 | PA    |
| <i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>                                                | Tier 2 |       |
| <i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)                                                     | Tier 2 |       |
| <i>torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>                                                       | Tier 2 |       |
| <b>Potassium Sparing Diuretics</b>                                                                            |        |       |
| <i>amiloride oral tablet 5 mg</i>                                                                             | Tier 2 |       |
| <i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)                                                           | Tier 2 |       |
| KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG                                                                      | Tier 4 | PA    |
| <i>spironolactone oral suspension 25 mg/5 ml</i> (CaroSpir)                                                   | Tier 2 | PA    |
| <i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)                                            | Tier 2 |       |
| <i>triamterene oral capsule 100 mg, 50 mg</i> (Dyrenium)                                                      | Tier 2 |       |
| <b>Potassium Sparing Diuretics In Combination</b>                                                             |        |       |
| <i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>                                                      | Tier 2 |       |

| Drug                                                                                            | Status | Notes                   |
|-------------------------------------------------------------------------------------------------|--------|-------------------------|
| <i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>                                      | Tier 2 |                         |
| <i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>                                   | Tier 2 |                         |
| <i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>                          | Tier 2 |                         |
| <b>Pulm Anti-Htn,Soluble Guanylate Cyclase Stimulator</b>                                       |        |                         |
| ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG                                          | Tier 5 | PA                      |
| <b>Pulm.Anti-Htn,Sel.C-Gmp Phosphodiesterase T5 Inhib</b>                                       |        |                         |
| ALYQ ORAL TABLET 20 MG (tadalafil (pulm. hypertension))                                         | Tier 5 | PA; QL (2 EA per 1 day) |
| LIQREV ORAL SUSPENSION 10 MG/ML                                                                 | Tier 5 | PA                      |
| <i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i>               | Tier 2 | PA                      |
| <i>sildenafil (pulm.hypertension) oral tablet 20 mg</i> (Revatio)                               | Tier 2 | PA                      |
| <i>tadalafil (pulm. hypertension) oral tablet 20 mg</i> (Alyq)                                  | Tier 5 | PA; QL (2 EA per 1 day) |
| <b>Pulmonary Anti-Htn, Endothelin Receptor Antagonist</b>                                       |        |                         |
| <i>ambrisentan oral tablet 10 mg, 5 mg</i> (Letairis)                                           | Tier 5 | PA                      |
| <i>bosentan oral tablet 125 mg, 62.5 mg</i> (Tracleer)                                          | Tier 5 | PA                      |
| <i>bosentan oral tablet for suspension 32 mg</i> (Tracleer)                                     | Tier 5 | PA                      |
| OPSUMIT ORAL TABLET 10 MG                                                                       | Tier 5 | PA                      |
| TRACLEER ORAL TABLET FOR SUSPENSION 32 MG (bosentan)                                            | Tier 5 | PA                      |
| <b>Pulmonary Antihyper Agent, Actriia-Fc</b>                                                    |        |                         |
| WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2)                  | Tier 5 | PA                      |
| <b>Pulmonary Antihypertensives, Prostacyclin-Type</b>                                           |        |                         |
| ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42)  | Tier 5 | PA                      |
| ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210) | Tier 5 | PA                      |

| Drug                                                                                                              | Status | Notes |
|-------------------------------------------------------------------------------------------------------------------|--------|-------|
| ORENITRAM MONTH 3 TITRATION KT<br>ORAL TABLET EXTENDED REL,DOSE<br>PACK 0.125 MG (126)- 0.25 MG(42)-<br>1MG       | Tier 5 | PA    |
| ORENITRAM ORAL TABLET<br>EXTENDED RELEASE 0.125 MG, 0.25<br>MG, 1 MG, 2.5 MG, 5 MG                                | Tier 5 | PA    |
| REMODULIN INJECTION SOLUTION 1 (treprostinil sodium)<br>MG/ML, 10 MG/ML, 2.5 MG/ML, 5<br>MG/ML                    | Tier 5 | PA    |
| <i>treprostinil sodium injection solution 1</i> (Remodulin)<br><i>mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i>         | Tier 5 | PA    |
| TYVASO DPI INHALATION<br>CARTRIDGE WITH INHALER 16 MCG,<br>16(112)-32(112) -48(28) MCG, 32 MCG,<br>48 MCG, 64 MCG | Tier 5 | PA    |
| TYVASO INHALATION SOLUTION FOR<br>NEBULIZATION 1.74 MG/2.9 ML (0.6<br>MG/ML)                                      | Tier 5 | PA    |
| TYVASO INSTITUTIONAL START KIT<br>INHALATION SOLUTION FOR<br>NEBULIZATION 1.74 MG/2.9 ML                          | Tier 5 | PA    |
| TYVASO REFILL KIT INHALATION<br>SOLUTION FOR NEBULIZATION 1.74<br>MG/2.9 ML (0.6 MG/ML)                           | Tier 5 | PA    |
| TYVASO STARTER KIT INHALATION<br>SOLUTION FOR NEBULIZATION 1.74<br>MG/2.9 ML                                      | Tier 5 | PA    |
| UPTRAVI ORAL TABLET 1,000 MCG,<br>1,200 MCG, 1,400 MCG, 1,600 MCG,<br>200 MCG, 400 MCG, 600 MCG, 800<br>MCG       | Tier 5 | PA    |
| UPTRAVI ORAL TABLETS,DOSE PACK<br>200 MCG (140)- 800 MCG (60)                                                     | Tier 5 | PA    |
| VENTAVIS INHALATION SOLUTION<br>FOR NEBULIZATION 10 MCG/ML, 20<br>MCG/ML                                          | Tier 5 | PA    |
| YUTREPIA INHALATION CAPSULE,<br>W/INHALATION DEVICE 106 MCG,<br>26.5 MCG, 53 MCG, 79.5 MCG                        | Tier 5 | PA    |
| <b>Pulmonary Htn-Endothelin Recept<br/>Antg-Cgmp Pde5 Inh</b>                                                     |        |       |
| OPSYNVI ORAL TABLET 10-20 MG,<br>10-40 MG                                                                         | Tier 5 | PA    |
| <b>Renin Inhibitor, Direct</b>                                                                                    |        |       |
| <i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)                                                            | Tier 2 |       |

| Drug                                                              | Status | Notes                                                               |
|-------------------------------------------------------------------|--------|---------------------------------------------------------------------|
| <b>Thiazide And Related Diuretics</b>                             |        |                                                                     |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i>                    | Tier 2 |                                                                     |
| DIURIL ORAL SUSPENSION 250 MG/5 ML                                | Tier 4 |                                                                     |
| HEMICLOR ORAL TABLET 12.5 MG                                      | Tier 4 |                                                                     |
| <i>hydrochlorothiazide oral capsule 12.5 mg</i>                   | Tier 2 |                                                                     |
| <i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>      | Tier 2 |                                                                     |
| <i>indapamide oral tablet 1.25 mg, 2.5 mg</i>                     | Tier 2 |                                                                     |
| INZIRQO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML               | Tier 4 | PA                                                                  |
| <i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>                 | Tier 2 |                                                                     |
| THALITONE ORAL TABLET 15 MG                                       | Tier 4 |                                                                     |
| <b>Vasodilators, Combination</b>                                  |        |                                                                     |
| <i>isosorbide-hydralazine oral tablet 20-37.5 mg</i> (BiDil)      | Tier 2 |                                                                     |
| <b>Cardiovascular Disease - Lipid Irregularity</b>                |        |                                                                     |
| <b>Antihyperlip.Hmg Coa Reduct Inhib&amp;Cholest.Ab.Inhib</b>     |        |                                                                     |
| <i>ezetimibe-simvastatin oral tablet 10-10 mg</i> (Vytorin 10-10) | Tier 2 | QL (1 EA per 1 day)                                                 |
| <i>ezetimibe-simvastatin oral tablet 10-20 mg</i> (Vytorin 10-20) | Tier 2 | QL (1 EA per 1 day)                                                 |
| <i>ezetimibe-simvastatin oral tablet 10-40 mg</i> (Vytorin 10-40) | Tier 2 | QL (1 EA per 1 day)                                                 |
| <i>ezetimibe-simvastatin oral tablet 10-80 mg</i> (Vytorin 10-80) | Tier 2 | PA; QL (1 EA per 1 day)                                             |
| <b>Antihyperlipidemic - Apo B-100 Synthesis Inhibitor</b>         |        |                                                                     |
| TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML                 | Tier 5 | PA                                                                  |
| <b>Antihyperlipidemic - Atp Citrate Lyase Inhibitor</b>           |        |                                                                     |
| NEXLETOL ORAL TABLET 180 MG                                       | Tier 3 | ST: Must meet the following requirement: generic statin in 120 days |

| Drug                                                              | Status    | Notes                                                                                                                                                                                                                                                                 |
|-------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Antihyperlipidemic - Hmg Coa Reductase Inhibitors</b>          |           |                                                                                                                                                                                                                                                                       |
| ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG   | Tier 4    | ST: Must meet 2 of the following requirements: Atorvastatin, Lovastatin, Pravastatin, or Simvastatin in 365 days; QL (1 EA per 1 day)                                                                                                                                 |
| ATORVALIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)                    | Tier 4    | PA                                                                                                                                                                                                                                                                    |
| <i>atorvastatin oral tablet 10 mg, 20 mg</i> (Lipitor)            | \$0 COPAY | \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)                                                                                                                   |
| <i>atorvastatin oral tablet 40 mg, 80 mg</i> (Lipitor)            | Tier 1    | QL (1 EA per 1 day)                                                                                                                                                                                                                                                   |
| EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG | Tier 4    | ST: Must meet the following requirements: Generic Rosuvastatin in 120 days; QL (1 EA per 1 day)                                                                                                                                                                       |
| FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML) (simvastatin)       | Tier 4    | PA                                                                                                                                                                                                                                                                    |
| FLOLIPID ORAL SUSPENSION 40 MG/5 ML (8 MG/ML)                     | Tier 4    | PA                                                                                                                                                                                                                                                                    |
| <i>fluvastatin oral capsule 20 mg</i>                             | \$0 COPAY | ST: Must meet 2 of the following requirements: Atorvastatin, Lovastatin, Pravastatin, or Simvastatin in 365 days; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day) |

| Drug                                                                    | Status    | Notes                                                                                                                                                                                                                                                                 |
|-------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>fluvastatin oral capsule 40 mg</i>                                   | \$0 COPAY | ST: Must meet 2 of the following requirements: Atorvastatin, Lovastatin, Pravastatin, or Simvastatin in 365 days; \$0 COPAY IF QUANTITY 2 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day) |
| <i>fluvastatin oral tablet extended release 24 hr 80 mg</i> (Lescol XL) | \$0 COPAY | ST: Must meet 2 of the following requirements: Atorvastatin, Lovastatin, Pravastatin, or Simvastatin in 365 days; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day) |
| <i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>                       | \$0 COPAY | \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)                                                                                                                   |
| <i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i> (Livalo)       | \$0 COPAY | \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)                                                                                                                   |
| <i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>               | \$0 COPAY | \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)                                                                                                                   |



| Drug                                                                  | Status    | Notes                                                                                                                                               |
|-----------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>rosuvastatin oral tablet 10 mg, 5 mg</i> (Crestor)                 | \$0 COPAY | \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day) |
| <i>rosuvastatin oral tablet 20 mg, 40 mg</i> (Crestor)                | Tier 1    | QL (1 EA per 1 day)                                                                                                                                 |
| <i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor)            | \$0 COPAY | \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day) |
| <i>simvastatin oral tablet 5 mg</i>                                   | \$0 COPAY | \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day) |
| <i>simvastatin oral tablet 80 mg</i>                                  | Tier 1    | PA; QL (1 EA per 1 day)                                                                                                                             |
| <b>Antihyperlipidemic - Mtp Inhibitor</b>                             |           |                                                                                                                                                     |
| JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG                       | Tier 5    | PA                                                                                                                                                  |
| <b>Antihyperlipidemic - Pcsk9 Inhibitors</b>                          |           |                                                                                                                                                     |
| PRALUENT PEN SUBCUTANEOUS<br>PEN INJECTOR 150 MG/ML, 75 MG/ML         | Tier 4    | ST: Must meet the following requirement:<br>Repatha in 120 days                                                                                     |
| REPATHA PUSHTRONEX<br>SUBCUTANEOUS WEARABLE<br>INJECTOR 420 MG/3.5 ML | Tier 3    | ST: Must meet the following requirement:<br>generic statin in 120 days                                                                              |
| REPATHA SURECLICK<br>SUBCUTANEOUS PEN INJECTOR 140<br>MG/ML           | Tier 3    | ST: Must meet the following requirement:<br>generic statin in 120 days                                                                              |
| REPATHA SYRINGE SUBCUTANEOUS<br>SYRINGE 140 MG/ML                     | Tier 3    | ST: Must meet the following requirement:<br>generic statin in 120 days                                                                              |
| <b>Antihyperlipidemic-Acly And Choles Absorp Inhib</b>                |           |                                                                                                                                                     |
| NEXLIZET ORAL TABLET 180-10 MG                                        | Tier 3    | ST: Must meet the following requirement:<br>generic statin in 120 days                                                                              |

| Drug                                                                                | Status | Notes                                                                                                    |
|-------------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------|
| <b>Bile Salt Sequestrants</b>                                                       |        |                                                                                                          |
| <i>cholestyramine (with sugar) oral powder 4 gram</i> (Questran)                    | Tier 2 |                                                                                                          |
| <i>cholestyramine (with sugar) oral powder in packet 4 gram</i> (Questran)          | Tier 2 |                                                                                                          |
| CHOLESTYRAMINE LIGHT ORAL POWDER 4 GRAM                                             | Tier 2 |                                                                                                          |
| CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM                                   | Tier 2 |                                                                                                          |
| <i>colesevelam oral powder in packet 3.75 gram</i> (WelChol)                        | Tier 2 |                                                                                                          |
| <i>colesevelam oral tablet 625 mg</i> (WelChol)                                     | Tier 2 |                                                                                                          |
| <i>colestipol oral granules 5 gram</i> (Colestid)                                   | Tier 2 |                                                                                                          |
| <i>colestipol oral packet 5 gram</i>                                                | Tier 2 |                                                                                                          |
| <i>colestipol oral tablet 1 gram</i> (Colestid)                                     | Tier 2 |                                                                                                          |
| PREVALITE ORAL POWDER 4 GRAM                                                        | Tier 2 |                                                                                                          |
| PREVALITE ORAL POWDER IN PACKET 4 GRAM                                              | Tier 2 |                                                                                                          |
| <b>Lipotropics</b>                                                                  |        |                                                                                                          |
| <i>ezetimibe oral tablet 10 mg</i> (Zetia)                                          | Tier 2 | QL (1 EA per 1 day)                                                                                      |
| <i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>     | Tier 2 |                                                                                                          |
| <i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i> (Tricor)              | Tier 2 |                                                                                                          |
| <i>fenofibrate oral capsule 150 mg, 50 mg</i> (Lipofen)                             | Tier 2 |                                                                                                          |
| <i>fenofibrate oral tablet 120 mg, 160 mg, 40 mg, 54 mg</i>                         | Tier 2 |                                                                                                          |
| <i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i> | Tier 2 |                                                                                                          |
| <i>fenofibric acid oral tablet 105 mg, 35 mg</i> (Fibricor)                         | Tier 2 |                                                                                                          |
| <i>gemfibrozil oral tablet 600 mg</i> (Lopid)                                       | Tier 2 |                                                                                                          |
| <i>icosapent ethyl oral capsule 0.5 gram</i> (Vascepa)                              | Tier 2 | QL (8 EA per 1 day)                                                                                      |
| <i>icosapent ethyl oral capsule 1 gram</i> (Vascepa)                                | Tier 2 | QL (4 EA per 1 day)                                                                                      |
| <i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>           | Tier 2 |                                                                                                          |
| NIACOR ORAL TABLET 500 MG (niacin)                                                  | Tier 2 |                                                                                                          |
| <i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)                       | Tier 2 | ST: Must meet any of the following requirements:<br>generic Fenofibrate in 120 days; QL (4 EA per 1 day) |
| <b>Niacin Preparations</b>                                                          |        |                                                                                                          |
| <i>niacin oral tablet 500 mg</i> (Niacor)                                           | Tier 2 |                                                                                                          |

| Drug                                                                                                                           | Status | Notes                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Cardiovascular Disease - Miscellaneous Agents</b>                                                                           |        |                                                                                                                                           |
| <b>Adrenergic Vasopressor Agents</b>                                                                                           |        |                                                                                                                                           |
| <i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i> (Northera)                                                                | Tier 5 | PA                                                                                                                                        |
| <i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>                                                                               | Tier 2 |                                                                                                                                           |
| <b>Angiotensin Recept-Neprilysin Inhibitor Comb(Arni)</b>                                                                      |        |                                                                                                                                           |
| ENTRESTO ORAL TABLET 24-26 MG (sacubitril-valsartan)                                                                           | Tier 3 | QL (6 EA per 1 day)                                                                                                                       |
| ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG (sacubitril-valsartan)                                                                | Tier 3 | QL (2 EA per 1 day)                                                                                                                       |
| ENTRESTO SPRINKLE ORAL PELLETT 15-16 MG, 6-6 MG                                                                                | Tier 4 | QL (8 EA per 1 day)                                                                                                                       |
| <i>sacubitril-valsartan oral tablet 24-26 mg</i> (Entresto)                                                                    | Tier 2 | QL (6 EA per 1 day)                                                                                                                       |
| <i>sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg</i> (Entresto)                                                         | Tier 2 | QL (2 EA per 1 day)                                                                                                                       |
| <b>Antianginal &amp; Anti-Ischemic Agents,Non-Hemodynamic</b>                                                                  |        |                                                                                                                                           |
| <i>ranolazine oral tablet extended release 12 hr 1,000 mg</i>                                                                  | Tier 2 | QL (60 EA per 30 days)                                                                                                                    |
| <i>ranolazine oral tablet extended release 12 hr 500 mg</i>                                                                    | Tier 2 | QL (120 EA per 30 days)                                                                                                                   |
| <b>Antianginal, Heart Rate Reducing, I(F) Inhibitor</b>                                                                        |        |                                                                                                                                           |
| CORLANOR ORAL SOLUTION 5 MG/5 ML                                                                                               | Tier 3 | QL (20 ML per 1 day)                                                                                                                      |
| <i>ivabradine oral tablet 5 mg, 7.5 mg</i> (Corlanor)                                                                          | Tier 2 | ST: Must meet any of the following requirements:Metoprolol Succinate, Bisoprolol, or Carvedilol Required in 120 days; QL (2 EA per 1 day) |
| <b>Antihyperlip - Hmg-Coa&amp;Calcium Channel Blocker Cb</b>                                                                   |        |                                                                                                                                           |
| <i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> (Caduet) | Tier 2 | QL (1 EA per 1 day)                                                                                                                       |
| <i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>                                                     | Tier 2 | QL (1 EA per 1 day)                                                                                                                       |
| <b>Cardiac Myosin Inhibitor</b>                                                                                                |        |                                                                                                                                           |
| CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG                                                                                | Tier 5 | PA                                                                                                                                        |
| <b>Protein Stabilizers</b>                                                                                                     |        |                                                                                                                                           |
| ATTRUBY ORAL TABLET 356 MG                                                                                                     | Tier 5 | PA                                                                                                                                        |
| VYNDAMAX ORAL CAPSULE 61 MG                                                                                                    | Tier 5 | PA                                                                                                                                        |

| Drug                                                                                                  | Status    | Notes |
|-------------------------------------------------------------------------------------------------------|-----------|-------|
| VYNDAQEL ORAL CAPSULE 20 MG                                                                           | Tier 5    | PA    |
| <b>Soluble Guanylate Cyclase (Sgc) Stimulator</b>                                                     |           |       |
| VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG                                                               | Tier 4    | PA    |
| <b>Cardiovascular Disease - Vasodilation</b>                                                          |           |       |
| <b>Vasodilators, Coronary</b>                                                                         |           |       |
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>                                           | Tier 2    |       |
| <i>isosorbide dinitrate oral tablet 40 mg</i> (Isordil)                                               | Tier 2    |       |
| <i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradose)                                      | Tier 2    |       |
| <i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>                                                | Tier 2    |       |
| <i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>                 | Tier 2    |       |
| NITRO-BID TRANSDERMAL (nitroglycerin) OINTMENT 2 %                                                    | Tier 3    |       |
| NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR                                              | Tier 3    |       |
| <i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)                             | Tier 2    |       |
| <i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (Nitro-Dur) | Tier 2    |       |
| <i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i> (Nitrolingual)                     | Tier 2    |       |
| NITROMIST TRANSLINGUAL AEROSOL, SPRAY 400 MCG/SPRAY (nitroglycerin)                                   | Tier 4    |       |
| NITRO-TIME ORAL CAPSULE, EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG (nitroglycerin)                        | Tier 2    |       |
| <b>Vasodilators, Peripheral</b>                                                                       |           |       |
| <i>ergoloid oral tablet 1 mg</i>                                                                      | Tier 2    |       |
| <i>papaverine injection solution 30 mg/ml</i>                                                         | Tier 2    |       |
| <b>Contraception/Oxytocics</b>                                                                        |           |       |
| <b>Contraceptives, Intravaginal, Systemic</b>                                                         |           |       |
| ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR                                                           | \$0 COPAY |       |
| ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR (etonogestrel-ethinyl estradiol)                             | \$0 COPAY |       |
| ENILLORING VAGINAL RING 0.12-0.015 MG/24 HR (etonogestrel-ethinyl estradiol)                          | \$0 COPAY |       |
| <i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i> (EluRyng)                      | \$0 COPAY |       |

| Drug                                                                  |                                  | Status    | Notes                                                           |
|-----------------------------------------------------------------------|----------------------------------|-----------|-----------------------------------------------------------------|
| HALOETTE VAGINAL RING 0.12-0.015 MG/24 HR                             | (etonogestrel-ethinyl estradiol) | \$0 COPAY |                                                                 |
| <b>Contraceptives,Implantable</b>                                     |                                  |           |                                                                 |
| NEXPLANON SUBDERMAL IMPLANT 68 MG                                     |                                  | \$0 COPAY | \$0 COPAY IF QUANTITY LIMITED TO 1 IN 365 DAYS                  |
| <b>Contraceptives,Injectable</b>                                      |                                  |           |                                                                 |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML             |                                  | \$0 COPAY | \$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (0.65 ML per 84 days) |
| <i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>         | (Depo-Provera)                   | \$0 COPAY | \$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (1 ML per 84 days)    |
| <i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>            | (Depo-Provera)                   | \$0 COPAY | \$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (1 ML per 84 days)    |
| <b>Contraceptives,Intravaginal</b>                                    |                                  |           |                                                                 |
| PHEXXI VAGINAL GEL 1.8-1-0.4 %                                        |                                  | \$0 COPAY |                                                                 |
| VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 %                          |                                  | \$0 COPAY |                                                                 |
| VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %                              |                                  | \$0 COPAY |                                                                 |
| VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %                                 |                                  | \$0 COPAY |                                                                 |
| <b>Contraceptives,Oral</b>                                            |                                  |           |                                                                 |
| AFIRMELLE ORAL TABLET 0.1-20 MG-MCG                                   | (levonorgestrel-ethinyl estrad)  | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                             |
| AFTER PILL ORAL TABLET 1.5 MG                                         | (levonorgestrel)                 | \$0 COPAY |                                                                 |
| AFTERA ORAL TABLET 1.5 MG                                             | (levonorgestrel)                 | \$0 COPAY |                                                                 |
| ALTAVERA (28) ORAL TABLET 0.15-0.03 MG                                | (levonorgestrel-ethinyl estrad)  | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                             |
| ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG                             | (norethindrone-ethin estradiol)  | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                             |
| ALYACEN 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG                  |                                  | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                             |
| AMETHIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) | (l norgest/e.estradiol-e.estrad) | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)     |
| AMETHYST (28) ORAL TABLET 90-20 MCG (28)                              | (levonorgestrel-ethinyl estrad)  | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                             |
| APRI ORAL TABLET 0.15-0.03 MG                                         | (desogestrel-ethinyl estradiol)  | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                             |
| ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG                         |                                  | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                             |

| Drug                                                                    |                                  | Status    | Notes                                                       |
|-------------------------------------------------------------------------|----------------------------------|-----------|-------------------------------------------------------------|
| ASHLYNA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)   | (l norgest/e.estradiol-e.estrad) | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days) |
| AUBRA EQ ORAL TABLET 0.1-20 MG-MCG                                      | (levonorgestrel-ethinyl estrad)  | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| AUBRA ORAL TABLET 0.1-20 MG-MCG                                         | (levonorgestrel-ethinyl estrad)  | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| AUROVELA 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG                          | (norethindrone ac-eth estradiol) | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| AUROVELA 1/20 (21) ORAL TABLET 1-20 MG-MCG                              | (norethindrone ac-eth estradiol) | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| AUROVELA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)                   | (norethindrone-e.estradiol-iron) | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| AUROVELA FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)        | (norethindrone-e.estradiol-iron) | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| AUROVELA FE 1-20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)            | (norethindrone-e.estradiol-iron) | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| AVERI ORAL TABLET 0.15 MG-0.03 MG (21)/36.5 MG(7)                       |                                  | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| AVIANE ORAL TABLET 0.1-20 MG-MCG                                        | (levonorgestrel-ethinyl estrad)  | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| AYUNA ORAL TABLET 0.15-0.03 MG                                          | (levonorgestrel-ethinyl estrad)  | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| AZURETTE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5                  | (desog-e.estradiol/e.estradiol)  | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG                                  |                                  | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| BLISOVI 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)                    | (norethindrone-e.estradiol-iron) | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)         | (norethindrone-e.estradiol-iron) | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| BLISOVI FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)             | (norethindrone-e.estradiol-iron) | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| BRIELLYN ORAL TABLET 0.4-35 MG-MCG                                      |                                  | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| CAMILA ORAL TABLET 0.35 MG                                              | (norethindrone (contraceptive))  | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7) | (l norgest/e.estradiol-e.estrad) | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days) |
| CAMRESE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)   | (l norgest/e.estradiol-e.estrad) | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days) |
| CAZIENT (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG                         |                                  | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |

| Drug                                                                          |                                  | Status    | Notes                                                       |
|-------------------------------------------------------------------------------|----------------------------------|-----------|-------------------------------------------------------------|
| CHARLOTTE 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)               | (norethindrone-e.estradiol-iron) | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| CHATEAL EQ (28) ORAL TABLET 0.15-0.03 MG                                      | (levonorgestrel-ethinyl estrad)  | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| CRYSSELLE (28) ORAL TABLET 0.3-30 MG-MCG                                      | (norgestrel-ethinyl estradiol)   | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| CYRED EQ ORAL TABLET 0.15-0.03 MG                                             | (desogestrel-ethinyl estradiol)  | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| CYRED ORAL TABLET 0.15-0.03 MG                                                | (desogestrel-ethinyl estradiol)  | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG                                     | (norethindrone-ethin estradiol)  | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| DASETTA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG                          |                                  | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| DAYSEE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)          | (l norgest/e.estradiol-e.estrad) | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days) |
| DEBLITANE ORAL TABLET 0.35 MG                                                 | (norethindrone (contraceptive))  | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| <i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> | (Azurette (28))                  | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| DOLISHALE ORAL TABLET 90-20 MCG (28)                                          | (levonorgestrel-ethinyl estrad)  | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| <i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i>    | (Beyaz)                          | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| <i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)</i>    | (Tydemy)                         | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| <i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>                   | (Jasmiel (28))                   | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| <i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>                   | (Ocella)                         | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| ECONTRA EZ ORAL TABLET 1.5 MG                                                 | (levonorgestrel)                 | \$0 COPAY |                                                             |
| ECONTRA ONE-STEP ORAL TABLET 1.5 MG                                           | (levonorgestrel)                 | \$0 COPAY |                                                             |
| ELINEST ORAL TABLET 0.3-30 MG-MCG                                             | (norgestrel-ethinyl estradiol)   | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| ELLA ORAL TABLET 30 MG                                                        |                                  | \$0 COPAY |                                                             |
| EMZAHH ORAL TABLET 0.35 MG                                                    | (norethindrone (contraceptive))  | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)                           | (levonorg-eth estrad triphasic)  | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| ENSKYCE ORAL TABLET 0.15-0.03 MG                                              | (desogestrel-ethinyl estradiol)  | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| ERRIN ORAL TABLET 0.35 MG                                                     | (norethindrone (contraceptive))  | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |



| Drug                                                                        |                                  | Status    | Notes                                                       |
|-----------------------------------------------------------------------------|----------------------------------|-----------|-------------------------------------------------------------|
| ESTARYLLA ORAL TABLET 0.25-0.035 MG                                         | (norgestimate-ethinyl estradiol) | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| <i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>                | (Kelnor 1/35 (28))               | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| <i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>                | (Valtya)                         | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| FALMINA (28) ORAL TABLET 0.1-20 MG-MCG                                      | (levonorgestrel-ethinyl estrad)  | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| FEIRZA ORAL TABLET 1 MG-20 MCG (21)/75 MG (7), 1.5 MG-30 MCG (21)/75 MG (7) | (norethindrone-e.estradiol-iron) | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| FEMLYV ORAL TABLET,DISINTEGRATING 1 MG- 20 MCG                              |                                  | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| FINZALA ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)                     | (norethindrone-e.estradiol-iron) | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| GALBRIELA ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)                | (noreth-ethinyl estradiol-iron)  | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| GEMMILY ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)                             | (norethindrone-e.estradiol-iron) | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| HAILEY 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)                         | (norethindrone-e.estradiol-iron) | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| HAILEY FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)              | (norethindrone-e.estradiol-iron) | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| HAILEY FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)                  | (norethindrone-e.estradiol-iron) | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| HAILEY ORAL TABLET 1.5-30 MG-MCG                                            | (norethindrone ac-eth estradiol) | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| HEATHER ORAL TABLET 0.35 MG                                                 | (norethindrone (contraceptive))  | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| HER STYLE ORAL TABLET 1.5 MG                                                | (levonorgestrel)                 | \$0 COPAY |                                                             |
| ICLEVIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)                  | (levonorgestrel-ethinyl estrad)  | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days) |
| INCASSIA ORAL TABLET 0.35 MG                                                | (norethindrone (contraceptive))  | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| INTROVALE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)                | (levonorgestrel-ethinyl estrad)  | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 94 days) |
| ISIBLOOM ORAL TABLET 0.15-0.03 MG                                           | (desogestrel-ethinyl estradiol)  | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| JAIMESS ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)       | (l norgest/e.estradiol-e.estrad) | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days) |



| Drug                                                                                                |                                  | Status    | Notes                                                       |
|-----------------------------------------------------------------------------------------------------|----------------------------------|-----------|-------------------------------------------------------------|
| JASMIEL (28) ORAL TABLET 3-0.02 MG                                                                  | (drospirenone-ethinyl estradiol) | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| JENCYCLA ORAL TABLET 0.35 MG                                                                        | (norethindrone (contraceptive))  | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)                                          | (levonorgestrel-ethinyl estrad)  | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days) |
| JOYEAUX ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)                                                    | (levonorgest-eth.estradiol-iron) | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (28 EA per 28 days) |
| JULEBER ORAL TABLET 0.15-0.03 MG                                                                    | (desogestrel-ethinyl estradiol)  | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG                                                         | (norethindrone ac-eth estradiol) | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG                                                             | (norethindrone ac-eth estradiol) | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)                                       | (norethindrone-e.estradiol-iron) | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)                                           | (norethindrone-e.estradiol-iron) | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| JUNEL FE 24 ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)                                                  | (norethindrone-e.estradiol-iron) | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| KAITLIB FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)                                       | (noreth-ethinyl estradiol-iron)  | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| KALLIGA ORAL TABLET 0.15-0.03 MG                                                                    | (desogestrel-ethinyl estradiol)  | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| KARIVA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5                                                | (desog-e.estradiol/e.estradiol)  | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG                                                            | (ethynodiol diac-eth estradiol)  | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| KELNOR 1/50 (28) ORAL TABLET 1-50 MG-MCG                                                            | (ethynodiol diac-eth estradiol)  | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| KURVELO (28) ORAL TABLET 0.15-0.03 MG                                                               | (levonorgestrel-ethinyl estrad)  | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| <i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>  | (Camrese Lo)                     | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days) |
| <i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i> | (Rivelsa)                        | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| <i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> | (Amethia)                        | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days) |
| LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG                                                         | (norethindrone ac-eth estradiol) | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |

| Drug                                                                                    |                                  | Status    | Notes                                                       |
|-----------------------------------------------------------------------------------------|----------------------------------|-----------|-------------------------------------------------------------|
| LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG                                                 | (norethindrone ac-eth estradiol) | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| LARIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)                                      | (norethindrone-e.estradiol-iron) | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)                           | (norethindrone-e.estradiol-iron) | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)                               | (norethindrone-e.estradiol-iron) | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| LAYOLIS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)                           | (noreth-ethinyl estradiol-iron)  | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG                                                |                                  | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| LESSINA ORAL TABLET 0.1-20 MG-MCG                                                       | (levonorgestrel-ethinyl estrad)  | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)                                | (levonorg-eth estrad triphasic)  | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| <i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>          | (Joyeaux)                        | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (28 EA per 28 days) |
| <i>levonorgestrel oral tablet 1.5 mg</i>                                                | (After Pill)                     | \$0 COPAY |                                                             |
| <i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>                          | (Afirmelle)                      | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| <i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i>                           | (Altavera (28))                  | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| <i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i>                         | (Amethyst (28))                  | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| <i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> | (Iclevia)                        | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days) |
| <i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>         | (Enpresse)                       | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| LEVORA-28 ORAL TABLET 0.15-0.03 MG                                                      | (levonorgestrel-ethinyl estrad)  | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)                                  |                                  | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| LOJAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7)                 | (l norgest/e.estradiol-e.estrad) | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days) |
| LORYNA (28) ORAL TABLET 3-0.02 MG                                                       | (drospirenone-ethinyl estradiol) | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG                                             | (norgestrel-ethinyl estradiol)   | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| LO-ZUMANDIMINE (28) ORAL TABLET 3-0.02 MG                                               | (drospirenone-ethinyl estradiol) | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |

| Drug                                                                |                                  | Status    | Notes                                                       |
|---------------------------------------------------------------------|----------------------------------|-----------|-------------------------------------------------------------|
| LUTERA (28) ORAL TABLET 0.1-20 MG-MCG                               | (levonorgestrel-ethinyl estrad)  | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| LYLEQ ORAL TABLET 0.35 MG                                           | (norethindrone (contraceptive))  | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| LYZA ORAL TABLET 0.35 MG                                            | (norethindrone (contraceptive))  | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| MARLISSA (28) ORAL TABLET 0.15-0.03 MG                              | (levonorgestrel-ethinyl estrad)  | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| MELEYA ORAL TABLET 0.35 MG                                          | (norethindrone (contraceptive))  | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| MERZEE ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)                      | (norethindrone-e.estradiol-iron) | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| MIBELAS 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)       | (norethindrone-e.estradiol-iron) | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG                   | (norethindrone ac-eth estradiol) | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG                       | (norethindrone ac-eth estradiol) | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7) | (norethindrone-e.estradiol-iron) | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)     | (norethindrone-e.estradiol-iron) | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| MILI ORAL TABLET 0.25-0.035 MG                                      | (norgestimate-ethinyl estradiol) | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| MINZOYA ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)                    | (levonorgest-eth.estradiol-iron) | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (28 EA per 28 days) |
| MONO-LINYAH ORAL TABLET 0.25-0.035 MG                               | (norgestimate-ethinyl estradiol) | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| MY CHOICE ORAL TABLET 1.5 MG                                        | (levonorgestrel)                 | \$0 COPAY |                                                             |
| MY WAY ORAL TABLET 1.5 MG                                           | (levonorgestrel)                 | \$0 COPAY |                                                             |
| NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG                  |                                  | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG                         |                                  | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| NEW DAY ORAL TABLET 1.5 MG                                          | (levonorgestrel)                 | \$0 COPAY |                                                             |
| NEXTSTELLIS ORAL TABLET 3 MG-14.2 MG (28)                           |                                  | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (1 EA per 1 day)    |
| NIKKI (28) ORAL TABLET 3-0.02 MG                                    | (drospirenone-ethinyl estradiol) | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| NORA-BE ORAL TABLET 0.35 MG                                         | (norethindrone (contraceptive))  | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |

| Drug                                                                              |                                  | Status    | Notes                               |
|-----------------------------------------------------------------------------------|----------------------------------|-----------|-------------------------------------|
| noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7) | (Wymzya Fe)                      | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| noreth-ethinyl estradiol-iron oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4) | (Galbriela)                      | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| norethindrone (contraceptive) oral tablet 0.35 mg                                 | (Camila)                         | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg                          | (Aurovela 1.5/30 (21))           | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg                            | (Aurovela 1/20 (21))             | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)            | (Gemmily)                        | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)           | (Aurovela Fe 1.5/30 (28))        | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)   | (Charlotte 24 Fe)                | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg            | (Tri-Lo-Estarylla)               | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.035mg (28)        | (Tri-Estarylla)                  | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| norgestimate-ethinyl estradiol oral tablet 0.25-0.035 mg                          | (Estarylla)                      | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG                                     |                                  | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)                                    |                                  | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG                                         | (norethindrone-ethin estradiol)  | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG                              |                                  | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| NYLIA 1/35 (28) ORAL TABLET 1-35 MG-MCG                                           | (norethindrone-ethin estradiol)  | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| NYLIA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG                                |                                  | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| OCELLA ORAL TABLET 3-0.03 MG                                                      | (drospirenone-ethinyl estradiol) | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| OPCICON ONE-STEP ORAL TABLET 1.5 MG                                               | (levonorgestrel)                 | \$0 COPAY |                                     |
| OPILL ORAL TABLET 0.075 MG                                                        |                                  | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| OPTION-2 ORAL TABLET 1.5 MG                                                       | (levonorgestrel)                 | \$0 COPAY |                                     |
| ORQUIDEA ORAL TABLET 0.35 MG                                                      | (norethindrone (contraceptive))  | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |

| Drug                                                                                                    | Status    | Notes                                                       |
|---------------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------|
| PHILITH ORAL TABLET 0.4-35 MG-MCG                                                                       | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5 (desog-e.estradiol/e.estradiol)                   | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| PORTIA 28 ORAL TABLET 0.15-0.03 MG (levonorgestrel-ethinyl estrad)                                      | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG (desogestrel-ethinyl estradiol)                                 | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| RIVELSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG (l norgest/e.estradiol-e.estrad)  | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| ROSYRAH ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG (l norgest/e.estradiol-e.estrad)  | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91) (levonorgestrel-ethinyl estrad)             | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days) |
| SHAROBEL ORAL TABLET 0.35 MG (norethindrone (contraceptive))                                            | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| SIMLIYA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5 (desog-e.estradiol/e.estradiol)                   | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| SIMPESSE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) (l norgest/e.estradiol-e.estrad) | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days) |
| SLYND ORAL TABLET 4 MG (28)                                                                             | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (28 EA per 28 days) |
| SPRINTEC (28) ORAL TABLET 0.25-0.035 MG (norgestimate-ethinyl estradiol)                                | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| SRONYX ORAL TABLET 0.1-20 MG-MCG (levonorgestrel-ethinyl estrad)                                        | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| SYEDA ORAL TABLET 3-0.03 MG (drospirenone-ethinyl estradiol)                                            | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| TAKE ACTION ORAL TABLET 1.5 MG (levonorgestrel)                                                         | \$0 COPAY |                                                             |
| TARINA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4) (norethindrone-e.estradiol-iron)                    | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) (norethindrone-e.estradiol-iron)             | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) (norethindrone-e.estradiol-iron)          | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| TILIA FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9) (norethindrone-e.estradiol-iron)                    | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28) (norgestimate-ethinyl estradiol)              | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |
| TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9) (norethindrone-e.estradiol-iron)               | \$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS                         |



| Drug                                                                     |                                      | Status    | Notes                                  |
|--------------------------------------------------------------------------|--------------------------------------|-----------|----------------------------------------|
| TRI-LINYAH ORAL TABLET<br>0.18/0.215/0.25 MG-0.035MG (28)                | (norgestimate-ethinyl<br>estradiol)  | \$0 COPAY | \$0 COPAY IF QUANTITY<br>28 IN 28 DAYS |
| TRI-LO-ESTARYLLA ORAL TABLET<br>0.18/0.215/0.25 MG-0.025 MG              | (norgestimate-ethinyl<br>estradiol)  | \$0 COPAY | \$0 COPAY IF QUANTITY<br>28 IN 28 DAYS |
| TRI-LO-MARZIA ORAL TABLET<br>0.18/0.215/0.25 MG-0.025 MG                 | (norgestimate-ethinyl<br>estradiol)  | \$0 COPAY | \$0 COPAY IF QUANTITY<br>28 IN 28 DAYS |
| TRI-LO-MILI ORAL TABLET<br>0.18/0.215/0.25 MG-0.025 MG                   | (norgestimate-ethinyl<br>estradiol)  | \$0 COPAY | \$0 COPAY IF QUANTITY<br>28 IN 28 DAYS |
| TRI-LO-SPRINTEC ORAL TABLET<br>0.18/0.215/0.25 MG-0.025 MG               | (norgestimate-ethinyl<br>estradiol)  | \$0 COPAY | \$0 COPAY IF QUANTITY<br>28 IN 28 DAYS |
| TRI-MILI ORAL TABLET 0.18/0.215/0.25<br>MG-0.035MG (28)                  | (norgestimate-ethinyl<br>estradiol)  | \$0 COPAY | \$0 COPAY IF QUANTITY<br>28 IN 28 DAYS |
| TRI-SPRINTEC (28) ORAL TABLET<br>0.18/0.215/0.25 MG-0.035MG (28)         | (norgestimate-ethinyl<br>estradiol)  | \$0 COPAY | \$0 COPAY IF QUANTITY<br>28 IN 28 DAYS |
| TRIVORA (28) ORAL TABLET 50-30<br>(6)/75-40 (5)/125-30(10)               | (levonorg-eth estrad<br>triphasic)   | \$0 COPAY | \$0 COPAY IF QUANTITY<br>28 IN 28 DAYS |
| TRI-VYLIBRA LO ORAL TABLET<br>0.18/0.215/0.25 MG-0.025 MG                | (norgestimate-ethinyl<br>estradiol)  | \$0 COPAY | \$0 COPAY IF QUANTITY<br>28 IN 28 DAYS |
| TRI-VYLIBRA ORAL TABLET<br>0.18/0.215/0.25 MG-0.035MG (28)               | (norgestimate-ethinyl<br>estradiol)  | \$0 COPAY | \$0 COPAY IF QUANTITY<br>28 IN 28 DAYS |
| TULANA ORAL TABLET 0.35 MG                                               | (norethindrone<br>(contraceptive))   | \$0 COPAY | \$0 COPAY IF QUANTITY<br>28 IN 28 DAYS |
| TURQOZ (28) ORAL TABLET 0.3-30<br>MG-MCG                                 | (norgestrel-ethinyl<br>estradiol)    | \$0 COPAY | \$0 COPAY IF QUANTITY<br>28 IN 28 DAYS |
| TYBLUME ORAL TABLET,CHEWABLE<br>0.1 MG- 20 MCG                           |                                      | \$0 COPAY | \$0 COPAY IF QUANTITY<br>28 IN 28 DAYS |
| TYDEMY ORAL TABLET 3-0.03-0.451<br>MG (21) (7)                           | (drospirenone-e.estradiol-<br>lm.fa) | \$0 COPAY | \$0 COPAY IF QUANTITY<br>28 IN 28 DAYS |
| VALTYA ORAL TABLET 1-50 MG-MCG                                           | (ethynodiol diac-eth<br>estradiol)   | \$0 COPAY | \$0 COPAY IF QUANTITY<br>28 IN 28 DAYS |
| VELIVET TRIPHASIC REGIMEN (28)<br>ORAL TABLET 0.1/.125/.15-25 MG-<br>MCG |                                      | \$0 COPAY | \$0 COPAY IF QUANTITY<br>28 IN 28 DAYS |
| VESTURA (28) ORAL TABLET 3-0.02<br>MG                                    | (drospirenone-ethinyl<br>estradiol)  | \$0 COPAY | \$0 COPAY IF QUANTITY<br>28 IN 28 DAYS |
| VIENVA ORAL TABLET 0.1-20 MG-<br>MCG                                     | (levonorgestrel-ethinyl<br>estrad)   | \$0 COPAY | \$0 COPAY IF QUANTITY<br>28 IN 28 DAYS |
| VIORELE (28) ORAL TABLET 0.15-0.02<br>MGX21 /0.01 MG X 5                 | (desog-<br>e.estradiol/e.estradiol)  | \$0 COPAY | \$0 COPAY IF QUANTITY<br>28 IN 28 DAYS |
| VOLNEA (28) ORAL TABLET 0.15-0.02<br>MGX21 /0.01 MG X 5                  | (desog-<br>e.estradiol/e.estradiol)  | \$0 COPAY | \$0 COPAY IF QUANTITY<br>28 IN 28 DAYS |
| VYFEMLA (28) ORAL TABLET 0.4-35<br>MG-MCG                                |                                      | \$0 COPAY | \$0 COPAY IF QUANTITY<br>28 IN 28 DAYS |
| VYLIBRA ORAL TABLET 0.25-0.035<br>MG                                     | (norgestimate-ethinyl<br>estradiol)  | \$0 COPAY | \$0 COPAY IF QUANTITY<br>28 IN 28 DAYS |

| Drug                                                                            | Status                                        | Notes                               |
|---------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------|
| WERA (28) ORAL TABLET 0.5-35 MG-MCG                                             | \$0 COPAY                                     | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| WYMZYA FE ORAL TABLET,CHEWABLE 0.4MG-35MCG(21) AND 75 MG (7)                    | (noreth-ethinyl estradiol-iron)<br>\$0 COPAY  | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| XARAH FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)                             | (norethindrone-e.estradiol-iron)<br>\$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| XELRIA FE ORAL TABLET,CHEWABLE 0.4MG-35MCG(21) AND 75 MG (7)                    | (noreth-ethinyl estradiol-iron)<br>\$0 COPAY  | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| ZARAH ORAL TABLET 3-0.03 MG                                                     | (drospirenone-ethinyl estradiol)<br>\$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| ZOVIA 1-35 (28) ORAL TABLET 1-35 MG-MCG                                         | (ethynodiol diac-eth estradiol)<br>\$0 COPAY  | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| ZUMANDIMINE (28) ORAL TABLET 3-0.03 MG                                          | (drospirenone-ethinyl estradiol)<br>\$0 COPAY | \$0 COPAY IF QUANTITY 28 IN 28 DAYS |
| <b>Contraceptives,Transdermal</b>                                               |                                               |                                     |
| <i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i> | (Xulane)<br>\$0 COPAY                         |                                     |
| TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR                                | \$0 COPAY                                     |                                     |
| XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR                                | (norelgestromin-ethin.estradiol)<br>\$0 COPAY |                                     |
| ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR                                | (norelgestromin-ethin.estradiol)<br>\$0 COPAY |                                     |
| <b>Diaphragms/Cervical Cap</b>                                                  |                                               |                                     |
| CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM                                       | \$0 COPAY                                     |                                     |
| FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM                                       | \$0 COPAY                                     |                                     |
| WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM                                  | \$0 COPAY                                     |                                     |
| WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM                                  | \$0 COPAY                                     |                                     |
| WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM                                  | \$0 COPAY                                     |                                     |
| WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM                                  | \$0 COPAY                                     |                                     |
| WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM                                  | \$0 COPAY                                     |                                     |
| WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM                                  | \$0 COPAY                                     |                                     |
| WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM                                  | \$0 COPAY                                     |                                     |
| WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM                                  | \$0 COPAY                                     |                                     |

| Drug                                                                                    | Status    | Notes                  |
|-----------------------------------------------------------------------------------------|-----------|------------------------|
| <b>Intra-Uterine Devices (IUD's)</b>                                                    |           |                        |
| KYLEENA INTRAUTERINE<br>INTRAUTERINE DEVICE 17.5 MCG/24<br>HR (5 YRS) 19.5 MG           | \$0 COPAY |                        |
| LILETTA INTRAUTERINE<br>INTRAUTERINE DEVICE 20.4 MCG/24<br>HR (8 YRS) 52 MG             | \$0 COPAY |                        |
| MIRENA INTRAUTERINE<br>INTRAUTERINE DEVICE 21<br>MCG/24HR (UP TO 8 YRS) 52 MG           | \$0 COPAY |                        |
| MIUDELLA INTRAUTERINE<br>INTRAUTERINE DEVICE 175 SQUARE<br>MM                           | \$0 COPAY |                        |
| PARAGARD T 380A INTRAUTERINE<br>INTRAUTERINE DEVICE 380 SQUARE<br>MM                    | \$0 COPAY |                        |
| PARAGARD T380A (SINGLE HAND)<br>INTRAUTERINE INTRAUTERINE<br>DEVICE 380 SQUARE MM       | \$0 COPAY |                        |
| SKYLA INTRAUTERINE<br>INTRAUTERINE DEVICE 14 MCG/24<br>HR (3 YRS) 13.5 MG               | \$0 COPAY |                        |
| <b>Oxytocics</b>                                                                        |           |                        |
| CERVIDIL VAGINAL INSERT,<br>EXTENDED RELEASE 10 MG                                      | Tier 4    |                        |
| <i>methylergonovine oral tablet 0.2 mg</i>                                              | Tier 2    | QL (28 EA per 30 days) |
| PREPIDIL VAGINAL GEL 0.5 MG/3 G                                                         | Tier 4    |                        |
| <b>Cough And Cold</b>                                                                   |           |                        |
| <b>1st Gen Antihistamine &amp; Decongestant Combinations</b>                            |           |                        |
| <i>promethazine-phenylephrine oral syrup</i> (Promethazine VC)<br><i>6.25-5 mg/5 ml</i> | Tier 2    |                        |
| <b>1st Gen Antihist-Decongest-Anticholinergic Comb</b>                                  |           |                        |
| RESPA-AR ORAL TABLET EXTENDED<br>RELEASE 12 HR 8-90-0.24 MG                             | Tier 2    |                        |
| <b>Antitussives,Non-Narcotic</b>                                                        |           |                        |
| <i>benzonatate oral capsule 100 mg, 150<br/>mg, 200 mg</i>                              | Tier 2    |                        |
| <b>Narcotic Antituss-1st Gen. Antihistamine-Decongest</b>                               |           |                        |
| HISTEX-AC ORAL SYRUP 2.5-10-10<br>MG/5 ML                                               | Tier 4    | Age (Min 12 Years)     |
| MAR-COF BP ORAL LIQUID 2-30-7.5<br>MG/5 ML                                              | Tier 2    | Age (Min 12 Years)     |



| Drug                                                                                 | Status | Notes                                                                                                              |
|--------------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------------------|
| MAXI-TUSS CD ORAL LIQUID 4-10-10 MG/5 ML                                             | Tier 4 | Age (Min 12 Years)                                                                                                 |
| POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML                                           | Tier 4 | Age (Min 12 Years)                                                                                                 |
| RYDEX ORAL LIQUID 1.3-10-6.3 MG/5 ML                                                 | Tier 2 | Age (Min 12 Years)                                                                                                 |
| <b>Narcotic Antituss-Decongestant-Expectorant Comb</b>                               |        |                                                                                                                    |
| CODITUSSIN DAC ORAL LIQUID 30-10-200 MG/5 ML                                         | Tier 4 | Age (Min 12 Years)                                                                                                 |
| GUAIFENESIN DAC ORAL SYRUP 30-10-100 MG/5 ML                                         | Tier 2 | Age (Min 12 Years)                                                                                                 |
| <b>Narcotic Antitussive-1St Generation Antihistamine</b>                             |        |                                                                                                                    |
| <i>hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr 10-8 mg/5 ml</i> | Tier 2 | QL (10 ML per 1 day); Age (Min 18 Years)                                                                           |
| <i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>                               | Tier 2 | QL (30 ML per 1 day); Age (Min 18 Years)                                                                           |
| TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG                              | Tier 4 | ST: Must meet the following requirement: Promethazine/Codeine in 120 days; QL (2 EA per 1 day); Age (Min 18 Years) |
| <b>Narcotic Antitussive-Anticholinergic Comb.</b>                                    |        |                                                                                                                    |
| <i>hydrocodone-homatropine oral solution 5-1.5 mg/5 ml</i> (Hydromet)                | Tier 2 | QL (30 ML per 1 day); Age (Min 18 Years)                                                                           |
| <i>hydrocodone-homatropine oral tablet 5-1.5 mg</i> (Hycodan (with homatropine))     | Tier 2 | QL (6 EA per 1 day); Age (Min 18 Years)                                                                            |
| HYDROMET ORAL SOLUTION 5-1.5 MG/5 ML (hydrocodone-homatropine)                       | Tier 2 | QL (30 ML per 1 day); Age (Min 18 Years)                                                                           |
| <b>Narcotic Antitussive-Expectorant Combination</b>                                  |        |                                                                                                                    |
| <i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i> (G Tussin AC)                  | Tier 2 | Age (Min 12 Years)                                                                                                 |
| CODITUSSIN AC ORAL LIQUID 10-200 MG/5 ML (codeine-guaifenesin)                       | Tier 2 | Age (Min 12 Years)                                                                                                 |
| G TUSSIN AC ORAL LIQUID 10-100 MG/5 ML (codeine-guaifenesin)                         | Tier 2 | Age (Min 12 Years)                                                                                                 |
| GUAIFENESIN AC ORAL LIQUID 10-100 MG/5 ML (codeine-guaifenesin)                      | Tier 2 | Age (Min 12 Years)                                                                                                 |
| MAR-COF CG ORAL LIQUID 7.5-225 MG/5 ML                                               | Tier 2 | Age (Min 12 Years)                                                                                                 |
| MAXI-TUSS AC ORAL LIQUID 10-100 MG/5 ML (codeine-guaifenesin)                        | Tier 2 | Age (Min 12 Years)                                                                                                 |

| Drug                                                              |                                  | Status | Notes              |
|-------------------------------------------------------------------|----------------------------------|--------|--------------------|
| NINJACOF-XG ORAL LIQUID 8-200 MG/5 ML                             |                                  | Tier 2 | Age (Min 12 Years) |
| <b>Non-Narc Antituss-1St Gen.<br/>Antihistamine-Decongest</b>     |                                  |        |                    |
| BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML                             | (brompheniramine-pseudoeph-dm)   | Tier 2 |                    |
| <i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i>    | (Bromfed DM)                     | Tier 2 |                    |
| <b>Non-Narc Antitussive-1St Gen<br/>Antihistamine Comb.</b>       |                                  |        |                    |
| <i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>                 |                                  | Tier 2 |                    |
| <b>Dermatology - Acne</b>                                         |                                  |        |                    |
| <b>Acne Agents, Systemic</b>                                      |                                  |        |                    |
| ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG                  | (isotretinoin)                   | Tier 2 |                    |
| AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG                 | (isotretinoin)                   | Tier 2 |                    |
| CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG                  | (isotretinoin)                   | Tier 2 |                    |
| <i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>       | (Accutane)                       | Tier 2 |                    |
| ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG                  | (isotretinoin)                   | Tier 2 |                    |
| <b>Acne Agents, Topical</b>                                       |                                  |        |                    |
| ACIOXIAY TOPICAL CREAM 15-4 %                                     | (azelaic acid-niacinamide)       | Tier 4 |                    |
| ADAINZOXIA TOPICAL GEL 0.3-2.5-4 %                                | (adapalene-benzoyl perox-niacin) | Tier 4 |                    |
| ADALINA TOPICAL GEL 5-4 %                                         | (spironolactone-niacinamide)     | Tier 4 |                    |
| <i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i> | (Epiduo)                         | Tier 2 |                    |
| <i>adapalene-benzoyl peroxide topical gel with pump 0.3-2.5 %</i> | (Epiduo Forte)                   | Tier 2 |                    |
| ADEINZDE TOPICAL GEL 0.1-2.5-1 %                                  |                                  | Tier 4 |                    |
| ADERMICA HP TOPICAL GEL 0.05-2.5-1-2 %                            |                                  | Tier 4 |                    |
| ADERMICA TOPICAL GEL 0.025-2.5-1-2 %                              | (tretinoin-benzoyl-clinda-niac)  | Tier 4 |                    |
| ADMIRAZOL HP TOPICAL CREAM 8.5-5-2 %                              |                                  | Tier 4 |                    |
| ADMIRAZOL TOPICAL CREAM 6-5-2 %                                   |                                  | Tier 4 |                    |
| ALIXI HP TOPICAL CREAM 8.5-4 %                                    |                                  | Tier 4 |                    |
| ALIXI TOPICAL CREAM 6-4 %                                         |                                  | Tier 4 |                    |

| Drug                                       |                                        | Status | Notes |
|--------------------------------------------|----------------------------------------|--------|-------|
| ALOMIRA HP TOPICAL GEL 0.1-5-1-2 %         |                                        | Tier 4 |       |
| ALOMIRA LP TOPICAL GEL 0.025-5-1-2 %       | (tretinoin-benzoyl-clindamycin)        | Tier 4 |       |
| ALOMIRA TOPICAL GEL 0.05-5-1-2 %           | (tretinoin-benzoyl-clindamycin)        | Tier 4 |       |
| ALURIS HP PLUS TOPICAL CREAM 0.1-0.5-4 %   | (tretinoin-hyaluronate-niacin)         | Tier 4 |       |
| ALURIS HP TOPICAL CREAM 0.1-4 %            |                                        | Tier 4 |       |
| ALURIS LP PLUS TOPICAL CREAM 0.025-0.5-4 % | (tretinoin-hyaluronate-niacin)         | Tier 4 |       |
| ALURIS LP TOPICAL CREAM 0.025-4 %          | (tretinoin-niacinamide)                | Tier 4 |       |
| ALURIS PLUS TOPICAL CREAM 0.05-0.5-4 %     | (tretinoin-hyaluronate-niacin)         | Tier 4 |       |
| ALURIS TOPICAL CREAM 0.05-4 %              | (tretinoin-niacinamide)                | Tier 4 |       |
| ALURIS TOPICAL GEL 0.05-4 %                | (tretinoin-niacinamide)                | Tier 4 |       |
| ALUXOF HP TOPICAL GEL 0.1-10-2-4-4 %       |                                        | Tier 4 |       |
| ALUXOF TOPICAL GEL 0.05-10-2-4-4 %         |                                        | Tier 4 |       |
| APEXOL HP TOPICAL SUSPENSION 5-10 %        | (salicylic acid-sulfacetamide)         | Tier 4 |       |
| APEXOL TOPICAL SUSPENSION 2-8 %            | (salicylic acid-sulfacetamide)         | Tier 4 |       |
| APHORIA TOPICAL GEL 0.3-2.5-4 %            | (adapalene-benzoyl peroxide-niacin)    | Tier 4 |       |
| APORIX TOPICAL GEL 1-4 %                   | (clindamycin-niacinamide)              | Tier 4 |       |
| APORIX TOPICAL LOTION 1-4 %                | (clindamycin-niacinamide)              | Tier 4 |       |
| ARTILIS HP TOPICAL GEL 5-1-4 %             | (benzoyl peroxide-clindamycin-niacin)  | Tier 4 |       |
| ARTILIS TOPICAL GEL 2.5-1-4 %              | (benzoyl peroxide-clindamycin-niacin)  | Tier 2 |       |
| AUGUSTIL TOPICAL GEL 0.025-1-2-4 %         | (tretinoin-clindamycin-spironolactone) | Tier 4 |       |
| AVIDORA HP TOPICAL CREAM 0.05-1-4 %        |                                        | Tier 4 |       |
| AVIDORA TOPICAL CREAM 0.025-1-4 %          | (tretinoin-clindamycin-niacin)         | Tier 4 |       |
| AVIDORA TOPICAL SOLUTION 0.025-1-4 %       |                                        | Tier 4 |       |
| AWANIS TOPICAL CREAM 0.025-8.5-2 %         |                                        | Tier 4 |       |
| AZALTA HP TOPICAL GEL 0.05-5-2 %           | (tretinoin-spironolactone-niacin)      | Tier 4 |       |

| Drug                                                                                 | Status | Notes                                                                                                                                                                                                    |
|--------------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AZALTA TOPICAL GEL 0.025-5-2 % (tretinoin-spiro-nolact-niacin)                       | Tier 4 |                                                                                                                                                                                                          |
| AZELEX TOPICAL CREAM 20 %                                                            | Tier 4 | ST: Must meet any of the following requirements: Sulfacetamide +/- Sulfur, Clindamycin +/- Benzoyl Peroxide, Erythromycin +/- Benzoyl Peroxide, Adapalene +/- Benzoyl Peroxide, or Tretinoin in 120 days |
| CABTREO TOPICAL GEL 0.15-3.1-1.2 %                                                   | Tier 4 | PA                                                                                                                                                                                                       |
| clindamycin-benzoyl peroxide topical gel (Neuac) 1.2 %(1 % base) -5 %                | Tier 2 |                                                                                                                                                                                                          |
| clindamycin-benzoyl peroxide topical gel 1-5 %                                       | Tier 2 |                                                                                                                                                                                                          |
| clindamycin-benzoyl peroxide topical gel with pump 1.2 %(1 % base) -3.75 % (Onexton) | Tier 2 |                                                                                                                                                                                                          |
| clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 % (Acanya)                | Tier 2 | ST: Must meet any of the following requirements: Generic Clindamycin/Benzoyl Peroxide Gel in 120 days                                                                                                    |
| clindamycin-benzoyl peroxide topical gel with pump 1-5 %                             | Tier 2 |                                                                                                                                                                                                          |
| dapsone topical gel 5 % (Aczone)                                                     | Tier 2 |                                                                                                                                                                                                          |
| dapsone topical gel with pump 7.5 % (Aczone)                                         | Tier 2 |                                                                                                                                                                                                          |
| DEOXIA TOPICAL GEL 1-4 % (clindamycin-niacinamide)                                   | Tier 4 |                                                                                                                                                                                                          |
| DEOXIA TOPICAL LOTION 1-4 % (clindamycin-niacinamide)                                | Tier 4 |                                                                                                                                                                                                          |
| DEOXIADEMTAR TOPICAL GEL 0.025-1-2-4 % (tretinoin-clinda-spiro-niacin)               | Tier 4 |                                                                                                                                                                                                          |
| DEOXIATAR TOPICAL SOLUTION 0.025-1-4 %                                               | Tier 4 |                                                                                                                                                                                                          |
| DEOXIATAR TOPICAL CREAM 0.05-1-4 %                                                   | Tier 4 |                                                                                                                                                                                                          |
| DIADIMAXIA TOPICAL CREAM 6-5-2 %                                                     | Tier 4 |                                                                                                                                                                                                          |
| DIADIMAXIA TOPICAL GEL 6-5-2 % (dapsone-spiro-nolactone-niacin)                      | Tier 4 |                                                                                                                                                                                                          |
| DIAOXIA TOPICAL CREAM 6-4 %                                                          | Tier 4 |                                                                                                                                                                                                          |
| DIAOXIA TOPICAL GEL 6-4 % (dapsone-niacinamide)                                      | Tier 4 |                                                                                                                                                                                                          |
| DIASAXIATAR TOPICAL CREAM 0.025-8.5-2 %                                              | Tier 4 |                                                                                                                                                                                                          |
| DIASAXIATAR TOPICAL GEL 0.025-8.5-2 %                                                | Tier 4 |                                                                                                                                                                                                          |

| Drug                                          |                                  | Status | Notes |
|-----------------------------------------------|----------------------------------|--------|-------|
| DIASDIMAXIA TOPICAL CREAM 8.5-5-2 %           |                                  | Tier 4 |       |
| DIASDIMAXIA TOPICAL GEL 8.5-5-2 %             | (dapsone-spirolactone-niacin)    | Tier 4 |       |
| DIASOXIA TOPICAL CREAM 8.5-4 %                |                                  | Tier 4 |       |
| DIASOXIA TOPICAL GEL 8.5-4 %                  | (dapsone-niacinamide)            | Tier 4 |       |
| DIMOXIA TOPICAL GEL 5-4 %                     | (spironolactone-niacinamide)     | Tier 4 |       |
| DRAXACE TOPICAL SUSPENSION 2-8 %              | (salicylic acid-sulfacetamide)   | Tier 4 |       |
| DRAXACEY TOPICAL SUSPENSION 2-8 %             | (salicylic acid-sulfacetamide)   | Tier 4 |       |
| DRIXECE TOPICAL SUSPENSION 5-10 %             | (salicylic acid-sulfacetamide)   | Tier 4 |       |
| IDYYXIATAR TOPICAL GEL 0.025-5 %              |                                  | Tier 4 |       |
| INZDEAXIATAR TOPICAL GEL 0.025-2.5-1-2 %      | (tretinoin-benzoyl-clindamycin)  | Tier 4 |       |
| INZDEAXIATAR TOPICAL GEL 0.05-2.5-1-2 %       |                                  | Tier 4 |       |
| INZDEOXIA TOPICAL GEL 2.5-1-4 %               | (benzoyl per-clindamycin-niacin) | Tier 4 |       |
| LOUNZDOMDIOXIATAR TOPICAL GEL 0.05-10-2-4-4 % |                                  | Tier 4 |       |
| NEUAC TOPICAL GEL 1.2 % (1 % BASE) -5 %       | (clindamycin-benzoyl peroxide)   | Tier 2 |       |
| ONZDEAXIADEMTAR TOPICAL GEL 0.025-5-1-2-2 %   |                                  | Tier 4 |       |
| ONZDEAXIADEMVAR TOPICAL GEL 0.05-5-1-2-2 %    |                                  | Tier 4 |       |
| ONZDEAXIATAR TOPICAL GEL 0.025-5-1-2 %        | (tretinoin-benzoyl-clindamycin)  | Tier 4 |       |
| ONZDEAXIATAR TOPICAL GEL 0.05-5-1-2 %         | (tretinoin-benzoyl-clindamycin)  | Tier 4 |       |
| ONZDEAXIAZAR TOPICAL GEL 0.1-5-1-2 %          |                                  | Tier 4 |       |
| ONZDEOXIA TOPICAL GEL 5-1-4 %                 | (benzoyl per-clindamycin-niacin) | Tier 4 |       |
| OXIATAR TOPICAL CREAM 0.025-0.5-4 %           | (tretinoin-hyaluronate-niacin)   | Tier 4 |       |
| OXIAVARRY TOPICAL CREAM 0.05-0.5-4 %          | (tretinoin-hyaluronate-niacin)   | Tier 4 |       |
| OXIAVARY TOPICAL CREAM 0.1-4 %                |                                  | Tier 4 |       |
| OXIAZAR TOPICAL CREAM 0.1-0.5-4 %             | (tretinoin-hyaluronate-niacin)   | Tier 4 |       |
| RUMILO TOPICAL CREAM 15-4 %                   | (azelaic acid-niacinamide)       | Tier 4 |       |

| Drug                                                                | Status | Notes                                                                    |
|---------------------------------------------------------------------|--------|--------------------------------------------------------------------------|
| SAROXIA TOPICAL CREAM 0.05-4 % (tretinoin-niacinamide)              | Tier 4 |                                                                          |
| SIRVANA TOPICAL GEL 0.025-5 %                                       | Tier 4 |                                                                          |
| SORIXIA TOPICAL CREAM 0.05-4 % (tretinoin-niacinamide)              | Tier 4 |                                                                          |
| <i>sulfacetamide sodium (acne) topical suspension 10 %</i> (Klaron) | Tier 2 |                                                                          |
| TARDEOXIA TOPICAL CREAM 0.025-1-4 % (tretinoin-clindamycin-niacin)  | Tier 4 |                                                                          |
| TARDIMAXIA TOPICAL GEL 0.025-5-2 % (tretinoin-spironolact-niacin)   | Tier 4 |                                                                          |
| TAROXIA TOPICAL CREAM 0.025-4 % (tretinoin-niacinamide)             | Tier 4 |                                                                          |
| TAROXIA TOPICAL GEL 0.025-4 % (tretinoin-niacinamide)               | Tier 4 |                                                                          |
| UNZDOMDIOXIAZAR TOPICAL GEL 0.1-10-2-4-4 %                          | Tier 4 |                                                                          |
| VARDIMAXIA TOPICAL GEL 0.05-5-2 % (tretinoin-spironolact-niacin)    | Tier 4 |                                                                          |
| VAROXIA TOPICAL CREAM 0.05-4 % (tretinoin-niacinamide)              | Tier 4 |                                                                          |
| VAROXIA TOPICAL GEL 0.05-4 % (tretinoin-niacinamide)                | Tier 4 |                                                                          |
| <b>Keratolytic-Glucocorticoid Combinations</b>                      |        |                                                                          |
| VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 %                              | Tier 3 |                                                                          |
| <b>Rosacea Agents, Topical</b>                                      |        |                                                                          |
| AVEIDA TOPICAL GEL 1-1 %                                            | Tier 4 |                                                                          |
| AVEIDAOXIA TOPICAL GEL 1-1-4 % (ivermectin-metronidazol-niacin)     | Tier 4 |                                                                          |
| <i>azelaic acid topical gel 15 %</i>                                | Tier 2 |                                                                          |
| BAXONIL TOPICAL OINTMENT 1-2 %                                      | Tier 4 |                                                                          |
| <i>brimonidine topical gel with pump 0.33 %</i> (Mirvaso)           | Tier 2 |                                                                          |
| DAZAVEIDAOXIA TOPICAL GEL 0.25-1-1-4 %                              | Tier 4 |                                                                          |
| DAZOMON TOPICAL GEL 0.25 %                                          | Tier 4 |                                                                          |
| FINACEA TOPICAL FOAM 15 %                                           | Tier 3 |                                                                          |
| IDARAN TOPICAL OINTMENT 1-2 %                                       | Tier 4 |                                                                          |
| <i>ivermectin topical cream 1 %</i> (Soolantra)                     | Tier 2 | ST: Must meet the following requirement: Finacea gel or foam in 120 days |
| <i>metronidazole topical cream 0.75 %</i> (Rosadan)                 | Tier 2 |                                                                          |
| <i>metronidazole topical gel 0.75 %</i> (Rosadan)                   | Tier 2 |                                                                          |
| <i>metronidazole topical gel 1 %</i> (Metrogel)                     | Tier 2 |                                                                          |
| <i>metronidazole topical gel with pump 1 %</i>                      | Tier 2 |                                                                          |
| <i>metronidazole topical lotion 0.75 %</i> (MetroLotion)            | Tier 2 |                                                                          |
| REMYDA TOPICAL GEL 0.25 %                                           | Tier 4 |                                                                          |

| Drug                                                                                   | Status | Notes                                                                                                                               |
|----------------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------|
| RESTIMO TOPICAL GEL 1-1 %                                                              | Tier 4 |                                                                                                                                     |
| ROSADAN TOPICAL CREAM 0.75 % (metronidazole)                                           | Tier 2 |                                                                                                                                     |
| ROSITARA TOPICAL GEL 1-1-4 % (ivermectin-metronidazol-niacin)                          | Tier 4 |                                                                                                                                     |
| ROVIS TOPICAL GEL 0.25-1-1-4 %                                                         | Tier 4 |                                                                                                                                     |
| <b>Topical Antiandrogenic Agents</b>                                                   |        |                                                                                                                                     |
| WINLEVI TOPICAL CREAM 1 %                                                              | Tier 4 | PA; QL (60 GM per 30 days)                                                                                                          |
| <b>Topical Preparations,Antibacterials</b>                                             |        |                                                                                                                                     |
| BASADROX TOPICAL GEL IN PACKET                                                         | Tier 4 |                                                                                                                                     |
| DERMAZENE TOPICAL CREAM IN PACKET 1-1 %                                                | Tier 4 |                                                                                                                                     |
| <i>hydrocortisone-iodoquinol topical cream 1-1 %</i> (Corti-Sav)                       | Tier 2 |                                                                                                                                     |
| <i>hydrocortisone-iodoquinol-aloe topical cream in packet 1.9-1 %</i> (Vytone)         | Tier 2 |                                                                                                                                     |
| IODOFLEX TOPICAL PADS, MEDICATED 0.9 %                                                 | Tier 4 |                                                                                                                                     |
| IODOSORB TOPICAL GEL 0.9 %                                                             | Tier 4 |                                                                                                                                     |
| LUGOLS TOPICAL SOLUTION 5-10 % (iodine-potassium iodide)                               | Tier 2 |                                                                                                                                     |
| NORMLGEL AG TOPICAL GEL 0.11 %                                                         | Tier 4 |                                                                                                                                     |
| <i>silver nitrate topical solution 0.5 %, 25 %, 50 %</i>                               | Tier 2 |                                                                                                                                     |
| STRONG IODINE TOPICAL SOLUTION 5-10 % (iodine-potassium iodide)                        | Tier 2 |                                                                                                                                     |
| <b>Vitamin A Derivatives</b>                                                           |        |                                                                                                                                     |
| <i>adapalene topical cream 0.1 %</i> (Differin)                                        | Tier 2 |                                                                                                                                     |
| <i>adapalene topical gel 0.3 %</i>                                                     | Tier 2 |                                                                                                                                     |
| <i>adapalene topical gel with pump 0.3 %</i> (Differin)                                | Tier 2 |                                                                                                                                     |
| <i>adapalene topical lotion 0.1 %</i> (Differin)                                       | Tier 2 | Age (Max 39 Years)                                                                                                                  |
| ALTRENO TOPICAL LOTION 0.05 %                                                          | Tier 4 |                                                                                                                                     |
| AVITA TOPICAL CREAM 0.025 % (tretinoin)                                                | Tier 2 |                                                                                                                                     |
| AVITA TOPICAL GEL 0.025 % (tretinoin)                                                  | Tier 2 |                                                                                                                                     |
| DIFFERIN TOPICAL LOTION 0.1 % (adapalene)                                              | Tier 4 | Age (Max 39 Years)                                                                                                                  |
| RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %                                        | Tier 4 | ST: Must meet 2 of the following requirements:<br>Generic Tretinoin<br>Microspheres 0.04% and 0.10% in 365 days; Age (Max 39 Years) |
| <i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i> (Retin-A Micro)                | Tier 2 | Age (Max 39 Years)                                                                                                                  |
| <i>tretinoin microspheres topical gel with pump 0.04 %, 0.1 %</i> (Retin-A Micro Pump) | Tier 2 | Age (Max 39 Years)                                                                                                                  |

| Drug                                                       |                             | Status | Notes                                                                                                                                                  |
|------------------------------------------------------------|-----------------------------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>tretinoin microspheres topical gel with pump 0.08 %</i> | (Retin-A Micro Pump)        | Tier 2 | ST: Must meet 2 of the following requirements: Generic Tretinoin Microspheres 0.04% and 0.10% in 365 days; Age (Max 39 Years)                          |
| <i>tretinoin topical cream 0.025 %</i>                     | (Avita)                     | Tier 2 |                                                                                                                                                        |
| <i>tretinoin topical cream 0.05 %, 0.1 %</i>               | (Retin-A)                   | Tier 2 |                                                                                                                                                        |
| <i>tretinoin topical gel 0.01 %</i>                        | (Retin-A)                   | Tier 2 |                                                                                                                                                        |
| <i>tretinoin topical gel 0.025 %</i>                       | (Avita)                     | Tier 2 |                                                                                                                                                        |
| <i>tretinoin topical gel 0.05 %</i>                        | (Atralin)                   | Tier 2 |                                                                                                                                                        |
| <b>Vitamin A Derivatives, Topical Acne Agents</b>          |                             |        |                                                                                                                                                        |
| AKLIEF TOPICAL CREAM 0.005 %                               |                             | Tier 4 | ST: Must meet any of the following requirements: Tazarotene, Tretinoin, or Adapalene (Gel, Cream, Lotion, or Solution) in 120 days; Age (Max 39 Years) |
| ALVOX HP TOPICAL CREAM 0.1-4 %                             | (tazarotene-niacinamide)    | Tier 4 |                                                                                                                                                        |
| ALVOX TOPICAL CREAM 0.05-4 %                               | (tazarotene-niacinamide)    | Tier 4 |                                                                                                                                                        |
| ETHOXIA TOPICAL CREAM 0.05-4 %                             | (tazarotene-niacinamide)    | Tier 4 |                                                                                                                                                        |
| ITHOXIA TOPICAL CREAM 0.1-4 %                              | (tazarotene-niacinamide)    | Tier 4 |                                                                                                                                                        |
| <b>Dermatology - Antiinfective</b>                         |                             |        |                                                                                                                                                        |
| <b>Topical Antibiotics</b>                                 |                             |        |                                                                                                                                                        |
| BATIZIA TOPICAL OINTMENT 2-2 %                             | (mupirocin-lidocaine)       | Tier 4 |                                                                                                                                                        |
| CENTANY AT TOPICAL OINTMENT KIT 2 %                        |                             | Tier 4 |                                                                                                                                                        |
| <i>clindamycin phosphate topical foam 1 %</i>              | (Clindacin)                 | Tier 2 |                                                                                                                                                        |
| <i>clindamycin phosphate topical gel 1 %</i>               |                             | Tier 2 |                                                                                                                                                        |
| <i>clindamycin phosphate topical gel, once daily 1 %</i>   | (Clindagel)                 | Tier 2 | ST: Must meet the following requirement: generic Cleocin-T 1% gel in 120 days                                                                          |
| <i>clindamycin phosphate topical lotion 1 %</i>            | (Cleocin T)                 | Tier 2 |                                                                                                                                                        |
| <i>clindamycin phosphate topical solution 1 %</i>          |                             | Tier 2 | QL (180 ML per 1 FILL)                                                                                                                                 |
| <i>clindamycin phosphate topical swab 1 %</i>              | (Clindacin ETZ)             | Tier 2 |                                                                                                                                                        |
| ERY PADS TOPICAL SWAB 2 %                                  | (erythromycin with ethanol) | Tier 2 |                                                                                                                                                        |
| <i>erythromycin with ethanol topical gel 2 %</i>           | (Erygel)                    | Tier 2 |                                                                                                                                                        |
| <i>erythromycin with ethanol topical solution 2 %</i>      |                             | Tier 2 | QL (180 ML per 1 FILL)                                                                                                                                 |
| <i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>     | (Benzamycin)                | Tier 2 |                                                                                                                                                        |
| <i>gentamicin topical cream 0.1 %</i>                      |                             | Tier 2 | QL (90 GM per 1 FILL)                                                                                                                                  |



| Drug                                                                      | Status | Notes                                                                      |
|---------------------------------------------------------------------------|--------|----------------------------------------------------------------------------|
| <i>gentamicin topical ointment 0.1 %</i>                                  | Tier 2 | QL (90 GM per 1 FILL)                                                      |
| <i>mupirocin calcium topical cream 2 %</i>                                | Tier 2 | QL (90 GM per 1 FILL)                                                      |
| <i>mupirocin topical ointment 2 %</i> (Centany)                           | Tier 2 | QL (90 GM per 1 FILL)                                                      |
| NANRAN TOPICAL OINTMENT 2-2 % (mupirocin-lidocaine)                       | Tier 4 |                                                                            |
| XEPI TOPICAL CREAM 1 %                                                    | Tier 4 | ST: Must meet the following requirement:<br>Mupirocin ointment in 120 days |
| <b>Topical Antifungal/Anti-inflammatory, Steroid Agent</b>                |        |                                                                            |
| <i>clotrimazole-betamethasone topical cream 1-0.05 %</i>                  | Tier 2 |                                                                            |
| <i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>                 | Tier 2 |                                                                            |
| DELIBON TOPICAL CREAM 2-2.5 % (ketoconazole-hydrocortisone)               | Tier 4 |                                                                            |
| DIONARIS TOPICAL SHAMPOO 0.77-0.05-3 % (ciclopirox-clobetasol-salicyl)    | Tier 4 |                                                                            |
| DIVENDO TOPICAL SHAMPOO 0.77-0.05 % (ciclopirox-clobetasol)               | Tier 4 |                                                                            |
| HAXCHLO TOPICAL SHAMPOO 0.77-0.05 % (ciclopirox-clobetasol)               | Tier 4 |                                                                            |
| HAXCHLODREX TOPICAL SHAMPOO 0.77-0.05-3 % (ciclopirox-clobetasol-salicyl) | Tier 4 |                                                                            |
| PHEYO TOPICAL CREAM 2-2.5 % (ketoconazole-hydrocortisone)                 | Tier 4 |                                                                            |
| <b>Topical Antifungal-Antibiotic-Anti-Inflamm Steroid</b>                 |        |                                                                            |
| DAZINIA TOPICAL CREAM 2-1-2.5 % (ketoconazole-iodoquinol-hc)              | Tier 4 |                                                                            |
| PHEODOYO TOPICAL CREAM 2-1-2.5 % (ketoconazole-iodoquinol-hc)             | Tier 4 |                                                                            |
| <b>Topical Antifungals</b>                                                |        |                                                                            |
| CICLODAN KIT TOPICAL COMBO PACK 0.77 %                                    | Tier 4 |                                                                            |
| <i>ciclopirox topical cream 0.77 %</i> (Ciclodan)                         | Tier 2 | QL (180 GM per 1 FILL)                                                     |
| <i>ciclopirox topical gel 0.77 %</i>                                      | Tier 2 |                                                                            |
| <i>ciclopirox topical shampoo 1 %</i>                                     | Tier 2 |                                                                            |
| <i>ciclopirox topical solution 8 %</i> (Ciclodan)                         | Tier 2 | QL (19.8 ML per 1 FILL)                                                    |
| <i>ciclopirox topical suspension 0.77 %</i> (Loprox (as olamine))         | Tier 2 | QL (180 ML per 1 FILL)                                                     |
| <i>ciclopirox-ure-camph-menth-euc topical solution 8 %</i> (Ciclodan Kit) | Tier 2 | QL (19.8 ML per 1 FILL)                                                    |
| <i>clotrimazole topical cream 1 %</i> (Antifungal (clotrimazole))         | Tier 2 |                                                                            |

| Drug                                                                   |                                  | Status | Notes                                                                                                            |
|------------------------------------------------------------------------|----------------------------------|--------|------------------------------------------------------------------------------------------------------------------|
| <i>clotrimazole topical solution 1 %</i>                               | (Athlete's Foot (clotrimazole))  | Tier 2 |                                                                                                                  |
| DAFILOR TOPICAL SHAMPOO 0.77-2 %                                       | (ciclopirox-salicylic acid)      | Tier 4 |                                                                                                                  |
| DENVITA TOPICAL CREAM 2-4 %                                            | (ketoconazole-niacinamide)       | Tier 4 |                                                                                                                  |
| DIFMETIOXRIME TOPICAL SOLUTION 4-2-1-4 %                               | (flucona-ibuprof-itracon-terbin) | Tier 4 |                                                                                                                  |
| <i>econazole nitrate topical cream 1 %</i>                             |                                  | Tier 2 | QL (170 GM per 1 FILL)                                                                                           |
| ECOZA TOPICAL FOAM 1 %                                                 | (econazole nitrate)              | Tier 4 |                                                                                                                  |
| EXELDERM TOPICAL CREAM 1 %                                             | (sulconazole)                    | Tier 3 |                                                                                                                  |
| EXELDERM TOPICAL SOLUTION 1 %                                          | (sulconazole)                    | Tier 3 |                                                                                                                  |
| EXODERM TOPICAL LOTION 25-1 %                                          |                                  | Tier 2 |                                                                                                                  |
| FENOVIA TOPICAL SOLUTION 4-2-1-4 %                                     | (flucona-ibuprof-itracon-terbin) | Tier 4 |                                                                                                                  |
| FERVINA TOPICAL LOTION 3-5-20 %                                        |                                  | Tier 4 |                                                                                                                  |
| FIDILA TOPICAL SHAMPOO 2-2 %                                           |                                  | Tier 4 |                                                                                                                  |
| FILOMA TOPICAL SOLUTION 8-1-1 %                                        |                                  | Tier 4 |                                                                                                                  |
| FRIVO TOPICAL CREAM 1-4 %                                              | (econazole-niacinamide)          | Tier 4 |                                                                                                                  |
| HAXDRAX TOPICAL SHAMPOO 0.77-2 %                                       | (ciclopirox-salicylic acid)      | Tier 4 |                                                                                                                  |
| HEXIOUNYL TOPICAL LOTION 3-5-20 %                                      |                                  | Tier 4 |                                                                                                                  |
| HIXDEFRIMA TOPICAL SOLUTION 8-1-1 %                                    |                                  | Tier 4 |                                                                                                                  |
| IMIOXIA TOPICAL CREAM 1-4 %                                            | (econazole-niacinamide)          | Tier 4 |                                                                                                                  |
| <i>ketoconazole topical cream 2 %</i>                                  |                                  | Tier 2 | QL (180 GM per 1 FILL)                                                                                           |
| <i>ketoconazole topical shampoo 2 %</i>                                |                                  | Tier 2 | QL (360 ML per 1 FILL)                                                                                           |
| KETODAN KIT TOPICAL COMBO PACK 2 %                                     |                                  | Tier 4 |                                                                                                                  |
| KLAYESTA TOPICAL POWDER 100,000 UNIT/GRAM                              | (nystatin)                       | Tier 2 |                                                                                                                  |
| <i>luliconazole topical cream 1 %</i>                                  | (Luzu)                           | Tier 2 | ST: Must meet the following requirement: Ketoconazole and Clotrimazole cream in 365 days; QL (60 GM per 28 days) |
| <i>miconazole nitrate-zinc ox-pet topical ointment 0.25-15-81.35 %</i> | (Vusion)                         | Tier 2 |                                                                                                                  |
| <i>naftifine topical cream 1 %</i>                                     |                                  | Tier 2 |                                                                                                                  |
| <i>naftifine topical cream 2 %</i>                                     |                                  | Tier 2 | QL (180 GM per 1 FILL)                                                                                           |
| <i>naftifine topical gel 2 %</i>                                       | (Naftin)                         | Tier 2 |                                                                                                                  |

| Drug                                                                      | Status | Notes                                                                      |
|---------------------------------------------------------------------------|--------|----------------------------------------------------------------------------|
| NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM (nystatin)                        | Tier 2 |                                                                            |
| <i>nystatin topical cream 100,000 unit/gram</i>                           | Tier 2 |                                                                            |
| <i>nystatin topical ointment 100,000 unit/gram</i>                        | Tier 2 | QL (90 GM per 1 FILL)                                                      |
| <i>nystatin topical powder 100,000 unit/gram</i> (Klayesta)               | Tier 2 |                                                                            |
| <i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>          | Tier 2 |                                                                            |
| <i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>    | Tier 2 | QL (180 GM per 1 FILL)                                                     |
| NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM (nystatin)                        | Tier 2 |                                                                            |
| <i>oxiconazole topical cream 1 %</i>                                      | Tier 2 | QL (180 GM per 1 FILL)                                                     |
| OXISTAT TOPICAL LOTION 1 %                                                | Tier 4 |                                                                            |
| PHEDRAX TOPICAL SHAMPOO 2-2 %                                             | Tier 4 |                                                                            |
| PHEOXIA TOPICAL CREAM 2-4 % (ketoconazole-niacinamide)                    | Tier 4 |                                                                            |
| <i>sulconazole topical cream 1 %</i> (Exelderm)                           | Tier 2 |                                                                            |
| <i>sulconazole topical solution 1 %</i> (Exelderm)                        | Tier 2 |                                                                            |
| <i>tavaborole topical solution with applicator 5 %</i>                    | Tier 2 | PA                                                                         |
| <b>Topical Antiparasitics</b>                                             |        |                                                                            |
| <i>malathion topical lotion 0.5 %</i> (Ovide)                             | Tier 2 |                                                                            |
| <i>permethrin topical cream 5 %</i> (Elimite)                             | Tier 2 |                                                                            |
| <i>spinosad topical suspension 0.9 %</i> (Natroba)                        | Tier 2 |                                                                            |
| ULESFIA TOPICAL LOTION 5 %                                                | Tier 4 |                                                                            |
| <b>Topical Antivirals</b>                                                 |        |                                                                            |
| <i>acyclovir topical ointment 5 %</i> (Zovirax)                           | Tier 2 |                                                                            |
| <b>Topical Pleuromutilin Derivatives</b>                                  |        |                                                                            |
| ALTABAX TOPICAL OINTMENT 1 %                                              | Tier 4 | ST: Must meet the following requirement:<br>Mupirocin ointment in 120 days |
| <b>Topical Sulfonamides</b>                                               |        |                                                                            |
| ABENOR HP TOPICAL LOTION 15-4 %                                           | Tier 4 |                                                                            |
| ABENOR TOPICAL CREAM 10-4 % (sulfacetamide-niacinamide)                   | Tier 4 |                                                                            |
| CLEANSING WASH TOPICAL CLEANSER 10-4-10 % (sulfacetamide sod-sulfur-urea) | Tier 2 |                                                                            |
| ECEOXIA TOPICAL CREAM 10-4 % (sulfacetamide-niacinamide)                  | Tier 4 |                                                                            |
| <i>mafenide acetate topical packet 50 gram</i> (Sulfamylon)               | Tier 2 |                                                                            |
| OXIAICE TOPICAL LOTION 15-4 %                                             | Tier 4 |                                                                            |

| Drug                                                                                                 | Status | Notes                       |
|------------------------------------------------------------------------------------------------------|--------|-----------------------------|
| ROSULA TOPICAL CLEANSER 10-4.5 %                                                                     | Tier 4 |                             |
| silver sulfadiazine topical cream 1 % (SSD)                                                          | Tier 2 |                             |
| SSD TOPICAL CREAM 1 % (silver sulfadiazine)                                                          | Tier 2 |                             |
| sulfacetamide sodium-sulfur topical cleanser 10-2 % (Avar LS)                                        | Tier 2 |                             |
| sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w) (Avar)                                     | Tier 2 | QL (1419 GM per 1 FILL)     |
| sulfacetamide sodium-sulfur topical cleanser 8-4 %                                                   | Tier 2 |                             |
| sulfacetamide sodium-sulfur topical cleanser 9.8-4.8 % (Plexion)                                     | Tier 2 |                             |
| sulfacetamide sodium-sulfur topical cleanser 9-4 % (Sumaxin)                                         | Tier 2 |                             |
| sulfacetamide sodium-sulfur topical cleanser 9-4.5 % (Sumadan)                                       | Tier 2 |                             |
| sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %                                             | Tier 2 | QL (1419 ML per 1 FILL)     |
| SULFAMYLON TOPICAL CREAM 85 MG/G                                                                     | Tier 4 |                             |
| SULFAMYLON TOPICAL PACKET 50 GRAM (mafenide acetate)                                                 | Tier 4 |                             |
| SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM 9 %-4.5 % -SPF 25 (sulfact na-sul-avobnz-otn-ocsa) | Tier 4 |                             |
| <b>Dermatology - Antiinflammatory</b>                                                                |        |                             |
| <b>Interleukin-13 (Il-13) Inhibitors, Mab</b>                                                        |        |                             |
| ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML                                                         | Tier 5 | PA                          |
| ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML                                                                 | Tier 5 | PA                          |
| EBGLYSS PEN SUBCUTANEOUS PEN INJECTOR 250 MG/2 ML                                                    | Tier 5 | PA                          |
| EBGLYSS SYRINGE SUBCUTANEOUS SYRINGE 250 MG/2 ML                                                     | Tier 5 | PA                          |
| <b>Interleukin-31(II-31)Receptor Alpha Antagonist,Mab</b>                                            |        |                             |
| NEMLUVIO SUBCUTANEOUS PEN INJECTOR 30 MG                                                             | Tier 5 | PA                          |
| <b>Top. Anti-Inflam.,Phosphodiesterase-4 (Pde4) Inhib</b>                                            |        |                             |
| EUCRISA TOPICAL OINTMENT 2 %                                                                         | Tier 3 | PA; QL (100 GM per 30 days) |
| ZORYVE TOPICAL CREAM 0.15 %                                                                          | Tier 3 | PA; QL (60 GM per 30 days)  |

| Drug                                                      | Status | Notes                                                                                                                                                                                    |
|-----------------------------------------------------------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ZORYVE TOPICAL FOAM 0.3 %                                 | Tier 3 | PA; QL (60 GM per 30 days)                                                                                                                                                               |
| <b>Topical Antibiotics/Anti-inflammatory, Steroidal</b>   |        |                                                                                                                                                                                          |
| NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 % | Tier 4 | ST: Must meet the following requirement: generic Fluocinolone Acetonide cream/oil/ointment/solution in 120 days                                                                          |
| NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %     | Tier 4 | ST: Must meet the following requirement: generic Fluocinolone Acetonide cream/oil/ointment/solution in 120 days                                                                          |
| <b>Topical Anti-Inflammatory Steroidal</b>                |        |                                                                                                                                                                                          |
| ACIOXIA TOPICAL GEL 0.1-0.5 %                             | Tier 4 |                                                                                                                                                                                          |
| ADVANCED ALLERGY COLLECT KIT TOPICAL KIT 2.5 %            | Tier 2 |                                                                                                                                                                                          |
| ALA-CORT TOPICAL CREAM 1 % (hydrocortisone)               | Tier 2 |                                                                                                                                                                                          |
| ALA-SCALP TOPICAL LOTION 2 % (hydrocortisone)             | Tier 2 | ST: Must meet the following requirement: Generic Hydrocortisone 2.5% lotion in 120 days                                                                                                  |
| <i>alclometasone topical cream 0.05 %</i>                 | Tier 2 |                                                                                                                                                                                          |
| <i>alclometasone topical ointment 0.05 %</i>              | Tier 2 |                                                                                                                                                                                          |
| <i>amcinonide topical cream 0.1 %</i>                     | Tier 2 | ST: Must meet any of the following requirements: Betamethasone 0.1% ointment, Fluticasone 0.005% ointment, Mometasone 0.1% ointment, or Triamcinolone 0.5% ointment or cream in 120 days |
| <i>betamethasone dipropionate topical cream 0.05 %</i>    | Tier 2 |                                                                                                                                                                                          |
| <i>betamethasone dipropionate topical lotion 0.05 %</i>   | Tier 2 |                                                                                                                                                                                          |
| <i>betamethasone dipropionate topical ointment 0.05 %</i> | Tier 2 |                                                                                                                                                                                          |
| <i>betamethasone valerate topical cream 0.1 %</i>         | Tier 2 |                                                                                                                                                                                          |
| <i>betamethasone valerate topical foam 0.12 %</i> (Luxiq) | Tier 2 |                                                                                                                                                                                          |

| Drug                                                                            | Status | Notes                                                                                                                                   |
|---------------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------|
| <i>betamethasone valerate topical lotion 0.1 %</i>                              | Tier 2 |                                                                                                                                         |
| <i>betamethasone valerate topical ointment 0.1 %</i>                            | Tier 2 |                                                                                                                                         |
| <i>betamethasone, augmented topical cream 0.05 %</i>                            | Tier 2 |                                                                                                                                         |
| <i>betamethasone, augmented topical gel 0.05 %</i>                              | Tier 2 |                                                                                                                                         |
| <i>betamethasone, augmented topical lotion 0.05 %</i>                           | Tier 2 |                                                                                                                                         |
| <i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene (augmented)) | Tier 2 |                                                                                                                                         |
| CAPEX TOPICAL SHAMPOO 0.01 %                                                    | Tier 4 |                                                                                                                                         |
| CHLOHUX TOPICAL SHAMPOO 0.05-2 % (clobetasol-levocetirizine)                    | Tier 4 |                                                                                                                                         |
| CHLOOXIA TOPICAL CREAM 0.05-4 % (clobetasol-niacinamide)                        | Tier 4 |                                                                                                                                         |
| CHLOOXIA TOPICAL OINTMENT 0.05-4 % (clobetasol-niacinamide)                     | Tier 4 |                                                                                                                                         |
| CHLOOXIA TOPICAL SOLUTION 0.05-4 % (clobetasol-niacinamide)                     | Tier 4 |                                                                                                                                         |
| <i>clobetasol scalp solution 0.05 %</i>                                         | Tier 2 |                                                                                                                                         |
| <i>clobetasol topical cream 0.05 %</i>                                          | Tier 2 |                                                                                                                                         |
| <i>clobetasol topical foam 0.05 %</i> (Olux)                                    | Tier 2 |                                                                                                                                         |
| <i>clobetasol topical gel 0.05 %</i>                                            | Tier 2 |                                                                                                                                         |
| <i>clobetasol topical lotion 0.05 %</i> (Clobex)                                | Tier 2 |                                                                                                                                         |
| <i>clobetasol topical ointment 0.05 %</i>                                       | Tier 2 |                                                                                                                                         |
| <i>clobetasol topical shampoo 0.05 %</i> (Clobex)                               | Tier 2 |                                                                                                                                         |
| <i>clobetasol topical spray,non-aerosol 0.05 %</i> (Clobex)                     | Tier 2 |                                                                                                                                         |
| <i>clobetasol-emollient topical cream 0.05 %</i>                                | Tier 2 |                                                                                                                                         |
| <i>clobetasol-emollient topical foam 0.05 %</i> (Olux-E)                        | Tier 2 |                                                                                                                                         |
| <i>clocortolone pivalate topical cream 0.1 %</i>                                | Tier 2 | ST: Must meet any of the following requirements:<br>Mometasone 0.1% cream/solution or<br>Triamcinolone 0.1 % cream/ointment in 120 days |
| CLODAN KIT TOPICAL KIT,SHAMPOO AND CLEANSER 0.05 %                              | Tier 4 |                                                                                                                                         |

| Drug                                                              | Status | Notes                                                                                                                                                                                                                                                                     |
|-------------------------------------------------------------------|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CORDRAN TAPE LARGE ROLL<br>TOPICAL TAPE 4 MCG/CM2                 | Tier 4 | ST: Must meet any of the following requirements:<br>Betamethasone augmented (ointment, gel, lotion),<br>Fluocinonide 0.1% cream,<br>Clobetasol (spray, lotion, gel, ointment, cream, solution) or Halobetasol 0.05% (cream, ointment) in 120 days; QL (2 EA per 30 days)  |
| CORDRAN TOPICAL CREAM 0.025 %                                     | Tier 4 | ST: Must meet the following requirement:<br>Topical Corticosteroid in 120 days                                                                                                                                                                                            |
| <i>desonide topical cream 0.05 %</i>                              | Tier 2 |                                                                                                                                                                                                                                                                           |
| <i>desonide topical gel 0.05 %</i>                                | Tier 2 | ST: Must meet any of the following requirements:<br>Betamethasone (0.05% lotion, 0.1% cream),<br>Desonide 0.05% ointment,<br>Fluticasone 0.05% cream,<br>Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) in 120 days                           |
| <i>desonide topical lotion 0.05 %</i>                             | Tier 2 |                                                                                                                                                                                                                                                                           |
| <i>desonide topical ointment 0.05 %</i>                           | Tier 2 |                                                                                                                                                                                                                                                                           |
| <i>desoximetasone topical cream 0.05 %, 0.25 %</i> (Topicort)     | Tier 2 |                                                                                                                                                                                                                                                                           |
| <i>desoximetasone topical gel 0.05 %</i> (Topicort)               | Tier 2 |                                                                                                                                                                                                                                                                           |
| <i>desoximetasone topical ointment 0.05 %, 0.25 %</i> (Topicort)  | Tier 2 |                                                                                                                                                                                                                                                                           |
| <i>desoximetasone topical spray,non-aerosol 0.25 %</i> (Topicort) | Tier 2 | ST: Must meet any of the following requirements:<br>Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol (except foam, shampoo),<br>Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or<br>Halobetasol (ointment, cream) in 120 days |
| DIVINIX TOPICAL CREAM 0.05-4 % (clobetasol-niacinamide)           | Tier 4 |                                                                                                                                                                                                                                                                           |
| DIVINIX TOPICAL OINTMENT 0.05-4 % (clobetasol-niacinamide)        | Tier 4 |                                                                                                                                                                                                                                                                           |
| DIVINIX TOPICAL SOLUTION 0.05-4 % (clobetasol-niacinamide)        | Tier 4 |                                                                                                                                                                                                                                                                           |
| DOMELA TOPICAL CREAM 0.01-4 % (fluocinolone-niacinamide)          | Tier 4 |                                                                                                                                                                                                                                                                           |

| Drug                                                                             | Status | Notes                                                                                                                                                                                                                               |
|----------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DYNOMA TOPICAL CREAM 0.05-4 %                                                    | Tier 4 |                                                                                                                                                                                                                                     |
| <i>fluocinolone and shower cap scalp oil</i> 0.01 % (Derma-Smoothe/FS Scalp Oil) | Tier 2 |                                                                                                                                                                                                                                     |
| <i>fluocinolone topical cream</i> 0.01 %                                         | Tier 2 |                                                                                                                                                                                                                                     |
| <i>fluocinolone topical cream</i> 0.025 % (Synalar)                              | Tier 2 |                                                                                                                                                                                                                                     |
| <i>fluocinolone topical oil</i> 0.01 % (Derma-Smoothe/FS Body Oil)               | Tier 2 |                                                                                                                                                                                                                                     |
| <i>fluocinolone topical ointment</i> 0.025 % (Synalar)                           | Tier 2 |                                                                                                                                                                                                                                     |
| <i>fluocinolone topical solution</i> 0.01 % (Synalar)                            | Tier 2 |                                                                                                                                                                                                                                     |
| <i>fluocinonide topical cream</i> 0.05 %                                         | Tier 2 |                                                                                                                                                                                                                                     |
| <i>fluocinonide topical cream</i> 0.1 % (Vanos)                                  | Tier 2 |                                                                                                                                                                                                                                     |
| <i>fluocinonide topical gel</i> 0.05 %                                           | Tier 2 |                                                                                                                                                                                                                                     |
| <i>fluocinonide topical ointment</i> 0.05 %                                      | Tier 2 |                                                                                                                                                                                                                                     |
| <i>fluocinonide topical solution</i> 0.05 %                                      | Tier 2 |                                                                                                                                                                                                                                     |
| FLUOCINONIDE-E TOPICAL CREAM 0.05 % (fluocinonide-emollient)                     | Tier 2 |                                                                                                                                                                                                                                     |
| <i>fluocinonide-emollient topical cream</i> 0.05 % (Fluocinonide-E)              | Tier 2 |                                                                                                                                                                                                                                     |
| FLUOXIA TOPICAL CREAM 0.05-4 %                                                   | Tier 4 |                                                                                                                                                                                                                                     |
| <i>flurandrenolide topical cream</i> 0.05 %                                      | Tier 2 | ST: Must meet any of the following requirements: Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) in 120 days |
| <i>flurandrenolide topical lotion</i> 0.05 %                                     | Tier 2 |                                                                                                                                                                                                                                     |
| <i>flurandrenolide topical ointment</i> 0.05 %                                   | Tier 2 | ST: Must meet any of the following requirements: Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment in 120 days; QL (180 GM per 30 days)                                                                          |
| <i>fluticasone propionate topical cream</i> 0.05 %                               | Tier 2 |                                                                                                                                                                                                                                     |
| <i>fluticasone propionate topical lotion</i> 0.05 % (Beser)                      | Tier 2 |                                                                                                                                                                                                                                     |
| <i>fluticasone propionate topical ointment</i> 0.005 %                           | Tier 2 |                                                                                                                                                                                                                                     |



| Drug                                                  | Status | Notes                                                                                                                                                                                                       |
|-------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>halcinonide topical cream 0.1 %</i> (Halog)        | Tier 2 | ST: Must meet any of the following requirements: Betamethasone 0.05% ointment or augmented cream, Desoximetasone (cream, gel, ointment), or Fluocinonide 0.05% (gel, ointment, solution, cream) in 120 days |
| <i>halcinonide topical solution 0.1 %</i> (Halog)     | Tier 2 | ST: Must meet any of the following requirements: Betamethasone 0.05% ointment or augmented cream, Desoximetasone (cream, gel, ointment), or Fluocinonide 0.05% (gel, ointment, solution, cream) in 120 days |
| <i>halobetasol propionate topical cream 0.05 %</i>    | Tier 2 |                                                                                                                                                                                                             |
| <i>halobetasol propionate topical ointment 0.05 %</i> | Tier 2 |                                                                                                                                                                                                             |
| HALOG TOPICAL OINTMENT 0.1 %                          | Tier 4 | ST: Must meet any of the following requirements: Betamethasone 0.05% ointment or augmented cream, Desoximetasone (cream, gel, ointment), or Fluocinonide 0.05% (gel, ointment, solution, cream) in 120 days |
| HALOG TOPICAL SOLUTION 0.1 % (halcinonide)            | Tier 4 | ST: Must meet any of the following requirements: Betamethasone 0.05% ointment or augmented cream, Desoximetasone (cream, gel, ointment), or Fluocinonide 0.05% (gel, ointment, solution, cream) in 120 days |
| <i>hydrocortisone butyrate topical cream 0.1 %</i>    | Tier 2 |                                                                                                                                                                                                             |

| <b>Drug</b>                                                                        | <b>Status</b> | <b>Notes</b>                                                                                                                                                                                                                                                             |
|------------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>hydrocortisone butyrate topical lotion 0.1 %</i>                                | Tier 2        | ST: Must meet any of the following requirements:<br>Betamethasone (0.05% lotion, 0.1% cream),<br>Desonide 0.05% ointment,<br>Fluticasone 0.05% cream,<br>Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) in 120 days; QL (236 ML per 30 days) |
| <i>hydrocortisone butyrate topical ointment 0.1 %</i>                              | Tier 2        | ST: Must meet any of the following requirements:<br>Betamethasone (0.05% lotion, 0.1% cream),<br>Desonide 0.05% ointment,<br>Fluticasone 0.05% cream,<br>Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) in 120 days                          |
| <i>hydrocortisone butyrate topical solution 0.1 %</i>                              | Tier 2        |                                                                                                                                                                                                                                                                          |
| <i>hydrocortisone topical cream 1 %</i> (Ala-Cort)                                 | Tier 2        |                                                                                                                                                                                                                                                                          |
| <i>hydrocortisone topical cream 2.5 %</i>                                          | Tier 2        |                                                                                                                                                                                                                                                                          |
| <i>hydrocortisone topical cream with perineal applicator 1 %</i>                   | Tier 2        |                                                                                                                                                                                                                                                                          |
| <i>hydrocortisone topical cream with perineal applicator 2.5 %</i> (Procto-Med HC) | Tier 2        |                                                                                                                                                                                                                                                                          |
| <i>hydrocortisone topical lotion 2 %</i> (Ala-Scalp)                               | Tier 2        | ST: Must meet the following requirement:<br>Generic Hydrocortisone 2.5% lotion in 120 days                                                                                                                                                                               |
| <i>hydrocortisone topical lotion 2.5 %</i>                                         | Tier 2        |                                                                                                                                                                                                                                                                          |
| <i>hydrocortisone topical ointment 1 %</i> (Anti-Itch (HC))                        | Tier 2        |                                                                                                                                                                                                                                                                          |
| <i>hydrocortisone topical ointment 2.5 %</i>                                       | Tier 2        |                                                                                                                                                                                                                                                                          |
| <i>hydrocortisone topical solution 2.5 %</i> (Texacort)                            | Tier 2        | ST: Must meet the following requirement:<br>Generic Hydrocortisone 2.5% lotion in 120 days                                                                                                                                                                               |
| <i>hydrocortisone valerate topical cream 0.2 %</i>                                 | Tier 2        |                                                                                                                                                                                                                                                                          |
| <i>hydrocortisone valerate topical ointment 0.2 %</i>                              | Tier 2        | ST: Must meet any of the following requirements:<br>Mometasone 0.1% cream/solution or<br>Triamcinolone 0.1 % cream/ointment in 120 days                                                                                                                                  |

| Drug                                                                        | Status | Notes                                                                                                                                                                                                                                                        |
|-----------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ILEXOR TOPICAL SHAMPOO 0.05-2 % (clobetasol-levocetirizine)                 | Tier 4 |                                                                                                                                                                                                                                                              |
| <i>mometasone topical cream 0.1 %</i>                                       | Tier 2 |                                                                                                                                                                                                                                                              |
| <i>mometasone topical ointment 0.1 %</i>                                    | Tier 2 |                                                                                                                                                                                                                                                              |
| <i>mometasone topical solution 0.1 %</i>                                    | Tier 2 |                                                                                                                                                                                                                                                              |
| NUCORT TOPICAL LOTION 2 % (hydrocortisone acet-aloe vera)                   | Tier 4 |                                                                                                                                                                                                                                                              |
| PANDEL TOPICAL CREAM 0.1 %                                                  | Tier 4 | ST: Must meet any of the following requirements: Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) in 120 days; QL (160 GM per 30 days) |
| <i>prednicarbate topical cream 0.1 %</i>                                    | Tier 2 |                                                                                                                                                                                                                                                              |
| <i>prednicarbate topical ointment 0.1 %</i>                                 | Tier 2 |                                                                                                                                                                                                                                                              |
| PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % (hydrocortisone) | Tier 2 |                                                                                                                                                                                                                                                              |
| PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % (hydrocortisone)  | Tier 2 |                                                                                                                                                                                                                                                              |
| PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % (hydrocortisone) | Tier 2 |                                                                                                                                                                                                                                                              |
| SCALACORT DK TOPICAL COMBO PACK 2-2-2 %                                     | Tier 3 |                                                                                                                                                                                                                                                              |
| SERNIVO TOPICAL SPRAY WITH PUMP 0.05 %                                      | Tier 4 | ST: Must meet any of the following requirements: Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment in 120 days                                                                                                                            |
| SYNALAR CREAM KIT TOPICAL CREAM 0.025 %                                     | Tier 4 | QL (375 GM per 30 days)                                                                                                                                                                                                                                      |
| SYNALAR OINTMENT KIT TOPICAL COMBO PACK,OINTMENT AND CREAM 0.025 %          | Tier 4 | QL (375 GM per 30 days)                                                                                                                                                                                                                                      |
| SYNALAR TS TOPICAL KIT 0.01 %                                               | Tier 4 |                                                                                                                                                                                                                                                              |
| TELIORA TOPICAL GEL 0.1-0.5 %                                               | Tier 4 |                                                                                                                                                                                                                                                              |
| TETOXIA TOPICAL CREAM 0.01-4 % (fluocinolone-niacinamide)                   | Tier 4 |                                                                                                                                                                                                                                                              |
| TEXACORT TOPICAL SOLUTION 2.5 % (hydrocortisone)                            | Tier 4 | ST: Must meet the following requirement: Generic Hydrocortisone 2.5% lotion in 120 days                                                                                                                                                                      |

| Drug                                                                      | Status | Notes                                                                                                               |
|---------------------------------------------------------------------------|--------|---------------------------------------------------------------------------------------------------------------------|
| <i>triamcinolone acetonide topical aerosol</i> (Kenalog)<br>0.147 mg/gram | Tier 2 |                                                                                                                     |
| <i>triamcinolone acetonide topical cream</i><br>0.025 %, 0.1 %            | Tier 2 |                                                                                                                     |
| <i>triamcinolone acetonide topical cream</i> (Triderm)<br>0.5 %           | Tier 2 | QL (454 GM per 30 days)                                                                                             |
| <i>triamcinolone acetonide topical lotion</i><br>0.025 %, 0.1 %           | Tier 2 |                                                                                                                     |
| <i>triamcinolone acetonide topical ointment</i><br>0.025 %, 0.1 %, 0.5 %  | Tier 2 |                                                                                                                     |
| TRIDERM TOPICAL CREAM 0.5 % (triamcinolone acetonide)                     | Tier 2 | QL (454 GM per 30 days)                                                                                             |
| <b>Topical Anti-Inflammatory, Nsaids</b>                                  |        |                                                                                                                     |
| <i>diclofenac epolamine transdermal patch</i> (Flector)<br>12 hour 1.3 %  | Tier 2 |                                                                                                                     |
| <i>diclofenac sodium topical drops</i> 1.5 %                              | Tier 2 |                                                                                                                     |
| <i>diclofenac sodium topical gel</i> 1 % (Arthritis Pain (diclofenac))    | Tier 2 |                                                                                                                     |
| KERAXA TOPICAL GEL 3-2-4 % (diclofenac-hyaluronate-niacin)                | Tier 4 |                                                                                                                     |
| LICART TRANSDERMAL PATCH 24 HOUR 1.3 %                                    | Tier 4 | ST: Must meet the following requirement: generic Flector patch in 120 days; QL (1 EA per 1 day)                     |
| ROAOXIA TOPICAL GEL 3-2-4 % (diclofenac-hyaluronate-niacin)               | Tier 4 |                                                                                                                     |
| <b>Topical Janus Kinase (Jak) Inhibitors</b>                              |        |                                                                                                                     |
| ANZUPGO TOPICAL CREAM 2 %                                                 | Tier 4 | PA; QL (60 GM per 30 days)                                                                                          |
| OPZELURA TOPICAL CREAM 1.5 %                                              | Tier 3 | PA; QL (60 GM per 30 days)                                                                                          |
| <b>Dermatology - Miscellaneous</b>                                        |        |                                                                                                                     |
| <b>Antiperspirants</b>                                                    |        |                                                                                                                     |
| DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 % (aluminum chloride)              | Tier 3 |                                                                                                                     |
| DRYSOL TOPICAL SOLUTION 20 % (aluminum chloride)                          | Tier 3 |                                                                                                                     |
| <b>Antiseborrheic Agents</b>                                              |        |                                                                                                                     |
| OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 % (sulfacetamide sodium)            | Tier 3 |                                                                                                                     |
| OVACE PLUS TOPICAL CREAM 10 %                                             | Tier 4 |                                                                                                                     |
| OVACE PLUS TOPICAL LOTION 9.8 %                                           | Tier 4 | ST: Must meet the following requirement: Ciclopirox (shampoo or gel) or Ketoconazole (shampoo or cream) in 120 days |

| Drug                                                   |                        | Status | Notes |
|--------------------------------------------------------|------------------------|--------|-------|
| PLEXION NS TOPICAL SHAMPOO 9.8 %                       | (sulfacetamide sodium) | Tier 4 |       |
| selenium sulfide topical lotion 2.5 %                  |                        | Tier 2 |       |
| selenium sulfide topical shampoo 2.25 %, 2.3 %         |                        | Tier 2 |       |
| sulfacetamide sodium topical cleanser 10 %             | (Ovace)                | Tier 2 |       |
| sulfacetamide sodium topical cleanser, gel 10 %        | (Ovace Plus Wash)      | Tier 2 |       |
| sulfacetamide sodium topical shampoo 10 %              | (Ovace Plus Shampoo)   | Tier 2 |       |
| sulfacetamide sodium topical shampoo 9.8 %             | (Plexion NS)           | Tier 2 |       |
| TERSI FOAM TOPICAL FOAM 2.25 %                         |                        | Tier 4 |       |
| <b>Antiseptics, General</b>                            |                        |        |       |
| ALCOHOL PADS TOPICAL PADS, MEDICATED                   | (alcohol swabs)        | Tier 4 |       |
| ALCOHOL PREP PADS TOPICAL PADS, MEDICATED              | (alcohol swabs)        | Tier 4 |       |
| alcohol swabs topical pads, medicated                  | (Alcohol Pads)         | Tier 4 |       |
| ALCOHOL WIPES TOPICAL PADS, MEDICATED                  | (alcohol swabs)        | Tier 4 |       |
| CARETOUCH ALCOHOL PREP PAD TOPICAL PADS, MEDICATED     | (alcohol swabs)        | Tier 4 |       |
| CURITY ALCOHOL SWABS TOPICAL PADS, MEDICATED           | (alcohol swabs)        | Tier 4 |       |
| DROPSAFE ALCOHOL PREP PADS TOPICAL PADS, MEDICATED     | (alcohol swabs)        | Tier 4 |       |
| EASY COMFORT ALCOHOL PAD TOPICAL PADS, MEDICATED       | (alcohol swabs)        | Tier 4 |       |
| EASY TOUCH ALCOHOL PREP PADS TOPICAL PADS, MEDICATED   | (alcohol swabs)        | Tier 4 |       |
| INCONTROL ALCOHOL PADS TOPICAL PADS, MEDICATED         | (alcohol swabs)        | Tier 4 |       |
| PRO COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED       | (alcohol swabs)        | Tier 4 |       |
| PURE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED      | (alcohol swabs)        | Tier 4 |       |
| SURE COMFORT ALCOHOL PREP PADS TOPICAL PADS, MEDICATED | (alcohol swabs)        | Tier 4 |       |
| SURE-PREP ALCOHOL PREP PADS TOPICAL PADS, MEDICATED    | (alcohol swabs)        | Tier 4 |       |
| TRUE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED      | (alcohol swabs)        | Tier 4 |       |

| Drug                                                                            | Status | Notes |
|---------------------------------------------------------------------------------|--------|-------|
| TRUE COMFORT PRO ALCOHOL PADS TOPICAL PADS, MEDICATED (alcohol swabs)           | Tier 4 |       |
| ULTILET ALCOHOL SWAB TOPICAL PADS, MEDICATED (alcohol swabs)                    | Tier 4 |       |
| WEBCOL TOPICAL PADS, MEDICATED (alcohol swabs)                                  | Tier 4 |       |
| <b>Antiseptics,Miscellaneous</b>                                                |        |       |
| <i>guaiacol liquid</i>                                                          | Tier 4 |       |
| <b>Emollients</b>                                                               |        |       |
| <i>ammonium lactate topical cream 12 %</i>                                      | Tier 2 |       |
| <i>ammonium lactate topical lotion 12 %</i> (AmLactin)                          | Tier 2 |       |
| ATRAPRO CP TOPICAL COMBO PACK,CREAM AND GEL                                     | Tier 4 |       |
| KERASTAT TOPICAL CREAM                                                          | Tier 4 |       |
| KERASTAT TOPICAL GEL 5 %                                                        | Tier 4 |       |
| MB HYDROGEL TOPICAL KIT,CREAM AND GEL 96.53-3-0.4 -0.066 %                      | Tier 2 |       |
| PRESERA TOPICAL FOAM                                                            | Tier 4 |       |
| XCLAIR TOPICAL CREAM                                                            | Tier 4 |       |
| <b>Iodine Antiseptics</b>                                                       |        |       |
| BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 % (povidone-iodine)        | Tier 4 |       |
| <i>povidone-iodine ophthalmic (eye) solution 5 %</i> (Betadine Ophthalmic Prep) | Tier 2 |       |
| <b>Irrigants</b>                                                                |        |       |
| <i>acetic acid irrigation solution 0.25 %</i>                                   | Tier 2 |       |
| <i>lactated ringers irrigation solution</i>                                     | Tier 4 |       |
| <i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>        | Tier 2 |       |
| PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L                                 | Tier 4 |       |
| PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L                       | Tier 4 |       |
| <i>ringer's irrigation solution</i>                                             | Tier 2 |       |
| <i>sodium chloride irrigation solution 0.9 %</i> (Sterile Saline)               | Tier 2 |       |
| <i>sorbitol irrigation solution 3 %</i>                                         | Tier 2 |       |
| <i>sorbitol-mannitol transurethral solution 2.7-0.54 gram/100 ml</i>            | Tier 2 |       |
| VASHE IRRIGATION IRRIGATION SOLUTION 0.033 %                                    | Tier 4 |       |
| <i>water for irrigation, sterile irrigation solution</i> (Curity Sterile Water) | Tier 2 |       |

| Drug                                                                                | Status | Notes                                                                                                  |
|-------------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------|
| <b>Irritants/Counter-Irritants</b>                                                  |        |                                                                                                        |
| <i>cantharidin in acetone topical solution</i><br>0.7 %                             | Tier 2 |                                                                                                        |
| <i>methyl salicylate oil</i> (Wintergreen Oil)                                      | Tier 2 |                                                                                                        |
| <i>methyl salicylate topical liquid</i>                                             | Tier 2 |                                                                                                        |
| QUTENZA TOPICAL KIT 8 %                                                             | Tier 4 | PA                                                                                                     |
| WINTERGREEN OIL OIL (methyl salicylate)                                             | Tier 2 |                                                                                                        |
| YCANTH TOPICAL SOLUTION WITH<br>APPLICATOR 0.7 %                                    | Tier 4 | PA                                                                                                     |
| <b>Keratolytics</b>                                                                 |        |                                                                                                        |
| <i>benzoyl peroxide topical foam</i> 9.8 % (BenzePrO)                               | Tier 2 |                                                                                                        |
| BPO TOPICAL GEL 8 % (benzoyl peroxide)                                              | Tier 2 |                                                                                                        |
| CEM-UREA TOPICAL GEL 45 % (urea)                                                    | Tier 2 |                                                                                                        |
| HYDRO 35 TOPICAL FOAM 35 % (urea)                                                   | Tier 4 |                                                                                                        |
| METDRAY TOPICAL GEL 17-2 %                                                          | Tier 4 |                                                                                                        |
| NENDRUX TOPICAL GEL 40-5 %                                                          | Tier 4 |                                                                                                        |
| PACNEX HP TOPICAL PADS,<br>MEDICATED 7 %                                            | Tier 4 |                                                                                                        |
| PACNEX LP TOPICAL PADS,<br>MEDICATED 4.25 %                                         | Tier 4 |                                                                                                        |
| PODOCON TOPICAL LIQUID 25 %                                                         | Tier 2 |                                                                                                        |
| <i>podofilox topical gel</i> 0.5 % (Condylox)                                       | Tier 2 | ST: Must meet the following requirement:<br>Podofilox 0.5% solution in 120 days; QL (0.5 GM per 1 day) |
| <i>podofilox topical solution</i> 0.5 %                                             | Tier 2 | QL (0.5 ML per 1 day)                                                                                  |
| PR BENZOYL PEROXIDE TOPICAL<br>CLEANSER 7 %                                         | Tier 2 |                                                                                                        |
| PRONAL TOPICAL GEL 10-40 %                                                          | Tier 4 |                                                                                                        |
| <i>salicylic acid topical cream</i> 6 % (Salimez)                                   | Tier 2 |                                                                                                        |
| <i>salicylic acid topical cream,extended<br/>release</i> 6 %                        | Tier 2 |                                                                                                        |
| <i>salicylic acid topical film forming liquid<br/>w/appl</i> 27.5 % (Virasal)       | Tier 2 |                                                                                                        |
| <i>salicylic acid topical film-forming soln er<br/>w/ appl</i> 28.5 % (UltraSal-ER) | Tier 2 |                                                                                                        |
| <i>salicylic acid topical foam</i> 6 % (Salvax)                                     | Tier 2 |                                                                                                        |
| <i>salicylic acid topical liquid</i> 26 %                                           | Tier 2 |                                                                                                        |
| <i>salicylic acid topical lotion</i> 6 %                                            | Tier 2 |                                                                                                        |
| <i>salicylic acid topical lotion,extended<br/>release</i> 6 %                       | Tier 2 |                                                                                                        |
| <i>salicylic acid topical ointment</i> 3 %                                          | Tier 2 |                                                                                                        |
| <i>salicylic acid topical shampoo</i> 6 % (Keralyt)                                 | Tier 2 |                                                                                                        |

| Drug                                                                     | Status | Notes |
|--------------------------------------------------------------------------|--------|-------|
| SALIMEZ FORTE TOPICAL CREAM 10 %                                         | Tier 4 |       |
| SALVAX DUO PLUS TOPICAL FOAM 6-35 %                                      | Tier 4 |       |
| SALVAX TOPICAL FOAM 6 % (salicylic acid)                                 | Tier 2 |       |
| <i>silver nitrate applicators topical stick 75-25 %</i>                  | Tier 2 |       |
| <i>silver nitrate topical solution 10 %</i>                              | Tier 2 |       |
| ULTRASAL-ER TOPICAL FILM-FORMING SOLN ER W/ APPL 28.5 % (salicylic acid) | Tier 4 |       |
| URAMAXIN GT TOPICAL KIT, CREAM AND GEL 45 %                              | Tier 4 |       |
| URAMAXIN TOPICAL FOAM 20 %                                               | Tier 4 |       |
| URAMAXIN TOPICAL LOTION 45 % (urea)                                      | Tier 4 |       |
| UREA NAIL STICK TOPICAL SOLUTION 50 % (urea)                             | Tier 2 |       |
| <i>urea topical cream 39 %</i> (Uredeb)                                  | Tier 2 |       |
| <i>urea topical cream 40 %, 47 %</i>                                     | Tier 2 |       |
| <i>urea topical cream 45 %</i> (Uramaxin)                                | Tier 2 |       |
| <i>urea topical cream 50 %</i> (Ure-K)                                   | Tier 2 |       |
| <i>urea topical foam 35 %</i> (Hydro 35)                                 | Tier 2 |       |
| <i>urea topical gel 45 %</i> (CEM-Urea)                                  | Tier 2 |       |
| <i>urea topical lotion 40 %</i>                                          | Tier 2 |       |
| WAYZEN TOPICAL GEL 40-5 %                                                | Tier 4 |       |
| WELERIS TOPICAL GEL 17-2 %                                               | Tier 4 |       |
| XALIX TOPICAL FILM-FORMING SOLN ER W/ APPL 28 %                          | Tier 4 |       |
| XIRUN TOPICAL GEL 10-40 %                                                | Tier 4 |       |
| <b>Oxidizing Agents</b>                                                  |        |       |
| HYPOCYN ANTIPRURITIC TOPICAL SPRAY GEL 0.012 %                           | Tier 4 |       |
| RENOVAR IRRIGATION IRRIGATION SOLUTION                                   | Tier 4 |       |
| RENOVAR TOPICAL SOLUTION                                                 | Tier 4 |       |
| <b>Protectives</b>                                                       |        |       |
| GENADUR (WITH LEXINAL) KIT 2,500 MCG                                     | Tier 4 |       |
| PHARMABASE BARRIER TOPICAL OINTMENT 9.38 %                               | Tier 2 |       |
| PR CREAM TOPICAL CREAM                                                   | Tier 2 |       |
| RECEDO TOPICAL GEL                                                       | Tier 4 |       |
| VASELINE WHITE PETROLEUM TOPICAL OINTMENT IN PACKET (white petrolatum)   | Tier 2 |       |



| Drug                                                                   | Status | Notes                                                                                       |
|------------------------------------------------------------------------|--------|---------------------------------------------------------------------------------------------|
| WOUNDGELHA MATRIX TOPICAL GEL 2.5 %                                    | Tier 4 |                                                                                             |
| <i>zinc oxide topical ointment 20 %</i> (Endit (zinc oxide))           | Tier 2 |                                                                                             |
| <i>zinc oxide topical paste 25 %</i>                                   | Tier 2 |                                                                                             |
| <b>Topical Anti-Inflammatory Steroid-Local Anesthetic</b>              |        |                                                                                             |
| ANALPRAM-HC TOPICAL LOTION 2.5-1 %                                     | Tier 3 |                                                                                             |
| EPIFOAM TOPICAL FOAM 1-1 %                                             | Tier 4 | ST: Must meet the following requirement: Hydrocortisone/Pramoxine 2.5%-1% cream in 120 days |
| <i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>                  | Tier 2 |                                                                                             |
| <i>lidocaine hcl-hydrocortison ac topical cream 3-0.5 %</i> (Lidocort) | Tier 2 |                                                                                             |
| PRAMOSONE TOPICAL CREAM 1-1 % (hydrocortisone-pramoxine)               | Tier 3 | ST: Must meet the following requirement: Hydrocortisone/Pramoxine 2.5%-1% cream in 120 days |
| PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 %                                | Tier 3 |                                                                                             |
| PRAMOSONE TOPICAL OINTMENT 1-1 %                                       | Tier 3 | ST: Must meet the following requirement: Hydrocortisone/Pramoxine 2.5%-1% cream in 120 days |
| PRAMOSONE TOPICAL OINTMENT 2.5-1 % (hydrocortisone-pramoxine)          | Tier 3 |                                                                                             |
| <b>Topical Antineoplastic &amp; Premalignant Lesion Agnts</b>          |        |                                                                                             |
| <i>bexarotene topical gel 1 %</i> (Targretin)                          | Tier 5 | PA                                                                                          |
| <i>diclofenac sodium topical gel 3 %</i>                               | Tier 2 | QL (100 GM per 1 FILL)                                                                      |
| <i>fluorouracil topical cream 0.5 %</i> (Carac)                        | Tier 2 | PA                                                                                          |
| <i>fluorouracil topical cream 5 %</i> (Efudex)                         | Tier 2 |                                                                                             |
| <i>fluorouracil topical solution 2 %, 5 %</i>                          | Tier 2 |                                                                                             |
| KLISYRI (250 MG) TOPICAL OINTMENT IN PACKET 1 %                        | Tier 4 | QL (5 EA per 1 FILL)                                                                        |
| KLISYRI (350 MG) TOPICAL OINTMENT IN PACKET 1 %                        | Tier 4 | QL (5 EA per 1 FILL)                                                                        |
| PANRETIN TOPICAL GEL 0.1 %                                             | Tier 5 | QL (60 GM per 28 days)                                                                      |
| TOLAK TOPICAL CREAM 4 %                                                | Tier 3 |                                                                                             |
| VALCHLOR TOPICAL GEL 0.016 %                                           | Tier 5 | PA                                                                                          |

| Drug                                                                                                  | Status | Notes                   |
|-------------------------------------------------------------------------------------------------------|--------|-------------------------|
| <b>Topical Local Anesthetics</b>                                                                      |        |                         |
| ANACAINE TOPICAL OINTMENT 10 %                                                                        | Tier 4 |                         |
| ANASTIA TOPICAL LOTION 2.75 %                                                                         | Tier 4 |                         |
| CETACAINE TOPICAL<br>AEROSOL,SPRAY 2 %-2 %-14 % (200<br>MG/SEC)                                       | Tier 4 |                         |
| CRYODOSE TA MEDIUM STREAM<br>SPR TOPICAL AEROSOL,SPRAY                                                | Tier 4 |                         |
| CRYODOSE TA MIST SPRAY TOPICAL<br>AEROSOL,SPRAY                                                       | Tier 4 |                         |
| DERMACINRX LIDOCAN TOPICAL (lidocaine)<br>ADHESIVE PATCH,MEDICATED 5 %                                | Tier 2 | QL (90 EA per 30 days)  |
| DERMACINRX LIDOGEL TOPICAL GEL<br>2.8 %                                                               | Tier 4 |                         |
| DERMACINRX LIDOREX TOPICAL<br>GEL 2.8 %                                                               | Tier 4 |                         |
| ENZNONUTY TOPICAL OINTMENT 10-<br>10-20 %                                                             | Tier 4 |                         |
| <i>ethyl chloride topical aerosol,spray 100<br/>%</i>                                                 | Tier 2 |                         |
| L.E.T. (LIDO-EPINEPH-TETRA)<br>TOPICAL GEL 4-0.05-0.5 %                                               | Tier 2 |                         |
| L.E.T. (LIDO-EPINEPH-TETRA) (lidocaine-racepinep-<br>TOPICAL SOLUTION 4-0.05-0.5 % tetracaine)        | Tier 2 |                         |
| L.E.T.(LIDO-EPINEPH BIT-TETRA)<br>TOPICAL GEL 4-0.09-0.5 %                                            | Tier 2 |                         |
| L.E.T.(LIDO-EPINEPH BIT-TETRA)<br>TOPICAL GEL 4-0.18-0.5 %                                            | Tier 4 |                         |
| <i>lidocaine hcl laryngotracheal solution 4<br/>%</i>                                                 | Tier 2 |                         |
| <i>lidocaine hcl topical cream 3 %</i> (Dermacinrx Lidocaine)                                         | Tier 2 |                         |
| <i>lidocaine topical adhesive (DermacinRx Lidocan)<br/>patch,medicated 5 %</i>                        | Tier 2 | QL (90 EA per 30 days)  |
| <i>lidocaine topical ointment 5 %</i>                                                                 | Tier 2 | QL (240 GM per 30 days) |
| <i>lidocaine-prilocaine topical cream 2.5-2.5<br/>%</i>                                               | Tier 2 |                         |
| <i>lidocaine-racepinep-tetracaine topical (L.E.T. (lido-epineph-tetra))<br/>solution 4-0.05-0.5 %</i> | Tier 2 |                         |
| LIDOCAN III TOPICAL ADHESIVE (lidocaine)<br>PATCH,MEDICATED 5 %                                       | Tier 2 | QL (90 EA per 30 days)  |
| LIDOCAN IV TOPICAL ADHESIVE (lidocaine)<br>PATCH,MEDICATED 5 %                                        | Tier 2 | QL (90 EA per 30 days)  |
| LIDOCAN V TOPICAL ADHESIVE (lidocaine)<br>PATCH,MEDICATED 5 %                                         | Tier 2 | QL (90 EA per 30 days)  |
| LIDOPIN TOPICAL CREAM 3.25 %                                                                          | Tier 4 |                         |

| Drug                                                                             | Status | Notes |
|----------------------------------------------------------------------------------|--------|-------|
| LIDTOPIC MAX TOPICAL CREAM,<br>METERED-DOSE APPLICATOR 10 %                      | Tier 4 |       |
| LIDTOPIC TOPICAL CREAM,<br>METERED-DOSE APPLICATOR 7.5 %                         | Tier 4 |       |
| NOBELA TOPICAL OINTMENT 10-10-<br>20 %                                           | Tier 4 |       |
| NOLIRA TOPICAL CREAM 23-7 %                                                      | Tier 4 |       |
| NUMBONEX TOPICAL LOTION 2.75 %                                                   | Tier 4 |       |
| NYNUTEY TOPICAL CREAM 23-7 %                                                     | Tier 4 |       |
| PRAKETAMIDE TOPICAL CREAM,<br>METERED-DOSE APPLICATOR 5 %                        | Tier 4 |       |
| REGENECARE TOPICAL GEL 2 %                                                       | Tier 4 |       |
| SPRAY AND STRETCH TOPICAL<br>AEROSOL,SPRAY                                       | Tier 4 |       |
| TRANZAREL TOPICAL GEL 4 %                                                        | Tier 4 |       |
| <b>Topical Preparations,Miscellaneous</b>                                        |        |       |
| KEFUNOVA TOPICAL CREAM 5-0.005<br>%                                              | Tier 4 |       |
| <b>Topical/Mucous Membr./Subcut.<br/>Enzymes</b>                                 |        |       |
| NEXOBRID TOPICAL GEL 8.8 %                                                       | Tier 4 |       |
| SANTYL TOPICAL OINTMENT 250<br>UNIT/GRAM                                         | Tier 4 | PA    |
| <b>Dermatology - Pigmentation Disorders</b>                                      |        |       |
| <b>Hypopigmentation Agents</b>                                                   |        |       |
| <i>hydroquinone topical cream 4 %</i> (Obagi Elastiderm)                         | Tier 2 |       |
| KATARAXAP TOPICAL EMULSION 4-<br>0.025-0.025 %                                   | Tier 4 |       |
| KATARVIA TOPICAL EMULSION 4-<br>0.025 %                                          | Tier 4 |       |
| KATARYA TOPICAL EMULSION 4-<br>0.025-0.5 % (hydroquin-tretinoin-<br>hydrocort)   | Tier 4 |       |
| KATARYAXN TOPICAL EMULSION 4-<br>0.025-0.5 % (hydroquin-tretinoin-<br>hydrocort) | Tier 4 |       |
| KAXM TOPICAL EMULSION 4 % (hydroquinone)                                         | Tier 4 |       |
| KEIDO TOPICAL EMULSION 6-1 % (hydroquinone-<br>hyaluronate)                      | Tier 4 |       |
| KETARYA TOPICAL EMULSION 6-<br>0.025-0.5 % (hydroquin-tretinoin-<br>hydrocort)   | Tier 4 |       |
| KEVARAXAP TOPICAL EMULSION 6-<br>0.05-0.025 %                                    | Tier 4 |       |
| KEVARTIA TOPICAL EMULSION 6-0.05<br>%                                            | Tier 4 |       |

| Drug                                        |                                 | Status | Notes |
|---------------------------------------------|---------------------------------|--------|-------|
| KEVARYA TOPICAL EMULSION 6-0.05-0.5 %       | (hydroquin-tretinoin-hydrocort) | Tier 4 |       |
| KEXM TOPICAL EMULSION 6 %                   | (hydroquinone)                  | Tier 4 |       |
| KEYA TOPICAL EMULSION 6-0.5 %               | (hydroquinone-hydrocortisone)   | Tier 4 |       |
| KOTARAXAP TOPICAL EMULSION 5-0.025-0.025 %  |                                 | Tier 4 |       |
| KUTAR TOPICAL EMULSION 8-0.025 %            |                                 | Tier 4 |       |
| KUTARVIA TOPICAL EMULSION 8-0.025 %         |                                 | Tier 4 |       |
| KUTARYAXM TOPICAL EMULSION 8-0.025-0.5 %    | (hydroquin-tretinoin-hydrocort) | Tier 4 |       |
| KUTARYAXMPA TOPICAL EMULSION 8-0.025-0.5 %  | (hydroquin-tretinoin-hydrocort) | Tier 4 |       |
| KUTEA TOPICAL EMULSION 8 %                  | (hydroquinone)                  | Tier 4 |       |
| KUVARYA TOPICAL EMULSION 8-0.05-0.5 %       | (hydroquin-tretinoin-hydrocort) | Tier 4 |       |
| KUVARYE TOPICAL EMULSION 8-0.05-1 %         | (hydroquin-tretinoin-hydrocort) | Tier 4 |       |
| KUXM TOPICAL EMULSION 8 %                   | (hydroquinone)                  | Tier 4 |       |
| MAVILO HP TOPICAL EMULSION 6-0.05-0.025 %   |                                 | Tier 4 |       |
| MAVILO LP TOPICAL EMULSION 4-0.025-0.025 %  |                                 | Tier 4 |       |
| MAVILO TOPICAL EMULSION 5-0.025-0.025 %     |                                 | Tier 4 |       |
| MECORIX HP TOPICAL EMULSION 8-0.05-0.5 %    | (hydroquin-tretinoin-hydrocort) | Tier 4 |       |
| MECORIX PLUS TOPICAL EMULSION 8-0.025-0.5 % | (hydroquin-tretinoin-hydrocort) | Tier 4 |       |
| MECORIX TOPICAL EMULSION 8-0.025-0.5 %      | (hydroquin-tretinoin-hydrocort) | Tier 4 |       |
| MEDORFA HP PLUS TOPICAL EMULSION 8 %        | (hydroquinone)                  | Tier 4 |       |
| MEDORFA HP TOPICAL EMULSION 8 %             | (hydroquinone)                  | Tier 4 |       |
| MEDORFA LP TOPICAL EMULSION 4 %             | (hydroquinone)                  | Tier 4 |       |
| MEDORFA PLUS TOPICAL EMULSION 6-1 %         | (hydroquinone-hyaluronate)      | Tier 4 |       |
| MEDORFA TOPICAL EMULSION 6 %                | (hydroquinone)                  | Tier 4 |       |
| MEKAM HP TOPICAL EMULSION 6-0.05-0.5 %      | (hydroquin-tretinoin-hydrocort) | Tier 4 |       |

| Drug                                             |                                 | Status | Notes |
|--------------------------------------------------|---------------------------------|--------|-------|
| MEKAM TOPICAL EMULSION 6-0.025-0.5 %             | (hydroquin-tretinoin-hydrocort) | Tier 4 |       |
| MELIDU TOPICAL EMULSION 4-0.025-0.5 %            | (hydroquin-tretinoin-hydrocort) | Tier 4 |       |
| MELONDIS PLUS TOPICAL EMULSION 4-0.025-0.5 %     | (hydroquin-tretinoin-hydrocort) | Tier 4 |       |
| MELONDIS TOPICAL EMULSION 4-0.025-0.5 %          | (hydroquin-tretinoin-hydrocort) | Tier 4 |       |
| MIMORA TOPICAL EMULSION 6-0.5 %                  | (hydroquinone-hydrocortisone)   | Tier 4 |       |
| MOKURA LP TOPICAL EMULSION 4-0.025 %             |                                 | Tier 4 |       |
| MOKURA MOD TOPICAL EMULSION 6-0.05 %             |                                 | Tier 4 |       |
| MOKURA PLUS TOPICAL EMULSION 8-0.025 %           |                                 | Tier 4 |       |
| MOKURA TOPICAL EMULSION 8-0.025 %                |                                 | Tier 4 |       |
| MOLEXI TOPICAL EMULSION 4-0.025-2.5 %            |                                 | Tier 4 |       |
| MYTHIUS TOPICAL EMULSION 8-0.05-1 %              | (hydroquin-tretinoin-hydrocort) | Tier 4 |       |
| MYVORI TOPICAL CREAM 10-4 %                      | (lactic acid-niacinamide)       | Tier 4 |       |
| OBAGI ELASTIDERM TOPICAL CREAM 4 %               | (hydroquinone)                  | Tier 2 |       |
| OBAGI NU-DERM BLENDER TOPICAL CREAM 4 %          | (hydroquinone)                  | Tier 2 |       |
| OBAGI NU-DERM CLEAR TOPICAL CREAM 4 %            | (hydroquinone)                  | Tier 2 |       |
| OBAGI NU-DERM SUNFADER TOPICAL CREAM 4 %- SPF 15 |                                 | Tier 4 |       |
| OBAGI-C CLARIFYING SERUM TOPICAL LIQUID 4-10 %   |                                 | Tier 4 |       |
| OBAGI-C THERAPY NIGHT TOPICAL CREAM 4 %          |                                 | Tier 4 |       |
| PROOXIA TOPICAL CREAM 10-4 %                     | (lactic acid-niacinamide)       | Tier 4 |       |
| TRI-LUMA TOPICAL CREAM 0.01-4-0.05 %             |                                 | Tier 4 |       |
| YAXATARXYN TOPICAL EMULSION 4-0.025-0.5 %        | (hydroquin-tretinoin-hydrocort) | Tier 4 |       |
| YOKATAR TOPICAL EMULSION 4-0.025-2.5 %           |                                 | Tier 4 |       |

| Drug                                                                           | Status | Notes |
|--------------------------------------------------------------------------------|--------|-------|
| <b>Dermatology - Psoriasis/Eczema</b>                                          |        |       |
| <b>Antipsoriatic Agents, Systemic</b>                                          |        |       |
| <i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>                            | Tier 5 |       |
| BIMZELX AUTOINJECTOR<br>SUBCUTANEOUS AUTO-INJECTOR<br>160 MG/ML, 320 MG/2 ML   | Tier 5 | PA    |
| BIMZELX SUBCUTANEOUS SYRINGE<br>160 MG/ML, 320 MG/2 ML                         | Tier 5 | PA    |
| COSENTYX (2 SYRINGES)<br>SUBCUTANEOUS SYRINGE 150<br>MG/ML                     | Tier 5 | PA    |
| COSENTYX PEN (2 PENS)<br>SUBCUTANEOUS PEN INJECTOR 150<br>MG/ML                | Tier 5 | PA    |
| COSENTYX PEN SUBCUTANEOUS<br>PEN INJECTOR 150 MG/ML                            | Tier 5 | PA    |
| COSENTYX SUBCUTANEOUS<br>SYRINGE 150 MG/ML, 75 MG/0.5 ML                       | Tier 5 | PA    |
| COSENTYX UNOREADY PEN<br>SUBCUTANEOUS PEN INJECTOR 300<br>MG/2 ML              | Tier 5 | PA    |
| <i>methoxsalen oral capsule, liqd-filled, rapid<br/>rel 10 mg</i>              | Tier 2 |       |
| SILIQ SUBCUTANEOUS SYRINGE 210<br>MG/1.5 ML                                    | Tier 5 | PA    |
| SKYRIZI SUBCUTANEOUS PEN<br>INJECTOR 150 MG/ML                                 | Tier 5 | PA    |
| SKYRIZI SUBCUTANEOUS SYRINGE<br>150 MG/ML                                      | Tier 5 | PA    |
| SOTYKTU ORAL TABLET 6 MG                                                       | Tier 5 | PA    |
| SPEVIGO SUBCUTANEOUS SYRINGE<br>150 MG/ML, 300 MG/2 ML                         | Tier 5 | PA    |
| TALTZ AUTOINJECTOR (2 PACK)<br>SUBCUTANEOUS AUTO-INJECTOR 80<br>MG/ML          | Tier 5 | PA    |
| TALTZ AUTOINJECTOR (3 PACK)<br>SUBCUTANEOUS AUTO-INJECTOR 80<br>MG/ML          | Tier 5 | PA    |
| TALTZ AUTOINJECTOR<br>SUBCUTANEOUS AUTO-INJECTOR 80<br>MG/ML                   | Tier 5 | PA    |
| TALTZ SYRINGE SUBCUTANEOUS<br>SYRINGE 20 MG/0.25 ML, 40 MG/0.5<br>ML, 80 MG/ML | Tier 5 | PA    |

| Drug                                                     | Status | Notes                                                                                                                                                                                                                                                                                        |
|----------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Antipsoriatics Agents</b>                             |        |                                                                                                                                                                                                                                                                                              |
| <i>calcipotriene scalp solution 0.005 %</i>              | Tier 2 | ST: Must meet the following requirements:<br>Topical Corticosteroid in 120 days                                                                                                                                                                                                              |
| <i>calcipotriene topical cream 0.005 %</i>               | Tier 2 | ST: Must meet the following requirements:<br>Topical Corticosteroid in 120 days                                                                                                                                                                                                              |
| <i>calcipotriene topical foam 0.005 %</i> (Sorilux)      | Tier 2 | ST: Must meet the following requirement:<br>Topical Corticosteroid in 120 days                                                                                                                                                                                                               |
| <i>calcipotriene topical ointment 0.005 %</i>            | Tier 2 | ST: Must meet the following requirements:<br>Topical Corticosteroid in 120 days                                                                                                                                                                                                              |
| <i>calcitriol topical ointment 3 mcg/gram</i> (Vectical) | Tier 2 | ST: Must meet the following requirements:<br>Topical Corticosteroid in 120 days                                                                                                                                                                                                              |
| DIOOXIA TOPICAL CREAM 0.005-4 %                          | Tier 4 |                                                                                                                                                                                                                                                                                              |
| DRITHOCREME HP TOPICAL CREAM 1 %                         | Tier 3 | ST: Must meet the following requirement:<br>Topical Corticosteroid in 120 days                                                                                                                                                                                                               |
| DUOBRII TOPICAL LOTION 0.01-0.045 %                      | Tier 4 | ST: Must meet any of the following requirements:<br>Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol (except foam, shampoo), Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (ointment, cream) in 120 days; QL (200 GM per 28 days) |
| PURAZIL TOPICAL CREAM 0.005-4 %                          | Tier 4 |                                                                                                                                                                                                                                                                                              |
| SORILUX TOPICAL FOAM 0.005 % (calcipotriene)             | Tier 4 | ST: Must meet the following requirement:<br>Topical Corticosteroid in 120 days                                                                                                                                                                                                               |
| <i>tazarotene topical cream 0.05 %</i> (Tazorac)         | Tier 2 | Age (Max 39 Years)                                                                                                                                                                                                                                                                           |
| <i>tazarotene topical cream 0.1 %</i> (Tazorac)          | Tier 2 |                                                                                                                                                                                                                                                                                              |
| <i>tazarotene topical gel 0.05 %, 0.1 %</i> (Tazorac)    | Tier 2 | Age (Max 39 Years)                                                                                                                                                                                                                                                                           |
| VTAMA TOPICAL CREAM 1 %                                  | Tier 3 | PA; QL (60 GM per 30 days)                                                                                                                                                                                                                                                                   |

| Drug                                                                                                        |                                 | Status | Notes                                                                       |
|-------------------------------------------------------------------------------------------------------------|---------------------------------|--------|-----------------------------------------------------------------------------|
| ZITHRANOL TOPICAL SHAMPOO 1 %                                                                               |                                 | Tier 4 | ST: Must meet the following requirement: Topical Corticosteroid in 120 days |
| ZORYVE TOPICAL CREAM 0.3 %                                                                                  |                                 | Tier 3 | PA; QL (60 GM per 30 days)                                                  |
| <b>II-23 Receptor Antagonist, Monoclonal Antibody</b>                                                       |                                 |        |                                                                             |
| OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML (100 MG/ML X 2), 300MG/3ML(100MG /ML-200 MG/2ML) |                                 | Tier 5 | PA                                                                          |
| OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML (100 MG/ML X 2), 300MG/3ML(100MG /ML-200 MG/2ML)          |                                 | Tier 5 | PA                                                                          |
| SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)                 |                                 | Tier 5 | PA                                                                          |
| TREMIFYA ONE-PRESS SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML                                                     |                                 | Tier 5 | PA                                                                          |
| TREMIFYA PEN INDUCTION PK-CROHN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML                                       |                                 | Tier 5 | PA                                                                          |
| TREMIFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML                                               |                                 | Tier 5 | PA                                                                          |
| TREMIFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML                                                        |                                 | Tier 5 | PA                                                                          |
| <b>Topical Agents,Miscellaneous</b>                                                                         |                                 |        |                                                                             |
| L-MESITRAN SOFT TOPICAL GEL 40 %                                                                            |                                 | Tier 4 |                                                                             |
| MUSCUSOLICE TOPICAL CREAM, METERED-DOSE APPLICATOR 2 %, 5 %                                                 |                                 | Tier 4 |                                                                             |
| NEURAPTINE TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %                                                      |                                 | Tier 4 |                                                                             |
| OCM TOPICAL OINTMENT IN PACKET                                                                              |                                 | Tier 4 |                                                                             |
| OMEZA TOPICAL OINTMENT IN PACKET                                                                            |                                 | Tier 4 |                                                                             |
| urea topical cream 20 % (Gormel)                                                                            |                                 | Tier 2 |                                                                             |
| <b>Topical Immunosuppressive Agents</b>                                                                     |                                 |        |                                                                             |
| ELYZIA (WITH HYALURONATE) TOPICAL CREAM 0.1-1-4 %                                                           | (tacrolimus-hyaluronate-niacin) | Tier 4 |                                                                             |
| ELYZIA TOPICAL OINTMENT 0.1-4 %                                                                             | (tacrolimus-niacinamide)        | Tier 4 |                                                                             |



| Drug                                                                |                                  | Status | Notes                                                                                                                                                                                                                   |
|---------------------------------------------------------------------|----------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HOVYN TOPICAL SOLUTION 0.1 %                                        |                                  | Tier 4 |                                                                                                                                                                                                                         |
| HYFTOR TOPICAL GEL 0.2 %                                            |                                  | Tier 5 | PA                                                                                                                                                                                                                      |
| NUJO TOPICAL SOLUTION 0.1 %                                         |                                  | Tier 4 |                                                                                                                                                                                                                         |
| NUJU TOPICAL CREAM 0.1 %                                            | (tacrolimus-vehicle base no.238) | Tier 4 |                                                                                                                                                                                                                         |
| OXIANUJO (WITH HYALURONATE) TOPICAL CREAM 0.1-1-4 %                 | (tacrolimus-hyaluronate-niacin)  | Tier 4 |                                                                                                                                                                                                                         |
| OXIANUJO TOPICAL OINTMENT 0.1-4 %                                   | (tacrolimus-niacinamide)         | Tier 4 |                                                                                                                                                                                                                         |
| <i>pimecrolimus topical cream 1 %</i>                               | (Elidel)                         | Tier 2 | ST: Must meet any of the following requirements:<br>Generic Mometasone Cream or Ointment, Clobetasol Cream or Ointment, Hydrocortisone 1% or 2.5% Cream or Ointment, or Triamcinolone 0.1% or 0.5% Ointment in 120 days |
| <i>tacrolimus topical ointment 0.03 %, 0.1 %</i>                    |                                  | Tier 2 | ST: Must meet any of the following requirements:<br>Generic Mometasone Cream or Ointment, Clobetasol Cream or Ointment, Hydrocortisone 1% or 2.5% Cream or Ointment, or Triamcinolone 0.1% or 0.5% Ointment in 120 days |
| VEVEN TOPICAL CREAM 0.1 %                                           | (tacrolimus-vehicle base no.238) | Tier 4 |                                                                                                                                                                                                                         |
| <b>Topical Vit D Analog/Antiinflammatory, Steroidal</b>             |                                  |        |                                                                                                                                                                                                                         |
| <i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>   |                                  | Tier 2 | ST: Must meet the following requirements:<br>Topical Corticosteroid in 120 days                                                                                                                                         |
| <i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i> | (Taclonex)                       | Tier 2 | ST: Must meet the following requirements:<br>Topical Corticosteroid in 120 days                                                                                                                                         |
| DIOCHLOY TOPICAL SOLUTION 0.05-0.005 %                              | (clobetasol-calcipotriene)       | Tier 4 |                                                                                                                                                                                                                         |
| ENSTILAR TOPICAL FOAM 0.005-0.064 %                                 |                                  | Tier 3 |                                                                                                                                                                                                                         |
| PLENURA TOPICAL SOLUTION 0.05-0.005 %                               | (clobetasol-calcipotriene)       | Tier 4 |                                                                                                                                                                                                                         |

| Drug                                                                               | Status | Notes                                                                                                                |
|------------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------------|
| WYNZORA TOPICAL CREAM 0.005-0.064 %                                                | Tier 4 | ST: Must meet any of the following requirements:<br>Generic Taclonex Ointment in 120 days                            |
| <b>Diabetes</b>                                                                    |        |                                                                                                                      |
| <b>Antihypergly, (Dpp-4) Inhibitor &amp; Biguanide Comb.</b>                       |        |                                                                                                                      |
| <i>alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg</i> (Kazano)        | Tier 4 | ST: Must meet any of the following requirements:<br>Janumet, Janumet XR, or Januvia in 120 days; QL (2 EA per 1 day) |
| JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG                                         | Tier 3 | QL (2 EA per 1 day)                                                                                                  |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG                           | Tier 3 | QL (1 EA per 1 day)                                                                                                  |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG                 | Tier 3 | QL (2 EA per 1 day)                                                                                                  |
| JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG                        | Tier 4 | ST: Must meet any of the following requirements:<br>Janumet, Janumet XR, or Januvia in 120 days; QL (2 EA per 1 day) |
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG                     | Tier 4 | ST: Must meet any of the following requirements:<br>Janumet, Janumet XR, or Januvia in 120 days; QL (2 EA per 1 day) |
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG                       | Tier 4 | ST: Must meet any of the following requirements:<br>Janumet, Janumet XR, or Januvia in 120 days; QL (1 EA per 1 day) |
| <i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg</i>         | Tier 2 | ST: Must meet any of the following requirements:<br>Janumet, Janumet XR, or Januvia in 120 days; QL (2 EA per 1 day) |
| <i>saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg</i> | Tier 2 | ST: Must meet any of the following requirements:<br>Janumet, Janumet XR, or Januvia in 120 days; QL (1 EA per 1 day) |

| Drug                                                                                                          | Status | Notes                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Antihyperglycemic-Dpp-4 Enzyme Inhibitor &amp; Thiazolidinedione</b>                                       |        |                                                                                                                                                 |
| <i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-45 mg</i> (Oseni)                                       | Tier 4 | ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days; QL (1 EA per 1 day)                               |
| <i>alogliptin-pioglitazone oral tablet 25-15 mg, 25-30 mg</i>                                                 | Tier 4 | ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days; QL (1 EA per 1 day)                               |
| <b>Antihyperglycemic-Incretin Mimetic(Glp-1 Receptor Agonist)</b>                                             |        |                                                                                                                                                 |
| BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML                                                        | Tier 4 | PA; QL (0.85 ML per 7 days)                                                                                                                     |
| <i>exenatide subcutaneous pen injector 10 mcg/dose(250 mcg/ml) 2.4 ml</i>                                     | Tier 2 | PA; QL (2.4 ML per 30 days)                                                                                                                     |
| <i>exenatide subcutaneous pen injector 5 mcg/dose (250 mcg/ml) 1.2 ml</i>                                     | Tier 2 | PA; QL (1.2 ML per 30 days)                                                                                                                     |
| <i>liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)</i> (Victoza 2-Pak)                       | Tier 4 | PA; QL (9 ML per 30 days)                                                                                                                       |
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) | Tier 3 | PA; QL (3 ML per 28 days)                                                                                                                       |
| RYBELSUS ORAL TABLET 1.5 MG, 14 MG, 3 MG, 4 MG, 7 MG, 9 MG                                                    | Tier 3 | PA; QL (1 EA per 1 day)                                                                                                                         |
| TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML                 | Tier 3 | PA; QL (2 ML per 28 days)                                                                                                                       |
| <b>Antihyperglycemic-Sodium/Glucose Cotransporter 2(SGLT2)Inhibitor</b>                                       |        |                                                                                                                                                 |
| BRENZAVVY ORAL TABLET 20 MG (bexagliflozin)                                                                   | Tier 4 | ST: Must meet 2 of the following requirements: Generic Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 365 days; QL (1 EA per 1 day) |
| <i>dapagliflozin propanediol oral tablet 10 mg, 5 mg</i> (Farxiga)                                            | Tier 2 | QL (1 EA per 1 day)                                                                                                                             |
| INPEFA ORAL TABLET 200 MG                                                                                     | Tier 4 | ST: Must meet 2 of the following requirements: Generic Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 365 days; QL (2 EA per 1 day) |

| Drug                                                                                                                     | Status | Notes                                                                                                                                                                  |
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| INPEFA ORAL TABLET 400 MG                                                                                                | Tier 4 | ST: Must meet 2 of the following requirements: Generic Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 365 days; QL (1 EA per 1 day)                        |
| INVOKANA ORAL TABLET 100 MG, 300 MG                                                                                      | Tier 4 | ST: Must meet 2 of the following requirements: Generic Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 365 days; QL (30 EA per 30 days)                     |
| JARDIANCE ORAL TABLET 10 MG, 25 MG                                                                                       | Tier 3 | QL (1 EA per 1 day)                                                                                                                                                    |
| STEGLATRO ORAL TABLET 15 MG, 5 MG                                                                                        | Tier 4 | ST: Must meet 2 of the following requirements: Generic Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 365 days; QL (1 EA per 1 day)                        |
| <b>Antihyperglycemic - Dopamine Receptor Agonists</b>                                                                    |        |                                                                                                                                                                        |
| CYCLOSET ORAL TABLET 0.8 MG                                                                                              | Tier 4 | ST: Must meet any of the following requirements: Glipizide/metformin (Metaglip), Glyburide/Metformin (Glucovance), Metformin (Glucophage), or Metformin ER in 180 days |
| <b>Antihyperglycemic - Incretin Mimetics Combination</b>                                                                 |        |                                                                                                                                                                        |
| MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML | Tier 3 | PA; QL (0.5 ML per 7 days)                                                                                                                                             |
| <b>Antihyperglycemic, Alpha-Glucosidase Inhib (N-S)</b>                                                                  |        |                                                                                                                                                                        |
| <i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)                                                               | Tier 2 |                                                                                                                                                                        |
| <i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>                                                                         | Tier 2 |                                                                                                                                                                        |
| <b>Antihyperglycemic, Amylin Analog-Type</b>                                                                             |        |                                                                                                                                                                        |
| SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML                                                                 | Tier 4 |                                                                                                                                                                        |
| SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML                                                                  | Tier 4 |                                                                                                                                                                        |

| Drug                                                                   | Status | Notes                                                                                                                |
|------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------------|
| <b>Antihyperglycemic, Dpp-4 Inhibitors</b>                             |        |                                                                                                                      |
| <i>alogliptin oral tablet 12.5 mg, 25 mg</i> (Nesina)                  | Tier 4 | ST: Must meet any of the following requirements:<br>Janumet, Janumet XR, or Januvia in 120 days; QL (1 EA per 1 day) |
| <i>alogliptin oral tablet 6.25 mg</i>                                  | Tier 4 | ST: Must meet any of the following requirements:<br>Janumet, Janumet XR, or Januvia in 120 days; QL (1 EA per 1 day) |
| JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG                               | Tier 3 | QL (1 EA per 1 day)                                                                                                  |
| <i>saxagliptin oral tablet 2.5 mg, 5 mg</i>                            | Tier 2 | ST: Must meet any of the following requirements:<br>Janumet, Janumet XR, or Januvia in 120 days; QL (1 EA per 1 day) |
| <i>sitagliptin oral tablet 100 mg, 25 mg, 50 mg</i> (Zituvio)          | Tier 4 | ST: Must meet any of the following requirements:<br>Janumet, Janumet XR, or Januvia in 120 days; QL (1 EA per 1 day) |
| TRADJENTA ORAL TABLET 5 MG                                             | Tier 4 | ST: Must meet any of the following requirements:<br>Janumet, Janumet XR, or Januvia in 120 days; QL (1 EA per 1 day) |
| <b>Antihyperglycemic, Insulin-Release Stimulant Type</b>               |        |                                                                                                                      |
| <i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>                        | Tier 1 |                                                                                                                      |
| <i>glipizide oral tablet 10 mg, 5 mg</i>                               | Tier 1 |                                                                                                                      |
| <i>glipizide oral tablet 2.5 mg</i>                                    | Tier 2 | QL (2 EA per 1 day)                                                                                                  |
| <i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i> | Tier 1 |                                                                                                                      |
| <i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>             | Tier 1 |                                                                                                                      |
| <i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>                     | Tier 1 |                                                                                                                      |
| <i>nateglinide oral tablet 120 mg, 60 mg</i>                           | Tier 1 |                                                                                                                      |
| <i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>                      | Tier 1 |                                                                                                                      |
| <b>Antihyperglycemic, Insulin-Response Enhancer (N-S)</b>              |        |                                                                                                                      |
| <i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)            | Tier 1 |                                                                                                                      |

| Drug                                                                     | Status | Notes                                                                                                                                                                                              |
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| <b>Antihyperglycemic, SglT-2 &amp; Dpp-4 Inhibitor Comb.</b>             |        |                                                                                                                                                                                                    |
| GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG                                    | Tier 3 | QL (1 EA per 1 day)                                                                                                                                                                                |
| QTERN ORAL TABLET 10-5 MG, 5-5 MG                                        | Tier 4 | ST: Must meet any of the following requirements: Generic Farxiga, Janumet XR, Janumet, Januvia, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 120 days; QL (1 EA per 1 day)                    |
| STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG                                | Tier 4 | ST: Must meet any of the following requirements: Generic Farxiga, Janumet XR, Janumet, Januvia, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 120 days; QL (1 EA per 1 day)                    |
| <b>Antihyperglycemic,Biguanide Type(Non-Sulfonylurea)</b>                |        |                                                                                                                                                                                                    |
| DM2 COMBO PACK, TABLET AND STRIP 500 MG                                  | Tier 4 | ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days |
| <i>metformin oral solution 500 mg/5 ml</i> (Riomet)                      | Tier 2 |                                                                                                                                                                                                    |
| <i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>                    | Tier 1 |                                                                                                                                                                                                    |
| <i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>       | Tier 1 |                                                                                                                                                                                                    |
| <b>Antihyperglycemic,Insulin &amp; Glp-1 Receptor Agonist</b>            |        |                                                                                                                                                                                                    |
| SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML               | Tier 3 | QL (30 ML per 28 days)                                                                                                                                                                             |
| XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)     | Tier 3 | QL (15 ML per 28 days)                                                                                                                                                                             |
| <b>Antihyperglycemic,Insulin-Rel Stim.&amp; Biguanide Cmb</b>            |        |                                                                                                                                                                                                    |
| <i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>  | Tier 1 |                                                                                                                                                                                                    |
| <i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i> | Tier 1 |                                                                                                                                                                                                    |

| Drug                                                                                              | Status | Notes                                                                                                                                           |
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| <b>Antihyperglycemic, Insulin-Response &amp; Release Comb.</b>                                    |        |                                                                                                                                                 |
| <i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i> (DUETACT)                            | Tier 2 | ST: Must meet any of the following requirements: Metformin, preferred Sulfonylurea or preferred Metformin/Sulfonylurea combination in 120 days  |
| <b>Antihyperglycemic-Glucocorticoid Receptor Blocker</b>                                          |        |                                                                                                                                                 |
| KORLYM ORAL TABLET 300 MG (mifepristone)                                                          | Tier 5 | PA                                                                                                                                              |
| <i>mifepristone oral tablet 300 mg</i> (Korlym)                                                   | Tier 5 | PA                                                                                                                                              |
| <b>Antihyperglycemic-SglT2 Inhibitor &amp; Biguanide Comb</b>                                     |        |                                                                                                                                                 |
| <i>dapaglifloz propaned-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg</i> (Xigduo XR) | Tier 2 | QL (1 EA per 1 day)                                                                                                                             |
| <i>dapaglifloz propaned-metformin oral tablet, ir - er, biphasic 24hr 5-1,000 mg</i> (Xigduo XR)  | Tier 2 | QL (2 EA per 1 day)                                                                                                                             |
| INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG                            | Tier 4 | ST: Must meet 2 of the following requirements: Generic Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 365 days; QL (2 EA per 1 day) |
| INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG | Tier 4 | ST: Must meet 2 of the following requirements: Generic Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 365 days; QL (2 EA per 1 day) |
| SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG                         | Tier 4 | ST: Must meet 2 of the following requirements: Generic Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 365 days; QL (2 EA per 1 day) |
| SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG                             | Tier 3 | QL (2 EA per 1 day)                                                                                                                             |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG                          | Tier 3 | QL (1 EA per 1 day)                                                                                                                             |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG                         | Tier 3 | QL (2 EA per 1 day)                                                                                                                             |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG, 5-500 MG                                 | Tier 3 | QL (1 EA per 1 day)                                                                                                                             |

| Drug                                                                                     | Status | Notes                                                                                                                                                                                                                                           |
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| XIGDUO XR ORAL TABLET, IR - ER,<br>BIPHASIC 24HR 2.5-1,000 MG                            | Tier 3 | QL (2 EA per 1 day)                                                                                                                                                                                                                             |
| <b>Antihyperglycm,Insul-Resp.Enhancer &amp;<br/>Biguanide Cmb</b>                        |        |                                                                                                                                                                                                                                                 |
| <i>pioglitazone-metformin oral tablet 15-500<br/>mg</i>                                  | Tier 2 | ST: Must meet any of the following requirements:<br>Metformin, preferred<br>Sulfonylurea or preferred<br>Metformin/Sulfonylurea<br>combination in 120 days                                                                                      |
| <i>pioglitazone-metformin oral tablet 15-850 (Actoplus MET)<br/>mg</i>                   | Tier 2 | ST: Must meet any of the following requirements:<br>Metformin, preferred<br>Sulfonylurea or preferred<br>Metformin/Sulfonylurea<br>combination in 120 days                                                                                      |
| <b>Antihypergly-Sglt-2 Inhib,Dpp-4<br/>Inhib,Biguanide Cb</b>                            |        |                                                                                                                                                                                                                                                 |
| TRIJARDY XR ORAL TABLET, IR - ER,<br>BIPHASIC 24HR 10-5-1,000 MG, 25-5-<br>1,000 MG      | Tier 3 | QL (1 EA per 1 day)                                                                                                                                                                                                                             |
| TRIJARDY XR ORAL TABLET, IR - ER,<br>BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-<br>2.5-1,000 MG | Tier 3 | QL (2 EA per 1 day)                                                                                                                                                                                                                             |
| <b>Blood Sugar Diagnostics</b>                                                           |        |                                                                                                                                                                                                                                                 |
| ACCU-CHEK AVIVA PLUS TEST STRP (blood sugar diagnostic)<br>STRIP                         | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle<br>Precision Neo, Freestyle<br>Test Strips,Onetouch Ultra,<br>Onetouch Verio, or<br>Precision Xtra in 120 days;<br>QL (200 EA per 30 days) |
| ACCU-CHEK GUIDE TEST STRIPS (blood sugar diagnostic)<br>STRIP                            | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle<br>Precision Neo, Freestyle<br>Test Strips,Onetouch Ultra,<br>Onetouch Verio, or<br>Precision Xtra in 120 days;<br>QL (200 EA per 30 days) |



| Drug                                                          | Status | Notes                                                                                                                                                                                                                             |
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| ACCU-CHEK SMARTVIEW TEST STRIP STRIP (blood sugar diagnostic) | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| ACCUTREND GLUCOSE TEST STRIPS STRIP (blood sugar diagnostic)  | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| ADVANCED GLUC METER TEST STRIP STRIP (blood sugar diagnostic) | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| ADVOCATE REDI-CODE PLUS STRIP (blood sugar diagnostic)        | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| AGAMATRIX AMP TEST STRIPS STRIP (blood sugar diagnostic)      | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |

| Drug                                                        | Status | Notes                                                                                                                                                                                                                             |
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| AGAMATRIX JAZZ TEST STRIPS STRIP (blood sugar diagnostic)   | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| AGAMATRIX PRESTO TEST STRIPS STRIP (blood sugar diagnostic) | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| ASSURE 4 STRIPS STRIP (blood sugar diagnostic)              | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| ASSURE PLATINUM TEST STRIP STRIP (blood sugar diagnostic)   | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| ASSURE PRISM MULTI STRIP STRIP (blood sugar diagnostic)     | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |

| Drug                                                        | Status | Notes                                                                                                                                                                                                                             |
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| BIONIME RIGHTEST TEST STRIPS STRIP (blood sugar diagnostic) | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| BLOOD GLUCOSE TEST STRIP (blood sugar diagnostic)           | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| BLULINK GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)   | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| CARESENS N TEST STRIPS STRIP (blood sugar diagnostic)       | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| CARETOUCH TEST STRIP STRIP (blood sugar diagnostic)         | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |

| Drug                                                          | Status | Notes                                                                                                                                                                                                                             |
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| CHOICEDM CLARUS STRIP (blood sugar diagnostic)                | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| CLEVER CHOICE MICRO TEST STRIP STRIP (blood sugar diagnostic) | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| CLEVER CHOICE PRO STRIP (blood sugar diagnostic)              | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| CLEVER CHOICE TALK TEST STRIP (blood sugar diagnostic)        | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| CLEVER CHOICE TEST STRIPS STRIP (blood sugar diagnostic)      | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |

| Drug                                                         | Status | Notes                                                                                                                                                                                                                             |
|--------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CLEVER CHOICE VOICE PLUS TEST STRIP (blood sugar diagnostic) | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| CONTOUR NEXT TEST STRIPS STRIP (blood sugar diagnostic)      | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| CONTOUR PLUS TEST STRIP STRIP (blood sugar diagnostic)       | Tier 3 | QL (200 EA per 30 days)                                                                                                                                                                                                           |
| CONTOUR TEST STRIPS STRIP (blood sugar diagnostic)           | Tier 3 | QL (200 EA per 30 days)                                                                                                                                                                                                           |
| DIATRUE PLUS TEST STRIP STRIP (blood sugar diagnostic)       | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| EASY PLUS II TEST STRIP (blood sugar diagnostic)             | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| EASY STEP STRIP (blood sugar diagnostic)                     | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |

| Drug                                                         | Status | Notes                                                                                                                                                                                                                             |
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| EASY TALK GLUCOSE TEST STRIP (blood sugar diagnostic)        | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| EASY TALK PLUS II TEST STRIP STRIP (blood sugar diagnostic)  | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| EASY TOUCH BLULINK TEST STRIP STRIP (blood sugar diagnostic) | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| EASY TOUCH TEST STRIP STRIP (blood sugar diagnostic)         | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| EASY TRAK GLUCOSE TEST STRIP (blood sugar diagnostic)        | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |

| Drug                                                       | Status | Notes                                                                                                                                                                                                                             |
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| EASY TRAK II TEST STRIP STRIP (blood sugar diagnostic)     | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| EASYGLUCO TEST STRIP (blood sugar diagnostic)              | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| EASYMAX 15 TEST STRIPS STRIP (blood sugar diagnostic)      | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| EASYMAX STRIP (blood sugar diagnostic)                     | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| ELEMENT COMPACT TEST STRIPS STRIP (blood sugar diagnostic) | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |

| Drug                                                        | Status | Notes                                                                                                                                                                                                                             |
|-------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ELEMENT TEST STRIPS STRIP (blood sugar diagnostic)          | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| EMBRACE BLOOD GLUCOSE SYSTEM STRIP (blood sugar diagnostic) | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| EMBRACE EVO TEST STRIPS STRIP (blood sugar diagnostic)      | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| EMBRACE PRO TEST STRIPS STRIP (blood sugar diagnostic)      | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| EMBRACE TALK TEST STRIPS STRIP (blood sugar diagnostic)     | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |



| Drug                                                      | Status | Notes                                                                                                                                                                                                                             |
|-----------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| EMBRACE WAVE GLUCOSE TEST STRIP (blood sugar diagnostic)  | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| EVENCARE G2 STRIP (blood sugar diagnostic)                | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| EVENCARE G3 TEST STRIP (blood sugar diagnostic)           | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| EVENCARE MINI GLUCOSE TEST STRIP (blood sugar diagnostic) | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| EVENCARE PROVIEW TEST STRIP (blood sugar diagnostic)      | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |

| Drug                                                        | Status | Notes                                                                                                                                                                                                                             |
|-------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| EVENCARE TEST STRIP (blood sugar diagnostic)                | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| EVOLUTION TEST STRIPS STRIP (blood sugar diagnostic)        | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| EZ SMART PLUS TEST STRIP (blood sugar diagnostic)           | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| EZ SMART TEST STRIP (blood sugar diagnostic)                | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| FORA 6 CONNECT GLUCOSE STRIP STRIP (blood sugar diagnostic) | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |

| Drug                                                          | Status | Notes                                                                                                                                                                                                                             |
|---------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORA 6CONN-GTEL-TN'G ADV STRIP STRIP (blood sugar diagnostic) | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| FORA D40-G31 TEST STRIPS STRIP (blood sugar diagnostic)       | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| FORA G20 STRIP (blood sugar diagnostic)                       | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| FORA GD50 TEST STRIPS STRIP (blood sugar diagnostic)          | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| FORA GTEL GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)   | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |

| Drug                                                          | Status | Notes                                                                                                                                                                                                                             |
|---------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORA TEST STRIP STRIP (blood sugar diagnostic)                | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| FORA TN'G ADVAN PRO TEST STRIP STRIP (blood sugar diagnostic) | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| FORA TN'G VOICE TEST STRIPS STRIP (blood sugar diagnostic)    | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| FORA V10 STRIP (blood sugar diagnostic)                       | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| FORA V10-V12-D10-D20 STRIPS STRIP (blood sugar diagnostic)    | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |

| Drug                                                          | Status | Notes                                                                                                                                                                                                                             |
|---------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORACARE GD20 STRIP (blood sugar diagnostic)                  | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| FORACARE GD40 TEST STRIPS STRIP (blood sugar diagnostic)      | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| FREESTYLE INSULINX STRIP (blood sugar diagnostic)             | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| FREESTYLE INSULINX TEST STRIPS STRIP (blood sugar diagnostic) | Tier 3 | QL (200 EA per 30 days)                                                                                                                                                                                                           |
| FREESTYLE LITE STRIPS STRIP (blood sugar diagnostic)          | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| FREESTYLE PRECISION NEO STRIPS STRIP (blood sugar diagnostic) | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |

| Drug                                                          | Status | Notes                                                                                                                                                                                                                             |
|---------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FREESTYLE TEST STRIP (blood sugar diagnostic)                 | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| GE100 BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic) | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| GE333 BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic) | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| GLUCO NAVII TEST STRIP STRIP (blood sugar diagnostic)         | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| GLUCOCARD 01 SENSOR PLUS STRIP (blood sugar diagnostic)       | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |

| Drug                                                       | Status | Notes                                                                                                                                                                                                                             |
|------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| GLUCOCARD EXPRESSION STRIP (blood sugar diagnostic)        | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| GLUCOCARD SHINE TEST STRIPS STRIP (blood sugar diagnostic) | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| GLUCOCARD VITAL SENSOR STRIP (blood sugar diagnostic)      | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| GLUCOCARD VITAL TEST STRIPS STRIP (blood sugar diagnostic) | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| GLUCOCOM GLUCOSE STRIP (blood sugar diagnostic)            | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |

| Drug                                                          | Status | Notes                                                                                                                                                                                                                             |
|---------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| GM100 STRIP (blood sugar diagnostic)                          | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| GOJJI BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic) | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| HARMONY GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)     | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| HEALTHPRO TEST STRIPS STRIP (blood sugar diagnostic)          | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| IHEALTH GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)     | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |



| Drug                                                         | Status | Notes                                                                                                                                                                                                                             |
|--------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| INFINITY TEST STRIPS STRIP (blood sugar diagnostic)          | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| MICRO BLOOD GLUCOSE STRIP (blood sugar diagnostic)           | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| MICRODOT BLOOD GLUCOSE SYSTEM STRIP (blood sugar diagnostic) | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| MICRODOT XTRA BLOOD GLUCOSE STRIP (blood sugar diagnostic)   | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| MYGLUCOHEALTH STRIP (blood sugar diagnostic)                 | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |

| Drug                                                      | Status | Notes                                                                                                                                                                                                                                       |
|-----------------------------------------------------------|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NEUTEK 2TEK TEST STRIPS STRIP (blood sugar diagnostic)    | Tier 3 | ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)                 |
| NOVA MAX GLUCOSE TEST STRIP (blood sugar diagnostic)      | Tier 3 | ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)                 |
| ON CALL EXPRESS TEST STRIP STRIP (blood sugar diagnostic) | Tier 3 | ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days)                 |
| ONETOUCH ULTRA TEST STRIP (blood sugar diagnostic)        | Tier 3 | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| ONETOUCH VERIO TEST STRIPS STRIP (blood sugar diagnostic) | Tier 3 | ST: Must meet any of the following requirements: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days; QL (200 EA per 30 days) |

| Drug                                                        | Status | Notes                                                                                                                                                                                                                             |
|-------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| OPTIUM EZ STRIP (blood sugar diagnostic)                    | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| OPTIUM TEST STRIP (blood sugar diagnostic)                  | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| PHARMACIST CHOICE STRIP (blood sugar diagnostic)            | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| PIP BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic) | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| PLATINUM TEST STRIP STRIP (blood sugar diagnostic)          | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |

| Drug                                                        | Status | Notes                                                                                                                                                                                                                             |
|-------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PRECISION PCX PLUS TEST STRIP (blood sugar diagnostic)      | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| PRECISION PCX TEST STRIP (blood sugar diagnostic)           | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| PRECISION POINT OF CARE TEST STRIP (blood sugar diagnostic) | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| PRECISION Q-I-D TEST STRIP (blood sugar diagnostic)         | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| PRECISION XTRA TEST STRIP (blood sugar diagnostic)          | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |

| Drug                                                      | Status | Notes                                                                                                                                                                                                                             |
|-----------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PREMIER TEST STRIP STRIP (blood sugar diagnostic)         | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| PREMIUM V10 STRIP (blood sugar diagnostic)                | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| PRO VOICE V8-V9 TEST STRIP STRIP (blood sugar diagnostic) | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| PRODIGY NO CODING STRIP (blood sugar diagnostic)          | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| QUINTET AC STRIP (blood sugar diagnostic)                 | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |

| Drug                                                       | Status | Notes                                                                                                                                                                                                                       |
|------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| QUINTET GLUCOSE TEST STRIPS STRIP (blood sugar diagnostic) | Tier 3 | ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| REFUAH PLUS STRIP (blood sugar diagnostic)                 | Tier 3 | ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| RELION CONFIRM-MICRO STRIP (blood sugar diagnostic)        | Tier 3 | ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| RELION PRIME TEST STRIPS STRIP (blood sugar diagnostic)    | Tier 3 | ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| RELION ULTIMA STRIP (blood sugar diagnostic)               | Tier 3 | ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |

| Drug                                                       | Status | Notes                                                                                                                                                                                                                             |
|------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| REVEAL TEST STRIP STRIP (blood sugar diagnostic)           | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| RIGHTTEST GS550 TEST STRIPS STRIP (blood sugar diagnostic) | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| RIGHTTEST GT333 TEST STRIP STRIP (blood sugar diagnostic)  | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| SMART SENSE TEST STRIPS STRIP (blood sugar diagnostic)     | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| SMARTEST TEST STRIP (blood sugar diagnostic)               | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |

| Drug                                                          | Status | Notes                                                                                                                                                                                                                             |
|---------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SOLUS V2 TEST STRIPS STRIP (blood sugar diagnostic)           | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| SURE-TEST EASYPLUS MINI STRIP (blood sugar diagnostic)        | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| TELCARE TEST STRIPS STRIP (blood sugar diagnostic)            | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| TEST N'GO TEST STRIP (blood sugar diagnostic)                 | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| TRUE METRIX GLUCOSE TEST STRIP STRIP (blood sugar diagnostic) | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |



| Drug                                                | Status | Notes                                                                                                                                                                                                                             |
|-----------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TRUETEST TEST STRIPS STRIP (blood sugar diagnostic) | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| TRUETRACK TEST STRIP (blood sugar diagnostic)       | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| ULTIMA TEST STRIPS STRIP (blood sugar diagnostic)   | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| ULTRATRAK STRIP (blood sugar diagnostic)            | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| ULTRATRAK ULTIMATE STRIP (blood sugar diagnostic)   | Tier 3 | ST: Must meet any of the following requirements:<br>Freestyle Insulinx,<br>Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |

| Drug                               |                                 | Status | Notes                                                                                                                                                                                                                       |
|------------------------------------|---------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| UNISTRIPI TEST STRIP STRIP         | (blood sugar diagnostic)        | Tier 3 | ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| VIVAGUARD INO TEST STRIP STRIP     | (blood sugar diagnostic)        | Tier 3 | ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| <b>Diabetic Supplies</b>           |                                 |        |                                                                                                                                                                                                                             |
| 2TEK GLUCOSE/BLOOD PRESSURE KIT    |                                 | Tier 3 |                                                                                                                                                                                                                             |
| ACCU-CHEK GUIDE GLUCOSE METER      | (blood-glucose meter)           | Tier 3 |                                                                                                                                                                                                                             |
| ACCU-CHEK GUIDE ME GLUCOSE MTR     | (blood-glucose meter)           | Tier 3 |                                                                                                                                                                                                                             |
| ADVANCED ALL-IN-ONE METER KIT      | (blood-glucose meter)           | Tier 3 |                                                                                                                                                                                                                             |
| ADVANCED GLUCOSE METER             | (blood-glucose meter)           | Tier 3 |                                                                                                                                                                                                                             |
| ADVOCATE REDI-CODE PLUS            | (blood-glucose meter)           | Tier 3 |                                                                                                                                                                                                                             |
| AGAMATRIX JAZZ WIRELESS 2 MNTR KIT | (blood-glucose meter)           | Tier 3 |                                                                                                                                                                                                                             |
| AGAMATRIX PRESTO SYSTEM            | (blood-glucose meter)           | Tier 3 |                                                                                                                                                                                                                             |
| ASSURE PLATINUM GLUCOSE METER      | (blood-glucose meter)           | Tier 3 |                                                                                                                                                                                                                             |
| ASSURE PRISM MULTI METER           | (blood-glucose meter)           | Tier 3 |                                                                                                                                                                                                                             |
| BIONIME RIGHTEST GM300 SYSTEM KIT  | (blood-glucose meter)           | Tier 3 |                                                                                                                                                                                                                             |
| BIOTEL CARE BGM-4 METER            | (blood-glucose meter)           | Tier 3 |                                                                                                                                                                                                                             |
| BLOOD GLUCOSE MONITORING KIT       | (blood-glucose meter)           | Tier 3 |                                                                                                                                                                                                                             |
| <i>blood-glucose meter</i>         | (Accu-Chek Guide Glucose Meter) | Tier 3 |                                                                                                                                                                                                                             |
| <i>blood-glucose meter kit</i>     | (Advanced All-in-One Meter)     | Tier 3 |                                                                                                                                                                                                                             |
| BLULINK DIABETIC TEST BUNDLE KIT   | (blood-glucose meter)           | Tier 3 |                                                                                                                                                                                                                             |
| BLULINK GLUCOSE MONITOR SYSTEM     | (blood-glucose meter)           | Tier 3 |                                                                                                                                                                                                                             |
| CARESENS N                         | (blood-glucose meter)           | Tier 3 |                                                                                                                                                                                                                             |

| Drug                               |                       | Status | Notes |
|------------------------------------|-----------------------|--------|-------|
| CARESENS N FELIZ BT GLUC METER     | (blood-glucose meter) | Tier 3 |       |
| CARESENS N FELIZ GLUCOSE METER     | (blood-glucose meter) | Tier 3 |       |
| CARESENS N PLUS BT KIT             | (blood-glucose meter) | Tier 3 |       |
| CARESENS N VOICE                   | (blood-glucose meter) | Tier 3 |       |
| CARETOUCH GLUCOSE MONITORING KIT   | (blood-glucose meter) | Tier 3 |       |
| CHOICEDM CLARUS                    | (blood-glucose meter) | Tier 3 |       |
| CLEVER CHEK BLOOD GLUCOSE          | (blood-glucose meter) | Tier 3 |       |
| CLEVER CHEK BLOOD GLUCOSE SYST KIT | (blood-glucose meter) | Tier 3 |       |
| CLEVER CHOICE BLOOD GLUC SYS       | (blood-glucose meter) | Tier 3 |       |
| CLEVER CHOICE GLUCOSE MONITOR      | (blood-glucose meter) | Tier 3 |       |
| CLEVER CHOICE MICRO                | (blood-glucose meter) | Tier 3 |       |
| CLEVER CHOICE PRO                  | (blood-glucose meter) | Tier 3 |       |
| CLEVER CHOICE TALK GLUCOSE SYS     | (blood-glucose meter) | Tier 3 |       |
| CONTOUR METER                      | (blood-glucose meter) | Tier 3 |       |
| CONTOUR NEXT EZ METER              | (blood-glucose meter) | Tier 3 |       |
| CONTOUR NEXT GEN METER             | (blood-glucose meter) | Tier 3 |       |
| CONTOUR NEXT GEN METER KIT         | (blood-glucose meter) | Tier 3 |       |
| CONTOUR NEXT GLUCOSE METER KIT     | (blood-glucose meter) | Tier 3 |       |
| CONTOUR NEXT LINK 2.4 KIT          |                       | Tier 3 |       |
| CONTOUR NEXT LINK KIT              |                       | Tier 3 |       |
| CONTOUR NEXT METER                 | (blood-glucose meter) | Tier 3 |       |
| CONTOUR NEXT ONE METER             | (blood-glucose meter) | Tier 3 |       |
| CONTOUR PLUS BLUE METER            | (blood-glucose meter) | Tier 3 |       |
| DIATRUE PLUS BLOOD GLUCOSE MET     | (blood-glucose meter) | Tier 3 |       |
| EASY PLUS II BLOOD GLUCOSE MET     | (blood-glucose meter) | Tier 3 |       |
| EASY STEP BLOOD GLUCOSE METER      | (blood-glucose meter) | Tier 3 |       |
| EASY TALK BLOOD GLUCOSE METER      | (blood-glucose meter) | Tier 3 |       |
| EASY TOUCH BLULINK GLUC SYST       | (blood-glucose meter) | Tier 3 |       |
| EASY TOUCH GLUCOSE MONITOR         | (blood-glucose meter) | Tier 3 |       |
| EASY TRAK BLOOD GLUCOSE METER      | (blood-glucose meter) | Tier 3 |       |
| EASY TRAK II BLOOD GLUCOSE MTR     | (blood-glucose meter) | Tier 3 |       |
| EASYGLUCO METER KIT                | (blood-glucose meter) | Tier 3 |       |
| EASYGLUCO MONITORING SYSTEM KIT    | (blood-glucose meter) | Tier 3 |       |

| Drug                                  |                       | Status | Notes |
|---------------------------------------|-----------------------|--------|-------|
| EASYMAX NG                            | (blood-glucose meter) | Tier 3 |       |
| EASYMAX NG KIT                        | (blood-glucose meter) | Tier 3 |       |
| EASYMAX T1 KIT                        | (blood-glucose meter) | Tier 3 |       |
| EASYMAX V SPEAKING GLUCOSE SYS        | (blood-glucose meter) | Tier 3 |       |
| EASY-TOUCH BLOOD GLUCOSE METER        | (blood-glucose meter) | Tier 3 |       |
| ELEMENT COMPACT GLUCOSE METER         | (blood-glucose meter) | Tier 3 |       |
| ELEMENT COMPACT V GLUCOSE MTR         | (blood-glucose meter) | Tier 3 |       |
| ELEMENT PLUS BLOOD GLUCOSE KIT KIT    | (blood-glucose meter) | Tier 3 |       |
| EMBRACE BLOOD GLUCOSE SYSTEM          | (blood-glucose meter) | Tier 3 |       |
| EMBRACE EVO BLOOD GLUCOSE KIT KIT     | (blood-glucose meter) | Tier 3 |       |
| EMBRACE EVO GLUCOSE MONITOR           | (blood-glucose meter) | Tier 3 |       |
| EMBRACE PRO GLUCOSE METER             | (blood-glucose meter) | Tier 3 |       |
| EMBRACE TALK BLOOD GLUCOSE SYS KIT    | (blood-glucose meter) | Tier 3 |       |
| EMBRACE TALK GLUCOSE MONITOR          | (blood-glucose meter) | Tier 3 |       |
| EMBRACE WAVE PLUS GLUCOSE MTR         | (blood-glucose meter) | Tier 3 |       |
| EVENCARE G2                           | (blood-glucose meter) | Tier 3 |       |
| EVENCARE G3 GLUCOSE METER KIT         | (blood-glucose meter) | Tier 3 |       |
| EVENCARE KIT                          | (blood-glucose meter) | Tier 3 |       |
| EVENCARE MINI MONITOR SYSTEM          | (blood-glucose meter) | Tier 3 |       |
| EVOLUTION BLOOD GLUCOSE METER KIT     | (blood-glucose meter) | Tier 3 |       |
| EZ SMART PLUS SYSTEM KIT              | (blood-glucose meter) | Tier 3 |       |
| EZ SMART SYSTEM KIT                   | (blood-glucose meter) | Tier 3 |       |
| FORA D40D GLUCOSE-BP MONITOR DEVICE   |                       | Tier 3 |       |
| FORA D40G GLUCOSE-BP MONITOR DEVICE   |                       | Tier 3 |       |
| FORA G20 KIT                          | (blood-glucose meter) | Tier 3 |       |
| FORA G30A                             | (blood-glucose meter) | Tier 3 |       |
| FORA GD50 BLOOD GLUCOSE SYSTEM        | (blood-glucose meter) | Tier 3 |       |
| FORA GTEL MULTI-FUNCTN MONITOR DEVICE |                       | Tier 3 |       |
| FORA PREMIUM V10 GLUCOSE METER        | (blood-glucose meter) | Tier 3 |       |

| Drug                                  |                       | Status | Notes |
|---------------------------------------|-----------------------|--------|-------|
| FORA TEST N'GO VOICE METER            | (blood-glucose meter) | Tier 3 |       |
| FORA TN'G ADV MOBILE MULTI MTR DEVICE |                       | Tier 3 |       |
| FORA TN'G ADVANCE PRO MONITOR DEVICE  |                       | Tier 3 |       |
| FORA TN'G VOICE METER                 | (blood-glucose meter) | Tier 3 |       |
| FORA V12 BLOOD GLUCOSE SYSTEM         | (blood-glucose meter) | Tier 3 |       |
| FORACARE GD20 GLUCOSE METER           | (blood-glucose meter) | Tier 3 |       |
| FORACARE GD40B GLUCOSE METER          | (blood-glucose meter) | Tier 3 |       |
| FREESTYLE FLASH SYSTEM KIT            | (blood-glucose meter) | Tier 3 |       |
| FREESTYLE FREEDOM KIT                 | (blood-glucose meter) | Tier 3 |       |
| FREESTYLE FREEDOM LITE KIT            | (blood-glucose meter) | Tier 3 |       |
| FREESTYLE INSULINX                    | (blood-glucose meter) | Tier 3 |       |
| FREESTYLE LITE METER KIT              | (blood-glucose meter) | Tier 3 |       |
| FREESTYLE PRECISION NEO METER         | (blood-glucose meter) | Tier 3 |       |
| FREESTYLE SIDEKICK II KIT             | (blood-glucose meter) | Tier 3 |       |
| FREESTYLE SYSTEM KIT KIT              | (blood-glucose meter) | Tier 3 |       |
| GDRIVE KIT                            | (blood-glucose meter) | Tier 3 |       |
| GE100 BLOOD GLUCOSE SYSTEM            | (blood-glucose meter) | Tier 3 |       |
| GE100 BLOOD GLUCOSE SYSTEM KIT        | (blood-glucose meter) | Tier 3 |       |
| GE333 BLOOD GLUCOSE SYSTEM            | (blood-glucose meter) | Tier 3 |       |
| GLUCO NAVII GLUCOSE MONITOR KIT       | (blood-glucose meter) | Tier 3 |       |
| GLUCOCARD 01 METER KIT                | (blood-glucose meter) | Tier 3 |       |
| GLUCOCARD EXPRESSION                  | (blood-glucose meter) | Tier 3 |       |
| GLUCOCARD EXPRESSION KIT              | (blood-glucose meter) | Tier 3 |       |
| GLUCOCARD SHINE CONNEX METER          | (blood-glucose meter) | Tier 3 |       |
| GLUCOCARD SHINE EXPRESS METER         | (blood-glucose meter) | Tier 3 |       |
| GLUCOCARD SHINE METER                 | (blood-glucose meter) | Tier 3 |       |
| GLUCOCARD SHINE METER KIT KIT         | (blood-glucose meter) | Tier 3 |       |
| GLUCOCARD SHINE XL METER              | (blood-glucose meter) | Tier 3 |       |
| GLUCOCARD VITAL KIT                   | (blood-glucose meter) | Tier 3 |       |
| GLUCOCOM BLOOD GLUCOSE KIT            | (blood-glucose meter) | Tier 3 |       |
| GM100 KIT                             | (blood-glucose meter) | Tier 3 |       |
| GOJJI MULTI-FUNCTIONAL METER DEVICE   |                       | Tier 3 |       |
| GOJJI MULTI-FUNCTIONAL METER KIT      |                       | Tier 3 |       |
| HEALTHPRO GLUCOSE MONITOR             | (blood-glucose meter) | Tier 3 |       |
| IHEALTH GLUCO PLUS METER KIT          | (blood-glucose meter) | Tier 3 |       |

| Drug                                                   |                       | Status | Notes                  |
|--------------------------------------------------------|-----------------------|--------|------------------------|
| INFINITY METER KIT KIT                                 | (blood-glucose meter) | Tier 3 |                        |
| INFINITY STARTER KIT KIT                               | (blood-glucose meter) | Tier 3 |                        |
| INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN      |                       | Tier 3 |                        |
| INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN      |                       | Tier 3 |                        |
| INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN      |                       | Tier 3 |                        |
| INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN |                       | Tier 3 |                        |
| INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN |                       | Tier 3 |                        |
| INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN |                       | Tier 3 |                        |
| MICRODOT BLOOD GLUCOSE SYSTEM                          | (blood-glucose meter) | Tier 3 |                        |
| MYGLUCOHEALTH KIT                                      | (blood-glucose meter) | Tier 3 |                        |
| NOVA MAX PLUS GLUC-KETON METER DEVICE                  |                       | Tier 3 |                        |
| NOVA MAX PLUS GLUC-KETON METER KIT                     |                       | Tier 3 |                        |
| NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN                  |                       | Tier 4 |                        |
| OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE     |                       | Tier 3 |                        |
| OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE  |                       | Tier 3 | QL (1 EA per 365 days) |
| OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE    |                       | Tier 3 |                        |
| OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE  |                       | Tier 3 | QL (1 EA per 365 days) |
| OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE  |                       | Tier 3 | QL (1 EA per 365 days) |
| OMNIPOD DASH PDM KIT (GEN 4)                           |                       | Tier 3 | QL (1 EA per 365 days) |
| OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE       |                       | Tier 3 |                        |
| ON CALL EXPRESS METER                                  | (blood-glucose meter) | Tier 3 |                        |
| ON CALL EXPRESS METER KIT                              | (blood-glucose meter) | Tier 3 |                        |
| ONETOUCH ULTRA2 METER                                  | (blood-glucose meter) | Tier 3 |                        |
| ONETOUCH VERIO FLEX METER                              | (blood-glucose meter) | Tier 3 |                        |
| ONETOUCH VERIO REFLECT METER                           | (blood-glucose meter) | Tier 3 |                        |
| PHARMACIST CHOICE GLUCOSE SYS                          | (blood-glucose meter) | Tier 3 |                        |
| PIP BLOOD GLUCOSE MONITOR                              | (blood-glucose meter) | Tier 3 |                        |
| PRECISION                                              | (blood-glucose meter) | Tier 3 |                        |

| Drug                                                    | Status | Notes |
|---------------------------------------------------------|--------|-------|
| PRECISION XTRA KETONE-GLUCOSE KIT                       | Tier 3 |       |
| PRECISION XTRA MONITOR (blood-glucose meter)            | Tier 3 |       |
| PREMIER BLU GLUCOSE METER (blood-glucose meter)         | Tier 3 |       |
| PREMIER CLASSIC GLUCOSE METER (blood-glucose meter)     | Tier 3 |       |
| PREMIER COMPACT GLUCOSE METER KIT (blood-glucose meter) | Tier 3 |       |
| PREMIER VOICE GLUCOSE METER (blood-glucose meter)       | Tier 3 |       |
| PREMIUM BLOOD GLUCOSE MONITOR (blood-glucose meter)     | Tier 3 |       |
| PREMIUM V10 (blood-glucose meter)                       | Tier 3 |       |
| PRO VOICE V9 GLUCOSE MONITOR (blood-glucose meter)      | Tier 3 |       |
| PRODIGY AUTOCODE METER KIT (blood-glucose meter)        | Tier 3 |       |
| PRODIGY AUTOCODE MONITOR SYST (blood-glucose meter)     | Tier 3 |       |
| PRODIGY POCKET METER KIT (blood-glucose meter)          | Tier 3 |       |
| PRODIGY VOICE GLUCOSE METER KIT (blood-glucose meter)   | Tier 3 |       |
| QUINTET AC (blood-glucose meter)                        | Tier 3 |       |
| QUINTET BLOOD GLUCOSE METER (blood-glucose meter)       | Tier 3 |       |
| REFUAH PLUS GLUCOSE MONITOR KIT (blood-glucose meter)   | Tier 3 |       |
| RELION ALL-IN-ONE METER KIT (blood-glucose meter)       | Tier 3 |       |
| RELION CONFIRM KIT (blood-glucose meter)                | Tier 3 |       |
| RELION MICRO GLUCOSE MONITOR (blood-glucose meter)      | Tier 3 |       |
| RELION MICRO GLUCOSE MONITOR KIT (blood-glucose meter)  | Tier 3 |       |
| RELION PRIME METER (blood-glucose meter)                | Tier 3 |       |
| REVEAL BLOOD GLUCOSE METER KIT (blood-glucose meter)    | Tier 3 |       |
| RIGHTEST GM550 SYSTEM KIT (blood-glucose meter)         | Tier 3 |       |
| RIGHTEST GT333 GLUCOSE METER (blood-glucose meter)      | Tier 3 |       |
| SMART SENSE MONITORING SYSTEM (blood-glucose meter)     | Tier 3 |       |
| SMARTEST EJECT KIT (blood-glucose meter)                | Tier 3 |       |
| SMARTEST PERSONA GLUCOSE METER (blood-glucose meter)    | Tier 3 |       |
| SMARTEST PERSONA STARTER KIT (blood-glucose meter)      | Tier 3 |       |
| SMARTEST PRONTO GLUCOSE METER (blood-glucose meter)     | Tier 3 |       |
| SMARTEST PRONTO STARTER KIT (blood-glucose meter)       | Tier 3 |       |
| SMARTEST PROTEGE KIT (blood-glucose meter)              | Tier 3 |       |
| SMARTEST SMART CODE METER KIT (blood-glucose meter)     | Tier 3 |       |

| Drug                                        |                       | Status | Notes |
|---------------------------------------------|-----------------------|--------|-------|
| SMARTEST TALKING METER KIT                  | (blood-glucose meter) | Tier 3 |       |
| SOLUS V2 AUDIBLE METER                      | (blood-glucose meter) | Tier 3 |       |
| SOLUS V2 AUDIBLE METER KIT                  | (blood-glucose meter) | Tier 3 |       |
| SURE-TEST EASYPLUS MINI METER               | (blood-glucose meter) | Tier 3 |       |
| TEMPO SMART BUTTON DEVICE                   |                       | Tier 4 |       |
| TEST N'GO BLOOD GLUCOSE SYSTEM              | (blood-glucose meter) | Tier 3 |       |
| TRUE METRIX AIR GLUCOSE METER               | (blood-glucose meter) | Tier 3 |       |
| TRUE METRIX AIR GLUCOSE METER KIT           | (blood-glucose meter) | Tier 3 |       |
| TRUE METRIX GLUCOSE METER                   | (blood-glucose meter) | Tier 3 |       |
| TRUE METRIX GO GLUCOSE METER                | (blood-glucose meter) | Tier 3 |       |
| TRUE2GO BLOOD GLUCOSE SYSTEM KIT            | (blood-glucose meter) | Tier 3 |       |
| TRUERESULT BLOOD GLUCOSE SYSTM KIT          | (blood-glucose meter) | Tier 3 |       |
| TRUETRACK BLOOD GLUCOSE SYSTEM KIT          | (blood-glucose meter) | Tier 3 |       |
| TRUETRACK SMART SYSTEM KIT                  | (blood-glucose meter) | Tier 3 |       |
| TWIIST REFILL KT(CSST-NDL-SYR) KIT          |                       | Tier 4 |       |
| ULTIMA MONITOR                              | (blood-glucose meter) | Tier 3 |       |
| ULTRATRAK GLUCOSE METER                     | (blood-glucose meter) | Tier 3 |       |
| ULTRATRAK GLUCOSE METER KIT                 | (blood-glucose meter) | Tier 3 |       |
| ULTRATRAK ULTIMATE                          | (blood-glucose meter) | Tier 3 |       |
| UNISTIK 2 EXTRA LANCET 21 GAUGE             | (lancets)             | Tier 3 |       |
| UNISTIK 2 NORMAL LANCET 21 GAUGE            | (lancets)             | Tier 3 |       |
| V-GO 20 DEVICE                              |                       | Tier 3 |       |
| V-GO 30 DEVICE                              |                       | Tier 3 |       |
| V-GO 40 DEVICE                              |                       | Tier 3 |       |
| VIVAGUARD INO GLUCOSE METER                 | (blood-glucose meter) | Tier 3 |       |
| VIVAGUARD INO SMART GLUC METER              | (blood-glucose meter) | Tier 3 |       |
| <b>Diabetic Ulcer Preparations, Topical</b> |                       |        |       |
| REGRANEX TOPICAL GEL 0.01 %                 |                       | Tier 3 |       |



| Drug                                                                  | Status | Notes                                                                                                                                                                                                                       |
|-----------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Durable Medical Equipment,Misc(Group 1)</b>                        |        |                                                                                                                                                                                                                             |
| BLULINK BG SYSTEM REFILL KIT 32 GAUGE                                 | Tier 3 | ST: Must meet any of the following requirements: Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra in 120 days; QL (200 EA per 30 days) |
| <b>Hyperglycemics</b>                                                 |        |                                                                                                                                                                                                                             |
| BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION                       | Tier 3 | QL (4 EA per 1 FILL)                                                                                                                                                                                                        |
| <i>diazoxide oral suspension 50 mg/ml</i> (Proglycem)                 | Tier 2 |                                                                                                                                                                                                                             |
| GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG (glucagon hcl) | Tier 4 | ST: Must meet any of the following requirements: Baqsimi or Gvoke in 120 days; QL (4 EA per 1 FILL)                                                                                                                         |
| GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG              | Tier 2 | ST: Must meet any of the following requirements: Baqsimi or Gvoke in 120 days; QL (4 EA per 1 FILL)                                                                                                                         |
| GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML         | Tier 3 | QL (0.4 ML per 1 FILL)                                                                                                                                                                                                      |
| GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML           | Tier 3 | QL (0.8 ML per 1 FILL)                                                                                                                                                                                                      |
| GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML         | Tier 3 | QL (0.4 ML per 1 FILL)                                                                                                                                                                                                      |
| GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML           | Tier 3 | QL (0.8 ML per 1 FILL)                                                                                                                                                                                                      |
| GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML             | Tier 3 | QL (0.8 ML per 1 FILL)                                                                                                                                                                                                      |
| GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML             | Tier 3 | QL (0.8 ML per 1 FILL)                                                                                                                                                                                                      |
| GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML                               | Tier 3 | QL (0.8 ML per 1 FILL)                                                                                                                                                                                                      |
| ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML       | Tier 4 | ST: Must meet any of the following requirements: Baqsimi or Gvoke in 120 days; QL (2.4 ML per 1 FILL)                                                                                                                       |

| Drug                                                                                                                                                            | Status | Notes                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| ZEGALOGUE SYRINGE<br>SUBCUTANEOUS SYRINGE 0.6<br>MG/0.6 ML                                                                                                      | Tier 4 | ST: Must meet any of the following requirements:<br>Baqsimi or Gvoke in 120 days; QL (2.4 ML per 1 FILL)                                         |
| <b>Insulins</b>                                                                                                                                                 |        |                                                                                                                                                  |
| ADMELOG SOLOSTAR U-100 INSULIN (insulin lispro)<br>SUBCUTANEOUS INSULIN PEN 100<br>UNIT/ML                                                                      | Tier 4 | ST: Must meet any of the following requirements:<br>Fiasp, Lyumjev, Novolog, insulin lispro or Humalog U-200 in 120 days; QL (30 ML per 28 days) |
| ADMELOG U-100 INSULIN LISPRO (insulin lispro)<br>SUBCUTANEOUS SOLUTION 100<br>UNIT/ML                                                                           | Tier 4 | ST: Must meet any of the following requirements:<br>Fiasp, Lyumjev, Novolog, insulin lispro or Humalog U-200 in 120 days; QL (40 ML per 28 days) |
| AFREZZA INHALATION CARTRIDGE<br>WITH INHALER 12 UNIT, 4 UNIT, 4<br>UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/<br>12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12<br>UNIT (90) | Tier 4 | PA                                                                                                                                               |
| APIDRA SOLOSTAR U-100 INSULIN<br>SUBCUTANEOUS INSULIN PEN 100<br>UNIT/ML                                                                                        | Tier 4 | ST: Must meet any of the following requirements:<br>Fiasp, Lyumjev, Novolog, insulin lispro or Humalog U-200 in 120 days; QL (30 ML per 28 days) |
| APIDRA U-100 INSULIN<br>SUBCUTANEOUS SOLUTION 100<br>UNIT/ML                                                                                                    | Tier 4 | ST: Must meet any of the following requirements:<br>Fiasp, Lyumjev, Novolog, insulin lispro or Humalog U-200 in 120 days; QL (40 ML per 28 days) |
| BASAGLAR KWIKPEN U-100 INSULIN (insulin glargine)<br>SUBCUTANEOUS INSULIN PEN 100<br>UNIT/ML (3 ML)                                                             | Tier 4 | ST: Must meet any of the following requirements:<br>Insulin glargine-yfgn, Generic Toujeo or Generic Tresiba in 120 days; QL (30 ML per 28 days) |
| FIASP FLEXTOUCH U-100 INSULIN<br>SUBCUTANEOUS INSULIN PEN 100<br>UNIT/ML (3 ML)                                                                                 | Tier 3 | QL (30 ML per 28 days)                                                                                                                           |
| FIASP PENFILL U-100 INSULIN<br>SUBCUTANEOUS CARTRIDGE 100<br>UNIT/ML (3 ML)                                                                                     | Tier 3 | QL (30 ML per 28 days)                                                                                                                           |
| FIASP PUMPCART SUBCUTANEOUS<br>CARTRIDGE 100 UNIT/ML (1.6 ML)                                                                                                   | Tier 3 | QL (40 ML per 28 days)                                                                                                                           |

| Drug                                                                                                                            | Status | Notes                                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------------------|
| FIASP U-100 INSULIN<br>SUBCUTANEOUS SOLUTION 100<br>UNIT/ML                                                                     | Tier 3 | QL (40 ML per 28 days)                                                                                                     |
| HUMALOG KWIKPEN INSULIN<br>SUBCUTANEOUS INSULIN PEN 200<br>UNIT/ML (3 ML)                                                       | Tier 3 | QL (12 ML per 28 days)                                                                                                     |
| HUMALOG MIX 50-50 KWIKPEN<br>SUBCUTANEOUS INSULIN PEN 100<br>UNIT/ML (50-50)                                                    | Tier 3 | QL (30 ML per 28 days)                                                                                                     |
| HUMALOG MIX 75-25(U-100)INSULN<br>SUBCUTANEOUS SUSPENSION 100<br>UNIT/ML (75-25)                                                | Tier 3 | QL (40 ML per 28 days)                                                                                                     |
| HUMALOG U-100 INSULIN<br>SUBCUTANEOUS CARTRIDGE 100<br>UNIT/ML                                                                  | Tier 3 | QL (30 ML per 28 days)                                                                                                     |
| HUMULIN 70/30 U-100 INSULIN<br>SUBCUTANEOUS SUSPENSION 100<br>UNIT/ML (70-30)                                                   | Tier 3 | QL (40 ML per 28 days)                                                                                                     |
| HUMULIN 70/30 U-100 KWIKPEN<br>SUBCUTANEOUS INSULIN PEN 100<br>UNIT/ML (70-30)                                                  | Tier 3 | QL (30 ML per 28 days)                                                                                                     |
| HUMULIN N NPH INSULIN KWIKPEN<br>SUBCUTANEOUS INSULIN PEN 100<br>UNIT/ML (3 ML)                                                 | Tier 3 | QL (30 ML per 28 days)                                                                                                     |
| HUMULIN N NPH U-100 INSULIN<br>SUBCUTANEOUS SUSPENSION 100<br>UNIT/ML                                                           | Tier 3 | QL (40 ML per 28 days)                                                                                                     |
| HUMULIN R REGULAR U-100 INSULN<br>INJECTION SOLUTION 100 UNIT/ML                                                                | Tier 3 | QL (40 ML per 28 days)                                                                                                     |
| HUMULIN R U-500 (CONC) INSULIN<br>SUBCUTANEOUS SOLUTION 500<br>UNIT/ML                                                          | Tier 3 | QL (40 ML per 28 days)                                                                                                     |
| HUMULIN R U-500 (CONC) KWIKPEN<br>SUBCUTANEOUS INSULIN PEN 500<br>UNIT/ML (3 ML)                                                | Tier 3 | QL (24 ML per 28 days)                                                                                                     |
| <i>insulin asp prt-insulin aspart<br/>subcutaneous insulin pen 100 unit/ml<br/>(70-30)</i> (Novolog Mix 70-<br>30FlexPen U-100) | Tier 4 | ST: Must meet any of the<br>following requirements:<br>generic Humalog Mix 75-25<br>in 120 days; QL (30 ML per<br>28 days) |
| <i>insulin asp prt-insulin aspart<br/>subcutaneous solution 100 unit/ml (70-<br/>30)</i> (Novolog Mix 70-30 U-100<br>Insulin)   | Tier 4 | ST: Must meet any of the<br>following requirements:<br>generic Humalog Mix 75-25<br>in 120 days; QL (40 ML per<br>28 days) |

| Drug                                                                               |                                  | Status | Notes                                                                                                                                            |
|------------------------------------------------------------------------------------|----------------------------------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i>                     | (Novolog PenFill U-100 Insulin)  | Tier 4 | ST: Must meet any of the following requirements:<br>Fiasp, Lyumjev, Novolog, insulin lispro or Humalog U-200 in 120 days; QL (30 ML per 28 days) |
| <i>insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)</i>            | (Novolog FlexPen U-100 Insulin)  | Tier 4 | ST: Must meet any of the following requirements:<br>Fiasp, Lyumjev, Novolog, insulin lispro or Humalog U-200 in 120 days; QL (30 ML per 28 days) |
| <i>insulin aspart u-100 subcutaneous solution 100 unit/ml</i>                      | (Novolog U-100 Insulin aspart)   | Tier 4 | ST: Must meet any of the following requirements:<br>Fiasp, Lyumjev, Novolog, insulin lispro or Humalog U-200 in 120 days; QL (40 ML per 28 days) |
| <i>insulin degludec subcutaneous insulin pen 100 unit/ml (3 ml)</i>                | (Tresiba FlexTouch U-100)        | Tier 2 | QL (30 ML per 28 days)                                                                                                                           |
| <i>insulin degludec subcutaneous insulin pen 200 unit/ml (3 ml)</i>                | (Tresiba FlexTouch U-200)        | Tier 2 | QL (18 ML per 28 days)                                                                                                                           |
| <i>insulin degludec subcutaneous solution 100 unit/ml</i>                          | (Tresiba U-100 Insulin)          | Tier 2 | QL (40 ML per 28 days)                                                                                                                           |
| <i>insulin glargine u-300 conc subcutaneous insulin pen 300 unit/ml (1.5 ml)</i>   | (Toujeo SoloStar U-300 Insulin)  | Tier 2 | QL (13.5 ML per 28 days)                                                                                                                         |
| <i>insulin glargine u-300 conc subcutaneous insulin pen 300 unit/ml (3 ml)</i>     | (Toujeo Max U-300 SoloStar)      | Tier 2 | QL (18 ML per 28 days)                                                                                                                           |
| <i>insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)</i>           | (Semglee(insulin glarg-yfgn)Pen) | Tier 3 | QL (30 ML per 28 days)                                                                                                                           |
| <i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i>                     | (Semglee(insulin glargine-yfgn)) | Tier 3 | QL (40 ML per 28 days)                                                                                                                           |
| <i>insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)</i> | (Humalog Mix 75-25 KwikPen)      | Tier 2 | QL (30 ML per 28 days)                                                                                                                           |
| <i>insulin lispro subcutaneous insulin pen 100 unit/ml</i>                         | (Admelog SoloStar U-100 Insulin) | Tier 2 | QL (30 ML per 28 days)                                                                                                                           |
| <i>insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml</i>              | (Humalog Junior KwikPen U-100)   | Tier 2 | QL (30 ML per 28 days)                                                                                                                           |
| <i>insulin lispro subcutaneous solution 100 unit/ml</i>                            | (Admelog U-100 Insulin lispro)   | Tier 2 | QL (40 ML per 28 days)                                                                                                                           |
| KIRSTY PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)                             |                                  | Tier 4 | QL (30 ML per 28 days)                                                                                                                           |
| KIRSTY SUBCUTANEOUS SOLUTION 100 UNIT/ML                                           |                                  | Tier 4 | QL (40 ML per 28 days)                                                                                                                           |

| Drug                                                                                               | Status | Notes                                                                                                                                                |
|----------------------------------------------------------------------------------------------------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| LANTUS SOLOSTAR U-100 INSULIN (insulin glargine)<br>SUBCUTANEOUS INSULIN PEN 100<br>UNIT/ML (3 ML) | Tier 4 | QL (30 ML per 28 days)                                                                                                                               |
| LANTUS U-100 INSULIN (insulin glargine)<br>SUBCUTANEOUS SOLUTION 100<br>UNIT/ML                    | Tier 4 | QL (40 ML per 28 days)                                                                                                                               |
| LYUMJEV KWIKPEN U-100 INSULIN<br>SUBCUTANEOUS INSULIN PEN 100<br>UNIT/ML                           | Tier 3 | QL (30 ML per 28 days)                                                                                                                               |
| LYUMJEV KWIKPEN U-200 INSULIN<br>SUBCUTANEOUS INSULIN PEN 200<br>UNIT/ML (3 ML)                    | Tier 3 | QL (12 ML per 28 days)                                                                                                                               |
| LYUMJEV TEMPO PEN(U-100)INSULN<br>SUBCUTANEOUS INSULIN PEN,<br>SENSOR 100 UNIT/ML                  | Tier 4 | ST: Must meet 2 of the following requirements:<br>Insulin Lispro, Novolog, Fiasp, or Lyumjev (Non Tempo Version) in 365 days; QL (30 ML per 28 days) |
| LYUMJEV U-100 INSULIN<br>SUBCUTANEOUS SOLUTION 100<br>UNIT/ML                                      | Tier 3 | QL (40 ML per 28 days)                                                                                                                               |
| MERILOG SOLOSTAR<br>SUBCUTANEOUS INSULIN PEN 100<br>UNIT/ML (3 ML)                                 | Tier 4 | ST: Must meet any of the following requirements:<br>Fiasp, Lyumjev, Novolog, insulin lispro or Humalog U-200 in 120 days                             |
| MERILOG SUBCUTANEOUS<br>SOLUTION 100 UNIT/ML                                                       | Tier 4 | ST: Must meet any of the following requirements:<br>Fiasp, Lyumjev, Novolog, insulin lispro or Humalog U-200 in 120 days                             |
| NOVOLIN 70/30 U-100 INSULIN<br>SUBCUTANEOUS SUSPENSION 100<br>UNIT/ML (70-30)                      | Tier 3 | QL (40 ML per 28 days)                                                                                                                               |
| NOVOLIN 70-30 FLEXPEN U-100<br>SUBCUTANEOUS INSULIN PEN 100<br>UNIT/ML (70-30)                     | Tier 3 | QL (30 ML per 28 days)                                                                                                                               |
| NOVOLIN N FLEXPEN<br>SUBCUTANEOUS INSULIN PEN 100<br>UNIT/ML (3 ML)                                | Tier 3 | QL (30 ML per 28 days)                                                                                                                               |
| NOVOLIN N NPH U-100 INSULIN<br>SUBCUTANEOUS SUSPENSION 100<br>UNIT/ML                              | Tier 3 | QL (40 ML per 28 days)                                                                                                                               |
| NOVOLIN R FLEXPEN<br>SUBCUTANEOUS INSULIN PEN 100<br>UNIT/ML (3 ML)                                | Tier 3 | QL (30 ML per 28 days)                                                                                                                               |

| Drug                                                                                             | Status | Notes                                                                                                                                            |
|--------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML                                    | Tier 3 | QL (40 ML per 28 days)                                                                                                                           |
| REZVOGLAR KWIKPEN<br>SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)                                 | Tier 4 | ST: Must meet any of the following requirements:<br>Insulin glargine-yfgn, Generic Toujeo or Generic Tresiba in 120 days; QL (30 ML per 28 days) |
| <b>Urine Glucose Test Aids</b>                                                                   |        |                                                                                                                                                  |
| DIASTIX STRIP                                                                                    | Tier 4 |                                                                                                                                                  |
| <b>Urine Glucose/Acetone Test Aids, Strips</b>                                                   |        |                                                                                                                                                  |
| KETO-DIASTIX STRIP                                                                               | Tier 4 |                                                                                                                                                  |
| <b>Ear - General Disorders</b>                                                                   |        |                                                                                                                                                  |
| <b>Ear Preparations Anti-Inflammatory</b>                                                        |        |                                                                                                                                                  |
| <i>fluocinolone acetonide oil otic (ear)</i> (DermOtic Oil)<br><i>drops 0.01 %</i>               | Tier 2 |                                                                                                                                                  |
| <b>Ear Preparations, Misc. Anti-Infectives</b>                                                   |        |                                                                                                                                                  |
| <i>acetic acid otic (ear) solution 2 %</i>                                                       | Tier 2 |                                                                                                                                                  |
| CORTANE-B TOPICAL LOTION 1-1-0.1 %                                                               | Tier 4 |                                                                                                                                                  |
| <i>hydrocortisone-acetic acid otic (ear)</i><br><i>drops 1-2 %</i>                               | Tier 2 |                                                                                                                                                  |
| <b>Ear Preparations, Antibiotics</b>                                                             |        |                                                                                                                                                  |
| <i>ciprofloxacin hcl otic (ear) dropperette</i> (Cetraxal)<br><i>0.2 %</i>                       | Tier 2 |                                                                                                                                                  |
| CORTISPORIN-TC OTIC (EAR)<br>DROPS, SUSPENSION 3.3-3-10-0.5 MG/ML                                | Tier 4 |                                                                                                                                                  |
| <i>neomycin-polymyxin-hc otic (ear)</i><br><i>drops, suspension 3.5-10,000-1 mg/ml-unit/ml-%</i> | Tier 2 |                                                                                                                                                  |
| <i>neomycin-polymyxin-hc otic (ear)</i><br><i>solution 3.5-10,000-1 mg/ml-unit/ml-%</i>          | Tier 2 |                                                                                                                                                  |
| <i>ofloxacin otic (ear) drops 0.3 %</i>                                                          | Tier 2 |                                                                                                                                                  |
| <b>Otic Preparations, Anti-Inflammatory-Antibiotics</b>                                          |        |                                                                                                                                                  |
| CIPRO HC OTIC (EAR)<br>DROPS, SUSPENSION 0.2-1 %                                                 | Tier 4 |                                                                                                                                                  |
| <i>ciprofloxacin-dexamethasone otic (ear)</i><br><i>drops, suspension 0.3-0.1 %</i>              | Tier 2 |                                                                                                                                                  |
| <i>ciprofloxacin-fluocinolone otic (ear)</i> (Otovel)<br><i>solution 0.3-0.025 % (0.25 ml)</i>   | Tier 2 |                                                                                                                                                  |

| Drug                                                                          | Status | Notes                                                                                                                                                                                              |
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| <b>Electrolyte Regulation</b>                                                 |        |                                                                                                                                                                                                    |
| <b>Arginine Vasopressin (Avp) Receptor Antagonists</b>                        |        |                                                                                                                                                                                                    |
| <i>tolvaptan (polycys kidney dis) oral tablet 15 mg</i> (Jynarque)            | Tier 5 | QL (30 EA per 365 days)                                                                                                                                                                            |
| <i>tolvaptan oral tablet 15 mg</i> (Samsca)                                   | Tier 5 | QL (30 EA per 365 days)                                                                                                                                                                            |
| <i>tolvaptan oral tablet 30 mg</i> (Samsca)                                   | Tier 5 | QL (60 EA per 365 days)                                                                                                                                                                            |
| <b>Electrolyte Depleters</b>                                                  |        |                                                                                                                                                                                                    |
| <i>calcium acetate(phosphat bind) oral capsule 667 mg</i>                     | Tier 2 |                                                                                                                                                                                                    |
| <i>calcium acetate(phosphat bind) oral tablet 667 mg</i>                      | Tier 2 |                                                                                                                                                                                                    |
| <i>ferric citrate oral tablet 210 mg iron</i> (Auryxia)                       | Tier 2 | ST: Must meet the following requirements: Velphoro and one of the following: generic Sevelamer HCL, Calcium Acetate, Lanthanum Carbonate, or Sevelamer Carbonate in 365 days; QL (12 EA per 1 day) |
| FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG                               | Tier 4 | ST: Must meet the following requirements: Velphoro and one of the following: generic Sevelamer HCL, Calcium Acetate, Lanthanum Carbonate, or Sevelamer Carbonate in 365 days; QL (3 EA per 1 day)  |
| KIONEX (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML                       | Tier 2 |                                                                                                                                                                                                    |
| <i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg</i> (Fosrenol)    | Tier 2 |                                                                                                                                                                                                    |
| LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM                                 | Tier 3 |                                                                                                                                                                                                    |
| <i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i> (Renvela) | Tier 2 |                                                                                                                                                                                                    |
| <i>sevelamer carbonate oral tablet 800 mg</i> (Renvela)                       | Tier 2 |                                                                                                                                                                                                    |
| <i>sevelamer hcl oral tablet 400 mg, 800 mg</i>                               | Tier 2 |                                                                                                                                                                                                    |
| <i>sodium polystyrene sulfonate oral powder 15 gram</i>                       | Tier 2 |                                                                                                                                                                                                    |
| SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML                          | Tier 2 |                                                                                                                                                                                                    |
| SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML                            | Tier 4 |                                                                                                                                                                                                    |

| Drug                                                                                  | Status | Notes                                                                                                                                                                                                                    |
|---------------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| VELPHORO ORAL<br>TABLET,CHEWABLE 500 MG                                               | Tier 3 | QL (6 EA per 1 day)                                                                                                                                                                                                      |
| VELTASSA ORAL POWDER IN<br>PACKET 1 GRAM, 16.8 GRAM, 8.4<br>GRAM                      | Tier 4 | PA                                                                                                                                                                                                                       |
| XPHOZAH ORAL TABLET 20 MG, 30<br>MG                                                   | Tier 4 | ST: Must meet the<br>following requirements:<br>Velporo and one of the<br>following: generic<br>Sevelamer HCL, Calcium<br>Acetate, Lanthanum<br>Carbonate, or Sevelamer<br>Carbonate in 365 days; QL<br>(2 EA per 1 day) |
| <b>Polycystic Kidney Disease Agent, Avp<br/>Recep. Antag</b>                          |        |                                                                                                                                                                                                                          |
| <i>tolvaptan (polycys kidney dis) oral tablet</i> (Jynarque)<br>30 mg                 | Tier 5 | QL (60 EA per 365 days)                                                                                                                                                                                                  |
| <b>Potassium Replacement</b>                                                          |        |                                                                                                                                                                                                                          |
| EFFER-K ORAL TABLET,<br>EFFERVESCENT 10 MEQ, 20 MEQ                                   | Tier 4 |                                                                                                                                                                                                                          |
| EFFER-K ORAL TABLET,<br>EFFERVESCENT 25 MEQ (potassium bicarb-citric<br>acid)         | Tier 2 |                                                                                                                                                                                                                          |
| KLOR-CON M10 ORAL TABLET,ER<br>PARTICLES/CRYSTALS 10 MEQ (potassium chloride)         | Tier 2 |                                                                                                                                                                                                                          |
| KLOR-CON M15 ORAL TABLET,ER<br>PARTICLES/CRYSTALS 15 MEQ (potassium chloride)         | Tier 2 |                                                                                                                                                                                                                          |
| KLOR-CON M20 ORAL TABLET,ER<br>PARTICLES/CRYSTALS 20 MEQ (potassium chloride)         | Tier 2 |                                                                                                                                                                                                                          |
| <i>potassium chloride oral capsule,<br/>extended release 10 meq, 8 meq</i>            | Tier 2 |                                                                                                                                                                                                                          |
| <i>potassium chloride oral liquid 20 meq/15<br/>ml, 40 meq/15 ml</i>                  | Tier 2 |                                                                                                                                                                                                                          |
| <i>potassium chloride oral packet 20 meq</i> (Klor-Con)                               | Tier 2 |                                                                                                                                                                                                                          |
| <i>potassium chloride oral tablet extended<br/>release 10 meq</i> (Klor-Con 10)       | Tier 2 |                                                                                                                                                                                                                          |
| <i>potassium chloride oral tablet extended<br/>release 15 meq, 20 meq</i>             | Tier 2 |                                                                                                                                                                                                                          |
| <i>potassium chloride oral tablet extended<br/>release 8 meq</i> (Klor-Con 8)         | Tier 2 |                                                                                                                                                                                                                          |
| <i>potassium chloride oral tablet,er<br/>particles/crystals 10 meq</i> (Klor-Con M10) | Tier 2 |                                                                                                                                                                                                                          |
| <i>potassium chloride oral tablet,er<br/>particles/crystals 15 meq</i> (Klor-Con M15) | Tier 2 |                                                                                                                                                                                                                          |
| <i>potassium chloride oral tablet,er<br/>particles/crystals 20 meq</i> (Klor-Con M20) | Tier 2 |                                                                                                                                                                                                                          |



| Drug                                                                               | Status | Notes                   |
|------------------------------------------------------------------------------------|--------|-------------------------|
| <b>Sodium/Saline Preparations</b>                                                  |        |                         |
| BD POSIFLUSH NORMAL SALINE 0.9 INJECTION SYRINGE (sodium chloride 0.9 % (flush))   | Tier 2 |                         |
| NORMAL SALINE FLUSH INJECTION SYRINGE (sodium chloride 0.9 % (flush))              | Tier 2 |                         |
| sodium chlor 0.9% bacteriostat injection solution 0.9 %                            | Tier 2 |                         |
| sodium chloride 0.45 % intravenous parenteral solution 0.45 %                      | Tier 2 |                         |
| sodium chloride 0.9 % (flush) injection syringe (BD PosiFlush Normal Saline 0.9)   | Tier 2 |                         |
| sodium chloride 0.9 % injection solution                                           | Tier 2 |                         |
| sodium chloride 0.9 % intravenous parenteral solution                              | Tier 2 |                         |
| sodium chloride 0.9 % intravenous piggyback                                        | Tier 2 |                         |
| sodium chloride injection syringe 0.9 %                                            | Tier 2 |                         |
| <b>Endocrine Disorder - Fertility</b>                                              |        |                         |
| <b>Drugs To Treat Impotency</b>                                                    |        |                         |
| tadalafil oral tablet 2.5 mg                                                       | Tier 2 | PA; QL (1 EA per 1 day) |
| tadalafil oral tablet 5 mg (Cialis)                                                | Tier 2 | PA; QL (1 EA per 1 day) |
| <b>Endocrine Disorder - Other</b>                                                  |        |                         |
| <b>Adrenal Steroid Inhibitors</b>                                                  |        |                         |
| ISTURISA ORAL TABLET 1 MG, 5 MG                                                    | Tier 5 | PA                      |
| RECORLEV ORAL TABLET 150 MG                                                        | Tier 5 | PA                      |
| <b>Adrenocorticotrophic Hormones</b>                                               |        |                         |
| ACTHAR INJECTION GEL 80 UNIT/ML                                                    | Tier 5 | PA                      |
| ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML, 80 UNIT/ML               | Tier 5 | PA                      |
| CORTROPHIN GEL INJECTION GEL 80 UNIT/ML                                            | Tier 5 | PA                      |
| CORTROPHIN GEL SUBCUTANEOUS SYRINGE 40 UNIT/0.5 ML, 80 UNIT/ML                     | Tier 5 | PA                      |
| <b>Antidiuretic And Vasopressor Hormones</b>                                       |        |                         |
| desmopressin injection solution 4 mcg/ml (DDAVP)                                   | Tier 2 |                         |
| desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)                           | Tier 2 |                         |
| desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml), 150 mcg/spray (0.1 ml) | Tier 2 |                         |
| desmopressin oral tablet 0.1 mg, 0.2 mg (DDAVP)                                    | Tier 2 |                         |

| Drug                                                                                          | Status    | Notes                                                                                                            |
|-----------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------|
| NOC DURNA (MEN) SUBLINGUAL TABLET, DISINTEGRATING 55.3 MCG                                    | Tier 4    | QL (1 EA per 1 day)                                                                                              |
| NOC DURNA (WOMEN) SUBLINGUAL TABLET, DISINTEGRATING 27.7 MCG                                  | Tier 4    | QL (1 EA per 1 day)                                                                                              |
| <b>Antineoplastic Lhrh(Gnrh) Agonist, Pituitary Suppr.</b>                                    |           |                                                                                                                  |
| ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG                                                  | Tier 5    | PA                                                                                                               |
| ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)                                                 | Tier 5    | PA                                                                                                               |
| <i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>                                                | Tier 5    | PA                                                                                                               |
| <b>Bone Formation Stim. Agents - Parathyroid Hormone</b>                                      |           |                                                                                                                  |
| <i>teriparatide subcutaneous pen injector</i> (Bonsity)<br><i>20 mcg/dose (560mcg/2.24ml)</i> | Tier 5    | PA                                                                                                               |
| <b>Bone Formation Stimulating Agts - Pth Rel Peptides</b>                                     |           |                                                                                                                  |
| TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)                                   | Tier 5    | PA                                                                                                               |
| <b>Bone Resorption Inhibitor &amp; Vitamin D Combinations</b>                                 |           |                                                                                                                  |
| FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT                               | Tier 3    |                                                                                                                  |
| <b>Bone Resorption Inhibitors</b>                                                             |           |                                                                                                                  |
| <i>alendronate oral solution 70 mg/75 ml</i>                                                  | Tier 2    | QL (75 ML per 7 days)                                                                                            |
| <i>alendronate oral tablet 10 mg, 35 mg, 5 mg</i>                                             | Tier 2    |                                                                                                                  |
| <i>alendronate oral tablet 70 mg</i> (Fosamax)                                                | Tier 2    |                                                                                                                  |
| <i>calcitonin (salmon) injection solution 200 unit/ml</i> (Miacalcin)                         | Tier 2    |                                                                                                                  |
| <i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>                        | Tier 2    |                                                                                                                  |
| <i>ibandronate oral tablet 150 mg</i>                                                         | Tier 2    |                                                                                                                  |
| <i>raloxifene oral tablet 60 mg</i> (Evista)                                                  | \$0 COPAY | \$0 COPAY IF QUANTITY 1 IN 1 DAY; QL (1 EA per 1 day)                                                            |
| <i>risedronate oral tablet 150 mg</i> (Actonel)                                               | Tier 2    | ST: Must meet the following requirements: generic Alendronate and Ibandronate in 365 days; QL (1 EA per 30 days) |

| Drug                                                                                                                                                                                                 | Status | Notes                                                                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------|
| <i>risedronate oral tablet 30 mg, 5 mg</i>                                                                                                                                                           | Tier 2 | ST: Must meet the following requirements: generic Alendronate and Ibandronate in 365 days; QL (1 EA per 1 day)  |
| <i>risedronate oral tablet 35 mg</i> (Actonel)                                                                                                                                                       | Tier 2 | ST: Must meet the following requirements: generic Alendronate and Ibandronate in 365 days; QL (1 EA per 7 days) |
| <i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i> (Atelvia)                                                                                                                              | Tier 2 | ST: Must meet the following requirements: generic Alendronate and Ibandronate in 365 days; QL (1 EA per 7 days) |
| <b>Calcimimetic, Parathyroid Calcium Enhancer</b>                                                                                                                                                    |        |                                                                                                                 |
| <i>cinacalcet oral tablet 30 mg, 60 mg</i> (Sensipar)                                                                                                                                                | Tier 5 | QL (2 EA per 1 day)                                                                                             |
| <i>cinacalcet oral tablet 90 mg</i> (Sensipar)                                                                                                                                                       | Tier 5 | QL (4 EA per 1 day)                                                                                             |
| <b>Growth Hormone Receptor Antagonists</b>                                                                                                                                                           |        |                                                                                                                 |
| SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG                                                                                                                                   | Tier 5 |                                                                                                                 |
| <b>Growth Hormone Releasing Hormone (Ghrh) &amp; Analogs</b>                                                                                                                                         |        |                                                                                                                 |
| EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG                                                                                                                                                              | Tier 5 | PA                                                                                                              |
| EGRIFTA WR SUBCUTANEOUS KIT 11.6 MG                                                                                                                                                                  | Tier 5 | PA                                                                                                              |
| <b>Growth Hormones</b>                                                                                                                                                                               |        |                                                                                                                 |
| GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML | Tier 5 | PA                                                                                                              |
| GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)                                                                                                                        | Tier 5 | PA                                                                                                              |
| HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)                                                                                                                       | Tier 5 | PA                                                                                                              |
| NGENLA SUBCUTANEOUS PEN INJECTOR 24 MG/1.2 ML (20 MG/ML), 60 MG/1.2 ML (50 MG/ML)                                                                                                                    | Tier 5 | PA                                                                                                              |

| Drug                                                                                                                                                      | Status | Notes               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------------------|
| NORDITROPIN FLEXP<br>SUBCUTANEOUS PEN INJECTOR 10<br>MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML<br>(10 MG/ML), 30 MG/3 ML (10 MG/ML), 5<br>MG/1.5 ML (3.3 MG/ML) | Tier 5 | PA                  |
| NUTROPIN AQ NUSPIN<br>SUBCUTANEOUS PEN INJECTOR 10<br>MG/2 ML (5 MG/ML), 20 MG/2 ML (10<br>MG/ML), 5 MG/2 ML (2.5 MG/ML)                                  | Tier 5 | PA                  |
| OMNITROPE SUBCUTANEOUS<br>CARTRIDGE 10 MG/1.5 ML (6.7<br>MG/ML), 5 MG/1.5 ML (3.3 MG/ML)                                                                  | Tier 5 | PA                  |
| OMNITROPE SUBCUTANEOUS<br>RECON SOLN 5.8 MG                                                                                                               | Tier 5 | PA                  |
| SAIZEN SAIZENPREP<br>SUBCUTANEOUS CARTRIDGE 8.8<br>MG/1.51 ML (FINAL CONC.)                                                                               | Tier 5 | PA                  |
| SEROSTIM SUBCUTANEOUS RECON<br>SOLN 4 MG, 5 MG, 6 MG                                                                                                      | Tier 5 | PA                  |
| SKYTROFA SUBCUTANEOUS<br>CARTRIDGE 11 MG, 13.3 MG, 3 MG,<br>3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6<br>MG, 9.1 MG                                             | Tier 5 | PA                  |
| SOGROYA SUBCUTANEOUS PEN<br>INJECTOR 10 MG/1.5 ML (6.7 MG/ML),<br>15 MG/1.5 ML (10 MG/ML), 5 MG/1.5<br>ML (3.3 MG/ML)                                     | Tier 5 | PA                  |
| ZOMACTON SUBCUTANEOUS<br>RECON SOLN 10 MG, 5 MG                                                                                                           | Tier 5 | PA                  |
| <b>Hyperparathyroid Tx Agents - Vitamin D<br/>Analog-Type</b>                                                                                             |        |                     |
| <i>doxercalciferol oral capsule 0.5 mcg, 1<br/>mcg, 2.5 mcg</i>                                                                                           | Tier 2 |                     |
| <i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar)                                                                                                   | Tier 2 |                     |
| <i>paricalcitol oral capsule 4 mcg</i>                                                                                                                    | Tier 2 |                     |
| RAYALDEE ORAL<br>CAPSULE,EXTENDED RELEASE 24<br>HR 30 MCG                                                                                                 | Tier 3 | QL (2 EA per 1 day) |
| <b>Insulin-Like Growth Factor-1 (Igf-1)<br/>Hormones</b>                                                                                                  |        |                     |
| INCRELEX SUBCUTANEOUS<br>SOLUTION 10 MG/ML                                                                                                                | Tier 5 | PA                  |
| <b>Leptin Hormone Analogs</b>                                                                                                                             |        |                     |
| MYALEPT SUBCUTANEOUS RECON<br>SOLN 5 MG/ML (FINAL CONC.)                                                                                                  | Tier 5 | PA                  |

| Drug                                                                                 | Status | Notes |
|--------------------------------------------------------------------------------------|--------|-------|
| <b>Lhrh (Gnrh) Antagonist,Estrogen And Progestin Comb</b>                            |        |       |
| MYFEMBREE ORAL TABLET 40-1-0.5 MG                                                    | Tier 3 | PA    |
| ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)                         | Tier 3 | PA    |
| <b>Lhrh(Gnrh) Agonist Analog Pituitary Suppressants</b>                              |        |       |
| SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML                                             | Tier 5 | PA    |
| <b>Lhrh(Gnrh) Antagonist,Pituitary Suppressant Agents</b>                            |        |       |
| ORILISSA ORAL TABLET 150 MG, 200 MG                                                  | Tier 3 | PA    |
| <b>Natriuretic Peptides</b>                                                          |        |       |
| VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG                              | Tier 5 | PA    |
| <b>Parathyroid Hormones</b>                                                          |        |       |
| YORVIPATH SUBCUTANEOUS PEN INJECTOR 168 MCG/0.56 ML, 294 MCG/0.98 ML, 420 MCG/1.4 ML | Tier 5 | PA    |
| <b>Pituitary Suppressive Agents</b>                                                  |        |       |
| <i>cabergoline oral tablet 0.5 mg</i>                                                | Tier 2 |       |
| CRENESSITY ORAL CAPSULE 100 MG, 25 MG, 50 MG                                         | Tier 5 | PA    |
| CRENESSITY ORAL SOLUTION 50 MG/ML                                                    | Tier 5 | PA    |
| <i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>                                    | Tier 2 |       |
| <b>Endocrine Disorder - Thyroid</b>                                                  |        |       |
| <b>Antithyroid Preparations</b>                                                      |        |       |
| <i>methimazole oral tablet 10 mg, 5 mg</i>                                           | Tier 2 |       |
| <i>propylthiouracil oral tablet 50 mg</i>                                            | Tier 2 |       |
| <b>Iodine Containing Agents</b>                                                      |        |       |
| LUGOLS ORAL SOLUTION 5 %                                                             | Tier 4 |       |
| <i>potassium iodide oral solution 1 gram/ml</i> (SSKI)                               | Tier 2 |       |
| SSKI ORAL SOLUTION 1 GRAM/ML (potassium iodide)                                      | Tier 2 |       |
| STRONG IODINE ORAL SOLUTION 5 %                                                      | Tier 2 |       |
| <b>Thyroid Hormones</b>                                                              |        |       |
| ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG                        | Tier 4 |       |

| Drug                                                                                                                                                                                                      | Status | Notes                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------|
| ARMOUR THYROID ORAL TABLET (thyroid (pork))<br>120 MG, 30 MG, 60 MG, 90 MG                                                                                                                                | Tier 4 | ST: Must meet the following requirement: NP Thyroid tablets in 120 days                                  |
| ARMOUR THYROID ORAL TABLET<br>180 MG, 240 MG, 300 MG                                                                                                                                                      | Tier 4 | ST: Must meet the following requirement: NP Thyroid tablets in 120 days                                  |
| ERMEZA ORAL SOLUTION 30 MCG/ML                                                                                                                                                                            | Tier 2 | PA                                                                                                       |
| EUTHYROX ORAL TABLET 100 MCG, (levothyroxine)<br>112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG                                                                     | Tier 2 | QL (2 EA per 1 day)                                                                                      |
| <i>levothyroxine oral capsule 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Tirosint)                                                        | Tier 2 | PA                                                                                                       |
| <i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Euthyrox)                                                                 | Tier 2 | QL (2 EA per 1 day)                                                                                      |
| <i>levothyroxine oral tablet 300 mcg</i> (Levo-T)                                                                                                                                                         | Tier 2 | QL (2 EA per 1 day)                                                                                      |
| LIOMNY ORAL TABLET 25 MCG, 5 MCG, 50 MCG (liothyronine)                                                                                                                                                   | Tier 2 |                                                                                                          |
| <i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Liomny)                                                                                                                                            | Tier 2 |                                                                                                          |
| NP THYROID ORAL TABLET 120 MG, (thyroid (pork))<br>15 MG, 30 MG, 60 MG, 90 MG                                                                                                                             | Tier 2 |                                                                                                          |
| THYQUIDITY ORAL SOLUTION 20 MCG/ML                                                                                                                                                                        | Tier 4 | ST: Must meet the following requirement: generic Levothyroxine tablets in 120 days; QL (20 ML per 1 day) |
| <i>thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i> (NP Thyroid)                                                                                                                         | Tier 2 |                                                                                                          |
| TIROSINT ORAL CAPSULE 37.5 MCG, 44 MCG, 62.5 MCG                                                                                                                                                          | Tier 4 | PA                                                                                                       |
| TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML | Tier 4 | PA                                                                                                       |

| Drug                                                                                                            | Status | Notes                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------|
| <b>Eye - General Disorders</b>                                                                                  |        |                                                                                                        |
| <b>Eye Antibiotic, Glucocorticoid And Nsaid Comb.</b>                                                           |        |                                                                                                        |
| <i>prednisoln sp-moxiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %</i>                                      | Tier 2 |                                                                                                        |
| <i>prednisolone-moxiflo-nepafenac ophthalmic (eye) drops,suspension 1-0.5-0.1 %</i>                             | Tier 2 |                                                                                                        |
| <i>prednisolone-moxiflox-bromfen ophthalmic (eye) drops,suspension 1-0.5-0.075 %</i>                            | Tier 2 |                                                                                                        |
| <i>prednisolon-moxiflox-ketorolac ophthalmic (eye) drops 1-0.5-0.5 %</i>                                        | Tier 2 |                                                                                                        |
| <b>Eye Antibiotic-Corticoid Combinations</b>                                                                    |        |                                                                                                        |
| <i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> (Neo-Polycin HC)       | Tier 2 |                                                                                                        |
| <i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> (Maxitrol) | Tier 2 |                                                                                                        |
| <i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i> (Maxitrol)          | Tier 2 |                                                                                                        |
| <i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>                      | Tier 2 |                                                                                                        |
| NEO-POLYCYN HC OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT/G-1% (neomycin-bacitracin-poly-hc)              | Tier 2 |                                                                                                        |
| PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT 0.3-0.6 %                                                               | Tier 4 |                                                                                                        |
| <i>prednisolone sod ph-moxiflox ophthalmic (eye) drops 1-0.5 %</i>                                              | Tier 2 |                                                                                                        |
| <i>prednisolone-moxifloxacin hcl ophthalmic (eye) drops,suspension 1-0.5 %</i>                                  | Tier 2 |                                                                                                        |
| TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %                                                                    | Tier 3 |                                                                                                        |
| TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %                                                        | Tier 4 | ST: Must meet the following requirement: generic ophthalmic Tobramycin/Dexamethasone drops in 120 days |
| <i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>                                     | Tier 2 |                                                                                                        |
| ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %                                                               | Tier 4 |                                                                                                        |

| Drug                                                                             | Status | Notes                                                                                                                                                             |
|----------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Eye Antihistamines</b>                                                        |        |                                                                                                                                                                   |
| <i>azelastine ophthalmic (eye) drops 0.05 %</i>                                  | Tier 2 | QL (12 ML per 30 days)                                                                                                                                            |
| <i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i> (Bepreve)               | Tier 2 | ST: Must meet any of the following requirements:<br>generic ophthalmic antihistamine (Azelastine, Epinastine, or Olopatadine) in 120 days; QL (10 ML per 30 days) |
| <i>epinastine ophthalmic (eye) drops 0.05 %</i>                                  | Tier 2 | QL (10 ML per 30 days)                                                                                                                                            |
| <i>olopatadine ophthalmic (eye) drops 0.1 %</i> (Eye Allergy Itch-Redness Rlf)   | Tier 2 |                                                                                                                                                                   |
| <i>olopatadine ophthalmic (eye) drops 0.2 %</i> (Advanced Eye Relief (olopatad)) | Tier 2 | QL (3 ML per 30 days)                                                                                                                                             |
| <b>Eye Antiinflammatory Agents</b>                                               |        |                                                                                                                                                                   |
| ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %                                 | Tier 4 | ST: Must meet 2 of the following requirements:<br>Ilevro 0.3% and (Diclofenac 0.1% or Ketorolac 0.5%) in 365 days; QL (60 EA per 15 days)                         |
| <i>bromfenac ophthalmic (eye) drops 0.07 %</i> (Prolensa)                        | Tier 2 | ST: Must meet any of the following requirements:<br>Generic ketorolac or diclofenac ophthalmic drops in 120 days; QL (3 ML per 16 days)                           |
| <i>bromfenac ophthalmic (eye) drops 0.075 %</i> (BromSite)                       | Tier 2 | ST: Must meet any of the following requirements:<br>Generic ketorolac or diclofenac ophthalmic drops in 120 days; QL (5 ML per 16 days)                           |
| <i>bromfenac ophthalmic (eye) drops 0.09 %</i>                                   | Tier 2 | ST: Must meet any of the following requirements:<br>Generic ketorolac or diclofenac ophthalmic drops in 120 days; QL (3.4 ML per 16 days)                         |



| Drug                                                                                     | Status | Notes                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>clobetasol ophthalmic (eye)<br/>drops,suspension 0.05 %</i>                           | Tier 2 | ST: Must meet any of the following requirements:<br>generic ophthalmic<br>Fluorometholone 0.1%,<br>Dexamethasone 0.1%, or<br>Prednisolone 1% in 120<br>days; QL (3.5 ML per 14<br>days) |
| <i>dexamethasone sodium phosphate<br/>ophthalmic (eye) drops 0.1 %</i>                   | Tier 2 | QL (15 ML per 14 days)                                                                                                                                                                  |
| DEXTENZA INTRACANALICULAR<br>INSERT 0.4 MG                                               | Tier 4 |                                                                                                                                                                                         |
| <i>diclofenac sodium ophthalmic (eye)<br/>drops 0.1 %</i>                                | Tier 2 | QL (10 ML per 14 days)                                                                                                                                                                  |
| <i>difluprednate ophthalmic (eye) drops</i> (Durezol)<br><i>0.05 %</i>                   | Tier 2 | QL (10 ML per 14 days)                                                                                                                                                                  |
| EYSUVIS OPHTHALMIC (EYE)<br>DROPS,SUSPENSION 0.25 %                                      | Tier 4 | PA                                                                                                                                                                                      |
| FLAREX OPHTHALMIC (EYE)<br>DROPS,SUSPENSION 0.1 %                                        | Tier 4 | ST: Must meet any of the following requirements:<br>generic ophthalmic<br>Fluorometholone 0.1%,<br>Dexamethasone 0.1%, or<br>Prednisolone 1% in 120<br>days; QL (15 ML per 14<br>days)  |
| <i>fluorometholone ophthalmic (eye)</i> (FML Liquifilm)<br><i>drops,suspension 0.1 %</i> | Tier 2 | QL (10 ML per 14 days)                                                                                                                                                                  |
| <i>flurbiprofen sodium ophthalmic (eye)<br/>drops 0.03 %</i>                             | Tier 2 |                                                                                                                                                                                         |
| FML FORTE OPHTHALMIC (EYE)<br>DROPS,SUSPENSION 0.25 %                                    | Tier 4 | ST: Must meet any of the following requirements:<br>generic ophthalmic<br>Fluorometholone 0.1%,<br>Dexamethasone 0.1%, or<br>Prednisolone 1% in 120<br>days; QL (10 ML per 14<br>days)  |
| ILEVRO OPHTHALMIC (EYE)<br>DROPS,SUSPENSION 0.3 %                                        | Tier 3 | QL (3.4 ML per 16 days)                                                                                                                                                                 |
| INVELTYS OPHTHALMIC (EYE)<br>DROPS,SUSPENSION 1 %                                        | Tier 4 | ST: Must meet any of the following requirements:<br>generic ophthalmic<br>Fluorometholone 0.1%,<br>Dexamethasone 0.1%, or<br>Prednisolone 1% in 120<br>days; QL (5.6 ML per 14<br>days) |

| Drug                                                                              | Status | Notes                                                                                                                                                                   |
|-----------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>ketorolac ophthalmic (eye) drops 0.4 %</i> (Acular LS)                         | Tier 2 |                                                                                                                                                                         |
| <i>ketorolac ophthalmic (eye) drops 0.5 %</i> (Acular)                            | Tier 2 | QL (20 ML per 30 days)                                                                                                                                                  |
| LOTEMAX OPHTHALMIC (EYE)<br>OINTMENT 0.5 %                                        | Tier 3 | QL (7 GM per 14 days)                                                                                                                                                   |
| LOTEMAX SM OPHTHALMIC (EYE)<br>DROPS,GEL 0.38 %                                   | Tier 3 | QL (10 GM per 14 days)                                                                                                                                                  |
| <i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i> (Lotemax)           | Tier 2 | QL (10 GM per 14 days)                                                                                                                                                  |
| <i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i> (Alrex)      | Tier 2 | ST: Must meet any of the following requirements:<br>generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% in 120 days; QL (10 ML per 14 days) |
| <i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>              | Tier 2 | QL (20 ML per 14 days)                                                                                                                                                  |
| MAXIDEX OPHTHALMIC (EYE)<br>DROPS,SUSPENSION 0.1 %                                | Tier 4 | ST: Must meet any of the following requirements:<br>generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% in 120 days; QL (25 ML per 14 days) |
| NEVANAC OPHTHALMIC (EYE)<br>DROPS,SUSPENSION 0.1 %                                | Tier 4 | ST: Must meet 2 of the following requirements:<br>Ilevro 0.3% and (Diclofenac 0.1% or Ketorolac 0.5%) in 365 days; QL (9 ML per 16 days)                                |
| PRED MILD OPHTHALMIC (EYE)<br>DROPS,SUSPENSION 0.12 %                             | Tier 4 | ST: Must meet any of the following requirements:<br>generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% in 120 days; QL (20 ML per 14 days) |
| <i>prednisolone acetate (pf) ophthalmic (eye) drops,suspension 1 %</i>            | Tier 2 | QL (20 ML per 14 days)                                                                                                                                                  |
| <i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> (Pred Forte)    | Tier 2 | QL (20 ML per 14 days)                                                                                                                                                  |
| <i>prednisolone acetate-bromfenac ophthalmic (eye) drops,suspension 1-0.075 %</i> | Tier 2 |                                                                                                                                                                         |

| Drug                                                                            | Status | Notes                                                                                                     |
|---------------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------|
| <i>prednisolone acetate-nepafenac ophthalmic (eye) drops,suspension 1-0.1 %</i> | Tier 2 |                                                                                                           |
| <i>prednisolone sod ph-bromfenac ophthalmic (eye) drops 1-0.075 %</i>           | Tier 2 |                                                                                                           |
| <i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>                 | Tier 2 | QL (20 ML per 14 days)                                                                                    |
| <b>Eye Antivirals</b>                                                           |        |                                                                                                           |
| <i>trifluridine ophthalmic (eye) drops 1 %</i>                                  | Tier 2 |                                                                                                           |
| ZIRGAN OPTHALMIC (EYE) GEL 0.15 %                                               | Tier 4 | ST: Must meet any of the following requirements: oral Acyclovir, Famciclovir, or Valacyclovir in 120 days |
| <b>Eye Local Anesthetics</b>                                                    |        |                                                                                                           |
| AKTEN (PF) OPTHALMIC (EYE) GEL 3.5 %                                            | Tier 4 |                                                                                                           |
| ALCAINE OPTHALMIC (EYE) DROPS (proparacaine) 0.5 %                              | Tier 2 |                                                                                                           |
| ALTACAIN OPTHALMIC (EYE) DROPS 0.5 % (tetracaine hcl)                           | Tier 2 |                                                                                                           |
| ALTAFLUOR BENOX OPTHALMIC (EYE) DROPS 0.25-0.4 % (fluorescein-benoxinate)       | Tier 2 |                                                                                                           |
| <i>fluorescein-benoxinate ophthalmic (eye) drops 0.3-0.4 %</i>                  | Tier 2 |                                                                                                           |
| <i>fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %</i>               | Tier 2 |                                                                                                           |
| IHEEZO (PF) OPTHALMIC (EYE) DROPPERETTE,GEL 3 %                                 | Tier 4 |                                                                                                           |
| <i>proparacaine ophthalmic (eye) drops 0.5 %</i> (Alcaine)                      | Tier 2 |                                                                                                           |
| <i>tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %</i>                         | Tier 2 |                                                                                                           |
| <i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i> (Altacaine)                  | Tier 2 |                                                                                                           |
| <b>Eye Sulfonamides</b>                                                         |        |                                                                                                           |
| BLEPHAMIDE S.O.P. OPTHALMIC (EYE) OINTMENT 10-0.2 %                             | Tier 3 |                                                                                                           |
| <i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>                         | Tier 2 |                                                                                                           |
| <i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>                      | Tier 2 |                                                                                                           |
| <i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>   | Tier 2 |                                                                                                           |
| <b>Eye Vasoconstrictors (Rx Only)</b>                                           |        |                                                                                                           |
| <i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>                     | Tier 2 |                                                                                                           |

| Drug                                                                                                       | Status | Notes |
|------------------------------------------------------------------------------------------------------------|--------|-------|
| UPNEEQ (PF) OPHTHALMIC (EYE)<br>DROPPERETTE 0.1 %                                                          | Tier 4 | PA    |
| <b>Nicotinic Recept.Partial Agonist,<br/>Alpha4beta2 Spec</b>                                              |        |       |
| TYRVAYA NASAL SPRAY, METERED,<br>NON-AEROSOL 0.03 MG/SPRAY                                                 | Tier 3 | PA    |
| <b>Ophthalmic (Eye) Antiparasitics</b>                                                                     |        |       |
| XDEMVY OPHTHALMIC (EYE) DROPS<br>0.25 %                                                                    | Tier 5 | PA    |
| <b>Ophthalmic Antibiotics</b>                                                                              |        |       |
| AZASITE OPHTHALMIC (EYE) DROPS<br>1 %                                                                      | Tier 4 |       |
| <i>bacitracin ophthalmic (eye) ointment 500<br/>unit/gram</i>                                              | Tier 2 |       |
| <i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i> (Polycin)                     | Tier 2 |       |
| BESIVANCE OPHTHALMIC (EYE)<br>DROPS,SUSPENSION 0.6 %                                                       | Tier 3 |       |
| CILOXAN OPHTHALMIC (EYE)<br>OINTMENT 0.3 %                                                                 | Tier 3 |       |
| <i>ciprofloxacin hcl ophthalmic (eye) drops<br/>0.3 %</i>                                                  | Tier 2 |       |
| <i>erythromycin ophthalmic (eye) ointment<br/>5 mg/gram (0.5 %)</i>                                        | Tier 2 |       |
| <i>gatifloxacin ophthalmic (eye) drops 0.5<br/>%</i>                                                       | Tier 2 |       |
| <i>gentamicin ophthalmic (eye) drops 0.3 %</i>                                                             | Tier 2 |       |
| <i>levofloxacin ophthalmic (eye) drops 0.5<br/>%, 1.5 %</i>                                                | Tier 2 |       |
| <i>moxifloxacin ophthalmic (eye) drops 0.5<br/>%</i> (Vigamox)                                             | Tier 2 |       |
| <i>moxifloxacin ophthalmic (eye) drops,<br/>viscous 0.5 %</i>                                              | Tier 2 |       |
| <i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> (Neo-Polycin) | Tier 2 |       |
| <i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>                 | Tier 2 |       |
| NEO-POLYCIN OPHTHALMIC (EYE)<br>OINTMENT 3.5-400-10,000 MG-UNIT-UNIT/G (neomycin-bacitracin-polymyxin)     | Tier 2 |       |
| <i>ofloxacin ophthalmic (eye) drops 0.3 %</i> (Ocuflox)                                                    | Tier 2 |       |
| POLYCIN OPHTHALMIC (EYE)<br>OINTMENT 500-10,000 UNIT/GRAM (bacitracin-polymyxin b)                         | Tier 2 |       |

| Drug                                                                             | Status | Notes                                                                                                                                |
|----------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------------------------------------|
| <i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i> | Tier 2 |                                                                                                                                      |
| <i>tobramycin ophthalmic (eye) drops 0.3 %</i>                                   | Tier 2 |                                                                                                                                      |
| <i>tobramycin-vancomycin ophthalmic (eye) drops 1.5-5 %</i>                      | Tier 2 |                                                                                                                                      |
| TOBREX OPHTHALMIC (EYE)<br>OINTMENT 0.3 %                                        | Tier 3 |                                                                                                                                      |
| <b>Ophthalmic Antifungal Agents</b>                                              |        |                                                                                                                                      |
| NATACYN OPHTHALMIC (EYE)<br>DROPS,SUSPENSION 5 %                                 | Tier 4 |                                                                                                                                      |
| <b>Ophthalmic Anti-Inflammatory Immunomodulator-Type</b>                         |        |                                                                                                                                      |
| CEQUA OPHTHALMIC (EYE)<br>DROPPERETTE 0.09 %                                     | Tier 4 | ST: Must meet 2 of the following requirements: Cyclosporine/Restasis, Miebo, Tyrvaya, and Xiidra in 365 days; QL (60 EA per 30 days) |
| CYCLOSPORINE IN KLARITY<br>OPHTHALMIC (EYE) DROPS 0.1-0.25 %                     | Tier 2 |                                                                                                                                      |
| <i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i> (Restasis)               | Tier 2 | QL (60 EA per 30 days)                                                                                                               |
| RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %                                 | Tier 3 | QL (5.5 ML per 30 days)                                                                                                              |
| VERKAZIA OPHTHALMIC (EYE)<br>DROPPERETTE 0.1 %                                   | Tier 4 | PA                                                                                                                                   |
| VEVYE OPHTHALMIC (EYE) DROPS 0.1 %                                               | Tier 4 | PA                                                                                                                                   |
| XIIDRA OPHTHALMIC (EYE)<br>DROPPERETTE 5 %                                       | Tier 3 | QL (60 EA per 30 days)                                                                                                               |
| <b>Ophthalmic Human Nerve Growth Factor (Hngf)</b>                               |        |                                                                                                                                      |
| OXERVATE OPHTHALMIC (EYE)<br>DROPS 0.002 %                                       | Tier 5 | PA                                                                                                                                   |
| <b>Ophthalmic Mast Cell Stabilizers</b>                                          |        |                                                                                                                                      |
| <i>cromolyn ophthalmic (eye) drops 4 %</i>                                       | Tier 2 | QL (50 ML per 30 days)                                                                                                               |
| <b>Ophthalmic Preparations, Miscellaneous</b>                                    |        |                                                                                                                                      |
| AMVISC INTRAOCULAR SYRINGE 12 MG/ML                                              | Tier 4 |                                                                                                                                      |
| AMVISC PLUS INTRAOCULAR SYRINGE 16 MG/ML                                         | Tier 4 |                                                                                                                                      |
| BIOLON INTRAOCULAR SYRINGE 10 MG/ML                                              | Tier 4 |                                                                                                                                      |

| Drug                                                                      | Status | Notes                 |
|---------------------------------------------------------------------------|--------|-----------------------|
| HEALON GV PRO INTRAOCULAR SYRINGE 18 MG/ML                                | Tier 4 |                       |
| HEALON PRO INTRAOCULAR SYRINGE 10 MG/ML                                   | Tier 4 |                       |
| HEALON5 PRO INTRAOCULAR SYRINGE 23 MG/ML                                  | Tier 4 |                       |
| PROVISC INTRAOCULAR SYRINGE 10 MG/ML                                      | Tier 4 |                       |
| TOTALVISC INTRAOCULAR SYRINGE 2.5 % (1 ML) 1 % (1 ML)                     | Tier 4 |                       |
| <b>Eye - Glaucoma</b>                                                     |        |                       |
| <b>Carbonic Anhydrase Inhibitors</b>                                      |        |                       |
| <i>acetazolamide oral capsule, extended release 500 mg</i>                | Tier 2 |                       |
| <i>acetazolamide oral tablet 125 mg, 250 mg</i>                           | Tier 2 |                       |
| <i>methazolamide oral tablet 25 mg, 50 mg</i>                             | Tier 2 |                       |
| <b>Miotics/Other Intraoc. Pressure Reducers</b>                           |        |                       |
| <i>apraclonidine ophthalmic (eye) drops 0.5 %</i>                         | Tier 2 |                       |
| <i>betaxolol ophthalmic (eye) drops 0.5 %</i>                             | Tier 2 |                       |
| BETIMOL OPTHALMIC (EYE) DROPS 0.25 %                                      | Tier 4 |                       |
| BETIMOL OPTHALMIC (EYE) DROPS (timolol) 0.5 %                             | Tier 4 |                       |
| BETOPTIC S OPTHALMIC (EYE) DROPS,SUSPENSION 0.25 %                        | Tier 4 |                       |
| <i>bimatoprost ophthalmic (eye) drops 0.03 %</i>                          | Tier 2 | QL (1 ML per 12 days) |
| <i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i> (Alphagan P)      | Tier 2 |                       |
| <i>brimonidine ophthalmic (eye) drops 0.2 %</i>                           | Tier 2 |                       |
| <i>brimonidine-dorzolamide (pf) ophthalmic (eye) drops 0.15-2 %</i>       | Tier 2 |                       |
| <i>brimonidine-dorzolamide ophthalmic (eye) drops 0.1-2 %</i>             | Tier 2 |                       |
| <i>brimonidine-dorzol-bimatoprost ophthalmic (eye) drops 0.1-2-0.01 %</i> | Tier 2 |                       |
| <i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i> (Combigan)    | Tier 2 |                       |
| <i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i> (Azopt)         | Tier 2 |                       |
| <i>carteolol ophthalmic (eye) drops 1 %</i>                               | Tier 2 |                       |

| Drug                                                                               | Status | Notes                                                                                                                                                                                          |
|------------------------------------------------------------------------------------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>dorzolamide (pf) ophthalmic (eye) drops 2 %</i>                                 | Tier 2 |                                                                                                                                                                                                |
| <i>dorzolamide ophthalmic (eye) drops 2 %</i>                                      | Tier 2 |                                                                                                                                                                                                |
| <i>dorzolamide-timolol (pf) ophthalmic (eye) (Cosopt (PF)) dropperette 2-0.5 %</i> | Tier 2 | ST: Must meet any of the following requirements: Dorzolamide/Timolol (non-Cosopt PF formulation) in 120 days; QL (2 EA per 1 day)                                                              |
| <i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml (Cosopt)</i>          | Tier 2 |                                                                                                                                                                                                |
| IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %                                          | Tier 4 |                                                                                                                                                                                                |
| IYUZEH (PF) OPHTHALMIC (EYE) DROPPERETTE 0.005 %                                   | Tier 4 | ST: Must meet the following requirements: generic Prostaglandin Analog and Lumigan in 365 days; QL (1 EA per 1 day)                                                                            |
| <i>latanoprost ophthalmic (eye) drops 0.005 % (Xalatan)</i>                        | Tier 2 |                                                                                                                                                                                                |
| <i>levobunolol ophthalmic (eye) drops 0.5 %</i>                                    | Tier 2 |                                                                                                                                                                                                |
| LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %                                              | Tier 3 | QL (2.5 ML per 25 days)                                                                                                                                                                        |
| PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %                                  | Tier 5 |                                                                                                                                                                                                |
| <i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>                        | Tier 2 |                                                                                                                                                                                                |
| <i>pilocarpine hcl ophthalmic (eye) drops 1.25 % (Vuity)</i>                       | Tier 2 | QL (10 ML per 30 days)                                                                                                                                                                         |
| QLOSI OPHTHALMIC (EYE) DROPPERETTE 0.4 %                                           | Tier 4 | ST: Must meet any of the following requirements: Generic Pilocarpine Ophthalmic Solution in 120 days; QL (2 EA per 1 day)                                                                      |
| RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %                                            | Tier 4 | ST: Must meet the following requirements: Latanoprost and one of the following: Alphagan P 0.1%, Azopt, Combigan, Lumigan 0.01%, Simbrinza, or Travoprost in 365 days; QL (2.5 ML per 30 days) |

| Drug                                                                                                     | Status | Notes                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ROCKLATAN OPHTHALMIC (EYE)<br>DROPS 0.02-0.005 %                                                         | Tier 4 | ST: Must meet the following requirements: Latanoprost and one of the following: Alphagan P 0.1%, Azopt, Brimonidine 0.2%, Combigan, Lumigan 0.1%, Simbrinza, or Travatan Z in 365 days; QL (2.5 ML per 25 days) |
| SIMBRINZA OPHTHALMIC (EYE)<br>DROPS,SUSPENSION 1-0.2 %                                                   | Tier 3 |                                                                                                                                                                                                                 |
| <i>tafluprost (pf) ophthalmic (eye)</i> (Zioptan (PF))<br><i>dropperette 0.0015 %</i>                    | Tier 2 | QL (1 EA per 1 day)                                                                                                                                                                                             |
| <i>timol-brimon-dorzol-bimato(pf) ophthalmic (eye) drops 0.5 %-0.15 %- 2 %-0.01 %</i>                    | Tier 2 |                                                                                                                                                                                                                 |
| <i>timolol maleate (pf) ophthalmic (eye)</i> (Timoptic Ocudose (PF))<br><i>dropperette 0.25 %, 0.5 %</i> | Tier 2 | QL (2 EA per 1 day)                                                                                                                                                                                             |
| <i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>                                              | Tier 2 |                                                                                                                                                                                                                 |
| <i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i> (Istalol)                                | Tier 2 |                                                                                                                                                                                                                 |
| <i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>                               | Tier 2 |                                                                                                                                                                                                                 |
| <i>timolol ophthalmic (eye) drops 0.5 %</i> (Betimol)                                                    | Tier 2 |                                                                                                                                                                                                                 |
| <i>timolol-bimatoprost ophthalmic (eye) drops 0.5-0.01 %</i>                                             | Tier 2 |                                                                                                                                                                                                                 |
| <i>timolol-brimon-dorzol-bimatop ophthalmic (eye) drops 0.5-0.1-2-0.01 %</i>                             | Tier 2 |                                                                                                                                                                                                                 |
| <i>timolol-brimonidi-dorzolam(pf) ophthalmic (eye) drops 0.5-0.15-2 %</i>                                | Tier 2 |                                                                                                                                                                                                                 |
| <i>timolol-brimonidine-dorzolamid ophthalmic (eye) drops 0.5-0.1-2 %</i>                                 | Tier 2 |                                                                                                                                                                                                                 |
| <i>timolol-dorzolam-bimatopro(pf) ophthalmic (eye) drops 0.5-2-0.01 %</i>                                | Tier 2 |                                                                                                                                                                                                                 |
| <i>timolol-dorzolamide-bimatopros ophthalmic (eye) drops 0.5-2-0.01 %</i>                                | Tier 2 |                                                                                                                                                                                                                 |
| <i>travoprost ophthalmic (eye) drops 0.004 %</i> (Travatan Z)                                            | Tier 2 | QL (2.5 ML per 25 days)                                                                                                                                                                                         |
| VIZZ OPHTHALMIC (EYE)<br>DROPPERETTE 1.44 %                                                              | Tier 4 | QL (1 EA per 1 day)                                                                                                                                                                                             |
| VYZULTA OPHTHALMIC (EYE) DROPS<br>0.024 %                                                                | Tier 4 | ST: Must meet the following requirements: generic Prostaglandin Analog and Lumigan in 365 days; QL (2.5 ML per 30 days)                                                                                         |



| Drug                                                                                                 | Status | Notes                                                                                                                   |
|------------------------------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------|
| XELPROS OPHTHALMIC (EYE)<br>DROPS, EMULSION 0.005 %                                                  | Tier 4 | ST: Must meet the following requirements: generic Prostaglandin Analog and Lumigan in 365 days; QL (2.5 ML per 25 days) |
| <b>Mydriatics</b>                                                                                    |        |                                                                                                                         |
| <i>atropine ophthalmic (eye) drops 0.01 %, 0.025 %, 0.05 %</i>                                       | Tier 2 |                                                                                                                         |
| <i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)                                         | Tier 2 |                                                                                                                         |
| <i>atropine sulfate (pf) ophthalmic (eye) dropperette 1 %</i>                                        | Tier 2 |                                                                                                                         |
| CYCLOGYL OPHTHALMIC (EYE) (cyclopentolate)<br>DROPS 0.5 %                                            | Tier 4 |                                                                                                                         |
| CYCLOMYDRIL OPHTHALMIC (EYE)<br>DROPS 0.2-1 %                                                        | Tier 4 |                                                                                                                         |
| <i>cyclopentolate ophthalmic (eye) drops 1 %</i> (Cyclogyl)                                          | Tier 2 |                                                                                                                         |
| <i>cyclophen-tropic-phenyleph-watr ophthalmic (eye) drops 1-1-2.5 %</i>                              | Tier 2 |                                                                                                                         |
| <i>cyclopent-tropic-phen-ketr-wat ophthalmic (eye) drops 1 %-1 %-10 %-0.5 %, 1 %-1 %-2.5 %-0.5 %</i> | Tier 2 |                                                                                                                         |
| <i>cyclop-trop-propa-phen-ket-wat ophthalmic (eye) drops 1 %-1 %-0.1 %-2.5 %-0.4 %</i>               | Tier 2 |                                                                                                                         |
| HOMATROPAIRE OPHTHALMIC (EYE) (homatropine hbr)<br>DROPS 5 %                                         | Tier 2 |                                                                                                                         |
| MYDCOMBI OPHTHALMIC (EYE)<br>CARTRIDGE 2.5-1 %                                                       | Tier 4 |                                                                                                                         |
| <i>phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 %</i>                                 | Tier 2 |                                                                                                                         |
| <i>tropicamide ophthalmic (eye) drops 0.5 %</i>                                                      | Tier 2 |                                                                                                                         |
| <i>tropicamide ophthalmic (eye) drops 1 %</i> (Mydriacyl)                                            | Tier 2 |                                                                                                                         |
| <b>Ophthalmic Antifibrotic Agents</b>                                                                |        |                                                                                                                         |
| <i>mitomycin (pf) in water ophthalmic (eye) syringe 0.2 mg/ml, 0.4 mg/ml</i>                         | Tier 5 |                                                                                                                         |
| MITOSOL OPHTHALMIC (EYE) KIT 0.2 MG                                                                  | Tier 4 |                                                                                                                         |

| Drug                                                                                                           | Status | Notes                                                                                                                 |
|----------------------------------------------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------|
| <b>Eye - Miscellaneous</b>                                                                                     |        |                                                                                                                       |
| <b>Agents For Corneal Collagen Cross-Linking</b>                                                               |        |                                                                                                                       |
| PHOTREXA CROSS-LINKING KIT<br>OPHTHALMIC (EYE) COMBO, DROPS<br>AND DROPS VISCOUS 0.146 % -0.146<br>%           | Tier 5 |                                                                                                                       |
| <b>Artificial Tears</b>                                                                                        |        |                                                                                                                       |
| KLARITY (CHONDROITIN) (PF)<br>OPHTHALMIC (EYE) DROPS 0.25 %                                                    | Tier 4 |                                                                                                                       |
| MIEBO (PF) OPHTHALMIC (EYE)<br>DROPS 100 %                                                                     | Tier 3 |                                                                                                                       |
| <b>Eye Mydriatic And Nsaid Combinations</b>                                                                    |        |                                                                                                                       |
| MYDRIATIC4(TROP-PROP-PE-KTRLC) (tropic-proparacai-pe-<br>OPHTHALMIC (EYE) DROPS 1-0.5-2.5- ketor-wat)<br>0.5 % | Tier 2 |                                                                                                                       |
| <b>Eye Preparations, Miscellaneous (Otc)</b>                                                                   |        |                                                                                                                       |
| GELFILM OPHTHALMIC (EYE) FILM                                                                                  | Tier 4 |                                                                                                                       |
| <b>Ophthalmic Cystine Depleting Agents</b>                                                                     |        |                                                                                                                       |
| CYSTADROPS OPHTHALMIC (EYE)<br>DROPS 0.37 %                                                                    | Tier 5 | PA                                                                                                                    |
| CYSTARAN OPHTHALMIC (EYE)<br>DROPS 0.44 %                                                                      | Tier 5 | PA                                                                                                                    |
| <b>Fluid Replacement</b>                                                                                       |        |                                                                                                                       |
| <b>Nucleic Acid/Nucleotide Supplements</b>                                                                     |        |                                                                                                                       |
| XURIDEN ORAL GRANULES IN<br>PACKET 2 GRAM                                                                      | Tier 5 | PA                                                                                                                    |
| <b>Gout And Related Diseases</b>                                                                               |        |                                                                                                                       |
| <b>Colchicine</b>                                                                                              |        |                                                                                                                       |
| <i>colchicine oral capsule 0.6 mg</i> (Mitigare)                                                               | Tier 2 | QL (2 EA per 1 day)                                                                                                   |
| <i>colchicine oral tablet 0.6 mg</i> (Colcrys)                                                                 | Tier 2 | QL (4 EA per 1 day)                                                                                                   |
| GLOPERBA ORAL SOLUTION 0.6<br>MG/5 ML                                                                          | Tier 4 | ST: Must meet the<br>following requirement:<br>Colchicine capsules or<br>tablets in 120 days; QL (10<br>ML per 1 day) |
| <b>Hyperuricemia Tx - Purine Inhibitors</b>                                                                    |        |                                                                                                                       |
| <i>allopurinol oral tablet 100 mg</i> (Zyloprim)                                                               | Tier 2 |                                                                                                                       |
| <i>allopurinol oral tablet 300 mg</i>                                                                          | Tier 2 |                                                                                                                       |
| <i>febuxostat oral tablet 40 mg, 80 mg</i> (Uloric)                                                            | Tier 2 | ST: Must meet the<br>following requirement:<br>Allopurinol in 120 days; QL<br>(30 EA per 30 days)                     |
| <b>Uricosuric Agents</b>                                                                                       |        |                                                                                                                       |
| <i>probenecid oral tablet 500 mg</i>                                                                           | Tier 2 |                                                                                                                       |

| Drug                                                                                                                                                                                              | Status | Notes                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------------------------|
| <i>probenecid-colchicine oral tablet 500-0.5 mg</i>                                                                                                                                               | Tier 2 |                        |
| <b>Hematological Disorders</b>                                                                                                                                                                    |        |                        |
| <b>Agents To Tx Thrombotic Thrombocytopenic Purpura</b>                                                                                                                                           |        |                        |
| CABLIVI INJECTION KIT 11 MG                                                                                                                                                                       | Tier 5 | PA                     |
| <b>Anticoagulants, Coumarin Type</b>                                                                                                                                                              |        |                        |
| JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG (warfarin)                                                                                                         | Tier 2 |                        |
| <i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> (Jantoven)                                                                                                  | Tier 2 |                        |
| <b>Antifibrinolytic Agents</b>                                                                                                                                                                    |        |                        |
| <i>aminocaproic acid oral solution 250 mg/ml (25 %)</i> (Amicar)                                                                                                                                  | Tier 2 |                        |
| <i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i> (Amicar)                                                                                                                                    | Tier 2 |                        |
| <i>tranexamic acid oral tablet 650 mg</i>                                                                                                                                                         | Tier 2 | QL (30 EA per 30 days) |
| <b>Antihemophilic Factors</b>                                                                                                                                                                     |        |                        |
| ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT                                            | Tier 5 |                        |
| ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT                                             | Tier 5 |                        |
| AFSTYLA INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT RANGE, 1,500 (+/-) UNIT RANGE, 2,000 (+/-) UNIT RANGE, 2,500 (+/-) UNIT RANGE, 250 (+/-) UNIT RANGE, 3,000 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE | Tier 5 |                        |
| ALPHANATE INTRAVENOUS RECON SOLN 1,000 (400 VWF) UNIT/10 ML, 1,500 (600 VWF) UNIT/10 ML, 2,000 (800 VWF) UNIT/10 ML, 250 (100 VWF) UNIT/5 ML, 500 (200 VWF) UNIT/5 ML                             | Tier 5 |                        |
| ALTUVIIIIO INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4000 (+/-) UNIT, 500 (+/-) UNIT                                                           | Tier 5 |                        |

| Drug                                                                                                                                                         | Status | Notes |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------|
| ELOCTATE INTRAVENOUS RECON<br>SOLN 1,000 UNIT, 1,500 UNIT, 2,000<br>UNIT, 250 UNIT, 3,000 UNIT, 4,000<br>UNIT, 5,000 UNIT, 500 UNIT, 6,000<br>UNIT, 750 UNIT | Tier 5 |       |
| ESPEROCT INTRAVENOUS RECON<br>SOLN 1,000 (+/-) UNIT, 1,500 (+/-)<br>UNIT, 2,000 (+/-) UNIT, 3,000 (+/-)<br>UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT            | Tier 5 |       |
| FEIBA NF INTRAVENOUS RECON<br>SOLN 1,750-3,250 UNIT, 350-650 UNIT,<br>700-1,300 UNIT                                                                         | Tier 5 |       |
| HEMOFIL M HIGH INTRAVENOUS<br>RECON SOLN 801-1,500 UNIT                                                                                                      | Tier 5 |       |
| HEMOFIL M LOW INTRAVENOUS<br>RECON SOLN 220-400 UNIT                                                                                                         | Tier 5 |       |
| HEMOFIL M MID INTRAVENOUS<br>RECON SOLN 401-800 UNIT                                                                                                         | Tier 5 |       |
| HEMOFIL M SUPER HIGH<br>INTRAVENOUS RECON SOLN 1,501-<br>2,000 UNIT                                                                                          | Tier 5 |       |
| HUMATE-P INTRAVENOUS RECON<br>SOLN 1,000-2,400 UNIT, 250-600 UNIT,<br>500-1,200 UNIT                                                                         | Tier 5 |       |
| JIVI INTRAVENOUS RECON SOLN<br>1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000<br>(+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-)<br>UNIT                                  | Tier 5 |       |
| KOATE INTRAVENOUS RECON SOLN<br>250 (+/-) UNIT, 500 (+/-) UNIT                                                                                               | Tier 5 |       |
| KOGENATE FS INTRAVENOUS<br>RECON SOLN 1,000 (+/-) UNIT, 2,000<br>(+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-)<br>UNIT, 500 (+/-) UNIT                             | Tier 5 |       |
| KOVALTRY INTRAVENOUS RECON<br>SOLN 1,000 (+/-) UNIT, 2,000 (+/-)<br>UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT,<br>500 (+/-) UNIT                                | Tier 5 |       |
| NOVOEIGHT INTRAVENOUS RECON<br>SOLN 1,000 (+/-) UNIT, 1,500 (+/-)<br>UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT,<br>3,000 (+/-) UNIT, 500 (+/-) UNIT             | Tier 5 |       |
| NOVOSEVEN RT INTRAVENOUS<br>RECON SOLN 1 MG (1,000 MCG), 2<br>MG (2,000 MCG), 5 MG (5,000 MCG), 8<br>MG (8,000 MCG)                                          | Tier 5 |       |

| Drug                                                                                                                              | Status | Notes |
|-----------------------------------------------------------------------------------------------------------------------------------|--------|-------|
| NUWIQ INTRAVENOUS RECON SOLN<br>1000 UNIT, 2,000 UNIT, 2,500 UNIT,<br>250 UNIT, 3,000 UNIT, 4,000 UNIT, 500<br>UNIT               | Tier 5 |       |
| OBIZUR INTRAVENOUS RECON SOLN<br>500 (+/-) UNIT RANGE                                                                             | Tier 5 |       |
| RECOMBINATE INTRAVENOUS<br>RECON SOLN 1,000 (+/-) UNIT, 1,500<br>(+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-)<br>UNIT, 500 (+/-) UNIT  | Tier 5 |       |
| SEVENFACT INTRAVENOUS RECON<br>SOLN 1 MG (1,000 MCG), 2 MG (2,000<br>MCG), 5 MG (5,000 MCG)                                       | Tier 5 |       |
| WILATE INTRAVENOUS RECON SOLN<br>1,000-1,000 UNIT, 500-500 UNIT                                                                   | Tier 5 |       |
| XYNTHA INTRAVENOUS SOLUTION<br>1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250<br>(+/-) UNIT, 500 (+/-) UNIT                              | Tier 5 |       |
| XYNTHA SOLOFUSE INTRAVENOUS<br>SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-)<br>UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT,<br>500 (+/-) UNIT | Tier 5 |       |
| <b>Blood Factors,Miscellaneous</b>                                                                                                |        |       |
| VONVENDI INTRAVENOUS RECON<br>SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-<br>) UNIT RANGE                                               | Tier 5 |       |
| <b>Citrates As Anticoagulants</b>                                                                                                 |        |       |
| ACD SOLUTION A SOLUTION 2.45-2.2<br>GRAM- 800 MG/100 ML                                                                           | Tier 4 |       |
| ACD-A SOLUTION , 2.45-2.2 GRAM-<br>730 MG/100 ML                                                                                  | Tier 4 |       |
| <i>anticoag citrate phos dextrose solution<br/>2.63-222 gram-mg/100ml</i>                                                         | Tier 2 |       |
| <i>sodium citrate in 0.9 % nacl solution 0.5<br/>%</i>                                                                            | Tier 2 |       |
| <i>sodium citrate intra-catheter solution 4 %</i>                                                                                 | Tier 2 |       |
| <i>sodium citrate intra-catheter syringe 4 %<br/>(3 ml), 4 % (5 ml)</i>                                                           | Tier 2 |       |
| <i>sodium citrate solution 4 gram /100 ml (4<br/>%)</i>                                                                           | Tier 2 |       |
| <b>Complement (C3) Inhibitors</b>                                                                                                 |        |       |
| EMPAVELI SUBCUTANEOUS<br>SOLUTION 1,080 MG/20 ML                                                                                  | Tier 5 | PA    |

| Drug                                                                                                                 | Status | Notes                                                                                             |
|----------------------------------------------------------------------------------------------------------------------|--------|---------------------------------------------------------------------------------------------------|
| <b>Direct Factor Xa Inhibitors</b>                                                                                   |        |                                                                                                   |
| ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)                                                 | Tier 3 | QL (74 EA per 30 days)                                                                            |
| ELIQUIS ORAL TABLET 2.5 MG                                                                                           | Tier 3 | QL (2 EA per 1 day)                                                                               |
| ELIQUIS ORAL TABLET 5 MG                                                                                             | Tier 3 | QL (74 EA per 30 days)                                                                            |
| <i>rivaroxaban oral suspension for reconstitution 1 mg/ml</i> (Xarelto)                                              | Tier 2 | QL (20 ML per 1 day)                                                                              |
| <i>rivaroxaban oral tablet 2.5 mg</i> (Xarelto)                                                                      | Tier 2 | QL (2 EA per 1 day)                                                                               |
| SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG                                                                              | Tier 4 | ST: Must meet the following requirements: Eliquis and Xarelto in 365 days; QL (30 EA per 30 days) |
| XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)                                          | Tier 3 | QL (51 EA per 30 days)                                                                            |
| XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML (rivaroxaban)                                                     | Tier 3 | QL (20 ML per 1 day)                                                                              |
| XARELTO ORAL TABLET 10 MG, 20 MG (rivaroxaban)                                                                       | Tier 3 | QL (1 EA per 1 day)                                                                               |
| XARELTO ORAL TABLET 15 MG (rivaroxaban)                                                                              | Tier 3 | QL (2 EA per 1 day)                                                                               |
| <b>Factor Ix Complex (Pcc) Preparations</b>                                                                          |        |                                                                                                   |
| PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT                                 | Tier 5 |                                                                                                   |
| <b>Factor Ix Preparations</b>                                                                                        |        |                                                                                                   |
| ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT                               | Tier 5 |                                                                                                   |
| ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT                   | Tier 5 |                                                                                                   |
| BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT                                | Tier 5 |                                                                                                   |
| IDELVION INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,500 (+/-) UNIT, 500 (+/-) UNIT | Tier 5 |                                                                                                   |
| IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 3,000 UNIT, 500 UNIT                                          | Tier 5 |                                                                                                   |

| Drug                                                                                                                                                                                              | Status | Notes |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------|
| REBINYN INTRAVENOUS RECON<br>SOLN 1,000 (+/-) UNIT, 2,000 (+/-)<br>UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT                                                                                         | Tier 5 |       |
| RIXUBIS INTRAVENOUS RECON<br>SOLN 1,000 UNIT, 2,000 UNIT, 250<br>UNIT, 3,000 UNIT, 500 UNIT                                                                                                       | Tier 5 |       |
| <b>Factor X Preparations</b>                                                                                                                                                                      |        |       |
| COAGADEX INTRAVENOUS RECON<br>SOLN 250 (+/-) UNIT RANGE, 500 (+/-)<br>UNIT RANGE                                                                                                                  | Tier 5 |       |
| <b>Factor XIII Preparations</b>                                                                                                                                                                   |        |       |
| CORIFACT INTRAVENOUS RECON<br>SOLN 1,000-1,600 UNIT                                                                                                                                               | Tier 5 |       |
| TRETEN INTRAVENOUS RECON<br>SOLN 2,500 UNIT                                                                                                                                                       | Tier 5 |       |
| <b>Hematinics, Other</b>                                                                                                                                                                          |        |       |
| ARANESP (IN POLYSORBATE)<br>INJECTION SOLUTION 100 MCG/ML,<br>200 MCG/ML, 25 MCG/ML, 40 MCG/ML,<br>60 MCG/ML                                                                                      | Tier 5 | PA    |
| ARANESP (IN POLYSORBATE)<br>INJECTION SYRINGE 10 MCG/0.4 ML,<br>100 MCG/0.5 ML, 150 MCG/0.3 ML, 200<br>MCG/0.4 ML, 25 MCG/0.42 ML, 300<br>MCG/0.6 ML, 40 MCG/0.4 ML, 500<br>MCG/ML, 60 MCG/0.3 ML | Tier 5 | PA    |
| EPOGEN INJECTION SOLUTION<br>10,000 UNIT/ML, 2,000 UNIT/ML,<br>20,000 UNIT/2 ML, 20,000 UNIT/ML,<br>3,000 UNIT/ML, 4,000 UNIT/ML                                                                  | Tier 5 | PA    |
| MIRCERA INJECTION SYRINGE 100<br>MCG/0.3 ML, 120 MCG/0.3 ML, 150<br>MCG/0.3 ML, 200 MCG/0.3 ML, 30<br>MCG/0.3 ML, 50 MCG/0.3 ML, 75<br>MCG/0.3 ML                                                 | Tier 5 | PA    |
| PROCRIT INJECTION SOLUTION<br>10,000 UNIT/ML, 2,000 UNIT/ML,<br>20,000 UNIT/2 ML, 20,000 UNIT/ML,<br>3,000 UNIT/ML, 4,000 UNIT/ML, 40,000<br>UNIT/ML                                              | Tier 5 | PA    |
| RETACRIT INJECTION SOLUTION<br>10,000 UNIT/ML, 2,000 UNIT/ML,<br>20,000 UNIT/2 ML, 20,000 UNIT/ML,<br>3,000 UNIT/ML, 4,000 UNIT/ML, 40,000<br>UNIT/ML                                             | Tier 5 | PA    |

| Drug                                                                                                                                         | Status | Notes                    |
|----------------------------------------------------------------------------------------------------------------------------------------------|--------|--------------------------|
| <b>Hemophilia Treatment Agents, Non-Factor Replacement</b>                                                                                   |        |                          |
| ALHEMO PEN SUBCUTANEOUS PEN INJECTOR 150 MG/1.5 ML (100 MG/ML), 300 MG/3 ML (100 MG/ML), 60 MG/1.5 ML (40 MG/ML)                             | Tier 5 | PA                       |
| HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 12 MG/0.4 ML, 150 MG/ML, 30 MG/ML, 300 MG/2 ML (150 MG/ML), 60 MG/0.4 ML                       | Tier 5 | PA                       |
| HYMPAVZI PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML                                                                                             | Tier 5 | PA                       |
| QFITLIA PEN SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML                                                                                           | Tier 5 | PA                       |
| QFITLIA SUBCUTANEOUS SOLUTION 20 MG/0.2 ML                                                                                                   | Tier 5 | PA                       |
| <b>Hemorrhologic Agents</b>                                                                                                                  |        |                          |
| <i>pentoxifylline oral tablet extended release 400 mg</i>                                                                                    | Tier 2 |                          |
| <b>Heparin And Related Preparations</b>                                                                                                      |        |                          |
| <i>enoxaparin subcutaneous solution 300 mg/3 ml</i> (Lovenox)                                                                                | Tier 2 | QL (30 ML per 30 days)   |
| <i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i> (Lovenox) | Tier 2 |                          |
| <i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> (Arixtra)                                                                              | Tier 2 | QL (24 ML per 30 days)   |
| <i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> (Arixtra)                                                                             | Tier 2 | QL (15 ML per 30 days)   |
| <i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i> (Arixtra)                                                                               | Tier 2 | QL (12 ML per 30 days)   |
| <i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i> (Arixtra)                                                                             | Tier 2 | QL (18 ML per 30 days)   |
| FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML                                                                                          | Tier 4 | QL (8 ML per 1 day)      |
| FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML                                                                                         | Tier 4 | QL (7.6 ML per 30 days)  |
| FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML                                                                                          | Tier 4 | QL (60 ML per 30 days)   |
| FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML                                                                                      | Tier 4 | QL (30 ML per 30 days)   |
| FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML                                                                                      | Tier 4 | QL (36 ML per 30 days)   |
| FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML                                                                                     | Tier 4 | QL (43.2 ML per 30 days) |



| Drug                                                                                                                                             | Status | Notes                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--------|------------------------|
| FRAGMIN SUBCUTANEOUS SYRINGE<br>2,500 ANTI-XA UNIT/0.2 ML, 5,000<br>ANTI-XA UNIT/0.2 ML                                                          | Tier 4 | QL (12 ML per 30 days) |
| FRAGMIN SUBCUTANEOUS SYRINGE<br>7,500 ANTI-XA UNIT/0.3 ML                                                                                        | Tier 4 | QL (18 ML per 30 days) |
| HEP FLUSH-10 (PF) INTRAVENOUS<br>SOLUTION 10 UNIT/ML                                                                                             | Tier 2 |                        |
| <i>heparin (porcine) in 0.9% nacl<br/>intravenous parenteral solution 2,500<br/>unit/500 ml (5 unit/ml), 5,000 unit/500 ml<br/>(10 unit/ml)</i>  | Tier 2 |                        |
| <i>heparin (porcine) in 5 % dex intravenous<br/>parenteral solution 25,000 unit/250<br/>ml(100 unit/ml), 25,000 unit/500 ml (50<br/>unit/ml)</i> | Tier 2 |                        |
| <i>heparin (porcine) injection cartridge<br/>5,000 unit/ml (1 ml)</i>                                                                            | Tier 2 |                        |
| <i>heparin (porcine) injection solution 1,000<br/>unit/ml, 10,000 unit/ml, 20,000 unit/ml,<br/>5,000 unit/ml</i>                                 | Tier 2 |                        |
| <i>heparin (porcine) injection syringe 5,000<br/>unit/ml</i>                                                                                     | Tier 2 |                        |
| <i>heparin lock flush (porcine) intravenous<br/>solution 10 unit/ml</i>                                                                          | Tier 2 |                        |
| HEPARIN LOCKFLUSH(PORCINE)(PF) (heparin, porcine (pf))<br>INTRAVENOUS SYRINGE 10 UNIT/ML,<br>100 UNIT/ML                                         | Tier 2 |                        |
| <i>heparin, porcine (pf) injection solution<br/>1,000 unit/ml</i>                                                                                | Tier 2 |                        |
| <i>heparin, porcine (pf) injection syringe<br/>5,000 unit/0.5 ml, 5,000 unit/ml</i>                                                              | Tier 2 |                        |
| <i>heparin, porcine (pf) intravenous syringe<br/>1 unit/ml</i>                                                                                   | Tier 2 |                        |
| <i>heparin, porcine (pf) intravenous syringe<br/>10 unit/ml, 100 unit/ml</i> (Heparin<br>LockFlush(Porcine)(PF))                                 | Tier 2 |                        |
| <b>Human Monoclonal Antibody<br/>Complement(C5) Inhibitor</b>                                                                                    |        |                        |
| FABHALTA ORAL CAPSULE 200 MG                                                                                                                     | Tier 5 | PA                     |
| TAVNEOS ORAL CAPSULE 10 MG                                                                                                                       | Tier 5 | PA                     |
| VOYDEYA ORAL TABLET 100 MG, 150<br>MG (50 MG X 1-100 MG X 1)                                                                                     | Tier 5 | PA                     |
| ZILBRYSQ SUBCUTANEOUS<br>SYRINGE 16.6 MG/0.416 ML, 23<br>MG/0.574 ML, 32.4 MG/0.81 ML                                                            | Tier 5 | PA                     |

| Drug                                                                  | Status | Notes |
|-----------------------------------------------------------------------|--------|-------|
| <b>Hypoxia Inducible Factor Prolyl Hydroxylase Inh.</b>               |        |       |
| VAFSEO ORAL TABLET 150 MG, 300 MG                                     | Tier 4 | PA    |
| <b>Leukocyte (Wbc) Stimulants</b>                                     |        |       |
| FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML                             | Tier 5 | PA    |
| FYLNTRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML                              | Tier 5 | PA    |
| GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML               | Tier 5 | PA    |
| GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML            | Tier 5 | PA    |
| LEUKINE INJECTION RECON SOLN 250 MCG                                  | Tier 5 | PA    |
| NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML | Tier 5 | PA    |
| NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML                             | Tier 5 | PA    |
| NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML                | Tier 5 | PA    |
| NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML             | Tier 5 | PA    |
| NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML                | Tier 5 | PA    |
| NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML          | Tier 5 | PA    |
| NYPOZI INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML               | Tier 5 | PA    |
| NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML                             | Tier 5 | PA    |
| RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML           | Tier 5 | PA    |
| ROLVEDON SUBCUTANEOUS SYRINGE 13.2 MG/0.6 ML                          | Tier 5 | PA    |
| STIMUFEND SUBCUTANEOUS SYRINGE 6 MG/0.6 ML                            | Tier 5 | PA    |
| UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 6 MG/0.6 ML           | Tier 5 | PA    |
| UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML | Tier 5 | PA    |

| Drug                                                                             | Status    | Notes                 |
|----------------------------------------------------------------------------------|-----------|-----------------------|
| UDENYCA SUBCUTANEOUS<br>SYRINGE 6 MG/0.6 ML                                      | Tier 5    | PA                    |
| ZARXIO INJECTION SYRINGE 300<br>MCG/0.5 ML, 480 MCG/0.8 ML                       | Tier 5    | PA                    |
| ZIEXTENZO SUBCUTANEOUS<br>SYRINGE 6 MG/0.6 ML                                    | Tier 5    | PA                    |
| <b>Plasma Proteins</b>                                                           |           |                       |
| RYPLAZIM INTRAVENOUS RECON<br>SOLN 68.8 MG                                       | Tier 5    | PA                    |
| <b>Platelet Aggregation Inhibitors</b>                                           |           |                       |
| ADULT ASPIRIN REGIMEN ORAL (aspirin)<br>TABLET,DELAYED RELEASE (DR/EC)<br>81 MG  | \$0 COPAY |                       |
| ADULT LOW DOSE ASPIRIN ORAL (aspirin)<br>TABLET,DELAYED RELEASE (DR/EC)<br>81 MG | \$0 COPAY |                       |
| ASPIRIN CHILDRENS ORAL (aspirin)<br>TABLET,CHEWABLE 81 MG                        | \$0 COPAY |                       |
| <i>aspirin oral tablet,chewable 81 mg</i> (Aspirin Childrens)                    | \$0 COPAY |                       |
| <i>aspirin oral tablet,delayed release (dr/ec) 81 mg</i> (Adult Aspirin Regimen) | \$0 COPAY |                       |
| <i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>          | Tier 2    |                       |
| BAYER LOW DOSE ASPIRIN ORAL (aspirin)<br>TABLET,DELAYED RELEASE (DR/EC)<br>81 MG | \$0 COPAY |                       |
| CHILDREN'S ASPIRIN ORAL (aspirin)<br>TABLET,CHEWABLE 81 MG                       | \$0 COPAY |                       |
| <i>cilostazol oral tablet 100 mg, 50 mg</i>                                      | Tier 2    |                       |
| <i>clopidogrel oral tablet 300 mg</i>                                            | Tier 2    | QL (4 EA per 30 days) |
| <i>clopidogrel oral tablet 75 mg</i> (Plavix)                                    | Tier 2    |                       |
| <i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>                              | Tier 2    |                       |
| <i>prasugrel hcl oral tablet 10 mg, 5 mg</i> (Effient)                           | Tier 2    | QL (1 EA per 1 day)   |
| ST JOSEPH ASPIRIN ORAL (aspirin)<br>TABLET,CHEWABLE 81 MG                        | \$0 COPAY |                       |
| ST. JOSEPH ASPIRIN ORAL (aspirin)<br>TABLET,DELAYED RELEASE (DR/EC)<br>81 MG     | \$0 COPAY |                       |
| <i>ticagrelor oral tablet 60 mg, 90 mg</i> (Brilinta)                            | Tier 2    | QL (2 EA per 1 day)   |
| ZONTIVITY ORAL TABLET 2.08 MG                                                    | Tier 4    | QL (1 EA per 1 day)   |
| <b>Platelet Reducing Agents</b>                                                  |           |                       |
| <i>anagrelide oral capsule 0.5 mg</i> (Agrylin)                                  | Tier 2    |                       |
| <i>anagrelide oral capsule 1 mg</i>                                              | Tier 2    |                       |

| Drug                                                                           | Status | Notes                                                                                |
|--------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------|
| <b>Pyruvate Kinase Activators</b>                                              |        |                                                                                      |
| PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG                                        | Tier 5 | PA                                                                                   |
| PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7)      | Tier 5 | PA                                                                                   |
| <b>Sickle Cell Anemia Agents</b>                                               |        |                                                                                      |
| DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG                                     | Tier 4 |                                                                                      |
| ENDARI ORAL POWDER IN PACKET 5 GRAM (glutamine (sickle cell))                  | Tier 5 | PA                                                                                   |
| <i>glutamine (sickle cell) oral powder in packet 5 gram</i> (Endari)           | Tier 5 | PA                                                                                   |
| SIKLOS ORAL TABLET 1,000 MG                                                    | Tier 4 | ST: Must meet the following requirements: generic Hydroxyurea and Droxia in 365 days |
| SIKLOS ORAL TABLET 100 MG                                                      | Tier 4 | QL (2 EA per 1 day)                                                                  |
| XROMI ORAL SOLUTION 100 MG/ML                                                  | Tier 4 | PA                                                                                   |
| <b>Spleen Tyrosine Kinase Inhibitors</b>                                       |        |                                                                                      |
| TAVALISSE ORAL TABLET 100 MG, 150 MG                                           | Tier 5 | PA                                                                                   |
| <b>Thrombin Inhibitors, Selective, Direct, &amp; Reversible</b>                |        |                                                                                      |
| <i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i> (Pradaxa)       | Tier 2 | QL (2 EA per 1 day)                                                                  |
| PRADAXA ORAL PELLETS IN PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG      | Tier 4 | PA                                                                                   |
| <b>Thrombopoietin Receptor Agonists</b>                                        |        |                                                                                      |
| ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG                                   | Tier 5 | PA                                                                                   |
| DOPTELET (10 TAB PACK) ORAL TABLET 20 MG                                       | Tier 5 | PA                                                                                   |
| DOPTELET (15 TAB PACK) ORAL TABLET 20 MG                                       | Tier 5 | PA                                                                                   |
| DOPTELET (30 TAB PACK) ORAL TABLET 20 MG                                       | Tier 5 | PA                                                                                   |
| <i>eltrombopag olamine oral powder in packet 12.5 mg, 25 mg</i> (Promacta)     | Tier 5 | PA                                                                                   |
| <i>eltrombopag olamine oral tablet 12.5 mg, 25 mg, 50 mg, 75 mg</i> (Promacta) | Tier 5 | PA                                                                                   |
| MULPLETA ORAL TABLET 3 MG                                                      | Tier 5 | PA                                                                                   |
| PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG (eltrombopag olamine)            | Tier 5 | PA                                                                                   |

| Drug                                                                                                             | Status | Notes |
|------------------------------------------------------------------------------------------------------------------|--------|-------|
| <b>Topical Hemostatics</b>                                                                                       |        |       |
| ASTRINGYN TOPICAL SOLUTION 259 MG/G                                                                              | Tier 4 |       |
| AVITENE FLOUR TOPICAL POWDER                                                                                     | Tier 4 |       |
| AVITENE TOPICAL POWDER IN PACKET                                                                                 | Tier 4 |       |
| AVITENE TOPICAL SHEET 35 X 35 MM, 70 X 35 MM, 70 X 70 MM                                                         | Tier 4 |       |
| ENDO AVITENE TOPICAL SHEET 10 MM, 5 MM                                                                           | Tier 4 |       |
| EVICEL TOPICAL SOLUTION 800-1,200 UNIT /ML (1 ML X 2), 800-1,200 UNIT /ML(2ML X 2), 800-1,200 UNIT /ML(5 ML X 2) | Tier 4 |       |
| GELFOAM JMI POWDER TOPICAL KIT 5,000 UNIT                                                                        | Tier 4 |       |
| GELFOAM JMI SPONGE TOPICAL COMBO PACK 5,000 UNIT                                                                 | Tier 4 |       |
| GELFOAM SPONGE SIZE 200 TOPICAL SPONGE 200                                                                       | Tier 4 |       |
| GELFOAM TOPICAL SPONGE 4                                                                                         | Tier 4 |       |
| MONSEL'S TOPICAL SOLUTION 0.2 TO 0.22 GRAM/ML IRON                                                               | Tier 4 |       |
| MONSEL'S TOPICAL SOLUTION WITH APPLICATOR 0.2 TO 0.22 GRAM/ML                                                    | Tier 2 |       |
| RECOTHROM SPRAY KIT TOPICAL RECON SOLN 20,000 UNIT                                                               | Tier 4 |       |
| RECOTHROM TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT                                                             | Tier 4 |       |
| SYRINGE AVITENE TOPICAL POWDER                                                                                   | Tier 4 |       |
| THROMBI-GEL TOPICAL PADS, MEDICATED 10 CM2, 100 CM2, 40 CM2                                                      | Tier 2 |       |
| THROMBIN-JMI NASAL NASAL SPRAY SYRINGE 5,000 UNIT                                                                | Tier 2 |       |
| THROMBIN-JMI TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT                                                          | Tier 2 |       |
| THROMBIN-JMI TOPICAL SPRAY SYRINGE 20,000 UNIT, 5,000 UNIT                                                       | Tier 2 |       |
| THROMBIN-JMI TOPICAL SPRAY, NON-AEROSOL 20,000 UNIT                                                              | Tier 2 |       |
| THROMBI-PAD TOPICAL PADS, MEDICATED 3 X 3 "                                                                      | Tier 2 |       |

| Drug                                                                                                                      | Status | Notes                      |
|---------------------------------------------------------------------------------------------------------------------------|--------|----------------------------|
| ULTRAFOAM TOPICAL SPONGE 2 X 6.25 X 7 CM-CM-MM, 8 X 12.5 X 1 CM, 8 X 12.5 X 3 CM-CM-MM, 8 X 6.25 X 1 CM                   | Tier 4 |                            |
| VISTASEAL-FIBRIN SEALANT TOPICAL SYRINGE 500 UNIT-80 MG /ML (10 ML), 500 UNIT-80 MG /ML (2 ML), 500 UNIT-80 MG /ML (4 ML) | Tier 4 |                            |
| <b>Vitamin K Preparations</b>                                                                                             |        |                            |
| <i>phytonadione (vitamin k1) injection solution 10 mg/ml</i> (Vitamin K1)                                                 | Tier 2 |                            |
| <i>phytonadione (vitamin k1) injection syringe 1 mg/0.5 ml</i>                                                            | Tier 2 |                            |
| <i>phytonadione (vitamin k1) oral tablet 5 mg</i>                                                                         | Tier 2 |                            |
| VITAMIN K INJECTION SOLUTION 1 MG/0.5 ML (phytonadione (vitamin k1))                                                      | Tier 2 |                            |
| VITAMIN K1 INJECTION SOLUTION 10 MG/ML (phytonadione (vitamin k1))                                                        | Tier 2 |                            |
| <b>Hormonal Deficiency</b>                                                                                                |        |                            |
| <b>Androgenic Agents</b>                                                                                                  |        |                            |
| JATENZO ORAL CAPSULE 158 MG, 198 MG                                                                                       | Tier 4 | PA; QL (4 EA per 1 day)    |
| JATENZO ORAL CAPSULE 237 MG                                                                                               | Tier 4 | PA; QL (2 EA per 1 day)    |
| KYZATREX ORAL CAPSULE 100 MG                                                                                              | Tier 4 | PA; QL (2 EA per 1 day)    |
| KYZATREX ORAL CAPSULE 150 MG, 200 MG                                                                                      | Tier 4 | PA; QL (4 EA per 1 day)    |
| METHITEST ORAL TABLET 10 MG (methyltestosterone)                                                                          | Tier 4 | PA                         |
| <i>methyltestosterone oral capsule 10 mg</i>                                                                              | Tier 2 | PA                         |
| NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION                                                        | Tier 4 | PA; QL (22 GM per 30 days) |
| <i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone)                                  | Tier 2 | PA; QL (10 ML per 28 days) |
| <i>testosterone enanthate intramuscular oil 200 mg/ml</i>                                                                 | Tier 2 | PA; QL (5 ML per 28 days)  |
| <i>testosterone transdermal gel 50 mg/5 gram (1 %)</i> (Testim)                                                           | Tier 2 | PA; QL (10 GM per 1 day)   |
| <i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>                                        | Tier 2 | PA; QL (4 GM per 1 day)    |
| <i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i> (Vogelxo)                               | Tier 2 | PA; QL (10 GM per 1 day)   |
| <i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i> (AndroGel)                           | Tier 2 | PA; QL (5 GM per 1 day)    |

| Drug                                                                                         | Status                         | Notes                      |
|----------------------------------------------------------------------------------------------|--------------------------------|----------------------------|
| <i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1.62 % (40.5 mg/2.5 gram)</i> | Tier 2                         | PA; QL (5 GM per 1 day)    |
| <i>testosterone transdermal gel in packet 1 % (50 mg/5 gram)</i> (Vogelxo)                   | Tier 2                         | PA; QL (10 GM per 1 day)   |
| <i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>                    | Tier 2                         | PA; QL (1.25 GM per 1 day) |
| <i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>      | Tier 2                         | PA; QL (6 ML per 1 day)    |
| TLANDO ORAL CAPSULE 112.5 MG                                                                 | Tier 4                         | PA; QL (4 EA per 1 day)    |
| XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML                 | Tier 4                         | PA; QL (2 ML per 28 days)  |
| <b>Estrogen &amp; Progestin With Antimineralocorticoid Cb</b>                                |                                |                            |
| ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG                                                    | Tier 4                         |                            |
| <b>Estrogen &amp; Selective Estrogen Recept Mod(Serm)Comb</b>                                |                                |                            |
| DUAVEE ORAL TABLET 0.45-20 MG                                                                | Tier 3                         |                            |
| <b>Estrogen And Progestin Combinations</b>                                                   |                                |                            |
| BIJUVA ORAL CAPSULE 0.5-100 MG                                                               | Tier 3                         | QL (1 EA per 1 day)        |
| BIJUVA ORAL CAPSULE 1-100 MG                                                                 | Tier 3                         | QL (30 EA per 30 days)     |
| <b>Estrogen/Androgen Combinations</b>                                                        |                                |                            |
| COVARYX H.S. ORAL TABLET 0.625-1.25 MG                                                       | (estrogens-methyltestosterone) | Tier 2                     |
| COVARYX ORAL TABLET 1.25-2.5 MG                                                              | (estrogens-methyltestosterone) | Tier 2                     |
| EEMT HS ORAL TABLET 0.625-1.25 MG                                                            | (estrogens-methyltestosterone) | Tier 2                     |
| EEMT ORAL TABLET 1.25-2.5 MG                                                                 | (estrogens-methyltestosterone) | Tier 2                     |
| ESTRATEST F.S. ORAL TABLET 1.25-2.5 MG                                                       | (estrogens-methyltestosterone) | Tier 2                     |
| <i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg</i>                                | (Covaryx H.S.)                 | Tier 2                     |
| <i>estrogens-methyltestosterone oral tablet 1.25-2.5 mg</i>                                  | (Covaryx)                      | Tier 2                     |
| <b>Estrogenic Agents</b>                                                                     |                                |                            |
| ABIGALE LO ORAL TABLET 0.5-0.1 MG                                                            | (estradiol-norethindrone acet) | Tier 2                     |
| ABIGALE ORAL TABLET 1-0.5 MG                                                                 | (estradiol-norethindrone acet) | Tier 2                     |

| Drug                                                                                                                                                        | Status | Notes                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------------------------------------------|
| CLIMARA PRO TRANSDERMAL<br>PATCH WEEKLY 0.045-0.015 MG/24<br>HR                                                                                             | Tier 4 | ST: Must meet the<br>following requirement:<br>Combipatch in 120 days;<br>QL (1 EA per 7 days)                                             |
| COMBIPATCH TRANSDERMAL PATCH<br>SEMIWEEKLY 0.05-0.14 MG/24 HR,<br>0.05-0.25 MG/24 HR                                                                        | Tier 3 | QL (2 EA per 7 days)                                                                                                                       |
| DEPO-ESTRADIOL INTRAMUSCULAR (estradiol cypionate)<br>OIL 5 MG/ML                                                                                           | Tier 4 |                                                                                                                                            |
| DOTTI TRANSDERMAL PATCH (estradiol)<br>SEMIWEEKLY 0.025 MG/24 HR, 0.0375<br>MG/24 HR, 0.05 MG/24 HR, 0.075<br>MG/24 HR, 0.1 MG/24 HR                        | Tier 2 | QL (2 EA per 7 days)                                                                                                                       |
| ELESTRIN TRANSDERMAL GEL IN<br>METERED-DOSE PUMP 0.87<br>GRAM/ACTUATION                                                                                     | Tier 4 | ST: Must meet any of the<br>following requirements:<br>generic Climara, Minivelle,<br>Vivelle-Dot in 120 days; QL<br>(52 GM per 30 days)   |
| <i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>                                                                                                             | Tier 2 |                                                                                                                                            |
| <i>estradiol transdermal gel in metered-<br/>dose pump 1.25 gram/actuation</i> (EstroGel)                                                                   | Tier 2 | ST: Must meet any of the<br>following requirements:<br>generic Climara, Minivelle,<br>Vivelle-Dot in 120 days                              |
| <i>estradiol transdermal gel in packet 0.25<br/>mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram<br/>(0.1 %), 0.75 mg/0.75 gram (0.1%)</i> (Divigel)                   | Tier 2 | ST: Must meet any of the<br>following requirements:<br>generic Climara, Minivelle,<br>Vivelle-Dot in 120 days; QL<br>(30 EA per 30 days)   |
| <i>estradiol transdermal gel in packet 1<br/>mg/gram (0.1 %)</i> (Divigel)                                                                                  | Tier 2 | ST: Must meet any of the<br>following requirements:<br>generic Climara, Minivelle,<br>Vivelle-Dot in 120 days; QL<br>(30 GM per 30 days)   |
| <i>estradiol transdermal gel in packet 1.25<br/>mg/1.25 gram (0.1 %)</i> (Divigel)                                                                          | Tier 2 | ST: Must meet any of the<br>following requirements:<br>generic Climara, Minivelle,<br>Vivelle-Dot in 120 days; QL<br>(37.5 GM per 30 days) |
| <i>estradiol transdermal patch semiweekly<br/>0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05<br/>mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Dotti)                  | Tier 2 | QL (2 EA per 7 days)                                                                                                                       |
| <i>estradiol transdermal patch weekly 0.025<br/>mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24<br/>hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1<br/>mg/24 hr</i> (Climara) | Tier 2 | QL (1 EA per 7 days)                                                                                                                       |
| <i>estradiol valerate intramuscular oil 10<br/>mg/ml, 20 mg/ml</i> (Delestrogen)                                                                            | Tier 2 |                                                                                                                                            |



| Drug                                                                                                                          | Status | Notes                                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------------------------------|
| <i>estradiol valerate intramuscular oil 40 mg/ml</i>                                                                          | Tier 2 |                                                                                                                                |
| <i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i> (Abigale Lo)                                                       | Tier 2 |                                                                                                                                |
| <i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i> (Abigale)                                                            | Tier 2 |                                                                                                                                |
| EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%)                                                                   | Tier 4 | ST: Must meet any of the following requirements: generic Climara, Minivelle, Vivelle-Dot in 120 days; QL (16.2 ML per 30 days) |
| FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG (norethindrone ac-eth estradiol)                                               | Tier 2 |                                                                                                                                |
| JINTELI ORAL TABLET 1-5 MG-MCG (norethindrone ac-eth estradiol)                                                               | Tier 2 |                                                                                                                                |
| LYLLANA TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR (estradiol) | Tier 2 | QL (2 EA per 7 days)                                                                                                           |
| MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG                                                                          | Tier 4 |                                                                                                                                |
| MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR                                                                                | Tier 4 | QL (1 EA per 7 days)                                                                                                           |
| MIMVEY ORAL TABLET 1-0.5 MG (estradiol-norethindrone acet)                                                                    | Tier 2 |                                                                                                                                |
| <i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> (Fyavolv)                                        | Tier 2 |                                                                                                                                |
| PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG                                                                                  | Tier 3 |                                                                                                                                |
| PREMARIN ORAL TABLET 0.625 MG, 1.25 MG (conjugated estrogens)                                                                 | Tier 3 |                                                                                                                                |
| PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)                                                                          | Tier 3 |                                                                                                                                |
| PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG                                                         | Tier 3 |                                                                                                                                |
| <b>Menopausal Symptoms Suppressant - Ssris</b>                                                                                |        |                                                                                                                                |
| <i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i>                                                                     | Tier 2 | ST: Must meet any of the following requirements: Paroxetine HCL or Venlafaxine in 120 days; QL (1 EA per 1 day)                |
| <b>Menopausal Symptoms Suppressant- Nk3 Receptor Antag</b>                                                                    |        |                                                                                                                                |
| VEOZAH ORAL TABLET 45 MG                                                                                                      | Tier 4 |                                                                                                                                |

| Drug                                                                                                                                                              | Status | Notes |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------|
| <b>Progestational Agents</b>                                                                                                                                      |        |       |
| CRINONE VAGINAL GEL 4 %                                                                                                                                           | Tier 3 |       |
| GALLIFREY ORAL TABLET 5 MG (norethindrone acetate)                                                                                                                | Tier 2 |       |
| medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg (Provera)                                                                                                     | Tier 2 |       |
| norethindrone acetate oral tablet 5 mg (Gallifrey)                                                                                                                | Tier 2 |       |
| progesterone intramuscular oil 50 mg/ml                                                                                                                           | Tier 2 |       |
| progesterone micronized oral capsule 100 mg, 200 mg (Prometrium)                                                                                                  | Tier 2 |       |
| <b>Immunization</b>                                                                                                                                               |        |       |
| <b>Antisera</b>                                                                                                                                                   |        |       |
| CUTAQUIG SUBCUTANEOUS SOLUTION 16.5 %                                                                                                                             | Tier 5 | PA    |
| CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), 8 GRAM/40 ML (20 %)                             | Tier 5 | PA    |
| GAMMAGARD LIQUID INJECTION SOLUTION 10 %                                                                                                                          | Tier 5 | PA    |
| GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)                                                | Tier 5 | PA    |
| GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %) | Tier 5 | PA    |
| HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)                                                 | Tier 5 | PA    |
| HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)                                                  | Tier 5 | PA    |
| HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)                 | Tier 5 | PA    |
| XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)                                                  | Tier 5 | PA    |

| Drug                                                                                    | Status | Notes                                                                            |
|-----------------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------|
| <b>Enteric Virus Vaccines</b>                                                           |        |                                                                                  |
| ROTARIX ORAL SUSPENSION<br>10EXP6 CCID50 /1.5 ML                                        | Tier 4 |                                                                                  |
| ROTATEQ VACCINE ORAL SOLUTION<br>2 ML                                                   | Tier 4 |                                                                                  |
| <b>Gram (-) Bacilli (Non-Enteric) Vaccines</b>                                          |        |                                                                                  |
| VIVOTIF ORAL CAPSULE,DELAYED<br>RELEASE(DR/EC) 2 BILLION UNIT                           | Tier 4 |                                                                                  |
| <b>Toxin-Producing Bacilli<br/>Vaccines/Toxoids</b>                                     |        |                                                                                  |
| VAXCHORA VACCINE ORAL<br>SUSPENSION FOR RECONSTITUTION<br>4X10EXP8 TO 2X 10EXP9 CF UNIT | Tier 4 |                                                                                  |
| <b>Viral/Tumorigenic Vaccines</b>                                                       |        |                                                                                  |
| ABRYSVO (PF) INTRAMUSCULAR<br>RECON SOLN 120 MCG/0.5 ML                                 | Tier 4 |                                                                                  |
| AREXVY (PF) INTRAMUSCULAR<br>SUSPENSION FOR RECONSTITUTION<br>120 MCG/0.5 ML            | Tier 4 |                                                                                  |
| <b>Immunosuppression/Modulation</b>                                                     |        |                                                                                  |
| <b>Immunomodulators</b>                                                                 |        |                                                                                  |
| ACTIMMUNE SUBCUTANEOUS<br>SOLUTION 100 MCG/0.5 ML                                       | Tier 5 | PA                                                                               |
| ALFERON N INJECTION SOLUTION 5<br>MILLION UNIT/ML                                       | Tier 5 |                                                                                  |
| BESREMI SUBCUTANEOUS SYRINGE<br>500 MCG/ML                                              | Tier 5 | PA                                                                               |
| <i>imiquimod topical cream in packet 5 %</i>                                            | Tier 2 | QL (2 EA per 1 day)                                                              |
| KAZURI TOPICAL GEL 5-0.05-1 %<br>(imiquimod-tretinoin-<br>levocetir)                    | Tier 4 |                                                                                  |
| KERIDA TOPICAL GEL 5-0.1-30 %                                                           | Tier 4 |                                                                                  |
| KYNARA TOPICAL GEL 5-1-2 %<br>(imiquimod-levocetirizin-<br>niacin)                      | Tier 4 |                                                                                  |
| QUIDROXZAR TOPICAL GEL 5-0.1-30<br>%                                                    | Tier 4 |                                                                                  |
| QUIHOXAXIA TOPICAL GEL 5-1-2 %<br>(imiquimod-levocetirizin-<br>niacin)                  | Tier 4 |                                                                                  |
| QUIHOXVAR TOPICAL GEL 5-0.05-1 %<br>(imiquimod-tretinoin-<br>levocetir)                 | Tier 4 |                                                                                  |
| <b>Immunosuppressives</b>                                                               |        |                                                                                  |
| ASTAGRAF XL ORAL<br>CAPSULE,EXTENDED RELEASE 24HR<br>0.5 MG, 1 MG, 5 MG<br>(tacrolimus) | Tier 4 | ST: Must meet the<br>following requirement:<br>generic Tacrolimus in 120<br>days |
| <i>azathioprine oral tablet 100 mg, 75 mg</i><br>(Azasan)                               | Tier 2 |                                                                                  |

| Drug                                                                                 | Status | Notes                                                                   |
|--------------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------|
| azathioprine oral tablet 50 mg (Imuran)                                              | Tier 2 |                                                                         |
| cyclosporine modified oral capsule 100 mg, 25 mg (Gengraf)                           | Tier 2 |                                                                         |
| cyclosporine modified oral capsule 50 mg                                             | Tier 2 |                                                                         |
| cyclosporine modified oral solution 100 mg/ml (Gengraf)                              | Tier 2 |                                                                         |
| cyclosporine oral capsule 100 mg, 25 mg (Sandimmune)                                 | Tier 2 |                                                                         |
| ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG                  | Tier 4 | ST: Must meet the following requirement: generic Tacrolimus in 120 days |
| everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg (Zortress) | Tier 2 |                                                                         |
| GENGRAF ORAL CAPSULE 100 MG, 25 MG (cyclosporine modified)                           | Tier 2 |                                                                         |
| GENGRAF ORAL SOLUTION 100 MG/ML (cyclosporine modified)                              | Tier 2 |                                                                         |
| LUPKYNIS ORAL CAPSULE 7.9 MG                                                         | Tier 5 | PA                                                                      |
| mycophenolate mofetil oral capsule 250 mg (CellCept)                                 | Tier 2 |                                                                         |
| mycophenolate mofetil oral suspension for reconstitution 200 mg/ml (CellCept)        | Tier 2 |                                                                         |
| mycophenolate mofetil oral tablet 500 mg (CellCept)                                  | Tier 2 |                                                                         |
| mycophenolate sodium oral tablet, delayed release (drlec) 180 mg, 360 mg (Myfortic)  | Tier 2 |                                                                         |
| MYHIBBIN ORAL SUSPENSION 200 MG/ML                                                   | Tier 4 | PA                                                                      |
| NEORAL ORAL CAPSULE 100 MG, 25 MG (cyclosporine modified)                            | Tier 3 |                                                                         |
| NEORAL ORAL SOLUTION 100 MG/ML (cyclosporine modified)                               | Tier 3 |                                                                         |
| PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (tacrolimus)                                 | Tier 3 |                                                                         |
| PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG                                         | Tier 3 |                                                                         |
| SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (cyclosporine)                                 | Tier 3 |                                                                         |
| sirolimus oral solution 1 mg/ml                                                      | Tier 2 |                                                                         |
| sirolimus oral tablet 0.5 mg, 1 mg, 2 mg                                             | Tier 2 |                                                                         |
| tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg (Prograf)                                 | Tier 2 |                                                                         |
| <b>Rho Kinase Inhibitor</b>                                                          |        |                                                                         |
| REZUROCK ORAL TABLET 200 MG                                                          | Tier 5 | PA                                                                      |

| Drug                                                                              | Status | Notes                   |
|-----------------------------------------------------------------------------------|--------|-------------------------|
| <b>Infectious Disease - Bacterial</b>                                             |        |                         |
| <b>Absorbable Sulfonamides</b>                                                    |        |                         |
| sulfadiazine oral tablet 500 mg                                                   | Tier 2 |                         |
| sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml (Sulfatrim)          | Tier 2 |                         |
| sulfamethoxazole-trimethoprim oral tablet 400-80 mg (Bactrim)                     | Tier 2 |                         |
| sulfamethoxazole-trimethoprim oral tablet 800-160 mg (Bactrim DS)                 | Tier 2 |                         |
| SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML (sulfamethoxazole-trimethoprim)          | Tier 2 |                         |
| <b>Betalactams</b>                                                                |        |                         |
| CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML                             | Tier 5 | PA                      |
| <b>Carbapenems (Thienamycins)</b>                                                 |        |                         |
| ORLYNVAH ORAL TABLET 500-500 MG                                                   | Tier 4 | PA; QL (2 EA per 1 day) |
| <b>Cephalosporins - 1St Generation</b>                                            |        |                         |
| cefadroxil oral capsule 500 mg                                                    | Tier 2 |                         |
| cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml            | Tier 2 |                         |
| cefadroxil oral tablet 1 gram                                                     | Tier 2 |                         |
| cephalexin oral capsule 250 mg, 500 mg, 750 mg                                    | Tier 2 |                         |
| cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml            | Tier 2 |                         |
| cephalexin oral tablet 250 mg, 500 mg                                             | Tier 2 |                         |
| <b>Cephalosporins - 2Nd Generation</b>                                            |        |                         |
| cefaclor oral capsule 250 mg, 500 mg                                              | Tier 2 |                         |
| cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml | Tier 2 |                         |
| cefaclor oral tablet extended release 12 hr 500 mg                                | Tier 2 |                         |
| cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml             | Tier 2 |                         |
| cefprozil oral tablet 250 mg, 500 mg                                              | Tier 2 |                         |
| cefuroxime axetil oral tablet 250 mg, 500 mg                                      | Tier 2 |                         |
| <b>Cephalosporins - 3Rd Generation</b>                                            |        |                         |
| cefdinir oral capsule 300 mg                                                      | Tier 2 |                         |
| cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml              | Tier 2 |                         |
| cefixime oral capsule 400 mg                                                      | Tier 2 |                         |

| Drug                                                                                        | Status | Notes |
|---------------------------------------------------------------------------------------------|--------|-------|
| <i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>                 | Tier 2 |       |
| <i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>               | Tier 2 |       |
| <i>cefpodoxime oral tablet 100 mg, 200 mg</i>                                               | Tier 2 |       |
| SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML                                       | Tier 3 |       |
| SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG                                                  | Tier 3 |       |
| <b>Chemotherapeutics, Antibacterial, Misc.</b>                                              |        |       |
| <i>fosfomycin tromethamine oral packet 3 gram</i>                                           | Tier 2 |       |
| <i>methenamine hippurate oral tablet 1 gram</i>                                             | Tier 2 |       |
| <i>methenamine mandelate oral tablet 0.5 gram, 1 gram</i>                                   | Tier 2 |       |
| <i>methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg</i> (Urogesic-Blue)         | Tier 2 |       |
| PRIMSOL ORAL SOLUTION 50 MG/5 ML                                                            | Tier 3 |       |
| <i>trimethoprim oral tablet 100 mg</i>                                                      | Tier 2 |       |
| URELLE ORAL TABLET 81-10.8-40.8 MG                                                          | Tier 4 |       |
| URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG                                                   | Tier 3 |       |
| URIBEL TABS ORAL TABLET 81.6-0.12-10.8 MG                                                   | Tier 4 |       |
| URIMAR-T ORAL TABLET 120-10.8-0.12 MG                                                       | Tier 4 |       |
| UROGESIC-BLUE ORAL TABLET 81.6-40.8-0.12 MG (methen-sod phos-meth blue-hyos)                | Tier 2 |       |
| URO-MP ORAL CAPSULE 118-10-40.8-36 MG                                                       | Tier 2 |       |
| <b>Fecal Microbiota Transplantation (Fmt)</b>                                               |        |       |
| REBYOTA RECTAL ENEMA 150 ML                                                                 | Tier 5 | PA    |
| VOWST ORAL CAPSULE                                                                          | Tier 5 | PA    |
| <b>Macrolides</b>                                                                           |        |       |
| <i>azithromycin oral packet 1 gram</i>                                                      | Tier 2 |       |
| <i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Zithromax) | Tier 2 |       |
| <i>azithromycin oral tablet 250 mg, 500 mg</i> (Zithromax)                                  | Tier 2 |       |
| <i>azithromycin oral tablet 600 mg</i>                                                      | Tier 2 |       |
| <i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>           | Tier 2 |       |

| Drug                                                                                              |                               | Status | Notes                  |
|---------------------------------------------------------------------------------------------------|-------------------------------|--------|------------------------|
| clarithromycin oral tablet 250 mg, 500 mg                                                         |                               | Tier 2 |                        |
| clarithromycin oral tablet extended release 24 hr 500 mg                                          |                               | Tier 2 |                        |
| DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML                                               |                               | Tier 3 | QL (10 ML per 1 day)   |
| E.E.S. 400 ORAL TABLET 400 MG                                                                     | (erythromycin ethylsuccinate) | Tier 2 |                        |
| ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 250 MG, 500 MG                                       | (erythromycin)                | Tier 2 |                        |
| ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG                                                       | (erythromycin stearate)       | Tier 2 |                        |
| erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml                        | (E.E.S. Granules)             | Tier 2 |                        |
| erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml                        | (EryPed 400)                  | Tier 2 |                        |
| erythromycin ethylsuccinate oral tablet 400 mg                                                    | (E.E.S. 400)                  | Tier 2 |                        |
| erythromycin oral capsule, delayed release(dr/ec) 250 mg                                          |                               | Tier 2 |                        |
| erythromycin oral tablet 250 mg, 500 mg                                                           |                               | Tier 2 |                        |
| erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg                          | (Ery-Tab)                     | Tier 2 |                        |
| fidaxomicin oral tablet 200 mg                                                                    | (Dificid)                     | Tier 2 | QL (20 EA per 10 days) |
| <b>Nitrofurantoin Derivatives</b>                                                                 |                               |        |                        |
| nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg                                            |                               | Tier 2 |                        |
| nitrofurantoin macrocrystal oral capsule 25 mg                                                    |                               | Tier 2 | QL (4 EA per 1 day)    |
| nitrofurantoin monohyd/m-cryst oral capsule 100 mg                                                | (Macrobid)                    | Tier 2 |                        |
| nitrofurantoin oral suspension 25 mg/5 ml                                                         | (Furadantin)                  | Tier 2 | PA                     |
| <b>Oxazolidinones</b>                                                                             |                               |        |                        |
| linezolid oral suspension for reconstitution 100 mg/5 ml                                          | (Zyvox)                       | Tier 2 |                        |
| linezolid oral tablet 600 mg                                                                      | (Zyvox)                       | Tier 2 |                        |
| SIVEXTRO ORAL TABLET 200 MG                                                                       |                               | Tier 3 | PA                     |
| <b>Penicillins</b>                                                                                |                               |        |                        |
| amoxicillin oral capsule 250 mg, 500 mg                                                           |                               | Tier 2 |                        |
| amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml |                               | Tier 2 |                        |

| Drug                                                                                                      | Status | Notes |
|-----------------------------------------------------------------------------------------------------------|--------|-------|
| <i>amoxicillin oral tablet 500 mg, 875 mg</i>                                                             | Tier 2 |       |
| <i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>                                                   | Tier 2 |       |
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>    | Tier 2 |       |
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i> (Augmentin)        | Tier 2 |       |
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600) | Tier 2 |       |
| <i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg</i>                                     | Tier 2 |       |
| <i>amoxicillin-pot clavulanate oral tablet 500-125 mg</i> (Augmentin)                                     | Tier 2 |       |
| <i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i> (Augmentin XR)        | Tier 2 |       |
| <i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>                           | Tier 2 |       |
| <i>ampicillin oral capsule 500 mg</i>                                                                     | Tier 2 |       |
| <i>dicloxacillin oral capsule 250 mg, 500 mg</i>                                                          | Tier 2 |       |
| MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG (amoxicillin)                                             | Tier 4 |       |
| <i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>                                    | Tier 2 |       |
| <i>penicillin v potassium oral tablet 250 mg, 500 mg</i>                                                  | Tier 2 |       |
| <b>Pleuromutilin Derivatives</b>                                                                          |        |       |
| XENLETA ORAL TABLET 600 MG                                                                                | Tier 4 | PA    |
| <b>Quinolones</b>                                                                                         |        |       |
| BAXDELA ORAL TABLET 450 MG                                                                                | Tier 4 | PA    |
| CIPRO ORAL SUSPENSION, MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML (ciprofloxacin)                        | Tier 3 |       |
| <i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>                                                       | Tier 2 |       |
| <i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> (Cipro)                                               | Tier 2 |       |
| <i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i> (Cipro)                 | Tier 2 |       |
| <i>levofloxacin oral solution 250 mg/10 ml</i>                                                            | Tier 2 |       |



| Drug                                                                              | Status | Notes                                                                                                                                                                   |
|-----------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>                            | Tier 2 |                                                                                                                                                                         |
| <i>moxifloxacin oral tablet 400 mg</i>                                            | Tier 2 |                                                                                                                                                                         |
| <i>ofloxacin oral tablet 300 mg, 400 mg</i>                                       | Tier 2 |                                                                                                                                                                         |
| <b>Tetracyclines</b>                                                              |        |                                                                                                                                                                         |
| <i>demeclocycline oral tablet 150 mg, 300 mg</i>                                  | Tier 2 |                                                                                                                                                                         |
| <i>doxycycline hyclate oral capsule 100 mg</i>                                    | Tier 2 | QL (2 EA per 1 day)                                                                                                                                                     |
| <i>doxycycline hyclate oral capsule 50 mg</i> (Morgidox)                          | Tier 2 | QL (2 EA per 1 day)                                                                                                                                                     |
| <i>doxycycline hyclate oral tablet 100 mg</i>                                     | Tier 2 |                                                                                                                                                                         |
| <i>doxycycline hyclate oral tablet 150 mg</i>                                     | Tier 2 | ST: Must meet the following requirement: generic Doxycycline Monohydrate 150mg tablets in 120 days; QL (2 EA per 1 day)                                                 |
| <i>doxycycline hyclate oral tablet 50 mg</i> (Targadox)                           | Tier 2 | ST: Must meet any of the following requirements: Doxycycline Hyclate 50mg capsules or Doxycycline Monohydrate 50mg capsules or tablets in 120 days; QL (4 EA per 1 day) |
| <i>doxycycline hyclate oral tablet 75 mg</i>                                      | Tier 2 | ST: Must meet the following requirement: generic Doxycycline Monohydrate 75mg tablets in 120 days; QL (2 EA per 1 day)                                                  |
| <i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxylene NL)               | Tier 2 |                                                                                                                                                                         |
| <i>doxycycline monohydrate oral capsule 150 mg</i>                                | Tier 2 | QL (2 EA per 1 day)                                                                                                                                                     |
| <i>doxycycline monohydrate oral capsule 50 mg</i>                                 | Tier 2 |                                                                                                                                                                         |
| <i>doxycycline monohydrate oral capsule 75 mg</i> (Mondoxylene NL)                | Tier 2 | ST: Must meet the following requirement: generic Doxycycline Monohydrate 75mg tablets in 120 days; QL (2 EA per 1 day)                                                  |
| <i>doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg</i> (Oracea) | Tier 2 | PA                                                                                                                                                                      |
| <i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>      | Tier 2 |                                                                                                                                                                         |
| <i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)                       | Tier 2 | QL (2 EA per 1 day)                                                                                                                                                     |

| Drug                                                                      | Status | Notes                                                                                                                  |
|---------------------------------------------------------------------------|--------|------------------------------------------------------------------------------------------------------------------------|
| <i>doxycycline monohydrate oral tablet 150 mg</i>                         | Tier 2 | QL (2 EA per 1 day)                                                                                                    |
| <i>doxycycline monohydrate oral tablet 50 mg, 75 mg</i>                   | Tier 2 |                                                                                                                        |
| EMROSI ORAL CAPSULE,IR -EXTEND REL,BIPHASE 40 MG                          | Tier 4 | PA                                                                                                                     |
| <i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>                      | Tier 2 |                                                                                                                        |
| <i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>                       | Tier 2 |                                                                                                                        |
| MONDOXYNE NL ORAL CAPSULE 100 MG (doxycycline monohydrate)                | Tier 2 |                                                                                                                        |
| MONDOXYNE NL ORAL CAPSULE 75 MG (doxycycline monohydrate)                 | Tier 2 | ST: Must meet the following requirement: generic Doxycycline Monohydrate 75mg tablets in 120 days; QL (2 EA per 1 day) |
| NUZYRA ORAL TABLET 150 MG                                                 | Tier 4 | PA                                                                                                                     |
| <i>tetracycline oral capsule 250 mg, 500 mg</i>                           | Tier 2 |                                                                                                                        |
| <b>Infectious Disease - Fungal</b>                                        |        |                                                                                                                        |
| <b>Antifungal Agents</b>                                                  |        |                                                                                                                        |
| <i>clotrimazole mucous membrane troche 10 mg</i>                          | Tier 2 |                                                                                                                        |
| CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG                                     | Tier 4 | PA                                                                                                                     |
| <i>fluconazole oral suspension for reconstitution 10 mg/ml</i>            | Tier 2 |                                                                                                                        |
| <i>fluconazole oral suspension for reconstitution 40 mg/ml</i> (Diflucan) | Tier 2 |                                                                                                                        |
| <i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>              | Tier 2 |                                                                                                                        |
| <i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)                  | Tier 2 |                                                                                                                        |
| <i>itraconazole oral capsule 100 mg</i> (Sporanox)                        | Tier 2 |                                                                                                                        |
| <i>itraconazole oral solution 10 mg/ml</i>                                | Tier 2 |                                                                                                                        |
| <i>ketoconazole oral tablet 200 mg</i>                                    | Tier 2 |                                                                                                                        |
| NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON 300 MG                        | Tier 4 | PA                                                                                                                     |
| ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG                           | Tier 4 |                                                                                                                        |
| <i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i> (Noxafil)      | Tier 2 | PA                                                                                                                     |
| <i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>           | Tier 2 | PA                                                                                                                     |

| Drug                                                                                            | Status | Notes |
|-------------------------------------------------------------------------------------------------|--------|-------|
| <i>terbinafine hcl oral tablet 250 mg</i>                                                       | Tier 2 |       |
| VIVJOA ORAL CAPSULE 150 MG                                                                      | Tier 4 | PA    |
| <i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> (Vfend)           | Tier 2 |       |
| <i>voriconazole oral tablet 200 mg, 50 mg</i>                                                   | Tier 2 |       |
| <b>Antifungal Antibiotics</b>                                                                   |        |       |
| BREXAFEMME ORAL TABLET 150 MG                                                                   | Tier 4 | PA    |
| <i>griseofulvin microsize oral suspension 125 mg/5 ml</i>                                       | Tier 2 |       |
| <i>griseofulvin microsize oral tablet 500 mg</i>                                                | Tier 2 |       |
| <i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>                                   | Tier 2 |       |
| <i>nystatin oral suspension 100,000 unit/ml</i>                                                 | Tier 2 |       |
| <i>nystatin oral tablet 500,000 unit</i>                                                        | Tier 2 |       |
| <b>Infectious Disease - Miscellaneous</b>                                                       |        |       |
| <b>Aminoglycosides</b>                                                                          |        |       |
| ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML                                   | Tier 5 | PA    |
| <i>neomycin oral tablet 500 mg</i>                                                              | Tier 2 |       |
| TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG                                     | Tier 5 | PA    |
| <i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi)       | Tier 5 | PA    |
| <i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i> (Bethkis)                    | Tier 5 | PA    |
| <i>tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml</i> (Kitabis Pak) | Tier 5 | PA    |
| <b>Antibacterial Agents,Miscellaneous</b>                                                       |        |       |
| <i>glycine urologic solution irrigation solution 1.5 %</i> (Glycine Urologic)                   | Tier 2 |       |
| <b>Antileprotics</b>                                                                            |        |       |
| <i>dapsone oral tablet 100 mg, 25 mg</i>                                                        | Tier 2 |       |
| THALOMID ORAL CAPSULE 100 MG, 50 MG                                                             | Tier 5 | PA    |
| <b>Anti-Mycobacterium Agents</b>                                                                |        |       |
| <i>ethambutol oral tablet 100 mg, 400 mg</i>                                                    | Tier 2 |       |
| <i>isoniazid oral solution 50 mg/5 ml</i>                                                       | Tier 2 |       |
| <i>isoniazid oral tablet 100 mg, 300 mg</i>                                                     | Tier 2 |       |
| PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM                                                | Tier 4 |       |
| <i>pyrazinamide oral tablet 500 mg</i>                                                          | Tier 2 |       |
| <i>rifabutin oral capsule 150 mg</i>                                                            | Tier 2 |       |
| TRECATOR ORAL TABLET 250 MG                                                                     | Tier 4 |       |

| Drug                                                                                | Status | Notes                                                                                                                                                                                  |
|-------------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Antitubercular Antibiotics</b>                                                   |        |                                                                                                                                                                                        |
| <i>cycloserine oral capsule 250 mg</i>                                              | Tier 2 |                                                                                                                                                                                        |
| <i>pretomanid oral tablet 200 mg</i>                                                | Tier 4 | QL (1 EA per 1 day)                                                                                                                                                                    |
| PRIFTIN ORAL TABLET 150 MG                                                          | Tier 4 |                                                                                                                                                                                        |
| <i>rifampin oral capsule 150 mg, 300 mg</i>                                         | Tier 2 |                                                                                                                                                                                        |
| SIRTURO ORAL TABLET 100 MG, 20 MG                                                   | Tier 5 | PA                                                                                                                                                                                     |
| <b>Lincosamides</b>                                                                 |        |                                                                                                                                                                                        |
| <i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin HCl)             | Tier 2 |                                                                                                                                                                                        |
| <i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml</i> (Clindamycin Pediatric) | Tier 2 |                                                                                                                                                                                        |
| CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML (clindamycin palmitate hcl)        | Tier 2 |                                                                                                                                                                                        |
| <b>Rifamycins And Related Derivative Antibiotics</b>                                |        |                                                                                                                                                                                        |
| XIFAXAN ORAL TABLET 200 MG                                                          | Tier 4 | PA                                                                                                                                                                                     |
| XIFAXAN ORAL TABLET 550 MG                                                          | Tier 3 | PA                                                                                                                                                                                     |
| <b>Vancomycin And Derivatives</b>                                                   |        |                                                                                                                                                                                        |
| <i>vancomycin oral capsule 125 mg</i> (Vancocin)                                    | Tier 2 | QL (56 EA per 1 FILL)                                                                                                                                                                  |
| <i>vancomycin oral capsule 250 mg</i> (Vancocin)                                    | Tier 2 | QL (112 EA per 1 FILL)                                                                                                                                                                 |
| <i>vancomycin oral recon soln 25 mg/ml</i> (Firvanq)                                | Tier 2 | QL (300 ML per 1 FILL)                                                                                                                                                                 |
| <i>vancomycin oral recon soln 50 mg/ml</i> (Firvanq)                                | Tier 2 | QL (600 ML per 1 FILL)                                                                                                                                                                 |
| <b>Infectious Disease - Parasitic</b>                                               |        |                                                                                                                                                                                        |
| <b>2Nd Gen. Anaerobic Antiprotozoal-Antibacterial</b>                               |        |                                                                                                                                                                                        |
| SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM                                  | Tier 4 | ST: Must meet 2 of the following requirements: oral Metronidazole, Clindamycin, vaginal Clindamycin cream, vaginal Metronidazole gel, or Tinidazole in 365 days; QL (1 EA per 30 days) |
| <i>tinidazole oral tablet 250 mg, 500 mg</i>                                        | Tier 2 |                                                                                                                                                                                        |
| <b>Anaerobic Antiprotozoal-Antibacterial Agents</b>                                 |        |                                                                                                                                                                                        |
| LIKMEZ ORAL SUSPENSION 500 MG/5 ML                                                  | Tier 4 | PA                                                                                                                                                                                     |
| <i>metronidazole oral capsule 375 mg</i>                                            | Tier 2 |                                                                                                                                                                                        |
| <i>metronidazole oral tablet 250 mg, 500 mg</i>                                     | Tier 2 |                                                                                                                                                                                        |
| <b>Anthelmintics</b>                                                                |        |                                                                                                                                                                                        |
| <i>albendazole oral tablet 200 mg</i>                                               | Tier 2 |                                                                                                                                                                                        |

| Drug                                                             | Status | Notes                   |
|------------------------------------------------------------------|--------|-------------------------|
| EMVERM ORAL TABLET,CHEWABLE 100 MG (mebendazole)                 | Tier 3 | PA                      |
| ivermectin oral tablet 3 mg (Stromectol)                         | Tier 2 |                         |
| ivermectin oral tablet 6 mg                                      | Tier 2 |                         |
| praziquantel oral tablet 600 mg (Biltricide)                     | Tier 2 |                         |
| <b>Antimalarial Drugs</b>                                        |        |                         |
| ARAKODA ORAL TABLET 100 MG                                       | Tier 4 |                         |
| atovaquone-proguanil oral tablet 250-100 mg (Malarone)           | Tier 2 |                         |
| atovaquone-proguanil oral tablet 62.5-25 mg (Malarone Pediatric) | Tier 2 |                         |
| chloroquine phosphate oral tablet 250 mg                         | Tier 2 | QL (36 EA per 16 days)  |
| chloroquine phosphate oral tablet 500 mg                         | Tier 2 | QL (18 EA per 16 days)  |
| COARTEM ORAL TABLET 20-120 MG                                    | Tier 4 |                         |
| hydroxychloroquine oral tablet 100 mg                            | Tier 2 | QL (180 EA per 30 days) |
| hydroxychloroquine oral tablet 200 mg (Sovuna)                   | Tier 2 | QL (100 EA per 30 days) |
| hydroxychloroquine oral tablet 300 mg (Sovuna)                   | Tier 2 | QL (60 EA per 30 days)  |
| hydroxychloroquine oral tablet 400 mg                            | Tier 2 | QL (60 EA per 30 days)  |
| KRINTAFEL ORAL TABLET 150 MG                                     | Tier 3 | QL (2 EA per 1 FILL)    |
| mefloquine oral tablet 250 mg                                    | Tier 2 |                         |
| primaquine oral tablet 26.3 mg (15 mg base)                      | Tier 3 |                         |
| pyrimethamine oral tablet 25 mg (Daraprim)                       | Tier 5 | PA                      |
| quinine sulfate oral capsule 324 mg (Qualaquin)                  | Tier 2 |                         |
| SOVUNA ORAL TABLET 200 MG (hydroxychloroquine)                   | Tier 3 | QL (100 EA per 30 days) |
| SOVUNA ORAL TABLET 300 MG (hydroxychloroquine)                   | Tier 4 | QL (60 EA per 30 days)  |
| <b>Antiparasitics</b>                                            |        |                         |
| ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML            | Tier 4 | QL (50 ML per 1 day)    |
| nitazoxanide oral tablet 500 mg (Alinia)                         | Tier 2 | QL (2 EA per 1 day)     |
| <b>Antiprotozoal Drugs,Miscellaneous</b>                         |        |                         |
| atovaquone oral suspension 750 mg/5 ml (Mepron)                  | Tier 2 |                         |
| benznidazole oral tablet 100 mg, 12.5 mg                         | Tier 2 |                         |
| IMPAVIDO ORAL CAPSULE 50 MG                                      | Tier 3 | PA                      |
| LAMPIT ORAL TABLET 120 MG, 30 MG                                 | Tier 4 |                         |
| pentamidine inhalation recon soln 300 mg (Nebupent)              | Tier 2 |                         |

| Drug                                                                             | Status | Notes                                      |
|----------------------------------------------------------------------------------|--------|--------------------------------------------|
| <b>Infectious Disease - Viral</b>                                                |        |                                            |
| <b>Antiretroviral - Capsid Inhibitors</b>                                        |        |                                            |
| SUNLENCA ORAL TABLET 300 MG                                                      | Tier 5 | PA                                         |
| SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML                                         | Tier 5 | PA                                         |
| YEZTUGO ORAL TABLET 300 MG                                                       | Tier 5 | PA                                         |
| YEZTUGO SUBCUTANEOUS SOLUTION 309 MG/ML                                          | Tier 5 | PA                                         |
| <b>Antiretroviral-Integrase Inhibitor And Nnrti Comb.</b>                        |        |                                            |
| JULUCA ORAL TABLET 50-25 MG                                                      | Tier 5 | QL (1 EA per 1 day)                        |
| <b>Antiretroviral-Integrase Inhibitor And Nrti Comb.</b>                         |        |                                            |
| DOVATO ORAL TABLET 50-300 MG                                                     | Tier 5 | QL (1 EA per 1 day)                        |
| <b>Antiretroviral-Nucleoside,Nucleotide,Protease Inh.</b>                        |        |                                            |
| SYMTUZA ORAL TABLET 800-150-200-10 MG                                            | Tier 5 | QL (1 EA per 1 day)                        |
| <b>Antiviral - Main Protease (Mpro) Inhibitor</b>                                |        |                                            |
| PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10), 150 MG (6)- 100 MG (5) | Tier 3 | QL (20 EA per 28 days); Age (Min 12 Years) |
| PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG                       | Tier 3 | QL (30 EA per 28 days); Age (Min 12 Years) |
| <b>Antiviral Monoclonal Antibodies</b>                                           |        |                                            |
| BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML, 50 MG/0.5 ML                          | Tier 4 | PA                                         |
| <b>Antiviral Nucleotide Analogs</b>                                              |        |                                            |
| LAGEVRIO (EUA) ORAL CAPSULE 200 MG                                               | Tier 2 | QL (40 EA per 29 days); Age (Min 18 Years) |
| <b>Antivirals, General</b>                                                       |        |                                            |
| <i>acyclovir oral capsule 200 mg</i>                                             | Tier 2 |                                            |
| <i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)                           | Tier 2 |                                            |
| <i>acyclovir oral tablet 400 mg, 800 mg</i>                                      | Tier 2 |                                            |
| <i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>                            | Tier 2 |                                            |
| LIVTENCITY ORAL TABLET 200 MG                                                    | Tier 5 | PA                                         |
| <i>oseltamivir oral capsule 30 mg</i> (Tamiflu)                                  | Tier 2 | QL (40 EA per 180 days)                    |
| <i>oseltamivir oral capsule 45 mg, 75 mg</i> (Tamiflu)                           | Tier 2 | QL (20 EA per 180 days)                    |
| <i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu)          | Tier 2 | QL (360 ML per 180 days)                   |
| PREVYMIS ORAL PELLETS IN PACKET 120 MG, 20 MG                                    | Tier 4 | PA                                         |

| Drug                                                                                          | Status    | Notes                                                                                |
|-----------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------|
| PREVYMIS ORAL TABLET 240 MG, 480 MG                                                           | Tier 4    | PA                                                                                   |
| RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION                               | Tier 4    | QL (40 EA per 180 days)                                                              |
| <i>ribavirin inhalation recon soln 6 gram</i>                                                 | Tier 2    |                                                                                      |
| TEMBEXA ORAL SUSPENSION 10 MG/ML                                                              | Tier 3    |                                                                                      |
| TEMBEXA ORAL TABLET 100 MG                                                                    | Tier 3    |                                                                                      |
| TPOXX (NATIONAL STOCKPILE) ORAL CAPSULE 200 MG                                                | Tier 3    |                                                                                      |
| <i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)                                      | Tier 2    |                                                                                      |
| <i>valganciclovir oral recon soln 50 mg/ml</i> (Valcyte)                                      | Tier 2    |                                                                                      |
| <i>valganciclovir oral tablet 450 mg</i> (Valcyte)                                            | Tier 2    |                                                                                      |
| XOFLUZA ORAL TABLET 40 MG                                                                     | Tier 3    | QL (4 EA per 180 days)                                                               |
| XOFLUZA ORAL TABLET 80 MG                                                                     | Tier 3    | QL (2 EA per 180 days)                                                               |
| <b>Antivirals, Hiv-Spec, Non-Peptidic Protease Inhib</b>                                      |           |                                                                                      |
| APTIVUS ORAL CAPSULE 250 MG                                                                   | Tier 5    | QL (4 EA per 1 day)                                                                  |
| <i>darunavir oral tablet 600 mg</i> (Prezista)                                                | Tier 5    | QL (2 EA per 1 day)                                                                  |
| <i>darunavir oral tablet 800 mg</i> (Prezista)                                                | Tier 5    | QL (1 EA per 1 day)                                                                  |
| PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG-MG                                               | Tier 5    | QL (1 EA per 1 day)                                                                  |
| PREZISTA ORAL SUSPENSION 100 MG/ML                                                            | Tier 5    | QL (400 ML per 30 days)                                                              |
| PREZISTA ORAL TABLET 150 MG                                                                   | Tier 5    | QL (8 EA per 1 day)                                                                  |
| PREZISTA ORAL TABLET 75 MG                                                                    | Tier 5    | QL (16 EA per 1 day)                                                                 |
| <b>Antivirals, Hiv-Spec, Nucleoside-Nucleotide Analog</b>                                     |           |                                                                                      |
| CIMDUO ORAL TABLET 300-300 MG                                                                 | Tier 5    | QL (1 EA per 1 day)                                                                  |
| DESCOVY ORAL TABLET 120-15 MG                                                                 | Tier 5    | QL (1 EA per 1 day)                                                                  |
| DESCOVY ORAL TABLET 200-25 MG                                                                 | \$0 COPAY | \$0 COPAY IF QUANTITY 1 IN 1 DAY AND USED FOR PREVENTION OF HIV; QL (1 EA per 1 day) |
| <i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i> (Truvada) | Tier 5    | QL (1 EA per 1 day)                                                                  |
| <i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i> (Truvada)                         | \$0 COPAY | \$0 COPAY IF QUANTITY 1 IN 1 DAY AND USED FOR PREVENTION OF HIV; QL (1 EA per 1 day) |
| <b>Antivirals, Hiv-Spec., Nucleoside Analog, Rti Comb</b>                                     |           |                                                                                      |
| <i>abacavir-lamivudine oral tablet 600-300 mg</i>                                             | Tier 5    | QL (1 EA per 1 day)                                                                  |

| Drug                                                        | Status    | Notes                                                                                |
|-------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------|
| <i>lamivudine-zidovudine oral tablet 150-300 mg</i>         | Tier 5    | QL (2 EA per 1 day)                                                                  |
| <b>Antivirals, Hiv-Specific, Ccr5 Co-Receptor Antag.</b>    |           |                                                                                      |
| <i>maraviroc oral tablet 150 mg</i> (Selzentry)             | Tier 5    | QL (2 EA per 1 day)                                                                  |
| <i>maraviroc oral tablet 300 mg</i> (Selzentry)             | Tier 5    | QL (4 EA per 1 day)                                                                  |
| SELZENTRY ORAL SOLUTION 20 MG/ML                            | Tier 5    | QL (31 ML per 1 day)                                                                 |
| <b>Antivirals, Hiv-Specific, Cd4 Attachment Inhibitor</b>   |           |                                                                                      |
| RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG           | Tier 5    | PA                                                                                   |
| <b>Antivirals, Hiv-Specific, Fusion Inhibitors</b>          |           |                                                                                      |
| FUZEON SUBCUTANEOUS RECON SOLN 90 MG                        | Tier 5    | QL (2 EA per 1 day)                                                                  |
| <b>Antivirals, Hiv-Specific, Non-Nucleoside, Rti</b>        |           |                                                                                      |
| EDURANT ORAL TABLET 25 MG                                   | Tier 5    | QL (1 EA per 1 day)                                                                  |
| EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG               | Tier 5    | QL (180 EA per 30 days)                                                              |
| <i>efavirenz oral tablet 600 mg</i>                         | Tier 5    |                                                                                      |
| <i>etravirine oral tablet 100 mg</i> (Intelence)            | Tier 5    | QL (4 EA per 1 day)                                                                  |
| <i>etravirine oral tablet 200 mg</i> (Intelence)            | Tier 5    | QL (2 EA per 1 day)                                                                  |
| INTELENCE ORAL TABLET 25 MG                                 | Tier 5    | QL (4 EA per 1 day)                                                                  |
| <i>nevirapine oral suspension 50 mg/5 ml</i>                | Tier 5    | QL (1200 ML per 30 days)                                                             |
| <i>nevirapine oral tablet 200 mg</i>                        | Tier 5    | QL (2 EA per 1 day)                                                                  |
| <i>nevirapine oral tablet extended release 24 hr 100 mg</i> | Tier 5    | QL (3 EA per 1 day)                                                                  |
| <i>nevirapine oral tablet extended release 24 hr 400 mg</i> | Tier 5    | QL (1 EA per 1 day)                                                                  |
| PIFELTRO ORAL TABLET 100 MG                                 | Tier 5    | QL (2 EA per 1 day)                                                                  |
| <b>Antivirals, Hiv-Specific, Nucleoside Analog, Rti</b>     |           |                                                                                      |
| <i>abacavir oral solution 20 mg/ml</i> (Ziagen)             | Tier 5    | QL (960 ML per 30 days)                                                              |
| <i>abacavir oral tablet 300 mg</i>                          | Tier 5    | QL (2 EA per 1 day)                                                                  |
| <i>emtricitabine oral capsule 200 mg</i> (Emtriva)          | \$0 COPAY | \$0 COPAY IF QUANTITY 1 IN 1 DAY AND USED FOR PREVENTION OF HIV; QL (1 EA per 1 day) |
| EMTRIVA ORAL SOLUTION 10 MG/ML                              | Tier 5    | QL (850 ML per 30 days)                                                              |
| <i>lamivudine oral solution 10 mg/ml</i> (Epivir)           | Tier 5    | QL (960 ML per 30 days)                                                              |
| <i>lamivudine oral tablet 150 mg</i> (Epivir)               | Tier 5    | QL (2 EA per 1 day)                                                                  |
| <i>lamivudine oral tablet 300 mg</i> (Epivir)               | Tier 5    | QL (1 EA per 1 day)                                                                  |



| Drug                                                                                      | Status    | Notes                                                                                                                                                            |
|-------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>stavudine oral capsule 15 mg, 20 mg</i>                                                | Tier 5    | QL (2 EA per 1 day)                                                                                                                                              |
| <i>zidovudine oral capsule 100 mg</i> (Retrovir)                                          | Tier 5    | QL (6 EA per 1 day)                                                                                                                                              |
| <i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)                                          | Tier 5    | QL (1920 ML per 30 days)                                                                                                                                         |
| <i>zidovudine oral tablet 300 mg</i>                                                      | Tier 5    | QL (2 EA per 1 day)                                                                                                                                              |
| <b>Antivirals, Hiv-Specific, Nucleotide Analog, Rti</b>                                   |           |                                                                                                                                                                  |
| <i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)                          | \$0 COPAY | \$0 COPAY IF QUANTITY 1 IN 1 DAY AND USED FOR PREVENTION OF HIV; QL (1 EA per 1 day)                                                                             |
| VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)                                               | Tier 5    | QL (240 GM per 30 days)                                                                                                                                          |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG                                                 | Tier 5    | QL (1 EA per 1 day)                                                                                                                                              |
| <b>Antivirals, Hiv-Specific, Protease Inhibitor Comb</b>                                  |           |                                                                                                                                                                  |
| <i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra)                                | Tier 5    | QL (10 EA per 1 day)                                                                                                                                             |
| <i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra)                                | Tier 5    | QL (4 EA per 1 day)                                                                                                                                              |
| <b>Antivirals, Hiv-Specific, Protease Inhibitors</b>                                      |           |                                                                                                                                                                  |
| <i>atazanavir oral capsule 150 mg</i>                                                     | Tier 5    | QL (2 EA per 1 day)                                                                                                                                              |
| <i>atazanavir oral capsule 200 mg</i> (Reyataz)                                           | Tier 5    | QL (2 EA per 1 day)                                                                                                                                              |
| <i>atazanavir oral capsule 300 mg</i> (Reyataz)                                           | Tier 5    | QL (1 EA per 1 day)                                                                                                                                              |
| EVOTAZ ORAL TABLET 300-150 MG                                                             | Tier 5    | QL (1 EA per 1 day)                                                                                                                                              |
| <i>fosamprenavir oral tablet 700 mg</i>                                                   | Tier 5    | QL (4 EA per 1 day)                                                                                                                                              |
| NORVIR ORAL CAPSULE 100 MG                                                                | Tier 5    | QL (12 EA per 1 day)                                                                                                                                             |
| NORVIR ORAL POWDER IN PACKET 100 MG                                                       | Tier 5    | QL (12 EA per 1 day)                                                                                                                                             |
| REYATAZ ORAL POWDER IN PACKET 50 MG                                                       | Tier 5    | QL (5 EA per 1 day)                                                                                                                                              |
| <i>ritonavir oral tablet 100 mg</i> (Norvir)                                              | Tier 5    | QL (12 EA per 1 day)                                                                                                                                             |
| VIRACEPT ORAL TABLET 250 MG, 625 MG                                                       | Tier 5    |                                                                                                                                                                  |
| <b>Antivirals,Hiv-1 Integrase Strand Transfer Inhibtr</b>                                 |           |                                                                                                                                                                  |
| APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML) (cabotegravir) | \$0 COPAY | \$0 COPAY IF QUANTITY 0.15 IN 1 DAY, FILL OF 7 IN 365 DAYS, AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (21 ML per 365 days); Age (Min 12 Years) |
| ISENTRESS HD ORAL TABLET 600 MG                                                           | Tier 5    | QL (2 EA per 1 day)                                                                                                                                              |

| Drug                                                                             | Status | Notes               |
|----------------------------------------------------------------------------------|--------|---------------------|
| ISENTRESS ORAL POWDER IN PACKET 100 MG                                           | Tier 5 | QL (2 EA per 1 day) |
| ISENTRESS ORAL TABLET 400 MG                                                     | Tier 5 | QL (2 EA per 1 day) |
| ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG                                     | Tier 5 | QL (6 EA per 1 day) |
| TIVICAY ORAL TABLET 50 MG                                                        | Tier 5 | QL (2 EA per 1 day) |
| TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG                                       | Tier 5 | QL (6 EA per 1 day) |
| <b>Artv Cmb Nucleoside,Nucleotide,&amp;Non-Nucleoside Rti</b>                    |        |                     |
| COMPLERA ORAL TABLET 200-25-300 MG (emtricitabine-tenofovir disoproxil fumarate) | Tier 5 | QL (1 EA per 1 day) |
| DELSTRIGO ORAL TABLET 100-300-300 MG                                             | Tier 5 | QL (1 EA per 1 day) |
| efavirenz-emtricitabine-tenofovir oral tablet 600-200-300 mg                     | Tier 5 | QL (1 EA per 1 day) |
| efavirenz-lamivudine-tenofovir disoproxil oral tablet 400-300-300 mg             | Tier 5 | QL (1 EA per 1 day) |
| efavirenz-lamivudine-tenofovir disoproxil oral tablet 600-300-300 mg (Symfi)     | Tier 5 | QL (1 EA per 1 day) |
| emtricitabine-tenofovir disoproxil oral tablet 200-25-300 mg (Complera)          | Tier 5 | QL (1 EA per 1 day) |
| ODEFSEY ORAL TABLET 200-25-25 MG                                                 | Tier 5 | QL (1 EA per 1 day) |
| <b>Arv Cmb-Nrti,N(T)Rti, Integrase Inhibitor</b>                                 |        |                     |
| BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG                                  | Tier 5 | QL (1 EA per 1 day) |
| GENVOYA ORAL TABLET 150-150-200-10 MG                                            | Tier 5 | QL (1 EA per 1 day) |
| STRIBILD ORAL TABLET 150-150-200-300 MG                                          | Tier 5 | QL (1 EA per 1 day) |
| <b>Arv Comb-Nrtis &amp; Integrase Inhibitor</b>                                  |        |                     |
| TRIUMEQ ORAL TABLET 600-50-300 MG                                                | Tier 5 | QL (1 EA per 1 day) |
| TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG                                 | Tier 5 | QL (6 EA per 1 day) |
| <b>Cytochrome P450 Inhibitors</b>                                                |        |                     |
| TYBOST ORAL TABLET 150 MG                                                        | Tier 3 | QL (1 EA per 1 day) |
| <b>Hep C - Ns5a, Ns3/4A, Nucleotide Ns5b Inhib Combo</b>                         |        |                     |
| VOSEVI ORAL TABLET 400-100-100 MG                                                | Tier 5 | PA                  |

| Drug                                                           | Status | Notes                   |
|----------------------------------------------------------------|--------|-------------------------|
| <b>Hep C Virus - Ns5a &amp; Ns5b Polymerase Inhib. Combo.</b>  |        |                         |
| EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG          | Tier 5 | PA                      |
| EPCLUSA ORAL TABLET 200-50 MG                                  | Tier 5 | PA                      |
| HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG         | Tier 5 | PA                      |
| HARVONI ORAL TABLET 45-200 MG                                  | Tier 5 | PA                      |
| <i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i> (Harvoni)   | Tier 5 | PA                      |
| <i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i> (Epclusa) | Tier 5 | PA                      |
| <b>Hep C Virus,Nucleotide Analog Ns5b Polymerase Inh</b>       |        |                         |
| SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG                  | Tier 5 | PA                      |
| SOVALDI ORAL TABLET 200 MG, 400 MG                             | Tier 5 | PA                      |
| <b>Hepatitis B Treatment Agents</b>                            |        |                         |
| <i>adefovir oral tablet 10 mg</i> (Hepsera)                    | Tier 5 | QL (1 EA per 1 day)     |
| BARACLUDE ORAL SOLUTION 0.05 MG/ML                             | Tier 5 | QL (630 ML per 30 days) |
| <i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)          | Tier 5 | QL (1 EA per 1 day)     |
| <i>lamivudine oral tablet 100 mg</i>                           | Tier 2 | QL (1 EA per 1 day)     |
| VEMLIDY ORAL TABLET 25 MG                                      | Tier 5 | QL (1 EA per 1 day)     |
| <b>Hepatitis C Treatment Agents</b>                            |        |                         |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML                       | Tier 5 | PA                      |
| PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML                    | Tier 5 | PA                      |
| <i>ribavirin oral capsule 200 mg</i>                           | Tier 2 |                         |
| <i>ribavirin oral tablet 200 mg</i>                            | Tier 2 |                         |
| <b>Hepatitis C Virus- Ns5a And Ns3/4A Inhibitor Comb</b>       |        |                         |
| MAVYRET ORAL PELLETS IN PACKET 50-20 MG                        | Tier 5 | PA                      |
| MAVYRET ORAL TABLET 100-40 MG                                  | Tier 5 | PA                      |
| ZEPATIER ORAL TABLET 50-100 MG                                 | Tier 5 | PA                      |
| <b>Inflammatory Disease</b>                                    |        |                         |
| <b>Anti-Arthritic And Chelating Agents</b>                     |        |                         |
| CUPRIMINE ORAL CAPSULE 250 MG (penicillamine)                  | Tier 5 | PA                      |
| D-PENAMINE ORAL TABLET 125 MG                                  | Tier 5 | PA                      |
| <i>penicillamine oral capsule 250 mg</i> (Cuprimine)           | Tier 5 | PA                      |
| <i>penicillamine oral tablet 250 mg</i> (Depen Titratabs)      | Tier 5 | PA                      |

| Drug                                                                                               | Status | Notes                   |
|----------------------------------------------------------------------------------------------------|--------|-------------------------|
| <b>Anti-Arthritic, Folate Antagonist Agents</b>                                                    |        |                         |
| RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML                                                | Tier 3 | QL (0.8 ML per 28 days) |
| RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 12.5 MG/0.25 ML                                             | Tier 3 | QL (1 ML per 28 days)   |
| RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 15 MG/0.3 ML                                                | Tier 3 | QL (1.2 ML per 28 days) |
| RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 17.5 MG/0.35 ML                                             | Tier 3 | QL (1.4 ML per 28 days) |
| RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 20 MG/0.4 ML                                                | Tier 3 | QL (1.6 ML per 28 days) |
| RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 22.5 MG/0.45 ML                                             | Tier 3 | QL (1.8 ML per 28 days) |
| RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 25 MG/0.5 ML                                                | Tier 3 | QL (2 ML per 28 days)   |
| RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 30 MG/0.6 ML                                                | Tier 3 | QL (2.4 ML per 28 days) |
| RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 7.5 MG/0.15 ML                                              | Tier 3 | QL (0.6 ML per 28 days) |
| <b>Anti-Flam. Interleukin-1 Receptor Antagonist</b>                                                |        |                         |
| ARCALYST SUBCUTANEOUS RECON SOLN 220 MG                                                            | Tier 5 | PA                      |
| KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML                                                        | Tier 5 | PA                      |
| <b>Anti-Inflammatory Tumor Necrosis Factor Inhibitor</b>                                           |        |                         |
| <i>adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml</i> (Hyrimoz(CF) Pen)                    | Tier 5 | PA                      |
| <i>adalimumab-adaz subcutaneous pen injector 80 mg/0.8 ml</i> (Hyrimoz Pen Crohn's-UC Starter)     | Tier 5 | PA                      |
| <i>adalimumab-adaz subcutaneous syringe 10 mg/0.1 ml, 20 mg/0.2 ml, 40 mg/0.4 ml</i> (Hyrimoz(CF)) | Tier 5 | PA                      |
| CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)                               | Tier 5 | PA                      |
| CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)                            | Tier 5 | PA                      |
| CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)                                        | Tier 5 | PA                      |
| ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)                                                 | Tier 5 | PA                      |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML                                                          | Tier 5 | PA                      |

| Drug                                                                                                         | Status | Notes |
|--------------------------------------------------------------------------------------------------------------|--------|-------|
| ENBREL SUBCUTANEOUS SYRINGE<br>25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)                                           | Tier 5 | PA    |
| ENBREL SURECLICK<br>SUBCUTANEOUS PEN INJECTOR 50<br>MG/ML (1 ML)                                             | Tier 5 | PA    |
| HUMIRA PEN SUBCUTANEOUS PEN<br>INJECTOR KIT 40 MG/0.8 ML                                                     | Tier 5 | PA    |
| HUMIRA SUBCUTANEOUS SYRINGE<br>KIT 40 MG/0.8 ML                                                              | Tier 5 | PA    |
| HUMIRA(CF) PEN CROHNS-UC-HS<br>SUBCUTANEOUS PEN INJECTOR KIT<br>80 MG/0.8 ML                                 | Tier 5 | PA    |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS<br>SUBCUTANEOUS PEN INJECTOR KIT<br>80 MG/0.8 ML-40 MG/0.4 ML                 | Tier 5 | PA    |
| HUMIRA(CF) PEN SUBCUTANEOUS<br>PEN INJECTOR KIT 40 MG/0.4 ML, 80<br>MG/0.8 ML                                | Tier 5 | PA    |
| HUMIRA(CF) SUBCUTANEOUS<br>SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2<br>ML, 40 MG/0.4 ML                           | Tier 5 | PA    |
| SIMLANDI(CF) AUTOINJECTOR (adalimumab-ryvk)<br>SUBCUTANEOUS AUTO-INJECTOR,<br>KIT 40 MG/0.4 ML, 80 MG/0.8 ML | Tier 5 | PA    |
| SIMLANDI(CF) SUBCUTANEOUS<br>SYRINGE KIT 20 MG/0.2 ML, 80 MG/0.8<br>ML                                       | Tier 5 | PA    |
| SIMLANDI(CF) SUBCUTANEOUS (adalimumab-ryvk)<br>SYRINGE KIT 40 MG/0.4 ML                                      | Tier 5 | PA    |
| SIMPONI SUBCUTANEOUS PEN<br>INJECTOR 100 MG/ML, 50 MG/0.5 ML                                                 | Tier 5 | PA    |
| SIMPONI SUBCUTANEOUS SYRINGE<br>100 MG/ML, 50 MG/0.5 ML                                                      | Tier 5 | PA    |
| ZYMFENTRA SUBCUTANEOUS PEN<br>INJECTOR KIT 120 MG/ML                                                         | Tier 5 | PA    |
| ZYMFENTRA SUBCUTANEOUS<br>SYRINGE KIT 120 MG/ML                                                              | Tier 5 | PA    |
| <b>Anti-Inflammatory, Pyrimidine<br/>Synthesis Inhibitor</b>                                                 |        |       |
| <i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)                                                          | Tier 2 |       |
| <b>Anti-Inflammatory, Phosphodiesterase-<br/>4(Pde4) Inhib.</b>                                              |        |       |
| OTEZLA ORAL TABLET 20 MG, 30 MG                                                                              | Tier 5 | PA    |

| Drug                                                                                                 | Status                             | Notes                          |                                  |
|------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------|----------------------------------|
| OTEZLA STARTER ORAL<br>TABLETS,DOSE PACK 10 MG (4)- 20<br>MG (51), 10 MG (4)-20 MG (4)-30 MG<br>(47) | Tier 5                             | PA                             |                                  |
| Anti-Inflammatory/Antiarthritics<br>Agents, Misc.                                                    |                                    |                                |                                  |
| DUROLANE INTRA-ARTICULAR<br>SYRINGE 60 MG/3 ML                                                       | Tier 4                             | PA; QL (3 ML per 180<br>days)  |                                  |
| EUFLEXXA INTRA-ARTICULAR<br>SYRINGE 10 MG/ML(MW 2.4 -3.6<br>MILLION)                                 | Tier 3                             | PA; QL (6 ML per 180<br>days)  |                                  |
| GEL-ONE INTRA-ARTICULAR<br>SYRINGE 30 MG/3 ML                                                        | Tier 4                             | PA; QL (3 ML per 180<br>days)  |                                  |
| GELSYN-3 INTRA-ARTICULAR<br>SYRINGE 16.8 MG/2 ML                                                     | Tier 4                             | PA; QL (6 ML per 180<br>days)  |                                  |
| GENVISC 850 INTRA-ARTICULAR<br>SYRINGE 10 MG/ML                                                      | (sodium hyaluronate<br>(viscosup)) | Tier 4                         | PA; QL (12.5 ML per 180<br>days) |
| HYALGAN INTRA-ARTICULAR<br>SOLUTION 10 MG/ML                                                         | Tier 4                             | PA; QL (10 ML per 180<br>days) |                                  |
| HYALGAN INTRA-ARTICULAR<br>SYRINGE 10 MG/ML                                                          | (sodium hyaluronate<br>(viscosup)) | Tier 4                         | PA; QL (10 ML per 180<br>days)   |
| HYMOVIS INTRA-ARTICULAR<br>SYRINGE 24 MG/3 ML                                                        | Tier 4                             | PA; QL (6 ML per 180<br>days)  |                                  |
| MONOVISC INTRA-ARTICULAR<br>SYRINGE 88 MG/4 ML                                                       | Tier 4                             | PA; QL (4 ML per 180<br>days)  |                                  |
| ORTHOVISC INTRA-ARTICULAR<br>SYRINGE 30 MG/2 ML                                                      | Tier 4                             | PA; QL (8 ML per 180<br>days)  |                                  |
| SUPARTZ FX INTRA-ARTICULAR<br>SYRINGE 10 MG/ML                                                       | (sodium hyaluronate<br>(viscosup)) | Tier 4                         | PA; QL (12.5 ML per 180<br>days) |
| SYNOJOYNT INTRA-ARTICULAR<br>SYRINGE 10 MG/ML                                                        | (sodium hyaluronate<br>(viscosup)) | Tier 4                         | PA; QL (6 ML per 180<br>days)    |
| SYNVISC INTRA-ARTICULAR<br>SYRINGE 16 MG/2 ML                                                        | Tier 3                             | PA; QL (6 ML per 180<br>days)  |                                  |
| SYNVISC-ONE INTRA-ARTICULAR<br>SYRINGE 48 MG/6 ML                                                    | Tier 3                             | PA; QL (6 ML per 180<br>days)  |                                  |
| TRILURON INTRA-ARTICULAR<br>SYRINGE 10 MG/ML                                                         | (sodium hyaluronate<br>(viscosup)) | Tier 4                         | PA; QL (6 ML per 180<br>days)    |
| TRIVISC INTRA-ARTICULAR SYRINGE<br>10 MG/ML                                                          | (sodium hyaluronate<br>(viscosup)) | Tier 4                         | PA; QL (7.5 ML per 180<br>days)  |
| VISCO-3 INTRA-ARTICULAR SYRINGE<br>10 MG/ML                                                          | (sodium hyaluronate<br>(viscosup)) | Tier 4                         | PA; QL (7.5 ML per 180<br>days)  |
| Antinflammatory, Sel.Costim.Mod.,T-<br>Cell Inhibitor                                                |                                    |                                |                                  |
| ORENCIA CLICKJECT<br>SUBCUTANEOUS AUTO-INJECTOR<br>125 MG/ML                                         | Tier 5                             | PA                             |                                  |

| Drug                                                                             | Status | Notes                                                            |
|----------------------------------------------------------------------------------|--------|------------------------------------------------------------------|
| ORENCIA SUBCUTANEOUS SYRINGE<br>125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML          | Tier 5 | PA                                                               |
| <b>Bradykinin B2 Receptor Antagonists</b>                                        |        |                                                                  |
| <i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Sajazir)                       | Tier 5 | PA                                                               |
| SAJAZIR SUBCUTANEOUS SYRINGE (icatibant)<br>30 MG/3 ML                           | Tier 5 | PA                                                               |
| <b>C1 Esterase Inhibitors</b>                                                    |        |                                                                  |
| BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)                                        | Tier 5 | PA                                                               |
| CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)                                   | Tier 5 | PA                                                               |
| HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT                          | Tier 5 | PA                                                               |
| RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT                                       | Tier 5 | PA                                                               |
| <b>Glucocorticoids</b>                                                           |        |                                                                  |
| AGAMREE ORAL SUSPENSION 40 MG/ML                                                 | Tier 5 | PA                                                               |
| ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG                 | Tier 5 | PA                                                               |
| BETALOAN SUIK KIT 6 MG/ML                                                        | Tier 4 |                                                                  |
| <i>budesonide oral capsule, delayed, extend.release 3 mg</i>                     | Tier 2 |                                                                  |
| <i>budesonide oral tablet, delayed and ext.release 9 mg</i> (Uceris)             | Tier 2 | ST: Must meet the following requirement: Balsalazide in 120 days |
| <i>cortisone oral tablet 25 mg</i>                                               | Tier 2 |                                                                  |
| <i>deflazacort oral suspension 22.75 mg/ml</i> (Emflaza)                         | Tier 5 | PA                                                               |
| <i>deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i> (Jaythari)              | Tier 5 | PA                                                               |
| DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML                                        | Tier 4 |                                                                  |
| <i>dexamethasone oral elixir 0.5 mg/5 ml</i>                                     | Tier 2 |                                                                  |
| <i>dexamethasone oral solution 0.5 mg/5 ml</i>                                   | Tier 2 |                                                                  |
| <i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i> | Tier 2 |                                                                  |
| DEXONTO IONTOPHORETIC SOLUTION 0.4 %                                             | Tier 4 |                                                                  |
| EMFLAZA ORAL SUSPENSION 22.75 MG/ML (deflazacort)                                | Tier 5 | PA                                                               |
| EOHILIA ORAL SUSPENSION IN PACKET 2 MG/10 ML                                     | Tier 5 | PA                                                               |

| Drug                                                                                                                         | Status | Notes |
|------------------------------------------------------------------------------------------------------------------------------|--------|-------|
| <i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)                                                                | Tier 2 |       |
| <i>hydrocortisone sod succinate injection recon soln 100 mg</i> (Solu-Cortef)                                                | Tier 2 |       |
| JAYTHARI ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG (deflazacort)                                                                 | Tier 5 | PA    |
| KENALOG INJECTION SUSPENSION 10 MG/ML (triamcinolone acetonide)                                                              | Tier 4 |       |
| KENALOG-80 INJECTION SUSPENSION 80 MG/ML                                                                                     | Tier 4 |       |
| MEDROL ORAL TABLET 2 MG                                                                                                      | Tier 3 |       |
| MEDROLOAN II SUIK KIT 40 MG/ML                                                                                               | Tier 4 |       |
| MEDROLOAN SUIK KIT 40 MG/ML                                                                                                  | Tier 4 |       |
| <i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i> (Medrol)                                                             | Tier 2 |       |
| <i>methylprednisolone oral tablet 32 mg</i>                                                                                  | Tier 2 |       |
| <i>methylprednisolone oral tablets,dose pack 4 mg</i> (Medrol (Pak))                                                         | Tier 2 |       |
| <i>prednisolone oral solution 15 mg/5 ml</i>                                                                                 | Tier 2 |       |
| <i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml)</i> | Tier 2 |       |
| <i>prednisolone sodium phosphate oral solution 20 mg/5 ml (4 mg/ml)</i> (Veripred 20)                                        | Tier 2 |       |
| <i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred)                                  | Tier 2 |       |
| <i>prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg</i> (Orapred ODT)                            | Tier 2 |       |
| PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML                                                                                 | Tier 3 |       |
| <i>prednisone oral solution 5 mg/5 ml</i>                                                                                    | Tier 2 |       |
| <i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>                                                        | Tier 2 |       |
| <i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>                                                                         | Tier 2 |       |
| SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML                        | Tier 4 |       |
| TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC) 4 MG                                                                             | Tier 5 | PA    |
| <i>triamcinolone acetonide injection suspension 10 mg/ml, 40 mg/ml</i> (Kenalog)                                             | Tier 2 |       |



| Drug                                                             | Status | Notes |
|------------------------------------------------------------------|--------|-------|
| TRILOAN II SUIK KIT 40 MG/ML                                     | Tier 4 |       |
| TRILOAN SUIK KIT 40 MG/ML                                        | Tier 4 |       |
| <b>Gold Salts</b>                                                |        |       |
| <i>auranofin oral capsule 3 mg</i> (Ridaura)                     | Tier 2 |       |
| RIDAURA ORAL CAPSULE 3 MG (auranofin)                            | Tier 4 |       |
| <b>Immunomodulator,B-Lymphocyte Stim(Blys)-Spec Inhib</b>        |        |       |
| BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML                    | Tier 5 | PA    |
| BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML                          | Tier 5 | PA    |
| <b>Interleukin-6 (Il-6) Receptor Inhibitors</b>                  |        |       |
| ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML           | Tier 5 | PA    |
| ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML                       | Tier 5 | PA    |
| ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML                          | Tier 5 | PA    |
| KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML | Tier 5 | PA    |
| KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML      | Tier 5 | PA    |
| TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML      | Tier 5 | PA    |
| TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML                        | Tier 5 | PA    |
| <b>Janus Kinase (Jak) Inhibitors</b>                             |        |       |
| CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG                        | Tier 5 | PA    |
| LEQSELVI ORAL TABLET 8 MG                                        | Tier 5 | PA    |
| LITFULO ORAL CAPSULE 50 MG                                       | Tier 5 | PA    |
| OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG                            | Tier 5 | PA    |
| RINVOQ LQ ORAL SOLUTION 1 MG/ML                                  | Tier 5 | PA    |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG    | Tier 5 | PA    |
| XELJANZ ORAL SOLUTION 1 MG/ML                                    | Tier 5 | PA    |
| XELJANZ ORAL TABLET 10 MG, 5 MG                                  | Tier 5 | PA    |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG       | Tier 5 | PA    |

| Drug                                                                                           | Status | Notes |
|------------------------------------------------------------------------------------------------|--------|-------|
| <b>Mineralocorticoids</b>                                                                      |        |       |
| <i>fludrocortisone oral tablet 0.1 mg</i>                                                      | Tier 2 |       |
| <b>Monoclonal Antibody-Human Interleukin 12/23 Inhib</b>                                       |        |       |
| STEQEYMA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML                                           | Tier 5 | PA    |
| YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML                                                    | Tier 5 | PA    |
| YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML                                           | Tier 5 | PA    |
| <b>Nsaids (Cox Non-Specific Inhib)&amp; Prostaglandin Cmb</b>                                  |        |       |
| <i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg</i> (Arthrotec 50) | Tier 2 |       |
| <i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg</i> (Arthrotec 75) | Tier 2 |       |
| <b>Nsaids, Cyclooxygenase 2 Inhibitor - Type</b>                                               |        |       |
| <i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (Celebrex)                         | Tier 2 |       |
| <b>Nsaids, Cyclooxygenase Inhibitor-Type</b>                                                   |        |       |
| <i>diclofenac potassium oral tablet 50 mg</i>                                                  | Tier 2 |       |
| <i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>                             | Tier 2 |       |
| <i>diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>               | Tier 2 |       |
| EC-NAPROXEN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG, 500 MG (naproxen)                      | Tier 2 |       |
| <i>etodolac oral capsule 200 mg, 300 mg</i>                                                    | Tier 2 |       |
| <i>etodolac oral tablet 400 mg</i> (Lodine)                                                    | Tier 2 |       |
| <i>etodolac oral tablet 500 mg</i>                                                             | Tier 2 |       |
| <i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>                      | Tier 2 |       |
| <i>flurbiprofen oral tablet 100 mg</i> (Lurbiro)                                               | Tier 2 |       |
| IBU ORAL TABLET 400 MG, 600 MG, 800 MG (ibuprofen)                                             | Tier 2 |       |
| <i>ibuprofen oral suspension 100 mg/5 ml</i> (Children's Advil)                                | Tier 2 |       |
| <i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> (IBU)                                      | Tier 2 |       |
| <i>indomethacin oral capsule 25 mg, 50 mg</i>                                                  | Tier 2 |       |
| <i>indomethacin oral capsule, extended release 75 mg</i>                                       | Tier 2 |       |

| Drug                                                                             | Status | Notes                       |
|----------------------------------------------------------------------------------|--------|-----------------------------|
| <i>indomethacin rectal suppository 100 mg</i>                                    | Tier 2 |                             |
| <i>ketoprofen oral capsule 25 mg, 50 mg, 75 mg</i>                               | Tier 2 |                             |
| <i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>                     | Tier 2 |                             |
| <i>ketorolac injection solution 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml)</i>          | Tier 2 |                             |
| <i>ketorolac injection syringe 15 mg/ml, 30 mg/ml</i>                            | Tier 2 |                             |
| <i>ketorolac intramuscular solution 60 mg/2 ml</i>                               | Tier 2 |                             |
| <i>ketorolac intramuscular syringe 60 mg/2 ml</i>                                | Tier 2 |                             |
| <i>ketorolac oral tablet 10 mg</i>                                               | Tier 2 | QL (20 EA per 5 days)       |
| KIPROFEN ORAL CAPSULE 25 MG (ketoprofen)                                         | Tier 2 |                             |
| LURBIPR ORAL TABLET 100 MG (flurbiprofen)                                        | Tier 2 |                             |
| LURBIRO ORAL TABLET 100 MG (flurbiprofen)                                        | Tier 2 |                             |
| <i>meclofenamate oral capsule 100 mg, 50 mg</i>                                  | Tier 2 |                             |
| <i>mefenamic acid oral capsule 250 mg</i>                                        | Tier 2 |                             |
| <i>meloxicam oral suspension 7.5 mg/5 ml</i>                                     | Tier 2 |                             |
| <i>meloxicam oral tablet 15 mg, 7.5 mg</i>                                       | Tier 2 |                             |
| <i>nabumetone oral tablet 500 mg, 750 mg</i>                                     | Tier 2 |                             |
| <i>naproxen oral tablet 250 mg, 375 mg</i>                                       | Tier 2 |                             |
| <i>naproxen oral tablet 500 mg</i> (Naprosyn)                                    | Tier 2 |                             |
| <i>naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg</i> (EC-Naprosyn) | Tier 2 |                             |
| <i>naproxen sodium oral tablet 275 mg</i>                                        | Tier 2 |                             |
| <i>naproxen sodium oral tablet 550 mg</i> (Anaprox DS)                           | Tier 2 |                             |
| <i>oxaprozin oral tablet 600 mg</i>                                              | Tier 2 |                             |
| <i>piroxicam oral capsule 10 mg</i>                                              | Tier 2 |                             |
| <i>piroxicam oral capsule 20 mg</i> (Feldene)                                    | Tier 2 |                             |
| <i>sulindac oral tablet 150 mg, 200 mg</i>                                       | Tier 2 |                             |
| <i>tolmetin oral capsule 400 mg</i>                                              | Tier 2 |                             |
| <i>tolmetin oral tablet 600 mg</i> (Tolectin 600)                                | Tier 2 |                             |
| TORONOVA II SUIK KIT 30 MG/ML                                                    | Tier 4 |                             |
| TORONOVA SUIK KIT 30 MG/ML                                                       | Tier 4 |                             |
| <b>Plasma Kallikrein Inhibitors</b>                                              |        |                             |
| DAWNZERA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML                                 | Tier 5 | PA; QL (0.8 ML per 28 days) |
| EKTERLY ORAL TABLET 300 MG                                                       | Tier 5 | PA; QL (4 EA per 1 day)     |
| ORLADEYO ORAL CAPSULE 110 MG, 150 MG                                             | Tier 5 | PA                          |

| Drug                                                                             | Status | Notes                                                          |
|----------------------------------------------------------------------------------|--------|----------------------------------------------------------------|
| TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)                           | Tier 5 | PA                                                             |
| TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)                 | Tier 5 | PA                                                             |
| <b>Local Anesthesia</b>                                                          |        |                                                                |
| <b>Local Anesthetics</b>                                                         |        |                                                                |
| GLYDO MUCOUS MEMBRANE JELLY (lidocaine hcl)<br>IN APPLICATOR 2 %                 | Tier 2 |                                                                |
| <i>lidocaine hcl mucous membrane jelly 2 %</i>                                   | Tier 2 |                                                                |
| <i>lidocaine hcl mucous membrane jelly in applicator 2 %</i> (Glydo)             | Tier 2 |                                                                |
| <i>lidocaine hcl mucous membrane solution 2 %</i> (Lidocaine Viscous)            | Tier 2 |                                                                |
| <i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>                     | Tier 2 |                                                                |
| LIDOCAINE VISCOUS MUCOUS MEMBRANE SOLUTION 2 % (lidocaine hcl)                   | Tier 2 |                                                                |
| MARVONA SUIK (PF) KIT 0.5 % (5 MG/ML)                                            | Tier 4 |                                                                |
| <b>Lower Gastrointestinal Disorders - Bowel Inflammation</b>                     |        |                                                                |
| <b>Chronic Inflammation: Colon Disease, 5-Aminosalicylates, Rectal Treatment</b> |        |                                                                |
| <i>mesalamine rectal enema 4 gram/60 ml</i> (Rowasa)                             | Tier 2 |                                                                |
| <i>mesalamine rectal suppository 1,000 mg</i> (Canasa)                           | Tier 2 |                                                                |
| <i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i> (Rowasa)     | Tier 2 |                                                                |
| <b>Drug Treatment-Chronic Inflammation: Colon Disease, 5-Aminosalicylates</b>    |        |                                                                |
| <i>balsalazide oral capsule 750 mg</i> (Colazal)                                 | Tier 2 |                                                                |
| DIPENTUM ORAL CAPSULE 250 MG                                                     | Tier 4 | ST: Must meet the following requirement:<br>Lialda in 120 days |
| <i>mesalamine oral capsule (with delayed release tablets) 400 mg</i>             | Tier 2 |                                                                |
| <i>mesalamine oral capsule, extended release 500 mg</i> (Pentasa)                | Tier 2 |                                                                |
| <i>mesalamine oral capsule, extended release 24hr 0.375 gram</i> (Apriso)        | Tier 2 |                                                                |
| <i>mesalamine oral tablet, delayed release (dr/lec) 1.2 gram</i> (Lialda)        | Tier 2 |                                                                |
| <i>mesalamine oral tablet, delayed release (dr/lec) 800 mg</i>                   | Tier 2 |                                                                |

| Drug                                                                                                  | Status | Notes               |
|-------------------------------------------------------------------------------------------------------|--------|---------------------|
| PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG                                                         | Tier 4 |                     |
| PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG (mesalamine)                                            | Tier 4 |                     |
| sulfasalazine oral tablet 500 mg (Azulfidine)                                                         | Tier 2 |                     |
| sulfasalazine oral tablet, delayed release (dr/lec) 500 mg (Azulfidine EN-tabs)                       | Tier 2 |                     |
| <b>Hemorrhoidal Prep, Anti-Inflam Steroid/Local Anesth</b>                                            |        |                     |
| hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 % (Analpram-HC)                                    | Tier 2 |                     |
| hydrocortisone-pramoxine rectal cream 2.5-1 % (4g)                                                    | Tier 2 |                     |
| lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %                                                   | Tier 2 |                     |
| lidocaine hcl-hydrocortison ac rectal gel 3 %-2.5 % (7 gram)                                          | Tier 2 |                     |
| lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram), 3-0.5 %, 3-1 % (7 gram), 3-2.5 % (7 gram) | Tier 2 |                     |
| lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %                                                   | Tier 2 |                     |
| PROCORT RECTAL CREAM 1.85-1.15 %                                                                      | Tier 4 |                     |
| PROCTOFOAM HC RECTAL FOAM 1-1 %                                                                       | Tier 3 |                     |
| ZYPRAM RECTAL KIT, CREAM AND TOWELETTE 2.35-1 %                                                       | Tier 4 |                     |
| <b>Ibs Agents, Mixed Opioid Recep Agonists/Antagonists</b>                                            |        |                     |
| VIBERZI ORAL TABLET 100 MG, 75 MG                                                                     | Tier 3 | QL (2 EA per 1 day) |
| <b>Integrin Receptor Antagonist, Monoclonal Antibody</b>                                              |        |                     |
| ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML                                                  | Tier 5 | PA                  |
| <b>Irritable Bowel Agents, Guanylate Cylase-C Agonist</b>                                             |        |                     |
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG                                                         | Tier 3 | QL (1 EA per 1 day) |
| TRULANCE ORAL TABLET 3 MG                                                                             | Tier 3 | QL (1 EA per 1 day) |
| <b>Local Anorectal Nitrate Preparations</b>                                                           |        |                     |
| nitroglycerin rectal ointment 0.4 % (w/w) (Rectiv)                                                    | Tier 2 |                     |

| Drug                                                                             | Status | Notes                                                                                            |
|----------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------|
| <b>Rectal Preparations</b>                                                       |        |                                                                                                  |
| ANUCORT-HC RECTAL SUPPOSITORY 25 MG (hydrocortisone acetate)                     | Tier 2 |                                                                                                  |
| <i>hydrocortisone acetate rectal suppository 25 mg</i> (Anucort-HC)              | Tier 2 |                                                                                                  |
| <i>hydrocortisone acetate rectal suppository 30 mg</i> (Hemmorex-HC)             | Tier 2 |                                                                                                  |
| <b>Rectal/Lower Bowel Prep., Glucocort. (Non-Hemorr)</b>                         |        |                                                                                                  |
| <i>budesonide rectal foam 2 mg/actuation</i> (Uceris)                            | Tier 2 |                                                                                                  |
| CORTIFOAM RECTAL FOAM 10 % (80 MG)                                               | Tier 4 |                                                                                                  |
| <i>hydrocortisone rectal enema 100 mg/60 ml</i> (Cortenema)                      | Tier 2 |                                                                                                  |
| <b>Lower Gastrointestinal Disorders - Other</b>                                  |        |                                                                                                  |
| <b>Ammonia Inhibitors</b>                                                        |        |                                                                                                  |
| CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG (carglumic acid)                        | Tier 5 | PA                                                                                               |
| <i>carglumic acid oral tablet, dispersible 200 mg</i> (Carbaglu)                 | Tier 5 | PA                                                                                               |
| ENULOSE ORAL SOLUTION 10 GRAM/15 ML (lactulose)                                  | Tier 2 |                                                                                                  |
| GENERLAC ORAL SOLUTION 10 GRAM/15 ML (lactulose)                                 | Tier 2 |                                                                                                  |
| LITHOSTAT ORAL TABLET 250 MG                                                     | Tier 4 |                                                                                                  |
| OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM | Tier 5 | PA                                                                                               |
| PHEBURANE ORAL GRANULES 483 MG/GRAM                                              | Tier 5 | PA                                                                                               |
| RAVICTI ORAL LIQUID 1.1 GRAM/ML                                                  | Tier 5 | PA                                                                                               |
| <i>sodium phenylbutyrate oral powder 0.94 gram/gram</i> (Buphenyl)               | Tier 5 | PA                                                                                               |
| <i>sodium phenylbutyrate oral tablet 500 mg</i> (Buphenyl)                       | Tier 5 | PA                                                                                               |
| <b>Antidiarrheal - G.I. Chloride Channel Inhibitors</b>                          |        |                                                                                                  |
| MYTESI ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG                               | Tier 5 | ST: Must meet the following requirement: Antiretroviral therapy in 120 days; QL (2 EA per 1 day) |
| <b>Antidiarrheal - Tryptophan Hydroxylase Inhibitor</b>                          |        |                                                                                                  |
| XERMELO ORAL TABLET 250 MG                                                       | Tier 5 | PA                                                                                               |

| Drug                                                              | Status    | Notes                                                                                                          |
|-------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------|
| <b>Antidiarrheals</b>                                             |           |                                                                                                                |
| <i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>       | Tier 2    |                                                                                                                |
| <i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil)  | Tier 2    |                                                                                                                |
| <i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide)) | Tier 2    |                                                                                                                |
| <i>opium tincture oral tincture 10 mg/ml (morphine)</i>           | Tier 2    |                                                                                                                |
| <b>Bile Salts</b>                                                 |           |                                                                                                                |
| CHENODAL ORAL TABLET 250 MG                                       | Tier 5    | PA                                                                                                             |
| CHOLBAM ORAL CAPSULE 250 MG, 50 MG                                | Tier 5    | PA                                                                                                             |
| CTEXLI ORAL TABLET 250 MG                                         | Tier 5    | PA                                                                                                             |
| <i>ursodiol oral capsule 300 mg</i>                               | Tier 2    |                                                                                                                |
| <i>ursodiol oral tablet 250 mg</i>                                | Tier 2    |                                                                                                                |
| <i>ursodiol oral tablet 500 mg</i> (URSO Forte)                   | Tier 2    |                                                                                                                |
| <b>Farnesoid X Receptor (Fxr) Agonist, Bile Ac Analog</b>         |           |                                                                                                                |
| OICALIVA ORAL TABLET 10 MG, 5 MG                                  | Tier 5    | PA                                                                                                             |
| <b>Ibs Agents,Sodium-Hydrogen Exchanger 3(Nhe3) Inhib</b>         |           |                                                                                                                |
| IBSRELA ORAL TABLET 50 MG                                         | Tier 4    | PA                                                                                                             |
| <b>Ileal Bile Acid Transporter (Ibat) Inhibitor</b>               |           |                                                                                                                |
| BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG                            | Tier 5    | PA                                                                                                             |
| BYLVAY ORAL PELLETT 200 MCG, 600 MCG                              | Tier 5    | PA                                                                                                             |
| LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML                        | Tier 5    | PA                                                                                                             |
| LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG                   | Tier 5    | PA                                                                                                             |
| <b>Irritable Bowel Synd. Agent,5Ht-3 Antagonist-Type</b>          |           |                                                                                                                |
| <i>alosetron oral tablet 0.5 mg, 1 mg</i> (Lotronex)              | Tier 2    |                                                                                                                |
| <b>Laxatives And Cathartics</b>                                   |           |                                                                                                                |
| CLEARLAX ORAL POWDER 17 GRAM/DOSE (polyethylene glycol 3350)      | Tier 2    |                                                                                                                |
| CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML              | \$0 COPAY | \$0 COPAY IF QUANTITY LIMITED TO 350, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (350 ML per 1 FILL) |

| Drug                                                                                      | Status    | Notes                                                                                                            |
|-------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------|
| CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML (lactulose)                                        | Tier 2    |                                                                                                                  |
| GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM (peg 3350-electrolytes)              | \$0 COPAY | \$0 COPAY IF QUANTITY LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (4000 ML per 1 FILL) |
| GAVILYTE-G ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM (peg 3350-electrolytes)              | \$0 COPAY | \$0 COPAY IF QUANTITY LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (4000 ML per 1 FILL) |
| GAVILYTE-N ORAL RECON SOLN 420 GRAM (peg-electrolyte soln)                                | \$0 COPAY | \$0 COPAY IF QUANTITY LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (4000 ML per 1 FILL) |
| GENTLELAX ORAL POWDER 17 GRAM/DOSE (polyethylene glycol 3350)                             | Tier 2    |                                                                                                                  |
| <i>lactulose oral solution 10 gram/15 ml</i> (Constulose)                                 | Tier 2    |                                                                                                                  |
| LAXACLEAR ORAL POWDER 17 GRAM/DOSE (polyethylene glycol 3350)                             | Tier 2    |                                                                                                                  |
| LAXATIVE PEG 3350 ORAL POWDER 17 GRAM/DOSE (polyethylene glycol 3350)                     | Tier 2    |                                                                                                                  |
| <i>lubiprostone oral capsule 24 mcg</i> (Amitiza)                                         | Tier 2    | QL (2 EA per 1 day)                                                                                              |
| <i>lubiprostone oral capsule 8 mcg</i> (Amitiza)                                          | Tier 2    | QL (4 EA per 1 day)                                                                                              |
| NATURA-LAX ORAL POWDER 17 GRAM/DOSE (polyethylene glycol 3350)                            | Tier 2    |                                                                                                                  |
| <i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i> (GaviLyte-G)       | \$0 COPAY | \$0 COPAY IF QUANTITY LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (4000 ML per 1 FILL) |
| <i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i> (MoviPrep) | \$0 COPAY | \$0 COPAY IF QUANTITY LIMITED TO 1, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (1 EA per 1 FILL)       |
| <i>peg-electrolyte soln oral recon soln 420 gram</i> (GaviLyte-N)                         | \$0 COPAY | \$0 COPAY IF QUANTITY LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (4000 ML per 1 FILL) |



| Drug                                                                                            | Status    | Notes                                                                                                                                                                                                                                                    |
|-------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM                                         | \$0 COPAY | ST: Must meet the following requirement: Sutab, Clenpiq, or generic bowel prep in 120 days; \$0 COPAY IF QUANTITY LIMITED TO 3, FILL OF 2 IN 365 DAYS, TRIAL OF CLENPIQ, SUTAB, OR A GENERIC BOWEL PREP, AND 45 TO 75 YEARS OF AGE; QL (3 EA per 1 FILL) |
| <i>polyethylene glycol 3350 oral powder 17 gram/dose</i> (ClearLax)                             | Tier 2    |                                                                                                                                                                                                                                                          |
| POWDERLAX ORAL POWDER 17 GRAM/DOSE (polyethylene glycol 3350)                                   | Tier 2    |                                                                                                                                                                                                                                                          |
| PURELAX ORAL POWDER 17 GRAM/DOSE (polyethylene glycol 3350)                                     | Tier 2    |                                                                                                                                                                                                                                                          |
| SMOOTHLAX ORAL POWDER 17 GRAM/DOSE (polyethylene glycol 3350)                                   | Tier 2    |                                                                                                                                                                                                                                                          |
| <i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i> (Suprep Bowel Prep Kit) | \$0 COPAY | \$0 COPAY IF QUANTITY LIMITED TO 354, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (354 ML per 1 FILL)                                                                                                                                           |
| SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 GRAM                                                      | \$0 COPAY | ST: Must meet the following requirement: Sutab, Clenpiq, or generic bowel prep in 120 days; \$0 COPAY IF QUANTITY LIMITED TO 2, FILL OF 2 IN 365 DAYS, TRIAL OF CLENPIQ, SUTAB, OR A GENERIC BOWEL PREP, AND 45 TO 75 YEARS OF AGE; QL (2 EA per 1 FILL) |
| SUTAB ORAL TABLET 1.479-0.188-0.225 GRAM                                                        | \$0 COPAY | \$0 COPAY IF QUANTITY LIMITED TO 24, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (24 EA per 1 FILL)                                                                                                                                             |
| <b>Narcotic Antagonists, Peripherally-Acting</b>                                                |           |                                                                                                                                                                                                                                                          |
| <i>alvimopan oral capsule 12 mg</i>                                                             | Tier 2    |                                                                                                                                                                                                                                                          |
| MOVANTIK ORAL TABLET 12.5 MG, 25 MG                                                             | Tier 3    | QL (1 EA per 1 day)                                                                                                                                                                                                                                      |
| RELISTOR ORAL TABLET 150 MG                                                                     | Tier 4    | PA                                                                                                                                                                                                                                                       |
| RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML                                                     | Tier 4    | PA                                                                                                                                                                                                                                                       |

| Drug                                                                                                               | Status | Notes               |
|--------------------------------------------------------------------------------------------------------------------|--------|---------------------|
| RELISTOR SUBCUTANEOUS<br>SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML                                                         | Tier 4 | PA                  |
| SYMPROIC ORAL TABLET 0.2 MG                                                                                        | Tier 3 | QL (1 EA per 1 day) |
| <b>Ppar Agonist</b>                                                                                                |        |                     |
| IQIRVO ORAL TABLET 80 MG                                                                                           | Tier 5 | PA                  |
| LIVDELZI ORAL CAPSULE 10 MG                                                                                        | Tier 5 | PA                  |
| <b>Sbs - Glucagon-Like Peptide-2 (Glp-2)<br/>Analog</b>                                                            |        |                     |
| GATTEX 30-VIAL SUBCUTANEOUS<br>KIT 5 MG                                                                            | Tier 5 | PA                  |
| GATTEX ONE-VIAL SUBCUTANEOUS<br>KIT 5 MG                                                                           | Tier 5 | PA                  |
| <b>Medical Supplies</b>                                                                                            |        |                     |
| <b>Bandages And Related Supplies</b>                                                                               |        |                     |
| ACESO AG TOPICAL BANDAGE 4 X 4 "                                                                                   | Tier 4 |                     |
| ACTICOAT DRESSING TOPICAL<br>BANDAGE 16 X 16 ", 4 X 4 ", 4 X 48 ", 4<br>X 8 ", 8 X 16 "                            | Tier 4 |                     |
| ALLEVYN LIFE DRESSING TOPICAL<br>BANDAGE 4 X 4 "                                                                   | Tier 4 |                     |
| CARRASYN HYDROGEL WOUND<br>DRESS TOPICAL GEL                                                                       | Tier 4 |                     |
| CURAFIL GEL WOUND TOPICAL GEL                                                                                      | Tier 4 |                     |
| CURITY AMD (WITH<br>POLYHEXAMETH) TOPICAL SPONGE<br>0.2 %- 2" X 2"                                                 | Tier 4 |                     |
| CURITY AMD (WITH<br>POLYHEXAMETH) TOPICAL STRIP 0.2<br>%- 1/2" X 3 FEET                                            | Tier 4 |                     |
| CURITY AMD TOPICAL BANDAGE 1 X<br>5 "-YARD, 1/4 X 36 "                                                             | Tier 4 |                     |
| CURITY IODOFORM PACKING STRIP<br>TOPICAL BANDAGE 1 X 5 "-YARD, 1/2<br>X 5 "-YARD, 1/4 X 5 "-YARD, 2 X 5 "-<br>YARD | Tier 4 |                     |
| DYNAFOAM AG TOPICAL BANDAGE 4<br>X 4 "                                                                             | Tier 4 |                     |
| DYNAGINATE AG TOPICAL BANDAGE<br>12 ", 2 X 2 ", 4 X 5 ", 4 X 8 "                                                   | Tier 4 |                     |
| KERAGEL TOPICAL GEL                                                                                                | Tier 4 |                     |
| KERLIX AMD TOPICAL BANDAGE 0.2<br>%- 4.5" X 4.1 YARD                                                               | Tier 4 |                     |
| KERLIX AMD TOPICAL SPONGE 0.2<br>%- 6" X 6.75"                                                                     | Tier 4 |                     |

| Drug                                                                                                                    | Status | Notes |
|-------------------------------------------------------------------------------------------------------------------------|--------|-------|
| OASIS WOUND MATRIX<br>FENESTRATED TOPICAL SHEET 3 X<br>3.5 CM, 3 X 7 CM                                                 | Tier 4 |       |
| OASIS WOUND MATRIX MESHED<br>TOPICAL SHEET 5 X 7 CM, 7 X 10 CM,<br>7 X 20 CM                                            | Tier 4 |       |
| PETROLEUM GAUZE TOPICAL<br>BANDAGE                                                                                      | Tier 4 |       |
| RESTORE CALCIUM ALGINATE<br>TOPICAL BANDAGE 4 X 4 3/4 "                                                                 | Tier 4 |       |
| RESTORE TOPICAL BANDAGE 1 X 12<br>", 2 X 2 "                                                                            | Tier 4 |       |
| SILIGENTLE AG TOPICAL BANDAGE 2<br>X 2 ", 4 X 4 ", 4 X 5 ", 6 X 6 "                                                     | Tier 4 |       |
| SPECTRAGEL TOPICAL GEL                                                                                                  | Tier 4 |       |
| STRATACTX TOPICAL GEL                                                                                                   | Tier 4 |       |
| STRATAGRT TOPICAL GEL                                                                                                   | Tier 4 |       |
| STRATAXRT TOPICAL GEL                                                                                                   | Tier 4 |       |
| THERAHONEY TOPICAL BANDAGE 4<br>X 5 "                                                                                   | Tier 4 |       |
| XEROFORM PETROLATUM<br>DRESSING TOPICAL BANDAGE 4 X 4<br>", 5 X 9 "                                                     | Tier 4 |       |
| ZENPHOR TOPICAL BANDAGE 2 X 4.7<br>"                                                                                    | Tier 4 |       |
| ZENPHOR TOPICAL GEL                                                                                                     | Tier 4 |       |
| <b>Catheters And Related Devices</b>                                                                                    |        |       |
| ADVANCE PLUS INTERMITTENT 10<br>FR, 10-16 FR-", 12 FR, 12-16 FR-", 16-<br>16 FR-", 18-16 FR-", 6-16 FR-", 8-16 FR-<br>" | Tier 4 |       |
| ADVANCE PLUS INTERMITTENT 14-16 (catheter)<br>FR-"                                                                      | Tier 4 |       |
| ADVANCE PLUS INTERMITTENT<br>COMBO PACK 6 FR, 8 FR- 16"                                                                 | Tier 4 |       |
| APOGEE IC INTERMIT CATHETER 14-<br>6 FR-"                                                                               | Tier 4 |       |
| APOGEE PLUS INTERMITT<br>CATHETER 16-16 FR-"                                                                            | Tier 4 |       |
| CURITY DRAINAGE BAG 2,000 ML                                                                                            | Tier 4 |       |
| DOVER COATED LATEX FOLEY<br>COMBO PACK                                                                                  | Tier 4 |       |
| DOVER LATEX FOLEY CATHETER 16<br>FR, 28 FR                                                                              | Tier 4 |       |

| Drug                                                                      | Status | Notes |
|---------------------------------------------------------------------------|--------|-------|
| DOVER RED RUBBER ROBINSON CATH 8 FR                                       | Tier 4 |       |
| DOVER UNIVERSAL TRAY (catheterization tray)                               | Tier 4 |       |
| FEMALE CATHETER 14 FR                                                     | Tier 4 |       |
| KENGUARD FOLEY CATHETER 18-16 FR-"                                        | Tier 4 |       |
| KENGUARD FOLEY CATHETER TRAY (catheterization tray)                       | Tier 4 |       |
| LOFRIC 12-16 FR-"                                                         | Tier 4 |       |
| LOFRIC 14-16 FR-" (catheter)                                              | Tier 4 |       |
| LOFRIC ORIGO 14-16 FR-" (catheter)                                        | Tier 4 |       |
| LOFRIC PRIMO NELATON CATHETER 16-16 FR-"                                  | Tier 4 |       |
| LOFRIC SENSE NELATON CATHETER 14-6 FR-"                                   | Tier 4 |       |
| MAGIC3 INTERMITTENT CATHETER 10-16 FR-", 12-16 FR-"                       | Tier 4 |       |
| MONO-FLO DRAINAGE BAG 2,000 ML                                            | Tier 4 |       |
| ROBINSON CLEAR VINYL CATHETER 16 FR                                       | Tier 4 |       |
| SELF-CATHETER, FEMALE 14 FR                                               | Tier 4 |       |
| SILASTIC FOLEY CATHETER 20 FR                                             | Tier 4 |       |
| SPEEDICATH (FEMALE) 16 FR                                                 | Tier 4 |       |
| TOUCH-TROL 10 FR                                                          | Tier 4 |       |
| VAPRO PLUS INTERMITT CATHETER COMBO PACK 12 FR- 8", 14 FR- 16", 14 FR- 8" | Tier 4 |       |
| <b>Diabetic Supplies</b>                                                  |        |       |
| UNISTIK 3 COMFORT LANCET 28 GAUGE (lancets)                               | Tier 3 |       |
| <b>Durable Medical Equipment,Misc</b>                                     |        |       |
| A.I.R.S. NEBULIZER REPLACEMENT KIT                                        | Tier 4 |       |
| AIRS ADULT AEROSOL MASK (nebulizer accessories)                           | Tier 4 |       |
| ALL FLOW 1000 KIT (nebulizer accessories)                                 | Tier 4 |       |
| ALL FLOW 1000 PFT FILTER (nebulizer accessories)                          | Tier 4 |       |
| ALL FLOW 3000 KIT (nebulizer accessories)                                 | Tier 4 |       |
| ALL FLOW 3000 PFT FILTER (nebulizer accessories)                          | Tier 4 |       |
| ALL FLOW 4000 KIT (nebulizer accessories)                                 | Tier 4 |       |
| ALL FLOW 4000 PFT FILTER (nebulizer accessories)                          | Tier 4 |       |
| ALL FLOW 5000 KIT (nebulizer accessories)                                 | Tier 4 |       |
| ALL FLOW 5000 PFT FILTER (nebulizer accessories)                          | Tier 4 |       |
| ALL FLOW 6000 PFT FILTER (nebulizer accessories)                          | Tier 4 |       |
| AMIELLE VAGINAL TRAINER KIT                                               | Tier 4 |       |

| Drug                                                             | Status | Notes |
|------------------------------------------------------------------|--------|-------|
| ARGYLE TRACHEOSTOMY CARE TRAY                                    | Tier 4 |       |
| CEFALY COMBO PACK                                                | Tier 4 |       |
| CLEVER CHOICE NEB KIT-ADULT (nebulizer accessories)              | Tier 4 |       |
| CLEVER CHOICE NEB KIT-CHILD (nebulizer accessories)              | Tier 4 |       |
| ENFIT MEDICAL STRAW                                              | Tier 4 |       |
| ENFIT MEDICINE BOTTLE ADAPTER (adapter cap for bottle)           | Tier 4 |       |
| INNOSPIRE REPLACEMENT FILTER (nebulizer accessories)             | Tier 4 |       |
| INSPIRATION ELITE FILTER (nebulizer accessories)                 | Tier 4 |       |
| NOSE CLIP (nebulizer accessories)                                | Tier 4 |       |
| PARI BABY CONV KIT - SIZE 1 KIT                                  | Tier 4 |       |
| PARI BABY CONV KIT - SIZE 2 KIT                                  | Tier 4 |       |
| PARI BABY CONV KIT - SIZE 3 KIT                                  | Tier 4 |       |
| PARI TREK S PORTABLE PWR KIT (nebulizer accessories)             | Tier 4 |       |
| PILLOW MASK CHILD (nebulizer accessories)                        | Tier 4 |       |
| PRO COMFORT TENS ELECTRODE PAD                                   | Tier 4 |       |
| PRO COMFORT TENS UNIT COMBO PACK                                 | Tier 4 |       |
| PRO-CEPTION VAGINAL                                              | Tier 4 |       |
| PRONEB ULTRA II FILTER ASSEM (nebulizer accessories)             | Tier 4 |       |
| REUSABLE NEBULIZER KIT KIT                                       | Tier 4 |       |
| RUBBER MOUTHPIECE (nebulizer accessories)                        | Tier 4 |       |
| SAMI THE SEAL MASK (nebulizer accessories)                       | Tier 4 |       |
| SIDESTREAM MASK (nebulizer accessories)                          | Tier 4 |       |
| SILICONE MASK (nebulizer accessories)                            | Tier 4 |       |
| TENS 502 DEVICE                                                  | Tier 4 |       |
| TENS 504 DEVICE                                                  | Tier 4 |       |
| <b>Durable Medical Equipment,Misc(Group 1)</b>                   |        |       |
| ACCU-CHEK FASTCLIX LANCET DRUM (lancets)                         | Tier 3 |       |
| ACCU-CHEK SAFE-T-PRO 23 GAUGE                                    | Tier 3 |       |
| ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE                               | Tier 3 |       |
| ACCU-CHEK SOFTCLIX LANCETS (lancets)                             | Tier 3 |       |
| ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE                            | Tier 3 |       |
| ACTI-LANCE LANCETS 28 GAUGE (lancets)                            | Tier 3 |       |
| ADVANCED TRAVEL LANCETS 28 GAUGE (lancets)                       | Tier 3 |       |
| ADVOCATE LANCET 21 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets) | Tier 3 |       |

| Drug                                                          | Status | Notes |
|---------------------------------------------------------------|--------|-------|
| ADVOCATE LANCET 23 GAUGE                                      | Tier 3 |       |
| AGAMATRIX ULTRA-THIN LANCET 33 GAUGE (lancets)                | Tier 3 |       |
| ALTERNATE SITE LANCET 26 GAUGE (lancets)                      | Tier 3 |       |
| ASSURE LANCE 25 GAUGE                                         | Tier 3 |       |
| ASSURE LANCE 28 GAUGE (lancets)                               | Tier 3 |       |
| ASSURE LANCE PLUS 21 GAUGE, 30 GAUGE (lancets)                | Tier 3 |       |
| ASSURE LANCE PLUS 25 GAUGE                                    | Tier 3 |       |
| BD MICROTAINER LANCET 1.5 X 2 MM                              | Tier 3 |       |
| BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE (lancets)            | Tier 3 |       |
| BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 28 GAUGE (lancets)     | Tier 3 |       |
| BULLSEYE MINI SAFETY LANCETS 25 GAUGE                         | Tier 3 |       |
| BUTTERFLY TOUCH LANCET 30 GAUGE (lancets)                     | Tier 3 |       |
| CAREONE ULTRA THIN LANCET (lancets)                           | Tier 3 |       |
| CARESENS LANCETS 30 GAUGE (lancets)                           | Tier 3 |       |
| CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE (lancets)         | Tier 3 |       |
| CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets) | Tier 3 |       |
| CHOSEN LANCET 30 GAUGE (lancets)                              | Tier 3 |       |
| CHOSEN SAFETY LANCET 28 GAUGE (lancets)                       | Tier 3 |       |
| CLEVER CHEK LANCETS 30 GAUGE (lancets)                        | Tier 3 |       |
| COAGUCHEK LANCETS (lancets)                                   | Tier 3 |       |
| COLOR LANCETS 21 GAUGE (lancets)                              | Tier 3 |       |
| COMFORT EZ LANCETS 23 GAUGE                                   | Tier 3 |       |
| COMFORT EZ LANCETS 28 GAUGE (lancets)                         | Tier 3 |       |
| COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE (lancets)             | Tier 3 |       |
| COMFORT TOUCH ULT THIN LANCETS 31 GAUGE                       | Tier 3 |       |
| DROPLET LANCETS 30 GAUGE (lancets)                            | Tier 3 |       |
| DROPSAFE ACTI-LANCE 23 GAUGE                                  | Tier 3 |       |
| EASY COMFORT LANCETS 30 GAUGE (lancets)                       | Tier 3 |       |
| EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)     | Tier 3 |       |
| EASY TOUCH LANCETS 32 GAUGE                                   | Tier 3 |       |

| Drug                                                                       | Status | Notes |
|----------------------------------------------------------------------------|--------|-------|
| EASY TOUCH SAFETY LANCETS 21 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets) | Tier 3 |       |
| EASY TOUCH SAFETY LANCETS 23 GAUGE, 32 GAUGE                               | Tier 3 |       |
| EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)  | Tier 3 |       |
| EASY TOUCH TWIST LANCETS 32 GAUGE                                          | Tier 3 |       |
| EASY TWIST AND CAP LANCETS 28 GAUGE (lancets)                              | Tier 3 |       |
| EMBRACE LANCETS 30 GAUGE (lancets)                                         | Tier 3 |       |
| EMBRACE SAFETY LANCET 21 GAUGE, 28 GAUGE (lancets)                         | Tier 3 |       |
| E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 33 GAUGE (lancets)                  | Tier 3 |       |
| E-Z JECT LANCETS 32 GAUGE                                                  | Tier 3 |       |
| E-Z JECT THIN LANCETS 28 GAUGE (lancets)                                   | Tier 3 |       |
| EZ SMART LANCETS 28 GAUGE (lancets)                                        | Tier 3 |       |
| FINGERSTIX LANCETS (lancets)                                               | Tier 3 |       |
| FORACARE LANCETS 30 GAUGE (lancets)                                        | Tier 3 |       |
| FREESTYLE LANCETS 28 GAUGE (lancets)                                       | Tier 3 |       |
| FREESTYLE UNISTIK 2 (lancets)                                              | Tier 3 |       |
| GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)                    | Tier 3 |       |
| GOJJI LANCETS 30 GAUGE (lancets)                                           | Tier 3 |       |
| INCONTROL SUPER THIN LANCETS 30 GAUGE (lancets)                            | Tier 3 |       |
| INCONTROL ULTRA THIN LANCETS 28 GAUGE (lancets)                            | Tier 3 |       |
| INJECT EASE LANCETS 28 GAUGE, 30 GAUGE (lancets)                           | Tier 3 |       |
| INVACARE LANCETS 30 GAUGE (lancets)                                        | Tier 3 |       |
| <i>lancets</i> (Accu-Chek Fastclix Lancet Drum)                            | Tier 3 |       |
| <i>lancets 21 gauge, 26 gauge, 30 gauge</i> (Advocate Lancet)              | Tier 3 |       |
| <i>lancets 28 gauge</i> (Acti-Lance Lancets)                               | Tier 3 |       |
| <i>lancets 33 gauge</i> (AgaMatrix Ultra-Thin Lancet)                      | Tier 3 |       |
| LANCETS, SUPER THIN (lancets)                                              | Tier 3 |       |
| LANCETS,THIN , 28 GAUGE (lancets)                                          | Tier 3 |       |
| LANCETS,ULTRA THIN (lancets)                                               | Tier 3 |       |

| Drug                                                      | Status | Notes |
|-----------------------------------------------------------|--------|-------|
| MEDISENSE THIN LANCETS 28 GAUGE (lancets)                 | Tier 3 |       |
| MEDLANCE PLUS LANCETS 21 GAUGE, 30 GAUGE (lancets)        | Tier 3 |       |
| MEDLANCE PLUS LANCETS 25 GAUGE                            | Tier 3 |       |
| MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM                    | Tier 3 |       |
| MICRO THIN LANCETS 33 GAUGE (lancets)                     | Tier 3 |       |
| MICROLET LANCET (lancets)                                 | Tier 3 |       |
| MOBILE LANCETS 30 GAUGE (lancets)                         | Tier 3 |       |
| MONOLET LANCETS 21 GAUGE (lancets)                        | Tier 3 |       |
| MONOLET THIN LANCETS 28 GAUGE (lancets)                   | Tier 3 |       |
| MYGLUCOHEALTH LANCETS 30 GAUGE (lancets)                  | Tier 3 |       |
| NOVA SAFETY LANCETS 23 GAUGE                              | Tier 3 |       |
| NOVA SAFETY LANCETS 28 GAUGE (lancets)                    | Tier 3 |       |
| NOVA SUREFLEX LANCETS (lancets)                           | Tier 3 |       |
| ON CALL LANCET 30 GAUGE (lancets)                         | Tier 3 |       |
| ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE (lancets)  | Tier 3 |       |
| ONETOUCH DELICA SAFETY LANCET 30 GAUGE (lancets)          | Tier 3 |       |
| ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE (lancets)            | Tier 3 |       |
| ON-THE-GO LANCETS 30 GAUGE (lancets)                      | Tier 3 |       |
| PERFECT POINT SAFETY LANCETS 28 GAUGE, 30 GAUGE (lancets) | Tier 3 |       |
| PIP LANCET 28 GAUGE, 30 GAUGE (lancets)                   | Tier 3 |       |
| PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE (lancets)   | Tier 3 |       |
| PRO COMFORT LANCET 30 GAUGE (lancets)                     | Tier 3 |       |
| PRO COMFORT LANCET 31 GAUGE                               | Tier 3 |       |
| PRO COMFORT SAFETY LANCET 30 GAUGE (lancets)              | Tier 3 |       |
| PRODIGY LANCETS 26 GAUGE, 28 GAUGE (lancets)              | Tier 3 |       |
| PRODIGY TWIST TOP LANCET 28 GAUGE (lancets)               | Tier 3 |       |
| PURE COMFORT LANCETS 30 GAUGE (lancets)                   | Tier 3 |       |
| PURE COMFORT SAFETY LANCETS 30 GAUGE (lancets)            | Tier 3 |       |



| Drug                                                        | Status | Notes |
|-------------------------------------------------------------|--------|-------|
| PUSH BUTTON SAFETY LANCETS 28 GAUGE (lancets)               | Tier 3 |       |
| RELIAMED LANCET 28 GAUGE, 30 GAUGE (lancets)                | Tier 3 |       |
| RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (lancets)   | Tier 3 |       |
| RIGHTEST GL300 LANCETS 30 GAUGE (lancets)                   | Tier 3 |       |
| SAFETY LANCETS 21 GAUGE, 28 GAUGE (lancets)                 | Tier 3 |       |
| SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (lancets)            | Tier 3 |       |
| SAFETY-LET LANCETS 30 GAUGE (lancets)                       | Tier 3 |       |
| SINGLE-LET (lancets)                                        | Tier 3 |       |
| SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE (lancets)  | Tier 3 |       |
| SMARTEST LANCET (lancets)                                   | Tier 3 |       |
| SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE (lancets)               | Tier 3 |       |
| STERILANCE TL 30 GAUGE (lancets)                            | Tier 3 |       |
| STERILANCE TL 32 GAUGE                                      | Tier 3 |       |
| SUPER THIN LANCETS 28 GAUGE, 30 GAUGE (lancets)             | Tier 3 |       |
| SURE COMFORT LANCETS 18 GAUGE, 23 GAUGE                     | Tier 3 |       |
| SURE COMFORT LANCETS 21 GAUGE, 28 GAUGE, 30 GAUGE (lancets) | Tier 3 |       |
| SURE-LANCE , 26 GAUGE, 28 GAUGE (lancets)                   | Tier 3 |       |
| SURE-LANCE ULTRA THIN 30 GAUGE (lancets)                    | Tier 3 |       |
| SURE-TOUCH LANCET (lancets)                                 | Tier 3 |       |
| TECHLITE LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)     | Tier 3 |       |
| TELCARE LANCETS 30 GAUGE (lancets)                          | Tier 3 |       |
| TEMPO REFILL KIT WITH GAUZE KIT                             | Tier 3 |       |
| THIN LANCETS 26 GAUGE (lancets)                             | Tier 3 |       |
| TOPCARE UNIVERSAL1 LANCET , 33 GAUGE (lancets)              | Tier 3 |       |
| TRUE COMFORT LANCET 30 GAUGE (lancets)                      | Tier 3 |       |
| TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)     | Tier 3 |       |
| TWIST LANCETS 30 GAUGE (lancets)                            | Tier 3 |       |
| TWIST LANCETS 32 GAUGE                                      | Tier 3 |       |
| ULTILET BASIC LANCETS 30 GAUGE (lancets)                    | Tier 3 |       |

| Drug                                                             | Status | Notes |
|------------------------------------------------------------------|--------|-------|
| ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets) | Tier 3 |       |
| ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)           | Tier 3 |       |
| ULTILET SAFETY LANCETS 23 GAUGE                                  | Tier 3 |       |
| ULTRA THIN II LANCETS 30 GAUGE (lancets)                         | Tier 3 |       |
| ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE (lancets)                | Tier 3 |       |
| ULTRA THIN LANCETS 31 GAUGE                                      | Tier 3 |       |
| ULTRA THIN PLUS LANCETS 33 GAUGE (lancets)                       | Tier 3 |       |
| ULTRA TLC LANCETS (lancets)                                      | Tier 3 |       |
| ULTRA-CARE LANCETS 30 GAUGE (lancets)                            | Tier 3 |       |
| ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE (lancets)                  | Tier 3 |       |
| ULTRA-THIN II LANCETS 28 GAUGE (lancets)                         | Tier 3 |       |
| UNILET COMFORTOUCH LANCET , 26 GAUGE (lancets)                   | Tier 3 |       |
| UNILET GP LANCET (lancets)                                       | Tier 3 |       |
| UNILET LANCET 28 GAUGE, 33 GAUGE (lancets)                       | Tier 3 |       |
| UNILET LANCETS 30 GAUGE (lancets)                                | Tier 3 |       |
| UNILET SUPER THIN LANCETS 30 GAUGE (lancets)                     | Tier 3 |       |
| UNISTIK 3 EXTRA LANCET 21 GAUGE (lancets)                        | Tier 3 |       |
| UNISTIK 3 GENTLE 30 GAUGE (lancets)                              | Tier 3 |       |
| UNISTIK 3 NORMAL LANCET 23 GAUGE                                 | Tier 3 |       |
| UNISTIK COMFORT LANCETS 28 GAUGE (lancets)                       | Tier 3 |       |
| UNISTIK CZT LANCET 23 GAUGE                                      | Tier 3 |       |
| UNISTIK CZT LANCET 28 GAUGE (lancets)                            | Tier 3 |       |
| UNISTIK EXTRA LANCETS 21 GAUGE (lancets)                         | Tier 3 |       |
| UNISTIK NORMAL LANCETS 23 GAUGE                                  | Tier 3 |       |
| UNISTIK PRO LANCET 21 GAUGE, 28 GAUGE (lancets)                  | Tier 3 |       |
| UNISTIK PRO LANCET 25 GAUGE                                      | Tier 3 |       |
| UNISTIK SAFETY 28 GAUGE, 30 GAUGE (lancets)                      | Tier 3 |       |
| UNISTIK TOUCH LANCETS 21 GAUGE, 28 GAUGE, 30 GAUGE (lancets)     | Tier 3 |       |
| UNISTIK TOUCH LANCETS 23 GAUGE                                   | Tier 3 |       |

| Drug                                                                                    | Status | Notes |
|-----------------------------------------------------------------------------------------|--------|-------|
| UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE (lancets)                    | Tier 3 |       |
| VERIFINE SAFETY LANCET MINI 21 GAUGE, 28 GAUGE, 30 GAUGE (lancets)                      | Tier 3 |       |
| VERIFINE SAFETY LANCET MINI 23 GAUGE                                                    | Tier 3 |       |
| VERIFINE UNIVERSAL LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)                        | Tier 3 |       |
| VIVAGUARD LANCET 30 GAUGE (lancets)                                                     | Tier 3 |       |
| VIVAGUARD SAFETY LANCET 28 GAUGE (lancets)                                              | Tier 3 |       |
| <b>Feeding Devices</b>                                                                  |        |       |
| ENFIT IRRIGAT SYRINGE-CONTAINER KIT                                                     | Tier 4 |       |
| <i>enteral connector, enfit</i>                                                         | Tier 4 |       |
| ENTERAL GRAVITY BAG SET-ENFIT                                                           | Tier 4 |       |
| KANGAROO 924 SAFETY SCREW (pump set)                                                    | Tier 4 |       |
| KANGAROO EPUMP SET                                                                      | Tier 4 |       |
| KANGAROO GRAVITY SET                                                                    | Tier 4 |       |
| RELIZORB CARTRIDGE                                                                      | Tier 4 |       |
| <b>Incontinence Supplies</b>                                                            |        |       |
| FLEXI-SEAL SIGNAL FMS RECTAL                                                            | Tier 4 |       |
| TENSCARE ITOUCH SURE VAGINAL DEVICE                                                     | Tier 4 |       |
| <b>Medical Supplies,Miscellaneous</b>                                                   |        |       |
| VARITHENA ADMINISTRATION PACK                                                           | Tier 4 |       |
| VIBRANT ORAL CAPSULE                                                                    | Tier 4 |       |
| VIBRANT STARTER KIT COMBO PACK                                                          | Tier 4 |       |
| <b>Medical Supplies,Miscellaneous(Group 2)</b>                                          |        |       |
| AIRS PEDIATRIC DISPOSABLE MASK (nebulizer accessories)                                  | Tier 4 |       |
| EAR POPPER INFLATION DEVICE                                                             | Tier 4 |       |
| NASAL DEVICE                                                                            |        |       |
| PCCA ACCUPEN-15 DEVICE                                                                  | Tier 4 |       |
| PROVATE PELVIC ORGAN SUPPORT VAGINAL 61 MM, 67 MM, 73 MM, 79 MM, 85 MM, 91 MM           | Tier 4 |       |
| YONI FIT BLADDER SUPPORT VAGINAL 34-38 MM, 34-38-42 MM, 42-45 MM, 45-48-52 MM, 48-52 MM | Tier 4 |       |
| <b>Parenteral Administration Sets</b>                                                   |        |       |
| BD INSYTE AUTOGUARD INFUSION SET 22 GAUGE X 1", 24 GAUGE X 3/4"                         | Tier 4 |       |

| Drug                                                                                                                                                                                                    | Status | Notes |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------|
| BD SAF-T-INTIMA INFUSION SET 22 GAUGE X 3/4"                                                                                                                                                            | Tier 4 |       |
| INSUFLOXIN INFUSION SET 25 X 18 MM                                                                                                                                                                      | Tier 4 |       |
| INSYTE IV CATHETER INFUSION SET 14 X 1.75 ", 20 X 1.16 "                                                                                                                                                | Tier 4 |       |
| I-PORT                                                                                                                                                                                                  | Tier 4 |       |
| I-PORT ADVANCE 6 MM INJEC PORT                                                                                                                                                                          | Tier 4 |       |
| I-PORT ADVANCE 9 MM INJEC PORT                                                                                                                                                                          | Tier 4 |       |
| IVENIX ADMIN SET 2INLET 2YSITE (iv administration set) INFUSION SET                                                                                                                                     | Tier 4 |       |
| IVENIX ADMIN SET 2INLET Y-SITE (iv administration set) INFUSION SET                                                                                                                                     | Tier 4 |       |
| MONOJECT LUER ADAPTER INTRAVENOUS ADMIX ACCESSORY                                                                                                                                                       | Tier 4 |       |
| NEXIVA INFUSION SET 18 X 1 1/4 ", 18 X 1 3/4 ", 20 GAUGE X 1", 20 X 1 1/4 ", 20 X 1 3/4 ", 22 GAUGE X 1", 24 GAUGE X 3/4", 24 X 0.56 "                                                                  | Tier 4 |       |
| PHASEAL ASSEMBLY FIXTURE DEVICE                                                                                                                                                                         | Tier 4 |       |
| PHASEAL CONNECTOR LUER LOCK                                                                                                                                                                             | Tier 4 |       |
| PHASEAL INFUSION ADAPTER                                                                                                                                                                                | Tier 4 |       |
| PHASEAL INFUSION CLAMP                                                                                                                                                                                  | Tier 4 |       |
| PHASEAL INJECTOR LUER                                                                                                                                                                                   | Tier 4 |       |
| PHASEAL INJECTOR LUER LOCK                                                                                                                                                                              | Tier 4 |       |
| PHASEAL SECONDARY SET INFUSION SET                                                                                                                                                                      | Tier 4 |       |
| PHASEAL Y-SITE                                                                                                                                                                                          | Tier 4 |       |
| <b>Syringes And Accessories</b>                                                                                                                                                                         |        |       |
| ADVOCATE SYRINGES SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100) | Tier 4 |       |
| ALLERGIST TRAY 1/2 ML 27GX3/8" SYRINGE 1/2 ML 27 GAUGE X 3/8"                                                                                                                                           | Tier 4 |       |
| ALLERGIST TRAY INTRADERMAL BEV SYRINGE 1 ML 26 GAUGE X 1/2", 1 ML 27 GAUGE X 3/8"                                                                                                                       | Tier 4 |       |
| ALLERGIST TRAY INTRADERMAL BEV SYRINGE 1 ML 26 GAUGE X 3/8" (tuberculin-allergy syringes)                                                                                                               | Tier 4 |       |
| ALLERGIST TRAY REGULAR BEVEL SYRINGE 1 ML 27 GAUGE X 3/8"                                                                                                                                               | Tier 4 |       |

| Drug                                                                                                                                                                                                                                                                                                                               | Status | Notes |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------|
| ALLERGY SYRINGE SYRINGE 1 ML 27 GAUGE X 3/8", 1 ML 27 X 1/2"                                                                                                                                                                                                                                                                       | Tier 4 |       |
| BD ALLERGIST TRAY REG BEVEL SYRINGE 1 ML 27 X 1/2"                                                                                                                                                                                                                                                                                 | Tier 4 |       |
| BD ALLERGIST TRAY REG BEVEL TRAY 1/2 ML 27 X 1/2"                                                                                                                                                                                                                                                                                  | Tier 4 |       |
| BD ALLERGY SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2"                                                                                                                                                                                                                                                                                    | Tier 4 |       |
| BD BLUNT PLASTIC CANNULA SYRINGE 17 X 3 ML                                                                                                                                                                                                                                                                                         | Tier 4 |       |
| BD BULK SYRINGE SLIP TIP SYRINGE 1 ML                                                                                                                                                                                                                                                                                              | Tier 4 |       |
| BD BULK SYRINGE SLIP TIP SYRINGE 5 ML (syringe (disposable))                                                                                                                                                                                                                                                                       | Tier 4 |       |
| BD ECCENTRIC TIP SYRINGE SYRINGE 10 ML (syringe (disposable))                                                                                                                                                                                                                                                                      | Tier 4 |       |
| BD ECLIPSE LUER-LOK SYRINGE 1 ML 27 X 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 25 X 5/8"                                                                                                                                                                                                                                                 | Tier 4 |       |
| BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)                                                                                                                                                                                                                                                    | Tier 4 |       |
| BD ECLIPSE LUER-LOK SYRINGE 3 ML 23 X 1" (syringe with needle)                                                                                                                                                                                                                                                                     | Tier 4 |       |
| BD INTEGRA SYRINGE SYRINGE 3 ML 21 GAUGE X 1 1/2" (syringe with needle)                                                                                                                                                                                                                                                            | Tier 4 |       |
| BD INTEGRA SYRINGE SYRINGE 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8"                                                                                                                                                                                                                                            | Tier 4 |       |
| BD INTERLINK BLUNT PLASTIC CAN SYRINGE 17 X 5 ML                                                                                                                                                                                                                                                                                   | Tier 4 |       |
| BD INTERLINK SYRINGE SYRINGE 17 X 10 ML                                                                                                                                                                                                                                                                                            | Tier 4 |       |
| BD LUER-LOK BULK SYRINGE SYRINGE 20 ML (syringe (disposable))                                                                                                                                                                                                                                                                      | Tier 4 |       |
| BD LUER-LOK SYRINGE SYRINGE 1 ML, 1 ML 20 GAUGE X 1", 10 ML 20 X 1 1/2", 10 ML 21 GAUGE X 1", 10 ML 21 X 1 1/2", 3 ML 18 X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/2", 3 ML 25 X 5/8", 3 ML 26 X 5/8", 5 ML 20 X 1 1/2", 5 ML 20 X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 50 ML | Tier 4 |       |
| BD LUER-LOK SYRINGE SYRINGE 10 ML 20 X 1", 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1" (syringe with needle)                                                                                                                                                                              | Tier 4 |       |

| Drug                                                                                                                                                                                                                                      | Status | Notes |
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| BD LUER-LOK SYRINGE SYRINGE 10 ML, 20 ML, 3 ML, 5 ML (syringe (disposable))                                                                                                                                                               | Tier 4 |       |
| BD LUER-LOK TIP CONTROL SYRING SYRINGE 10 ML (syringe (disposable))                                                                                                                                                                       | Tier 4 |       |
| BD SAFETYGLIDE ALLERGIST TRAY SYRINGE 1 ML 26 GAUGE X 3/8" (tuberculin-allergy syringes)                                                                                                                                                  | Tier 4 |       |
| BD SAFETYGLIDE ALLERGIST TRAY SYRINGE 1 ML 27 X 1/2"                                                                                                                                                                                      | Tier 4 |       |
| BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64" | Tier 4 |       |
| BD SAFETYGLIDE SHIELDING REG SYRINGE 1 ML 25 GAUGE X 5/8", 3 ML 21 GAUGE X 1 1/2"                                                                                                                                                         | Tier 4 |       |
| BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8" (insulin syringe-needle u-100)                                                                                                                                                        | Tier 4 |       |
| BD SAFETYGLIDE SYRINGE SYRINGE 3 ML 23 X 1" (syringe with needle)                                                                                                                                                                         | Tier 4 |       |
| BD SAFETYGLIDE SYRINGE SYRINGE 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8"                                                                                                                                                                         | Tier 4 |       |
| BD SAFETYGLIDE TB REG BEVEL SYRINGE 1 ML 27 X 1/2"                                                                                                                                                                                        | Tier 4 |       |
| BD SAFETYGLIDE TUBERCULIN SYRINGE 1 ML 27 GAUGE X 3/8"                                                                                                                                                                                    | Tier 4 |       |
| BD SLIP TIP SYRINGE SYRINGE 1 ML 26 GAUGE X 5/8", 50 ML                                                                                                                                                                                   | Tier 4 |       |
| BD SLIP TIP SYRINGE SYRINGE 10 ML, 3 ML (syringe (disposable))                                                                                                                                                                            | Tier 4 |       |
| B-D SLIP TIP SYRINGE SYRINGE 20 ML (syringe (disposable))                                                                                                                                                                                 | Tier 4 |       |
| BD SYRINGE CATH TIP NONSTERILE SYRINGE 50 ML                                                                                                                                                                                              | Tier 4 |       |
| BD SYRINGE CATHETER TIP SYRINGE 50 ML                                                                                                                                                                                                     | Tier 4 |       |
| BD SYRINGE LUER-LOK NONSTERILE SYRINGE 10 ML, 20 ML, 5 ML (syringe (disposable))                                                                                                                                                          | Tier 4 |       |
| BD SYRINGE LUER-LOK NONSTERILE SYRINGE 50 ML                                                                                                                                                                                              | Tier 4 |       |
| BD SYRINGE LUER-LOK STERILE SYRINGE 10 ML (syringe (disposable))                                                                                                                                                                          | Tier 4 |       |
| BD SYRINGE LUER-LOK STERILE SYRINGE 50 ML                                                                                                                                                                                                 | Tier 4 |       |

| Drug                                                                                                                                                                                                | Status | Notes |
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| BD SYRINGE SLIP TIP NONSTERILE (syringe (disposable))<br>SYRINGE 10 ML, 20 ML                                                                                                                       | Tier 4 |       |
| BD SYRINGE SLIP TIP NONSTERILE<br>SYRINGE 50 ML                                                                                                                                                     | Tier 4 |       |
| BD SYRINGE SYRINGE 1 ML                                                                                                                                                                             | Tier 4 |       |
| BD SYRINGE-DUAL CANNULA<br>SYRINGE 10 ML 20 GAUGE AND 17<br>GAUGE                                                                                                                                   | Tier 4 |       |
| BD TUBERCULIN SLIP-TIP SYRINGE 1<br>ML, 1 ML 27 GAUGE X 3/8"                                                                                                                                        | Tier 4 |       |
| BD TUBERCULIN SYRINGE SYRINGE<br>1 ML 21 GAUGE X 1", 1 ML 25 GAUGE<br>X 5/8", 1 ML 27 X 1/2", 1/2 ML 27 X 1/2 "                                                                                     | Tier 4 |       |
| BD TUBERCULIN SYRINGE SYRINGE (tuberculin-allergy<br>1 ML 26 GAUGE X 3/8" syringes)                                                                                                                 | Tier 4 |       |
| CAREPOINT LUER LOCK SYRINGE (syringe (disposable))<br>SYRINGE 3 ML                                                                                                                                  | Tier 4 |       |
| CAREPOINT LUER LOCK SYR- (syringe with needle)<br>NEEDLE SYRINGE 3 ML 20 GAUGE X<br>1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML<br>22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3<br>ML 23 X 1"                    | Tier 4 |       |
| CAREPOINT LUER LOCK SYR-<br>NEEDLE SYRINGE 3 ML 21 GAUGE X<br>1", 3 ML 22 GAUGE X 1", 3 ML 25<br>GAUGE X 1", 3 ML 25 X 5/8"                                                                         | Tier 4 |       |
| CAREPOINT LUER SLIP SYRINGE<br>SYRINGE 1 ML                                                                                                                                                         | Tier 4 |       |
| CAREPOINT LUER SLIP SYRING-NDL<br>SYRINGE 1 ML 25 GAUGE X 5/8"                                                                                                                                      | Tier 4 |       |
| CAREPOINT PRECISION LUER LOCK (syringe (disposable))<br>SYRINGE 3 ML                                                                                                                                | Tier 4 |       |
| CAREPOINT PRECISION SAFETY<br>SYRINGE 1 ML 23 GAUGE X 1"                                                                                                                                            | Tier 4 |       |
| CAREPOINT SAFETY LL SYR-NEEDLE<br>SYRINGE 1 ML 25 GAUGE X 1"                                                                                                                                        | Tier 4 |       |
| CARETOUCH INSULIN SYRINGE (insulin syringe-needle u-<br>SYRINGE 0.3 ML 31 GAUGE X 5/16", 100)<br>0.5 ML 30 GAUGE X 5/16", 0.5 ML 31<br>GAUGE X 5/16", 1 ML 30 GAUGE X<br>5/16, 1 ML 31 GAUGE X 5/16 | Tier 4 |       |
| CARETOUCH INSULIN SYRINGE<br>SYRINGE 1 ML 28 X 5/16", 1 ML 29<br>GAUGE X 5/16                                                                                                                       | Tier 4 |       |
| CARETOUCH LUER LOCK SYRINGE<br>SYRINGE 1 ML                                                                                                                                                         | Tier 4 |       |

| Drug                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Status | Notes |
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| CARETOUCH LUER LOCK SYRINGE (syringe (disposable))<br>SYRINGE 3 ML, 5 ML                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Tier 4 |       |
| CARETOUCH LUER LOCK SYR-<br>NEEDLE SYRINGE 3 ML 22 GAUGE X<br>1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1<br>1/2 ", 3 ML 25 X 5/8"                                                                                                                                                                                                                                                                                                                                                                                                       | Tier 4 |       |
| CARETOUCH LUER LOCK SYR- (syringe with needle)<br>NEEDLE SYRINGE 3 ML 22 X 1 1/2", 3<br>ML 23 GAUGE X 1 1/2", 3 ML 23 X 1"                                                                                                                                                                                                                                                                                                                                                                                                       | Tier 4 |       |
| CARETOUCH LUER SLIP SYRINGE<br>SYRINGE 1 ML                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Tier 4 |       |
| CARETOUCH LUER SLIP SYRINGE (syringe (disposable))<br>SYRINGE 10 ML, 3 ML, 5 ML                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Tier 4 |       |
| COMFORT EZ INSULIN SYRINGE (insulin syringe-needle u-<br>SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 100)<br>ML 30 GAUGE X 1/2", 0.3 ML 30<br>GAUGE X 5/16", 0.3 ML 31 GAUGE X<br>15/64", 0.3 ML 31 GAUGE X 5/16", 0.5<br>ML 29 GAUGE X 1/2", 0.5 ML 30<br>GAUGE X 1/2", 0.5 ML 30 GAUGE X<br>5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML<br>28 GAUGE X 1/2", 1 ML 29 GAUGE X<br>1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30<br>GAUGE X 5/16", 1 ML 31 GAUGE X<br>15/64", 1 ML 31 GAUGE X 5/16", 1/2 ML<br>28 GAUGE X 1/2", 1/2 ML 31 GAUGE X<br>15/64" | Tier 4 |       |
| DAVOL IRRIGATION SYRINGE<br>SYRINGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Tier 4 |       |
| DAVOL PISTON IRRIGATION<br>SYRINGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Tier 4 |       |
| DOVER BULB SYRINGE SYRINGE 60<br>ML                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Tier 4 |       |
| DROPLET INSULIN SYR(HALF UNIT)<br>SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3<br>ML 30 GAUGE X 1/2", 0.3 ML 30<br>GAUGE X 5/16", 0.3 ML 31 GAUGE X<br>5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML<br>30 GAUGE X 1/2", 0.5 ML 30 GAUGE X<br>5/16", 0.5 ML 31 GAUGE X 15/64", 0.5<br>ML 31 GAUGE X 5/16", 0.5ML 30<br>GAUGE X 15/64"                                                                                                                                                                                                             | Tier 4 |       |
| DROPLET INSULIN SYR(HALF UNIT) (insulin syr/ndl u100 half<br>SYRINGE 0.3 ML 31 GAUGE X 1/4" mark)                                                                                                                                                                                                                                                                                                                                                                                                                                | Tier 4 |       |



| Drug                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Status | Notes |
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| DROPLET INSULIN SYRINGE (insulin syringe-needle u-100)<br>SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16", 1/2 ML 31 GAUGE X 1/4" | Tier 4 |       |
| DROPLET INSULIN SYRINGE<br>SYRINGE 0.3 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 15/64"                                                                                                                                                                                                                                                                                                                                                                            | Tier 4 |       |
| DROPSAFE INSULIN SYRINGE<br>SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16"                                                                                                                                                                                                                                                  | Tier 4 |       |
| EASY COMFORT INSULIN SYRINGE (insulin syringe-needle u-100)<br>SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16", 1/2 ML 29 X 5/16 "                                                                                                                                                                                               | Tier 4 |       |
| EASY COMFORT INSULIN SYRINGE<br>SYRINGE 0.3 ML 31 X 1/2", 1 ML 29 GAUGE X 5/16", 1 ML 32 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16"                                                                                                                                                                                                                                                                                                                                | Tier 4 |       |
| EASY GLIDE CATHETER TIP SYRINGE (syringe (disposable))<br>SYRINGE 60 ML                                                                                                                                                                                                                                                                                                                                                                                        | Tier 4 |       |
| EASY GLIDE INSULIN SYRINGE (insulin syringe-needle u-100)<br>SYRINGE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"                                                                                                                                                                                                                                                                                                                | Tier 4 |       |
| EASY GLIDE LUER LOCK SYRINGE<br>SYRINGE 1 ML                                                                                                                                                                                                                                                                                                                                                                                                                   | Tier 4 |       |
| EASY GLIDE LUER LOCK SYRINGE (syringe (disposable))<br>SYRINGE 10 ML, 3 ML, 60 ML                                                                                                                                                                                                                                                                                                                                                                              | Tier 4 |       |
| EASY GLIDE LUER SLIP TB SYRING<br>SYRINGE 1 ML                                                                                                                                                                                                                                                                                                                                                                                                                 | Tier 4 |       |

| Drug                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Status | Notes |
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| EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Tier 4 |       |
| EASY TOUCH FLIPLOCK SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2", 10 ML 18 GAUGE X 1 1/2", 10 ML 18 GAUGE X 1", 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 10 ML 21 X 1", 10 ML 22 GAUGE X 1 1/2", 10 ML 25 GAUGE X 1", 3 ML 18 GAUGE X 1 1/2", 3 ML 18 GAUGE X 1", 3 ML 19 GAUGE X 1 1/2", 3 ML 19 GAUGE X 1", 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8", 5 ML 18 GAUGE X 1", 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 25 GAUGE X 1", 5 ML 25 GAUGE X 5/8" | Tier 4 |       |
| EASY TOUCH FLIPLOCK SYRINGE SYRINGE 3 ML 22 GAUGE X 1" (syringe with needle, safety)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Tier 4 |       |
| EASY TOUCH FLURINGE FLIPLOCK SYRINGE 1 ML 25 GAUGE X 1"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Tier 4 |       |
| EASY TOUCH FLURINGE FLIPLOCK SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle, safety)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Tier 4 |       |
| EASY TOUCH FLURINGE FLU TRAY TRAY 1 ML 25 GAUGE X 1"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Tier 4 |       |
| EASY TOUCH FLURINGE SHEATHLOCK SYRINGE 1 ML 25 GAUGE X 1"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Tier 4 |       |
| EASY TOUCH FLURINGE SHEATHLOCK SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle, safety)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Tier 4 |       |
| EASY TOUCH FLURINGE SYRINGE 1 ML 25 GAUGE X 1" (syringe with needle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Tier 4 |       |
| EASY TOUCH FLURINGE SYRINGE 1 ML 25 GAUGE X 5/8"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Tier 4 |       |
| EASY TOUCH INSULIN SAFETY SYR SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Tier 4 |       |

| Drug                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Status | Notes |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------|
| EASY TOUCH INSULIN SYRINGE (insulin syringe-needle u-100)<br>SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 27 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" | Tier 4 |       |
| EASY TOUCH LUER LOCK INSULIN SYRINGE 1 ML (insulin syringe needleless)                                                                                                                                                                                                                                                                                                                                                                                      | Tier 4 |       |
| EASY TOUCH LUER LOCK SYRINGE SYRINGE 1 ML                                                                                                                                                                                                                                                                                                                                                                                                                   | Tier 4 |       |
| EASY TOUCH LUER LOCK SYRINGE (syringe (disposable))<br>SYRINGE 10 ML, 20 ML, 3 ML, 5 ML, 60 ML                                                                                                                                                                                                                                                                                                                                                              | Tier 4 |       |
| EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16"                                                                                                                                                                                                                                                                                                                              | Tier 4 |       |
| EASY TOUCH SHEATHLOCK SYRG-NDL SYRINGE 10 ML 21 GAUGE X 1 1/2", 10 ML 22 GAUGE X 1 1/2", 10 ML 25 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8", 5 ML 21 GAUGE X 1 1/2", 5 ML 22 GAUGE X 1 1/2", 5 ML 25 GAUGE X 1"                                                                                                                                          | Tier 4 |       |
| EASY TOUCH SHEATHLOCK SYRG-NDL SYRINGE 3 ML 22 GAUGE X 1" (syringe with needle, safety)                                                                                                                                                                                                                                                                                                                                                                     | Tier 4 |       |
| EASY TOUCH SHEATHLOCK SYRINGE SYRINGE 10 ML, 3 ML (syringe (disposable))                                                                                                                                                                                                                                                                                                                                                                                    | Tier 4 |       |
| EASY TOUCH SYR ALLERGY TRAY TRAY 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2"                                                                                                                                                                                                                                                                                                                                                                                 | Tier 4 |       |
| EASY TOUCH SYRINGE 1 ML 25 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 X 1" (syringe with needle)                                                                                                                                                                                                                                                                                                                                                                 | Tier 4 |       |
| EASY TOUCH SYRINGE 1 ML 25 GAUGE X 5/8", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8"                                                                                                                                                                                                                                                                                                                     | Tier 4 |       |

| Drug                                                                                                                                                                                             |                                     | Status | Notes |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------|-------|
| EASY TOUCH TUBERCULIN<br>FLIPLOCK SYRINGE 1 ML 26 GAUGE<br>X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28<br>GAUGE X 1/2"                                                                                 |                                     | Tier 4 |       |
| EASY TOUCH TUBERCULIN<br>SHEATHLK SYRINGE 1 ML 25 GAUGE<br>X 5/8"                                                                                                                                | (syringe with needle,<br>safety)    | Tier 4 |       |
| EASY TOUCH TUBERCULIN<br>SHEATHLK SYRINGE 1 ML 26 GAUGE<br>X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28<br>GAUGE X 1/2"                                                                                 |                                     | Tier 4 |       |
| EASY TOUCH UNI-SLIP SYRINGE 1<br>ML                                                                                                                                                              | (insulin syringe needleless)        | Tier 4 |       |
| EASY TOUCH UNI-SLIP SYRINGE 10<br>ML, 3 ML, 5 ML                                                                                                                                                 | (syringe (disposable))              | Tier 4 |       |
| ECLIPSE SYRINGE SYRINGE 1 ML 25<br>GAUGE X 5/8", 3 ML 21 GAUGE X 1", 3<br>ML 25 GAUGE X 1"                                                                                                       |                                     | Tier 4 |       |
| ENFIT MULTIFIL SYRINGE SYRINGE<br>10 ML, 60 ML                                                                                                                                                   | (syringe, enfit, non-sterile)       | Tier 4 |       |
| ENFIT THUMB CONTROL RING SYRIN<br>SYRINGE 60 ML                                                                                                                                                  | (syringe, enfit, non-sterile)       | Tier 4 |       |
| EXCEL SYRINGE SYRINGE 3 ML 23 X<br>1"                                                                                                                                                            | (syringe with needle)               | Tier 4 |       |
| EXEL INSULIN SYRINGE 0.3 ML 29<br>GAUGE X 1/2", 0.5 ML 30 GAUGE X<br>5/16", 1 ML 30 GAUGE X 5/16, 1/2 ML<br>28 GAUGE X 1/2"                                                                      | (insulin syringe-needle u-<br>100)  | Tier 4 |       |
| EXEL SYRINGE SYRINGE 10 ML, 30<br>ML                                                                                                                                                             | (syringe (disposable))              | Tier 4 |       |
| EXEL SYRINGE SYRINGE 3 ML 23<br>GAUGE X 1 1/2"                                                                                                                                                   | (syringe with needle)               | Tier 4 |       |
| EXEL SYRINGE SYRINGE 3 ML 25 X<br>5/8", 3 ML 27 GAUGE X 1 1/4", 50 ML                                                                                                                            |                                     | Tier 4 |       |
| EXTENDED RESERVOIR 3 ML                                                                                                                                                                          |                                     | Tier 4 |       |
| FREESTYLE PRECISION SYRINGE 0.5<br>ML 30 GAUGE X 5/16", 0.5 ML 31<br>GAUGE X 5/16", 1 ML 30 GAUGE X<br>5/16, 1 ML 31 GAUGE X 5/16                                                                | (insulin syringe-needle u-<br>100)  | Tier 4 |       |
| HEALTHWISE INSULIN SYRINGE<br>SYRINGE 0.3 ML 30 GAUGE X 5/16",<br>0.3 ML 31 GAUGE X 5/16", 0.5 ML 30<br>GAUGE X 5/16", 0.5 ML 31 GAUGE X<br>5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31<br>GAUGE X 5/16 | (insulin syringe-needle u-<br>100)  | Tier 4 |       |
| <i>insulin syr/ndl u100 half mark syringe 0.3<br/>ml 31 gauge x 1/4"</i>                                                                                                                         | (Droplet Insulin Syr(half<br>unit)) | Tier 4 |       |

| Drug                                                                                                                                                                                                                                                                                       | Status                          | Notes  |
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| INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"                                                                                                                                                                                                                       | (insulin syringe-needle u-100)  | Tier 4 |
| <i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge x 1/2", 0.3 ml 30 gauge x 1/2", 0.3 ml 31 gauge x 15/64", 0.5 ml 29 gauge x 1/2", 0.5 ml 30 gauge x 1/2", 1 ml 28 gauge x 1/2", 1 ml 29 gauge x 1/2", 1 ml 31 gauge x 15/64", 1/2 ml 28 gauge x 1/2", 1/2 ml 31 gauge x 15/64"</i> | (Comfort EZ Insulin Syringe)    | Tier 4 |
| <i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge, 1/2 ml 29</i>                                                                                                                                                                                                                     | (Ultilet Insulin Syringe)       | Tier 4 |
| <i>insulin syringe-needle u-100 syringe 0.3 ml 30 gauge x 5/16", 0.3 ml 31 gauge x 5/16", 0.5 ml 30 gauge x 5/16", 0.5 ml 31 gauge x 5/16", 1 ml 30 gauge x 5/16, 1 ml 31 gauge x 5/16</i>                                                                                                 | (Advocate Syringes)             | Tier 4 |
| <i>insulin syringe-needle u-100 syringe 0.3 ml 30, 1 ml 30 gauge x 7/16", 1/2 ml 30 gauge</i>                                                                                                                                                                                              | (Ultra Comfort Insulin Syringe) | Tier 4 |
| <i>insulin syringe-needle u-100 syringe 0.3 ml 31 gauge x 1/4"</i>                                                                                                                                                                                                                         | (Sure Comfort Insulin Syringe)  | Tier 4 |
| <i>insulin syringe-needle u-100 syringe 1 ml 27 gauge x 1/2", 1/2 ml 27 gauge x 1/2"</i>                                                                                                                                                                                                   | (Easy Touch Insulin Syringe)    | Tier 4 |
| <i>insulin syringe-needle u-100 syringe 1 ml 27 gauge x 5/8"</i>                                                                                                                                                                                                                           | (BD SafetyGlide Syringe)        | Tier 4 |
| <i>insulin syringe-needle u-100 syringe 1 ml 28 gauge, 1 ml 29 gauge x 7/16"</i>                                                                                                                                                                                                           |                                 | Tier 4 |
| <i>insulin syringe-needle u-100 syringe 1 ml 30 gauge x 1/2"</i>                                                                                                                                                                                                                           | (BD Eclipse Luer-Lok)           | Tier 4 |
| <i>insulin syringe-needle u-100 syringe 1 ml 30 gauge x 3/8"</i>                                                                                                                                                                                                                           | (Thinpro Insulin Syringe)       | Tier 4 |
| <i>insulin syringe-needle u-100 syringe 1 ml 31 gauge x 1/4", 1/2 ml 31 gauge x 1/4"</i>                                                                                                                                                                                                   | (Droplet Insulin Syringe)       | Tier 4 |
| <i>insulin syringe-needle u-100 syringe 1/2 ml 28 gauge</i>                                                                                                                                                                                                                                | (Monoject Syringe)              | Tier 4 |
| <i>insulin u-500 syringe-needle syringe 1/2 ml 31 gauge x 15/64"</i>                                                                                                                                                                                                                       |                                 | Tier 3 |
| INTEGRA SYRINGE SYRINGE 3 ML 21 GAUGE X 1"                                                                                                                                                                                                                                                 |                                 | Tier 4 |
| INTERLINK LEVER LOCK CANNULA                                                                                                                                                                                                                                                               |                                 | Tier 4 |
| INTERLINK SYRINGE AND CANNULA SYRINGE 15 X 10 ML                                                                                                                                                                                                                                           |                                 | Tier 4 |
| IRRIGATION SYRINGE SYRINGE                                                                                                                                                                                                                                                                 |                                 | Tier 4 |
| KENDALL DISINFECTANT CAP                                                                                                                                                                                                                                                                   |                                 | Tier 4 |

| Drug                                                                                                                                       | Status | Notes |
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| LIFESHIELD BLUNT CANNULA<br>SYRINGE 1 ML 18 GAUGE X 1", 3 ML<br>18 X 1"                                                                    | Tier 4 |       |
| LUER LOCK SYRINGE SYRINGE 30 ML (syringe (disposable))                                                                                     | Tier 4 |       |
| LUER SLIP TIP SYRINGE TRAY<br>SYRINGE 1 ML                                                                                                 | Tier 4 |       |
| LUER-LOK TIP SYRINGE 30 ML (syringe (disposable))                                                                                          | Tier 4 |       |
| MAGELLAN INSULIN SAFETY SYRNG<br>SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5<br>ML 29 GAUGE X 1/2", 1 ML 29 GAUGE<br>X 1/2", 1 ML 30 GAUGE X 5/16" | Tier 4 |       |
| MAGELLAN SAFETY SYRINGE<br>SYRINGE 1 ML 23 GAUGE X 1"                                                                                      | Tier 4 |       |
| MAGELLAN SYRINGE SYRINGE 0.3<br>ML 30 X 5/16", 0.5 ML 30 GAUGE X<br>5/16", 1 ML 27 GAUGE X 1/2"                                            | Tier 4 |       |
| MAGELLAN TUBERCULIN SAFETY<br>SYR SYRINGE 1 ML 28 GAUGE X 1/2"                                                                             | Tier 4 |       |
| MAXICOMFORT INSULIN SYRINGE (insulin syringe-needle u-<br>SYRINGE 1 ML 27 GAUGE X 1/2", 1/2 100)                                           | Tier 4 |       |
| MAXI-COMFORT INSULIN SYRINGE (insulin syringe-needle u-<br>SYRINGE 1 ML 28 GAUGE X 1/2", 1/2 100)                                          | Tier 4 |       |
| MONOJECT 140CC PISTON SYRINGE<br>SYRINGE                                                                                                   | Tier 4 |       |
| MONOJECT 35CC SYRINGE CATH TIP<br>SYRINGE 35 ML                                                                                            | Tier 4 |       |
| MONOJECT 3CC SYR 25GX1"<br>SYRINGE 3 ML 25 GAUGE X 1"                                                                                      | Tier 4 |       |
| MONOJECT ALLERGY TRAY DETACH<br>TRAY 1 ML 27 X 1/2"                                                                                        | Tier 4 |       |
| MONOJECT ALLERGY TRAY TRAY 0.5<br>ML 28 X 1/2", 1 ML 28 X 1/2"                                                                             | Tier 4 |       |
| MONOJECT CONTROL SYRINGE<br>LUER SYRINGE 12 ML                                                                                             | Tier 4 |       |
| MONOJECT DISPOSABLE SYRINGE (syringe (disposable))<br>SYRINGE 20 ML                                                                        | Tier 4 |       |
| MONOJECT ECCENTRIC NON-<br>STERILE SYRINGE 12 ML, 35 ML                                                                                    | Tier 4 |       |
| MONOJECT ENFIT STERILE SYRINGE (syringe, enfit, sterile)<br>SYRINGE 1 ML, 35 ML, 60 ML                                                     | Tier 4 |       |
| MONOJECT ENFIT STERILE SYRINGE<br>SYRINGE 6 ML                                                                                             | Tier 4 |       |

| Drug                                                                                                                                                                                                                                                                                                                                                                          |                                   | Status | Notes |
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| MONOJECT ENFIT SYRINGE CAP                                                                                                                                                                                                                                                                                                                                                    | (syringe cap, enfit, non-sterile) | Tier 4 |       |
| MONOJECT ENFIT SYRINGE<br>SYRINGE 1 ML, 3 ML, 35 ML, 60 ML                                                                                                                                                                                                                                                                                                                    | (syringe, enfit, non-sterile)     | Tier 4 |       |
| MONOJECT ENFIT SYRINGE<br>SYRINGE 12 ML, 6 ML                                                                                                                                                                                                                                                                                                                                 |                                   | Tier 4 |       |
| MONOJECT INSULIN SAFETY SYRING<br>SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3<br>ML 30 GAUGE X 5/16", 0.5 ML 29<br>GAUGE X 1/2", 0.5 ML 30 GAUGE X<br>5/16"                                                                                                                                                                                                                           | (insulin syringe-needle u-100)    | Tier 4 |       |
| MONOJECT INSULIN SAFETY SYRING<br>SYRINGE 1 ML 29 GAUGE X 1/2"                                                                                                                                                                                                                                                                                                                |                                   | Tier 4 |       |
| MONOJECT INSULIN SYRINGE<br>SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3<br>ML 30 GAUGE X 5/16", 0.3 ML 31<br>GAUGE X 5/16", 0.5 ML 29 GAUGE X<br>1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML<br>31 GAUGE X 5/16", 1 ML 25 GAUGE X<br>5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28<br>GAUGE X 1/2", 1 ML 29 GAUGE X 1/2",<br>1 ML 30 GAUGE X 5/16, 1 ML 31<br>GAUGE X 5/16, 1/2 ML 28 GAUGE X<br>1/2" | (insulin syringe-needle u-100)    | Tier 4 |       |
| MONOJECT INSULIN SYRINGE<br>SYRINGE 1 ML                                                                                                                                                                                                                                                                                                                                      | (insulin syringes (disposable))   | Tier 4 |       |
| MONOJECT LUER-LOCK TIP<br>SYRINGE 12 ML                                                                                                                                                                                                                                                                                                                                       |                                   | Tier 4 |       |
| MONOJECT LUER-LOCK TIP<br>SYRINGE 3 ML                                                                                                                                                                                                                                                                                                                                        | (syringe (disposable))            | Tier 4 |       |
| MONOJECT MAGELLAN SYRINGE<br>SYRINGE 1 ML 25 GAUGE X 1", 3 ML<br>20 GAUGE X 1"                                                                                                                                                                                                                                                                                                |                                   | Tier 4 |       |
| MONOJECT MAGELLAN SYRINGE<br>SYRINGE 1 ML 25 GAUGE X 5/8"                                                                                                                                                                                                                                                                                                                     | (syringe with needle, safety)     | Tier 4 |       |
| MONOJECT PHARMACY TRAY LUER<br>SYRINGE 12 ML, 35 ML, 6 ML                                                                                                                                                                                                                                                                                                                     |                                   | Tier 4 |       |
| MONOJECT PHARMACY TRAY LUER<br>SYRINGE 20 ML, 3 ML, 60 ML                                                                                                                                                                                                                                                                                                                     | (syringe (disposable))            | Tier 4 |       |
| MONOJECT PHARMACY TRAY REG<br>TIP SYRINGE 1 ML                                                                                                                                                                                                                                                                                                                                |                                   | Tier 4 |       |
| MONOJECT REG TIP NON-STERILE<br>SYRINGE 12 ML, 6 ML                                                                                                                                                                                                                                                                                                                           |                                   | Tier 4 |       |
| MONOJECT REG TIP NON-STERILE<br>SYRINGE 20 ML, 3 ML                                                                                                                                                                                                                                                                                                                           | (syringe (disposable))            | Tier 4 |       |
| MONOJECT REGULAR LUER<br>SYRINGE 12 ML, 35 ML, 6 ML                                                                                                                                                                                                                                                                                                                           |                                   | Tier 4 |       |

| Drug                                                                                                                                                                                                                                                                                                                                                                                 | Status | Notes |
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| MONOJECT REGULAR LUER (syringe (disposable))<br>SYRINGE 3 ML                                                                                                                                                                                                                                                                                                                         | Tier 4 |       |
| MONOJECT SAFETY LUER LOCK TIP (syringe (disposable))<br>SYRINGE 3 ML                                                                                                                                                                                                                                                                                                                 | Tier 4 |       |
| MONOJECT SAFETY SYRINGES<br>SYRINGE 12 ML, 12 ML 20 X 1 1/2", 12<br>ML 21X 1 1/2", 3 ML 20 GAUGE X 1<br>1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 21<br>GAUGE X 1", 3 ML 22 GAUGE X 1 1/2",<br>3 ML 23 GAUGE X 1", 3 ML 25 GAUGE<br>X 5/8", 6 ML                                                                                                                                            | Tier 4 |       |
| MONOJECT SAFETY SYRINGES (syringe with needle,<br>SYRINGE 3 ML 22 GAUGE X 1" safety)                                                                                                                                                                                                                                                                                                 | Tier 4 |       |
| MONOJECT SMARTIP CANNULA<br>SYRINGE 12 ML, 3 ML, 6 ML                                                                                                                                                                                                                                                                                                                                | Tier 4 |       |
| MONOJECT SYRINGE LUER LOK<br>SYRINGE 35 ML, 6 ML                                                                                                                                                                                                                                                                                                                                     | Tier 4 |       |
| MONOJECT SYRINGE LUER LOK (syringe (disposable))<br>SYRINGE 60 ML                                                                                                                                                                                                                                                                                                                    | Tier 4 |       |
| MONOJECT SYRINGE REGULAR (syringe (disposable))<br>LUER SYRINGE 60 ML                                                                                                                                                                                                                                                                                                                | Tier 4 |       |
| MONOJECT SYRINGE SYRINGE 1/2 (insulin syringe-needle u-<br>ML 28 GAUGE 100)                                                                                                                                                                                                                                                                                                          | Tier 4 |       |
| MONOJECT SYRINGE SYRINGE 12<br>ML 18 GAUGE X 1", 12 ML 20 X 1 1/2",<br>12 ML 21 GAUGE X 1 1/2", 12 ML 21<br>GAUGE X 1", 140 ML, 3 ML 20 GAUGE<br>X 1", 3 ML 20 X 3/4", 3 ML 21 GAUGE X<br>1", 3 ML 22 GAUGE X 1", 3 ML 25<br>GAUGE X 1", 3 ML 25 X 1 1/4", 3 ML 25<br>X 5/8", 3 ML 27 GAUGE X 1 1/4", 6 ML,<br>6 ML 20 X 1 1/2", 6 ML 21 X 1 1/2", 6 ML<br>21 X 1", 6 ML 22 X 1 1/2" | Tier 4 |       |
| MONOJECT SYRINGE SYRINGE 3 ML (syringe (disposable))                                                                                                                                                                                                                                                                                                                                 | Tier 4 |       |
| MONOJECT SYRINGE SYRINGE 3 ML (syringe with needle)<br>20 GAUGE X 1 1/2", 3 ML 21 GAUGE X<br>1 1/2", 3 ML 22 X 1 1/2", 3 ML 23 X 1"                                                                                                                                                                                                                                                  | Tier 4 |       |
| MONOJECT SYRINGE TOOMEY TYPE (syringe (disposable))<br>SYRINGE 60 ML                                                                                                                                                                                                                                                                                                                 | Tier 4 |       |
| MONOJECT TB LUER LOK SYRINGE 1<br>ML                                                                                                                                                                                                                                                                                                                                                 | Tier 4 |       |
| MONOJECT TB REGULAR LUER TIP<br>SYRINGE 1 ML                                                                                                                                                                                                                                                                                                                                         | Tier 4 |       |
| MONOJECT TB SAFETY SYRINGE<br>SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML<br>28 GAUGE X 1/2"                                                                                                                                                                                                                                                                                                  | Tier 4 |       |



| Drug                                                                                                                                                                                                          | Status | Notes |
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| MONOJECT TB SYRINGE 1 ML 28 GAUGE X 1/2"                                                                                                                                                                      | Tier 4 |       |
| MONOJECT TUBERCULIN SYRINGE SYRINGE 1 ML 26 GAUGE X 3/8" (tuberculin-allergy syringes)                                                                                                                        | Tier 4 |       |
| MONOJECT TUBERCULIN SYRINGE SYRINGE 1 ML, 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2", 1 ML 28 GAUGE X 1/2", 1/2 ML 28 X 1/2"                                                                                        | Tier 4 |       |
| MONOJECT ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE (insulin syringe-needle u-100)                                                                                                                         | Tier 4 |       |
| NORM-JECT SYRINGE 10 ML, 20 ML (syringe (disposable))                                                                                                                                                         | Tier 4 |       |
| NORM-JECT TUBERKULIN SYRINGE 1 ML                                                                                                                                                                             | Tier 4 |       |
| PARADIGM RESERVOIR 1.8 ML, 3 ML                                                                                                                                                                               | Tier 4 |       |
| PISTON SYRINGE WITH ENFIT SYRINGE 60 ML (syringe, enfit, non-sterile)                                                                                                                                         | Tier 4 |       |
| PRO COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100) | Tier 4 |       |
| PRODIGY INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)                                                                         | Tier 4 |       |
| SAFESNAP INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"                                                         | Tier 4 |       |
| SAFESNAP SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8" (syringe-needle,safety,dispunt)                                                                                                                                 | Tier 4 |       |

| Drug                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Status | Notes |
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| SAFESNAP SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 10 ML, 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 10 ML 21 GAUGE X 1", 10 ML 22 GAUGE X 1 1/2", 10 ML 22 GAUGE X 1", 3 ML, 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8", 5 ML, 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 22 GAUGE X 1" | Tier 4 |       |
| SECURES SAFE INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Tier 4 |       |
| SURE COMFORT INS. SYR. U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Tier 4 |       |
| SURE COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 1/4"                                                                                                                                            | Tier 4 |       |
| SURE-JECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)                                                                                                                                                                                                                                    | Tier 4 |       |
| SURGUARD2 SAFETY SYRINGE 1 ML 25 GAUGE X 5/8", 3 ML 22 GAUGE X 1" (syringe with needle, safety)                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Tier 4 |       |

| Drug                                                                                                                                                                                                                                                                                                                                                                                         | Status | Notes |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------|
| SURGUARD2 SAFETY SYRINGE 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2", 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8", 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2" | Tier 4 |       |
| <i>syringe (disposable) syringe 10 ml</i> (BD Eccentric Tip Syringe)                                                                                                                                                                                                                                                                                                                         | Tier 4 |       |
| <i>syringe (disposable) syringe 20 ml</i> (B-D Slip Tip Syringe)                                                                                                                                                                                                                                                                                                                             | Tier 4 |       |
| <i>syringe (disposable) syringe 3 ml</i> (BD Luer-Lok Syringe)                                                                                                                                                                                                                                                                                                                               | Tier 4 |       |
| <i>syringe (disposable) syringe 30 ml</i> (Exel Syringe)                                                                                                                                                                                                                                                                                                                                     | Tier 4 |       |
| <i>syringe (disposable) syringe 5 ml</i> (BD Bulk Syringe Slip Tip)                                                                                                                                                                                                                                                                                                                          | Tier 4 |       |
| <i>syringe (disposable) syringe 60 ml</i> (Easy Glide Catheter Tip Syring)                                                                                                                                                                                                                                                                                                                   | Tier 4 |       |
| SYRINGE 3CC/20GX1" SYRINGE 3 ML 20 GAUGE X 1"                                                                                                                                                                                                                                                                                                                                                | Tier 4 |       |
| SYRINGE 3CC/21GX1" SYRINGE 3 ML 21 GAUGE X 1"                                                                                                                                                                                                                                                                                                                                                | Tier 4 |       |
| SYRINGE 3CC/21GX1-1/2" SYRINGE 3 ML 21 GAUGE X 1 1/2" (syringe with needle)                                                                                                                                                                                                                                                                                                                  | Tier 4 |       |
| SYRINGE 3CC/22GX1" SYRINGE 3 ML 22 GAUGE X 1"                                                                                                                                                                                                                                                                                                                                                | Tier 4 |       |
| SYRINGE 3CC/22GX3/4" SYRINGE 3 ML 22 GAUGE X 3/4"                                                                                                                                                                                                                                                                                                                                            | Tier 4 |       |
| SYRINGE 3CC/25GX1" SYRINGE 3 ML 25 GAUGE X 1"                                                                                                                                                                                                                                                                                                                                                | Tier 4 |       |
| <i>syringe cap, enfit, non-sterile</i> (Monoject ENFit Syringe Cap)                                                                                                                                                                                                                                                                                                                          | Tier 4 |       |
| <i>syringe with needle syringe 1 ml 25 gauge x 1"</i> (Easy Touch)                                                                                                                                                                                                                                                                                                                           | Tier 4 |       |
| <i>syringe with needle syringe 10 ml 20 x 1", 3 ml 20 gauge x 1 1/2"</i> (BD Luer-Lok Syringe)                                                                                                                                                                                                                                                                                               | Tier 4 |       |
| <i>syringe with needle syringe 3 ml 22 x 1 1/2"</i> (Carepoint Luer Lock Syringe)                                                                                                                                                                                                                                                                                                            | Tier 4 |       |
| <i>syringe with needle syringe 3 ml 23 x 1"</i> (BD Eclipse Luer-Lok)                                                                                                                                                                                                                                                                                                                        | Tier 4 |       |
| SYRINGE WITHOUT NEEDLE SYRINGE                                                                                                                                                                                                                                                                                                                                                               | Tier 4 |       |
| <i>syringe, enfit, non-sterile syringe 0.5 ml, 20 ml</i> (NeoMed ENFit Syringe)                                                                                                                                                                                                                                                                                                              | Tier 4 |       |
| <i>syringe, enfit, non-sterile syringe 1 ml, 3 ml, 35 ml</i> (Monoject ENFit Syringe)                                                                                                                                                                                                                                                                                                        | Tier 4 |       |

| Drug                                                                                                                                                                                                                                        | Status | Notes |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------|
| <i>syringe, enfit, non-sterile syringe 10 ml, 60 ml</i> (ENFit MultiFil Syringe)                                                                                                                                                            | Tier 4 |       |
| <i>syringe, enfit, non-sterile syringe 5 ml</i>                                                                                                                                                                                             | Tier 4 |       |
| <i>syringe, enfit, sterile syringe 1 ml, 3 ml, 35 ml, 60 ml</i> (Monoject ENFit Sterile Syringe)                                                                                                                                            | Tier 4 |       |
| <i>syringe, enfit, sterile syringe 10 ml, 20 ml, 5 ml</i>                                                                                                                                                                                   | Tier 4 |       |
| TECHLITE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)                                                                                                          | Tier 4 |       |
| TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16"                                                                         | Tier 4 |       |
| TERUMO ALLERGY SYRINGE SYRINGE 1 ML 27 X 1/2"                                                                                                                                                                                               | Tier 4 |       |
| TERUMO HYPODERMIC NEEDLE/SYRIN SYRINGE 5 ML 20 X 1 1/2", 5 ML 20 X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 22 X 1"                                                                                     | Tier 4 |       |
| TERUMO INSULIN SYRINGE SYRINGE 0.3 ML 30 X 3/8", 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" (insulin syringe-needle u-100)  | Tier 4 |       |
| TERUMO SYRINGE SYRINGE 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1" (syringe with needle)                                                                                                                                                           | Tier 4 |       |
| TERUMO SYRINGE SYRINGE 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8"                                                                                                                                                                                   | Tier 4 |       |
| TERUMO SYRINGE SYRINGE 30 ML (syringe (disposable))                                                                                                                                                                                         | Tier 4 |       |
| THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8", 0.5 ML 29 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" (insulin syringe-needle u-100) | Tier 4 |       |
| THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 31 X 3/8", 0.5 ML 31 X 3/8", 1 ML 31 X 3/8"                                                                                                                                                          | Tier 4 |       |
| TOOMEY SYRINGE SYRINGE 70 ML                                                                                                                                                                                                                | Tier 4 |       |

| Drug                                                                                                                                                                                                                                                                                                                       | Status | Notes |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------|
| TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)                                          | Tier 4 |       |
| TRUE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)                                                                                                                                                                                                          | Tier 4 |       |
| TRUE COMFORT PRO INS SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)                                                                                                             | Tier 4 |       |
| TRUE COMFORT PRO INS SYRINGE SYRINGE 1 ML 32 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16"                                                                                                                                                                                                                                        | Tier 4 |       |
| TRUE COMFORT SAFE INSULIN SYRG SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16", 1 ML 32 GAUGE X 5/16"                                                                                                                 | Tier 4 |       |
| TRUEPLUS INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100) | Tier 4 |       |
| TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 1" (syringe with needle)                                                                                                                                                                                                                                                        | Tier 4 |       |
| TUBERCULIN SYRINGE SYRINGE 1 ML, 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2"                                                                                                                                                                                                                                                      | Tier 4 |       |
| <i>tuberculin-allergy syringes syringe 1 ml 26 gauge x 3/8"</i> (Allergist Tray Intradermal Bev)                                                                                                                                                                                                                           | Tier 4 |       |
| ULTICARE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 1/4"                                                                                                                                                                                                                      | Tier 4 |       |
| ULTICARE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 1/4" (insulin syr/ndl u100 half mark)                                                                                                                                                                                                                             | Tier 4 |       |

| Drug                                                                                                                                                                                                                                                                                                                                   | Status | Notes |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------|
| ULTICARE LOW DEAD SPACE<br>SYRING SYRINGE 1 ML 22 GAUGE X 1<br>1/2"                                                                                                                                                                                                                                                                    | Tier 4 |       |
| ULTICARE LOW DEAD SPACE (syringe with needle)<br>SYRING SYRINGE 3 ML 22 X 1 1/2"                                                                                                                                                                                                                                                       | Tier 4 |       |
| ULTICARE SAFETY SYRINGE (syringe with needle,<br>SYRINGE 3 ML 22 GAUGE X 1" safety)                                                                                                                                                                                                                                                    | Tier 4 |       |
| ULTICARE SAFETY SYRINGE<br>SYRINGE 3 ML, 3 ML 21 GAUGE X 1<br>1/2", 3 ML 22 GAUGE X 1 1/2", 3 ML 23<br>GAUGE X 1", 3 ML 25 GAUGE X 1", 3<br>ML 25 GAUGE X 5/8"                                                                                                                                                                         | Tier 4 |       |
| ULTICARE SYRINGE 0.3 ML 30 (insulin syringe-needle u-<br>GAUGE X 1/2", 0.3 ML 31 GAUGE X 100)<br>5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML<br>31 GAUGE X 5/16", 1 ML 30 GAUGE X<br>1/2", 1 ML 31 GAUGE X 5/16"                                                                                                                             | Tier 4 |       |
| ULTICARE SYRINGE 1 ML 25 GAUGE<br>X 5/8"                                                                                                                                                                                                                                                                                               | Tier 4 |       |
| ULTICARE TB SAFETY SYRINGE<br>SYRINGE 1 ML 27 GAUGE X 1/2", 1 ML<br>27 GAUGE X 5/8", 1 ML 28 GAUGE X<br>1/2"                                                                                                                                                                                                                           | Tier 4 |       |
| ULTIGUARD SAFEPACK-INSULIN SYR<br>SYRINGE 0.3 ML 30 X 1/2", 0.3 ML 31 X<br>5/16", 1 ML 30 X 1/2", 1 ML 31 X 5/16",<br>1/2 ML 30 X 1/2", 1/2 ML 31 X 5/16"                                                                                                                                                                              | Tier 4 |       |
| ULTILET INSULIN SYRINGE SYRINGE (insulin syringe-needle u-<br>0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 100)<br>1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML<br>31 GAUGE X 5/16", 0.5 ML 29 GAUGE<br>X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5<br>ML 31 GAUGE X 5/16", 1 ML 29<br>GAUGE X 1/2", 1 ML 30 GAUGE X 5/16",<br>1 ML 31 GAUGE X 5/16, 1/2 ML 29 | Tier 4 |       |
| ULTILET INSULIN SYRINGE SYRINGE<br>1 ML 29 GAUGE                                                                                                                                                                                                                                                                                       | Tier 4 |       |
| ULTRA CMFT INS SYR (HALF UNIT)<br>SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3<br>ML 31 GAUGE X 5/16"                                                                                                                                                                                                                                           | Tier 4 |       |

| Drug                                                                                                                                                                                                                                                                                                                                                                                                                      | Status | Notes |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------|
| ULTRA COMFORT INSULIN SYRINGE (insulin syringe-needle u-100)<br>SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29, 1/2 ML 30 GAUGE | Tier 4 |       |
| ULTRA COMFORT INSULIN SYRINGE<br>SYRINGE 1 ML 29 GAUGE                                                                                                                                                                                                                                                                                                                                                                    | Tier 4 |       |
| ULTRA FLO INSUL SYR(HALF UNIT)<br>SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"                                                                                                                                                                                                                                                                                                        | Tier 4 |       |
| ULTRA FLO INSULIN SYRINGE (insulin syringe-needle u-100)<br>SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2"                                                                                                                                                                                                                                                      | Tier 4 |       |
| ULTRACARE INSULIN SYRINGE (insulin syringe-needle u-100)<br>SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16                                                                                                                                                          | Tier 4 |       |
| ULTRA-FINE INS SYR (HALF UNIT)<br>SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16"                                                                                                                                                                                                                                                                                                                               | Tier 4 |       |
| ULTRA-FINE INSULIN SYRINGE (insulin syringe-needle u-100)<br>SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 31 GAUGE X 15/64"                                                                                                                             | Tier 4 |       |
| ULTRA-THIN II (SHORT) INS SYR (insulin syringe-needle u-100)<br>SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16                                                                                                                                                                                                    | Tier 4 |       |

| Drug                                                                                                                                                                                                                                                                    | Status | Notes                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------------------------|
| ULTRA-THIN II INSULIN SYRINGE (insulin syringe-needle u-100)<br>SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"                                                                                                                                                    | Tier 4 |                        |
| VANISHPOINT INSULIN SYRINGE<br>SYRINGE 1 ML 30 GAUGE X 3/16"                                                                                                                                                                                                            | Tier 4 |                        |
| VANISHPOINT SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)                                                                                                                                                                 | Tier 4 |                        |
| VANISHPOINT SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1" (syringe with needle)                                                                                                                    | Tier 4 |                        |
| VANISHPOINT SYRINGE SYRINGE 10 ML 21 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 25 GAUGE X 1 1/2", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2" | Tier 4 |                        |
| VANISHPOINT TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2"                                                                                                                                                                                             | Tier 4 |                        |
| VERIFINE INSULIN SYRINGE (insulin syringe-needle u-100)<br>SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16"                                                                                | Tier 4 |                        |
| <b>Miscellaneous Agents</b>                                                                                                                                                                                                                                             |        |                        |
| <b>Amyloidosis Agents-Transthyretin (Ttr) Suppression</b>                                                                                                                                                                                                               |        |                        |
| WAINUA SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.8 ML                                                                                                                                                                                                                          | Tier 5 | PA                     |
| <b>Anaphylaxis Therapy Agents</b>                                                                                                                                                                                                                                       |        |                        |
| AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML                                                                                                                                                                                                                            | Tier 3 | QL (2 EA per 365 days) |
| AUVI-Q INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.3 MG/0.3 ML (epinephrine)                                                                                                                                                                                             | Tier 3 | QL (2 EA per 365 days) |
| <i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml</i> (Auvi-Q)                                                                                                                                                                                      | Tier 2 | QL (4 EA per 1 FILL)   |
| <i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr)                                                                                                                                                                                                   | Tier 2 | QL (4 EA per 1 FILL)   |
| NEFFY NASAL SPRAY, NON-AEROSOL 1 MG/SPRAY (0.1 ML), 2 MG/SPRAY (0.1 ML)                                                                                                                                                                                                 | Tier 4 | QL (4 EA per 1 FILL)   |
| <b>Cxcr4 Chemokine Receptor Antagonist</b>                                                                                                                                                                                                                              |        |                        |
| XOLREMDI ORAL CAPSULE 100 MG                                                                                                                                                                                                                                            | Tier 5 | PA                     |



| Drug                                                                    | Status | Notes |
|-------------------------------------------------------------------------|--------|-------|
| <b>Genetic D/O Tx-Exon Inclusion Antisense Oligonucle</b>               |        |       |
| EVRYSDI ORAL RECON SOLN 0.75 MG/ML                                      | Tier 5 | PA    |
| EVRYSDI ORAL TABLET 5 MG                                                | Tier 5 | PA    |
| <b>Parasympathetic Agents</b>                                           |        |       |
| <i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>       | Tier 2 |       |
| <i>cevimeline oral capsule 30 mg</i> (Evoxac)                           | Tier 2 |       |
| <i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> (Salagen (pilocarpine)) | Tier 2 |       |
| <b>Pharmacological Chaperone-Alpha-Galactosid.A Stabz</b>               |        |       |
| GALAFOLD ORAL CAPSULE 123 MG                                            | Tier 5 | PA    |
| <b>Pku Treatment Agents - Phenylalanine Ammonia Lyase</b>               |        |       |
| PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML     | Tier 5 | PA    |
| <b>Pku Tx Agent-Cofactor Of Phenylalanine Hydroxylase</b>               |        |       |
| JAVYGTOR ORAL POWDER IN PACKET 100 MG, 500 MG (sapropterin)             | Tier 5 |       |
| JAVYGTOR ORAL TABLET,SOLUBLE 100 MG (sapropterin)                       | Tier 5 |       |
| KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG (sapropterin)                | Tier 5 |       |
| KUVAN ORAL TABLET,SOLUBLE 100 MG (sapropterin)                          | Tier 5 |       |
| <i>sapropterin oral powder in packet 100 mg, 500 mg</i> (Javygtor)      | Tier 5 |       |
| <i>sapropterin oral tablet,soluble 100 mg</i> (Javygtor)                | Tier 5 |       |
| SEPHIENCE ORAL POWDER IN PACKET 1,000 MG, 250 MG                        | Tier 5 | PA    |
| <b>Systemic Enzyme Inhibitors</b>                                       |        |       |
| ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG                      | Tier 5 | PA    |
| GLASSIA INTRAVENOUS SOLUTION 20 MG/ML (2 %)                             | Tier 5 | PA    |
| JOENJA ORAL TABLET 70 MG                                                | Tier 5 | PA    |
| PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML                   | Tier 5 | PA    |
| VIJOICE ORAL GRANULES IN PACKET 50 MG                                   | Tier 5 | PA    |

| Drug                                                                         | Status | Notes               |
|------------------------------------------------------------------------------|--------|---------------------|
| VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG           | Tier 5 | PA                  |
| ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG, 4,000 MG, 5,000 MG                  | Tier 5 | PA                  |
| ZOKINVY ORAL CAPSULE 50 MG, 75 MG                                            | Tier 5 | PA                  |
| <b>Thyroid Hormone Receptor (Thr) Agonist</b>                                |        |                     |
| REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG                                   | Tier 5 | PA                  |
| <b>Topical Anticholinergic Hyperhidrosis Tx Agents</b>                       |        |                     |
| QBREXZA TOPICAL TOWELETTE 2.4 %                                              | Tier 3 | PA                  |
| SOFDRA TOPICAL GEL WITH PUMP 12.45 % (72 MG /ACTUATION)                      | Tier 4 | PA                  |
| <b>Neoplastic Disease</b>                                                    |        |                     |
| <b>Alkylating Agents</b>                                                     |        |                     |
| <i>cyclophosphamide oral capsule 25 mg, 50 mg</i>                            | Tier 5 |                     |
| <i>cyclophosphamide oral tablet 25 mg, 50 mg</i>                             | Tier 5 |                     |
| GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (lomustine)                      | Tier 5 | PA                  |
| <i>hydroxyurea oral capsule 500 mg</i> (Hydrea)                              | Tier 2 |                     |
| LEUKERAN ORAL TABLET 2 MG                                                    | Tier 5 |                     |
| MYLERAN ORAL TABLET 2 MG                                                     | Tier 5 |                     |
| <i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i> | Tier 5 | PA                  |
| <b>Antiandrogenic Agents</b>                                                 |        |                     |
| <i>abiraterone oral tablet 250 mg</i> (Abitrega)                             | Tier 5 | PA                  |
| <i>abiraterone oral tablet 500 mg</i> (Zytiga)                               | Tier 5 | PA                  |
| ABIRTEGA ORAL TABLET 250 MG (abiraterone)                                    | Tier 5 | PA                  |
| <i>bicalutamide oral tablet 50 mg</i> (Casodex)                              | Tier 2 |                     |
| ERLEADA ORAL TABLET 240 MG, 60 MG                                            | Tier 5 | PA                  |
| <i>nilutamide oral tablet 150 mg</i> (Nilandron)                             | Tier 5 | QL (2 EA per 1 day) |
| NUBEQA ORAL TABLET 300 MG                                                    | Tier 5 | PA                  |
| XTANDI ORAL CAPSULE 40 MG                                                    | Tier 5 | PA                  |
| XTANDI ORAL TABLET 40 MG, 80 MG                                              | Tier 5 | PA                  |
| YONSA ORAL TABLET 125 MG                                                     | Tier 5 | PA                  |

| Drug                                                        | Status    | Notes                                                                                                                                                         |
|-------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Antibiotic Antineoplastics</b>                           |           |                                                                                                                                                               |
| JELMYTO INTRA-PYELOCALYCEAL KIT 40 MG X 2                   | Tier 5    | PA                                                                                                                                                            |
| <b>Antimetabolites</b>                                      |           |                                                                                                                                                               |
| <i>capecitabine oral tablet 150 mg, 500 mg</i> (Xeloda)     | Tier 5    | PA                                                                                                                                                            |
| INQOVI ORAL TABLET 35-100 MG                                | Tier 5    | PA                                                                                                                                                            |
| JYLAMVO ORAL SOLUTION 2 MG/ML                               | Tier 4    | PA                                                                                                                                                            |
| LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG                  | Tier 5    | PA                                                                                                                                                            |
| <i>mercaptopurine oral suspension 20 mg/ml</i> (Purixan)    | Tier 5    | ST: Must meet the following requirement: Mercaptopurine tablets in 120 days                                                                                   |
| <i>mercaptopurine oral tablet 50 mg</i>                     | Tier 2    |                                                                                                                                                               |
| <i>methotrexate sodium (pf) injection recon soln 1 gram</i> | Tier 2    |                                                                                                                                                               |
| <i>methotrexate sodium (pf) injection solution 25 mg/ml</i> | Tier 2    |                                                                                                                                                               |
| <i>methotrexate sodium injection solution 25 mg/ml</i>      | Tier 2    |                                                                                                                                                               |
| <i>methotrexate sodium oral tablet 2.5 mg</i>               | Tier 2    |                                                                                                                                                               |
| ONUREG ORAL TABLET 200 MG, 300 MG                           | Tier 5    | PA                                                                                                                                                            |
| PURIXAN ORAL SUSPENSION 20 MG/ML (mercaptopurine)           | Tier 5    | ST: Must meet the following requirement: Mercaptopurine tablets in 120 days                                                                                   |
| TABLOID ORAL TABLET 40 MG (thioguanine)                     | Tier 5    |                                                                                                                                                               |
| TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG              | Tier 3    |                                                                                                                                                               |
| XATMEP ORAL SOLUTION 2.5 MG/ML                              | Tier 4    | ST: Must meet any of the following requirements: Methotrexate tablets or injection solution in 120 days if 12 years of age and older; QL (120 ML per 60 days) |
| <b>Antineoplastic Aromatase Inhibitors</b>                  |           |                                                                                                                                                               |
| <i>anastrozole oral tablet 1 mg</i> (Arimidex)              | \$0 COPAY | \$0 COPAY IF QUANTITY 1 IN 1 DAY                                                                                                                              |
| <i>exemestane oral tablet 25 mg</i> (Aromasin)              | \$0 COPAY | \$0 COPAY IF QUANTITY 1 IN 1 DAY                                                                                                                              |
| <i>letrozole oral tablet 2.5 mg</i> (Femara)                | Tier 2    |                                                                                                                                                               |
| <b>Antineoplastic - Braf Kinase Inhibitors</b>              |           |                                                                                                                                                               |
| BRAFTOVI ORAL CAPSULE 75 MG                                 | Tier 5    | PA                                                                                                                                                            |

| Drug                                                                                              | Status | Notes                   |
|---------------------------------------------------------------------------------------------------|--------|-------------------------|
| OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML                                                | Tier 5 | PA                      |
| OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6)   | Tier 5 | PA                      |
| TAFINLAR ORAL CAPSULE 50 MG, 75 MG                                                                | Tier 5 | PA                      |
| TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG                                                         | Tier 5 | PA                      |
| ZELBORAF ORAL TABLET 240 MG                                                                       | Tier 5 | PA                      |
| <b>Antineoplastic - Hedgehog Pathway Inhibitor</b>                                                |        |                         |
| DAURISMO ORAL TABLET 100 MG, 25 MG                                                                | Tier 5 | PA                      |
| ERIVEDGE ORAL CAPSULE 150 MG                                                                      | Tier 5 | PA                      |
| ODOMZO ORAL CAPSULE 200 MG                                                                        | Tier 5 | PA                      |
| <b>Antineoplastic - Janus Kinase (Jak) Inhibitors</b>                                             |        |                         |
| JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG                                               | Tier 5 | PA; QL (2 EA per 1 day) |
| <b>Antineoplastic - Kras Protein Inhibitor</b>                                                    |        |                         |
| KRAZATI ORAL TABLET 200 MG                                                                        | Tier 5 | PA                      |
| LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG                                                       | Tier 5 | PA                      |
| <b>Antineoplastic - Mek1 And Mek2 Kinase Inhibitors</b>                                           |        |                         |
| COTELLIC ORAL TABLET 20 MG                                                                        | Tier 5 | PA                      |
| GOMEKLI ORAL CAPSULE 1 MG, 2 MG                                                                   | Tier 5 | PA                      |
| GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG                                                           | Tier 5 | PA                      |
| KOSELUGO ORAL CAPSULE 10 MG, 25 MG                                                                | Tier 5 | PA                      |
| MEKINIST ORAL RECON SOLN 0.05 MG/ML                                                               | Tier 5 | PA                      |
| MEKINIST ORAL TABLET 0.5 MG, 2 MG                                                                 | Tier 5 | PA                      |
| MEKTOVI ORAL TABLET 15 MG                                                                         | Tier 5 | PA                      |
| <b>Antineoplastic - Mtor Kinase Inhibitors</b>                                                    |        |                         |
| <i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i> (Torpenz)              | Tier 5 | PA                      |
| <i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i> (Afinitor Disperz) | Tier 5 | PA                      |

| Drug                                                                          | Status | Notes                      |
|-------------------------------------------------------------------------------|--------|----------------------------|
| TORPENZ ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG (everolimus (antineoplastic)) | Tier 5 | PA                         |
| <b>Antineoplastic - Protein Methyltransferase Inhibit</b>                     |        |                            |
| TAZVERIK ORAL TABLET 200 MG                                                   | Tier 5 | PA                         |
| <b>Antineoplastic - Topoisomerase I Inhibitors</b>                            |        |                            |
| HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG                                           | Tier 5 |                            |
| <b>Antineoplastic Immunomodulator Agents</b>                                  |        |                            |
| lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg (Revlimid) | Tier 5 | PA                         |
| POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG                                  | Tier 5 | PA                         |
| REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (lenalidomide) | Tier 5 | PA                         |
| <b>Antineoplastic Lhrh(Gnrh) Antagonist,Pituit.Supprs</b>                     |        |                            |
| FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG                 | Tier 4 | QL (2 EA per 365 days)     |
| FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG                  | Tier 4 | QL (1 EA per 30 days)      |
| ORGOVYX ORAL TABLET 120 MG                                                    | Tier 5 | PA                         |
| <b>Antineoplastic Systemic Enzyme Activators</b>                              |        |                            |
| MODEYSO ORAL CAPSULE 125 MG                                                   | Tier 5 | PA; QL (20 EA per 28 days) |
| <b>Antineoplastic Systemic Enzyme Inhibitors</b>                              |        |                            |
| ALECENSA ORAL CAPSULE 150 MG                                                  | Tier 5 | PA                         |
| ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG                                     | Tier 5 | PA                         |
| ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)                        | Tier 5 | PA                         |
| AUGTYRO ORAL CAPSULE 160 MG, 40 MG                                            | Tier 5 | PA                         |
| AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG                      | Tier 5 | PA                         |
| BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG                                         | Tier 5 | PA                         |
| BOSULIF ORAL CAPSULE 100 MG, 50 MG                                            | Tier 5 | PA                         |

| Drug                                                                                                          | Status | Notes                   |
|---------------------------------------------------------------------------------------------------------------|--------|-------------------------|
| BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG                                                                    | Tier 5 | PA                      |
| BRUKINSA ORAL CAPSULE 80 MG                                                                                   | Tier 5 | PA                      |
| BRUKINSA ORAL TABLET 160 MG                                                                                   | Tier 5 | PA                      |
| CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG                                                                     | Tier 5 | PA                      |
| CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG                                                              | Tier 5 | PA                      |
| CAPRELSA ORAL TABLET 100 MG, 300 MG (vandetanib)                                                              | Tier 5 | PA                      |
| COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY) | Tier 5 | PA                      |
| COPIKTRA ORAL CAPSULE 15 MG, 25 MG                                                                            | Tier 5 | PA                      |
| DANZITEN ORAL TABLET 71 MG, 95 MG                                                                             | Tier 5 | PA                      |
| <i>dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg</i> (Phyrago)                             | Tier 5 | PA                      |
| ENSACOVE ORAL CAPSULE 100 MG, 25 MG                                                                           | Tier 5 | PA                      |
| <i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>                                                            | Tier 5 | PA                      |
| FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG                                                                         | Tier 5 | PA                      |
| FRUZAQLA ORAL CAPSULE 1 MG, 5 MG                                                                              | Tier 5 | PA                      |
| GAVRETO ORAL CAPSULE 100 MG                                                                                   | Tier 5 | PA                      |
| <i>gefitinib oral tablet 250 mg</i> (Iressa)                                                                  | Tier 5 | PA                      |
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG                                                                      | Tier 5 | PA                      |
| HERNEXEOS ORAL TABLET 60 MG                                                                                   | Tier 5 | PA; QL (3 EA per 1 day) |
| IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG                                                                    | Tier 5 | PA                      |
| IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG                                                                     | Tier 5 | PA                      |
| IBTROZI ORAL CAPSULE 200 MG                                                                                   | Tier 5 | PA                      |
| ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG                                                                | Tier 5 | PA                      |
| <i>imatinib oral tablet 100 mg, 400 mg</i> (Gleevec)                                                          | Tier 5 | PA                      |
| IMBRUVICA ORAL CAPSULE 140 MG, 70 MG                                                                          | Tier 5 | PA                      |
| IMBRUVICA ORAL SUSPENSION 70 MG/ML                                                                            | Tier 5 | PA                      |

| Drug                                                                                                                                                                                                               | Status | Notes                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------------------------|
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG                                                                                                                                                                       | Tier 5 | PA                      |
| IMKELDI ORAL SOLUTION 80 MG/ML                                                                                                                                                                                     | Tier 5 | PA                      |
| INLYTA ORAL TABLET 1 MG, 5 MG                                                                                                                                                                                      | Tier 5 | PA                      |
| INREBIC ORAL CAPSULE 100 MG                                                                                                                                                                                        | Tier 5 | PA; QL (4 EA per 1 day) |
| ITOVEBI ORAL TABLET 3 MG, 9 MG                                                                                                                                                                                     | Tier 5 | PA                      |
| IWILFIN ORAL TABLET 192 MG                                                                                                                                                                                         | Tier 5 | PA                      |
| JAYPIRCA ORAL TABLET 100 MG, 50 MG                                                                                                                                                                                 | Tier 5 | PA                      |
| KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)                                                                                                                      | Tier 5 | PA                      |
| <i>lapatinib oral tablet 250 mg</i> (Tykerb)                                                                                                                                                                       | Tier 5 | PA                      |
| LAZCLUZE ORAL TABLET 240 MG, 80 MG                                                                                                                                                                                 | Tier 5 | PA                      |
| LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY (10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X 2), 20 MG/DAY (10 MG X 2), 24 MG/DAY (10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2) | Tier 5 | PA                      |
| LORBRENA ORAL TABLET 100 MG, 25 MG                                                                                                                                                                                 | Tier 5 | PA                      |
| LYNPARZA ORAL TABLET 100 MG, 150 MG                                                                                                                                                                                | Tier 5 | PA                      |
| LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)                                                                                                                               | Tier 5 | PA                      |
| NERLYNX ORAL TABLET 40 MG                                                                                                                                                                                          | Tier 5 | PA                      |
| <i>nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg</i> (Tasigna)                                                                                                                                                  | Tier 5 | PA                      |
| NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG                                                                                                                                                                            | Tier 5 | PA                      |
| OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG                                                                                                                                                                          | Tier 5 | PA                      |
| OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG                                                                                                                                                                         | Tier 5 | PA                      |
| <i>pazopanib oral tablet 200 mg</i> (Votrient)                                                                                                                                                                     | Tier 5 | PA                      |
| PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG                                                                                                                                                                         | Tier 5 | PA                      |
| PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X 1-50 MG X 1), 300 MG/DAY (150 MG X 2)                                                                                                             | Tier 5 | PA                      |
| QINLOCK ORAL TABLET 50 MG                                                                                                                                                                                          | Tier 5 | PA                      |

| Drug                                                                         | Status | Notes                   |
|------------------------------------------------------------------------------|--------|-------------------------|
| RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG                             | Tier 5 | PA                      |
| REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG                                   | Tier 5 | PA                      |
| ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG                                    | Tier 5 | PA                      |
| ROZLYTREK ORAL CAPSULE 100 MG, 200 MG                                        | Tier 5 | PA                      |
| ROZLYTREK ORAL PELLETS IN PACKET 50 MG                                       | Tier 5 | PA                      |
| RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG                                   | Tier 5 | PA                      |
| RYDAPT ORAL CAPSULE 25 MG                                                    | Tier 5 | PA                      |
| SCSEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG                                   | Tier 5 | PA                      |
| <i>sorafenib oral tablet 200 mg</i> (Nexavar)                                | Tier 5 | PA                      |
| STIVARGA ORAL TABLET 40 MG                                                   | Tier 5 | PA                      |
| <i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Sutent) | Tier 5 | PA                      |
| TABRECTA ORAL TABLET 150 MG, 200 MG                                          | Tier 5 | PA                      |
| TAGRISSO ORAL TABLET 40 MG, 80 MG                                            | Tier 5 | PA                      |
| TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG        | Tier 5 | PA                      |
| TEPMETKO ORAL TABLET 225 MG                                                  | Tier 5 | PA                      |
| TRUQAP ORAL TABLET 160 MG, 200 MG                                            | Tier 5 | PA                      |
| TUKYSA ORAL TABLET 150 MG, 50 MG                                             | Tier 5 | PA                      |
| TURALIO ORAL CAPSULE 125 MG                                                  | Tier 5 | PA                      |
| VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG                                        | Tier 5 | PA                      |
| VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG                           | Tier 5 | PA                      |
| VITRAKVI ORAL CAPSULE 100 MG, 25 MG                                          | Tier 5 | PA                      |
| VITRAKVI ORAL SOLUTION 20 MG/ML                                              | Tier 5 | PA                      |
| VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG                                     | Tier 5 | PA                      |
| VONJO ORAL CAPSULE 100 MG                                                    | Tier 5 | PA; QL (4 EA per 1 day) |
| WAYRILZ ORAL TABLET 400 MG                                                   | Tier 5 | PA                      |
| XALKORI ORAL CAPSULE 200 MG, 250 MG                                          | Tier 5 | PA                      |



| Drug                                                              | Status | Notes |
|-------------------------------------------------------------------|--------|-------|
| XALKORI ORAL PELLET 150 MG, 20 MG, 50 MG                          | Tier 5 | PA    |
| XOSPATA ORAL TABLET 40 MG                                         | Tier 5 | PA    |
| ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG                         | Tier 5 | PA    |
| ZYDELIG ORAL TABLET 100 MG, 150 MG                                | Tier 5 | PA    |
| ZYKADIA ORAL TABLET 150 MG                                        | Tier 5 | PA    |
| <b>Antineoplastic,Histone Deacetylase Inhibitors,Hdis</b>         |        |       |
| ZOLINZA ORAL CAPSULE 100 MG                                       | Tier 5 |       |
| <b>Antineoplastic-B Cell Lymphoma-2(Bcl-2) Inhibitors</b>         |        |       |
| VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG                        | Tier 5 | PA    |
| VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG-100 MG | Tier 5 | PA    |
| <b>Antineoplastic-Enzyme Inhib, Antiandrogen Comb.</b>            |        |       |
| AKEEGA ORAL TABLET 100-500 MG, 50-500 MG                          | Tier 5 | PA    |
| <b>Antineoplastic-Hypoxia Inducible Factor (Hif) Inh</b>          |        |       |
| WELIREG ORAL TABLET 40 MG                                         | Tier 5 | PA    |
| <b>Antineoplastic-Isocitrate Dehydrogenase Inhibitors</b>         |        |       |
| IDHIFA ORAL TABLET 100 MG, 50 MG                                  | Tier 5 | PA    |
| REZLIDHIA ORAL CAPSULE 150 MG                                     | Tier 5 | PA    |
| TIBSOVO ORAL TABLET 250 MG                                        | Tier 5 | PA    |
| VORANIGO ORAL TABLET 10 MG, 40 MG                                 | Tier 5 | PA    |
| <b>Antineoplastics,Miscellaneous</b>                              |        |       |
| <i>etoposide oral capsule 50 mg</i>                               | Tier 2 |       |
| LYSODREN ORAL TABLET 500 MG                                       | Tier 5 |       |
| MATULANE ORAL CAPSULE 50 MG                                       | Tier 5 |       |
| RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5 ML                        | Tier 5 | PA    |
| <i>tretinoin (antineoplastic) oral capsule 10 mg</i>              | Tier 5 |       |

| Drug                                                                                                                                                                                                                                  | Status    | Notes                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Antineoplastic-Select Inhib Of Nuclear Exp (Sine)</b>                                                                                                                                                                              |           |                                  |
| XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (10 MG X 4), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK) | Tier 5    | PA                               |
| <b>Chemotherapy Rescue/Antidote Agents</b>                                                                                                                                                                                            |           |                                  |
| <i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>                                                                                                                                                                       | Tier 2    |                                  |
| <i>mesna oral tablet 400 mg</i> (Mesnex)                                                                                                                                                                                              | Tier 2    |                                  |
| VISTOGARD ORAL GRANULES IN PACKET 10 GRAM                                                                                                                                                                                             | Tier 5    | QL (24 EA per 14 days)           |
| <b>Intrapleural Sclerosing Agents, Antineoplast. Adj.</b>                                                                                                                                                                             |           |                                  |
| SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER 4 GRAM                                                                                                                                                                             | Tier 4    |                                  |
| <i>sterile talc intrapleural suspension for reconstitution 5 gram</i>                                                                                                                                                                 | Tier 2    |                                  |
| STERITALC INTRAPLEURAL AEROSOL POWDER 3 GRAM                                                                                                                                                                                          | Tier 4    |                                  |
| STERITALC INTRAPLEURAL SUSPENSION FOR RECONSTITUTION 2 GRAM, 4 GRAM                                                                                                                                                                   | Tier 4    |                                  |
| <b>Photoactivated, Antineopls. &amp; Premalignant Lesions</b>                                                                                                                                                                         |           |                                  |
| AMELUZ TOPICAL GEL 10 %                                                                                                                                                                                                               | Tier 4    |                                  |
| LEVULAN TOPICAL SOLUTION 20 %                                                                                                                                                                                                         | Tier 4    |                                  |
| <b>Selective Estrogen Receptor Modulators (Serm)</b>                                                                                                                                                                                  |           |                                  |
| ORSERDU ORAL TABLET 345 MG, 86 MG                                                                                                                                                                                                     | Tier 5    | PA                               |
| SOLTAMOX ORAL SOLUTION 20 MG/10 ML                                                                                                                                                                                                    | Tier 3    |                                  |
| <i>tamoxifen oral tablet 10 mg, 20 mg</i>                                                                                                                                                                                             | \$0 COPAY | \$0 COPAY IF QUANTITY 1 IN 1 DAY |
| <i>toremifene oral tablet 60 mg</i> (Fareston)                                                                                                                                                                                        | Tier 5    | PA                               |
| <b>Selective Retinoid X Receptor Agonists (Rxr)</b>                                                                                                                                                                                   |           |                                  |
| <i>bexarotene oral capsule 75 mg</i> (Targretin)                                                                                                                                                                                      | Tier 5    | PA                               |
| <b>Steroid Antineoplastics</b>                                                                                                                                                                                                        |           |                                  |
| <i>megestrol oral tablet 20 mg, 40 mg</i>                                                                                                                                                                                             | Tier 2    |                                  |

| Drug                                                                                                               | Status | Notes |
|--------------------------------------------------------------------------------------------------------------------|--------|-------|
| <b>Neurological Disease - Miscellaneous</b>                                                                        |        |       |
| <b>Agents To Treat Multiple Sclerosis</b>                                                                          |        |       |
| AVONEX INTRAMUSCULAR PEN INJECTOR 30 MCG/0.5 ML                                                                    | Tier 5 | PA    |
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML                                                                | Tier 5 | PA    |
| AVONEX INTRAMUSCULAR SYRINGE 30 MCG/0.5 ML                                                                         | Tier 5 | PA    |
| AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML                                                                     | Tier 5 | PA    |
| BAFIERTAM ORAL CAPSULE, DELAYED RELEASE(DR/EC) 95 MG                                                               | Tier 5 | PA    |
| BETASERON SUBCUTANEOUS KIT 0.3 MG                                                                                  | Tier 5 | PA    |
| COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML (glatiramer)                                                                | Tier 5 | PA    |
| <i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i> (Tecfidera) | Tier 5 | PA    |
| <i>fingolimod oral capsule 0.5 mg</i> (Gilenya)                                                                    | Tier 5 | PA    |
| GILENYA ORAL CAPSULE 0.25 MG                                                                                       | Tier 5 | PA    |
| <i>glatiramer subcutaneous syringe 20 mg/ml</i> (Glatopa)                                                          | Tier 5 | PA    |
| <i>glatiramer subcutaneous syringe 40 mg/ml</i> (Copaxone)                                                         | Tier 5 | PA    |
| GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML (glatiramer)                                                       | Tier 5 | PA    |
| KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML                                                                | Tier 5 | PA    |
| MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG                                                                       | Tier 5 | PA    |
| MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG                                                                        | Tier 5 | PA    |
| MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG                                                                        | Tier 5 | PA    |
| MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG                                                                        | Tier 5 | PA    |
| MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG                                                                        | Tier 5 | PA    |
| MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG                                                                        | Tier 5 | PA    |
| MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG                                                                        | Tier 5 | PA    |

| Drug                                                                                                 | Status | Notes |
|------------------------------------------------------------------------------------------------------|--------|-------|
| MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG                                                              | Tier 5 | PA    |
| MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)                               | Tier 5 | PA    |
| MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)                              | Tier 5 | PA    |
| PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML                                                        | Tier 5 | PA    |
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML                      | Tier 5 | PA    |
| PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML                           | Tier 5 | PA    |
| PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK 2 MG (2) - 10 MG (3)                              | Tier 5 | PA    |
| PONVORY ORAL TABLET 20 MG                                                                            | Tier 5 | PA    |
| REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML                               | Tier 5 | PA    |
| REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6) | Tier 5 | PA    |
| REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)                              | Tier 5 | PA    |
| TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.25 MG, 0.5 MG                                              | Tier 5 | PA    |
| <i>teriflunomide oral tablet 14 mg, 7 mg</i> (Aubagio)                                               | Tier 5 | PA    |
| VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG                                                  | Tier 5 | PA    |
| <b>Agts Tx Neuromusc Transmission Dis,Pot-Chan Blkr</b>                                              |        |       |
| <i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)                               | Tier 5 | PA    |
| FIRDAPSE ORAL TABLET 10 MG                                                                           | Tier 5 | PA    |
| <b>Amyotrophic Lateral Sclerosis Agents</b>                                                          |        |       |
| RADICAVA ORS ORAL SUSPENSION 105 MG/5 ML                                                             | Tier 5 | PA    |
| RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML                                            | Tier 5 | PA    |

| Drug                                                                                                | Status | Notes                                                                                                                                                                                                                                        |
|-----------------------------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>riluzole oral tablet 50 mg</i>                                                                   | Tier 2 |                                                                                                                                                                                                                                              |
| TEGLUTIK ORAL SUSPENSION 50 MG/10 ML                                                                | Tier 5 | PA                                                                                                                                                                                                                                           |
| TIGLUTIK ORAL SUSPENSION 50 MG/10 ML                                                                | Tier 5 | PA                                                                                                                                                                                                                                           |
| <b>Fibromyalgia Agents,Serotonin-Norepineph Ru Inhib</b>                                            |        |                                                                                                                                                                                                                                              |
| SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG                                                   | Tier 4 | ST: Must meet 2 of the following requirements: Amitriptyline tablets, Cyclobenzaprine IR tablets, Duloxetine (20, 30, 60mg) capsules, generic Gabapentin IR tablets and capsules, or Pregabalin IR capsules in 365 days; QL (2 EA per 1 day) |
| SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)                                       | Tier 4 | ST: Must meet 2 of the following requirements: Amitriptyline tablets, Cyclobenzaprine IR tablets, Duloxetine (20, 30, 60mg) capsules, generic Gabapentin IR tablets and capsules, or Pregabalin IR capsules in 365 days; QL (2 EA per 1 day) |
| <b>Glypromate (Gpe) Analogs</b>                                                                     |        |                                                                                                                                                                                                                                              |
| DAYBUE ORAL SOLUTION 200 MG/ML                                                                      | Tier 5 | PA                                                                                                                                                                                                                                           |
| <b>Heat Shock Protein (Hsp) Modulating Agents</b>                                                   |        |                                                                                                                                                                                                                                              |
| MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG                                                   | Tier 5 | PA                                                                                                                                                                                                                                           |
| <b>Metabolic Disease Enzyme Replacement, Mocd</b>                                                   |        |                                                                                                                                                                                                                                              |
| NULIBRY INTRAVENOUS RECON SOLN 9.5 MG                                                               | Tier 5 | PA                                                                                                                                                                                                                                           |
| <b>Movement Disorders(Drug Therapy)</b>                                                             |        |                                                                                                                                                                                                                                              |
| AUSTEDO ORAL TABLET 12 MG, 9 MG                                                                     | Tier 5 | PA; QL (4 EA per 1 day)                                                                                                                                                                                                                      |
| AUSTEDO ORAL TABLET 6 MG                                                                            | Tier 5 | PA; QL (2 EA per 1 day)                                                                                                                                                                                                                      |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG | Tier 5 | PA; QL (1 EA per 1 day)                                                                                                                                                                                                                      |
| AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG                   | Tier 5 | PA                                                                                                                                                                                                                                           |

| Drug                                                                                       | Status | Notes                                                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| INGREZZA INITIATION PK(TARDIV)<br>ORAL CAPSULE,DOSE PACK 40 MG<br>(7)- 80 MG (21)          | Tier 5 | PA; QL (1 EA per 1 day)                                                                                                                                                                                        |
| INGREZZA ORAL CAPSULE 40 MG, 60<br>MG, 80 MG                                               | Tier 5 | PA; QL (1 EA per 1 day)                                                                                                                                                                                        |
| INGREZZA SPRINKLE ORAL<br>CAPSULE, SPRINKLE 40 MG, 60 MG,<br>80 MG                         | Tier 5 | PA; QL (1 EA per 1 day)                                                                                                                                                                                        |
| <i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> (Xenazine)                                 | Tier 5 | PA                                                                                                                                                                                                             |
| <b>Neuropathic Agents</b>                                                                  |        |                                                                                                                                                                                                                |
| <i>pregabalin oral tablet extended release</i> (Lyrica CR)<br><i>24 hr 165 mg, 82.5 mg</i> | Tier 2 | ST: Must meet 2 of the<br>following requirements:<br>Divalproex, Duloxetine,<br>Gabapentin, Pregabalin, a<br>tricyclic antidepressant,<br>Valproic Acid, or<br>Venlafaxine in 365 days;<br>QL (3 EA per 1 day) |
| <i>pregabalin oral tablet extended release</i> (Lyrica CR)<br><i>24 hr 330 mg</i>          | Tier 2 | ST: Must meet 2 of the<br>following requirements:<br>Divalproex, Duloxetine,<br>Gabapentin, Pregabalin, a<br>tricyclic antidepressant,<br>Valproic Acid, or<br>Venlafaxine in 365 days;<br>QL (2 EA per 1 day) |
| <b>Nuclear Factor Erythroid 2-Rel. Factor 2<br/>Activator</b>                              |        |                                                                                                                                                                                                                |
| SKYCLARYS ORAL CAPSULE 50 MG                                                               | Tier 5 | PA                                                                                                                                                                                                             |
| <b>Pseudobulbar Affect (Pba) Agents,<br/>Nmda Antagonists</b>                              |        |                                                                                                                                                                                                                |
| NUEDEXTA ORAL CAPSULE 20-10 MG                                                             | Tier 4 | PA                                                                                                                                                                                                             |
| <b>Sphingosine 1-Phosphate (S1p)<br/>Receptor Modulator</b>                                |        |                                                                                                                                                                                                                |
| VELSIPITY ORAL TABLET 2 MG                                                                 | Tier 5 | PA                                                                                                                                                                                                             |
| ZEPOSIA ORAL CAPSULE 0.92 MG                                                               | Tier 5 | PA                                                                                                                                                                                                             |
| ZEPOSIA STARTER KIT (28-DAY)<br>ORAL CAPSULE,DOSE PACK 0.23<br>MG-0.46 MG -0.92 MG (21)    | Tier 5 | PA                                                                                                                                                                                                             |
| ZEPOSIA STARTER PACK (7-DAY)<br>ORAL CAPSULE,DOSE PACK 0.23 MG<br>(4)- 0.46 MG (3)         | Tier 5 | PA                                                                                                                                                                                                             |
| <b>Oral/Pharyngeal Disorders</b>                                                           |        |                                                                                                                                                                                                                |
| <b>Dental Aids And Preparations</b>                                                        |        |                                                                                                                                                                                                                |
| <i>chlorhexidine gluconate mucous</i> (Periogard)<br><i>membrane mouthwash 0.12 %</i>      | Tier 2 |                                                                                                                                                                                                                |
| ORALONE DENTAL PASTE 0.1 % (triamcinolone acetoneide)                                      | Tier 2 |                                                                                                                                                                                                                |

| Drug                                                                                 | Status | Notes                                                                                                                                 |
|--------------------------------------------------------------------------------------|--------|---------------------------------------------------------------------------------------------------------------------------------------|
| PERIOGARD MUCOUS MEMBRANE (chlorhexidine gluconate) MOUTHWASH 0.12 %                 | Tier 2 |                                                                                                                                       |
| Q-CARE RX Q2 KIT 0.12 %                                                              | Tier 4 |                                                                                                                                       |
| Q-CARE RX Q4 KIT 0.12 %                                                              | Tier 4 |                                                                                                                                       |
| <i>triamcinolone acetonide dental paste 0.1 %</i> (Oralone)                          | Tier 2 |                                                                                                                                       |
| <b>Nose Preparations, Miscellaneous (Rx)</b>                                         |        |                                                                                                                                       |
| <i>cocaine nasal solution 4 %</i> (Numbrino)                                         | Tier 2 |                                                                                                                                       |
| <i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i> | Tier 2 |                                                                                                                                       |
| NUMBRINO NASAL SOLUTION 4 % (cocaine)                                                | Tier 2 |                                                                                                                                       |
| <b>Periodontal Collagenase Inhibitors</b>                                            |        |                                                                                                                                       |
| <i>doxycycline hyclate oral tablet 20 mg</i>                                         | Tier 2 |                                                                                                                                       |
| <b>Other Drugs</b>                                                                   |        |                                                                                                                                       |
| <b>Abortifacient, Progesterone Receptor Antagonist-Typ</b>                           |        |                                                                                                                                       |
| MIFEPREX ORAL TABLET 200 MG (mifepristone)                                           | Tier 4 |                                                                                                                                       |
| <i>mifepristone oral tablet 200 mg</i> (Mifeprex)                                    | Tier 2 |                                                                                                                                       |
| <b>Agents For Stomatological Use</b>                                                 |        |                                                                                                                                       |
| DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 %                                          | Tier 4 |                                                                                                                                       |
| <b>Antineoplastic - Systemic Enzyme Inhibitors Combs</b>                             |        |                                                                                                                                       |
| AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG                                          | Tier 5 | PA                                                                                                                                    |
| <b>Antipsychotics, Muscarinic Agonist/Antagonist Comb</b>                            |        |                                                                                                                                       |
| COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG                                  | Tier 4 | ST: Must meet any of the following requirements: generic atypical antipsychotic, Rexulti, or Vraylar in 120 days; QL (2 EA per 1 day) |
| COBENFY STARTER PACK ORAL CAPSULE, DOSE PACK 50 MG-20 MG /100 MG-20 MG               | Tier 4 | ST: Must meet any of the following requirements: generic atypical antipsychotic, Rexulti, or Vraylar in 120 days                      |
| <b>Antivenins</b>                                                                    |        |                                                                                                                                       |
| ANASCORP INTRAVENOUS RECON SOLN 120 MG                                               | Tier 4 |                                                                                                                                       |

| Drug                                                                                                       | Status | Notes                                                                                              |
|------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------|
| <b>Appetite Stim. For Anorexia, Cachexia, Wasting Synd.</b>                                                |        |                                                                                                    |
| <i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)</i>                             | Tier 2 |                                                                                                    |
| <i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>                                                   | Tier 2 | ST: Must meet the following requirement:<br>Megestrol Acetate<br>40mg/mL suspension in<br>120 days |
| <b>Blood Collection Set With Local Anesthetics</b>                                                         |        |                                                                                                    |
| CADIRA COMPLIANT BLOOD STAT KIT 21 GAUGE X 3/4" -2.5 %-2.5 %                                               | Tier 4 |                                                                                                    |
| LIDO BDK KIT 21 GAUGE X 1"- 2.5 %-2.5 %                                                                    | Tier 4 |                                                                                                    |
| <b>Blood Testing Preparations, In-Vitro</b>                                                                |        |                                                                                                    |
| COAGUCHEK XS                                                                                               | Tier 4 |                                                                                                    |
| <b>Bulk Chemicals</b>                                                                                      |        |                                                                                                    |
| <i>alum, ammonium (bulk) powder</i>                                                                        | Tier 4 |                                                                                                    |
| <i>ascorbic acid(vitamin c)(bulk) granules 100 %</i>                                                       | Tier 4 |                                                                                                    |
| <i>benzoin (bulk) topical tincture</i>                                                                     | Tier 4 |                                                                                                    |
| TRI-CHLOR TOPICAL SOLUTION 80 %                                                                            | Tier 4 |                                                                                                    |
| <i>trichloroacetic acid topical recon soln 100 %, 20 %, 25 %, 30 %, 35 %, 40 %, 50 %, 75 %, 80 %, 90 %</i> | Tier 4 |                                                                                                    |
| <b>Cardioplegic Solutions</b>                                                                              |        |                                                                                                    |
| CARDIOPLEGIA DEL NIDO FORMULA PERFUSION SOLUTION 26 MEQ/1,052.8 ML (POTASSIUM)                             | Tier 2 |                                                                                                    |
| CARDIOPLEGIA DEL NIDO-ISOLYT S PERFUSION SOLUTION 26 MEQ/1,052.8 ML (POTASSIUM)                            | Tier 4 |                                                                                                    |
| CARDIOPLEGIA HIGH POTASSIUM PERFUSION SOLUTION 108 MEQ/500 ML (POTASSIUM)                                  | Tier 2 |                                                                                                    |
| CARDIOPLEGIA IND 4:1 PLASMALYT PERFUSION SOLUTION 30 MEQ/542 ML (POTASSIUM)                                | Tier 2 |                                                                                                    |
| CARDIOPLEGIA IND 8:1 NON-ENRCH PERFUSION SOLUTION 70 MEQ/300 ML (POTASSIUM)                                | Tier 2 |                                                                                                    |
| CARDIOPLEGIA INDUCTION 4:1 PERFUSION SOLUTION 30 MEQ/415 ML (POTASSIUM)                                    | Tier 2 |                                                                                                    |



| Drug                                                                                                     | Status    | Notes                                  |
|----------------------------------------------------------------------------------------------------------|-----------|----------------------------------------|
| CARDIOPLEGIA MAINTENANCE 4:1<br>PERFUSION SOLUTION 20 MEQ/810<br>ML (POTASSIUM), 36 MEQ/L<br>(POTASSIUM) | Tier 2    |                                        |
| CARDIOPLEGIA REPERFUSATE 4:1<br>PERFUSION SOLUTION 15 MEQ/477.5<br>ML (POTASSIUM)                        | Tier 2    |                                        |
| CARDIOPLEGIA WARM INDUCT 4:1<br>PERFUSION SOLUTION 40 MEQ/500<br>ML (POTASSIUM)                          | Tier 4    |                                        |
| <i>cardioplegic no.17(induct 4:1) perfusion<br/>solution 50 meq/500 ml (potassium)</i>                   | Tier 2    |                                        |
| <i>cardioplegic no.19 (maint 4:1) perfusion<br/>solution 40 meq/l (potassium)</i>                        | Tier 2    |                                        |
| <i>cardioplegic soln perfusion solution 16<br/>meq/l (= k+)</i> (Plegisol)                               | Tier 2    |                                        |
| <i>cardioplegic solution no.25 perfusion<br/>solution 29 mmol/l (potassium)</i>                          | Tier 2    |                                        |
| <i>microplegic solution no.1 perfusion<br/>solution 7.84 %-8.56 % (0.92 molar)</i>                       | Tier 2    |                                        |
| <b>Cholinesterase Reactivat.&amp;Muscarinic<br/>Antg.Antidote</b>                                        |           |                                        |
| DUODOTE INTRAMUSCULAR PEN<br>INJECTOR 600-2.1 MG/2ML-MG/0.7ML                                            | Tier 4    |                                        |
| <b>Cholinesterase<br/>Reactivating,Organophos. Antidotes</b>                                             |           |                                        |
| <i>pralidoxime intramuscular pen injector<br/>600 mg/2 ml</i>                                            | Tier 4    |                                        |
| <b>Coloring Agents And Dyes</b>                                                                          |           |                                        |
| <i>methylene blue (bulk-solid) powder</i>                                                                | Tier 4    |                                        |
| <b>Conception Assistance Supplies</b>                                                                    |           |                                        |
| CONCEPTION KIT                                                                                           | Tier 4    |                                        |
| <b>Condoms</b>                                                                                           |           |                                        |
| AIMSCO LATEX CONDOM DEVICE                                                                               | \$0 COPAY | \$0 COPAY IF QUANTITY<br>LIMITED TO 60 |
| DUREX AVANTI BARE REAL FEEL                                                                              | \$0 COPAY | \$0 COPAY IF QUANTITY<br>LIMITED TO 60 |
| DUREX EXTRA SENSITIVE CONDOM<br>DEVICE                                                                   | \$0 COPAY | \$0 COPAY IF QUANTITY<br>LIMITED TO 60 |
| DUREX TROPICAL CONDOM DEVICE                                                                             | \$0 COPAY | \$0 COPAY IF QUANTITY<br>LIMITED TO 60 |
| FANTASY CONDOM DEVICE                                                                                    | \$0 COPAY | \$0 COPAY IF QUANTITY<br>LIMITED TO 60 |
| FC2 FEMALE CONDOM                                                                                        | \$0 COPAY | \$0 COPAY IF QUANTITY<br>LIMITED TO 60 |

| Drug                                                     | Status    | Notes                                                                                                                               |
|----------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------------------------|
| KIMONO LUBRICATED CONDOMS DEVICE                         | \$0 COPAY | \$0 COPAY IF QUANTITY LIMITED TO 60                                                                                                 |
| KIMONO MICROTHIN AQUA LUBE CON DEVICE                    | \$0 COPAY | \$0 COPAY IF QUANTITY LIMITED TO 60                                                                                                 |
| KIMONO MICROTHIN CONDOMS DEVICE                          | \$0 COPAY | \$0 COPAY IF QUANTITY LIMITED TO 60                                                                                                 |
| KIMONO MICROTHIN LARGE CONDOMS DEVICE                    | \$0 COPAY | \$0 COPAY IF QUANTITY LIMITED TO 60                                                                                                 |
| KIMONO TEXTURED CONDOMS DEVICE                           | \$0 COPAY | \$0 COPAY IF QUANTITY LIMITED TO 60                                                                                                 |
| KIMONO THIN LUBRICATED CONDOMS DEVICE                    | \$0 COPAY | \$0 COPAY IF QUANTITY LIMITED TO 60                                                                                                 |
| TROJAN ULTRA RIBBED CONDOM DEVICE                        | \$0 COPAY | \$0 COPAY IF QUANTITY LIMITED TO 60                                                                                                 |
| TRUE COVER CONDOM DEVICE                                 | \$0 COPAY | \$0 COPAY IF QUANTITY LIMITED TO 60                                                                                                 |
| TRUSTEX LATEX CONDOM DEVICE                              | \$0 COPAY | \$0 COPAY IF QUANTITY LIMITED TO 60                                                                                                 |
| TRUSTEX LUBRICATED CONDOMS DEVICE                        | \$0 COPAY | \$0 COPAY IF QUANTITY LIMITED TO 60                                                                                                 |
| TRUSTEX NON-LUB CONDOMS DEVICE                           | \$0 COPAY | \$0 COPAY IF QUANTITY LIMITED TO 60                                                                                                 |
| TRUSTEX-RIA LUB/SPERMICIDE DEVICE                        | \$0 COPAY | \$0 COPAY IF QUANTITY LIMITED TO 60                                                                                                 |
| TRUSTEX-RIA LUBRICATED CONDOMS DEVICE                    | \$0 COPAY | \$0 COPAY IF QUANTITY LIMITED TO 60                                                                                                 |
| TRUSTEX-RIA NON-LUB CONDOMS DEVICE                       | \$0 COPAY | \$0 COPAY IF QUANTITY LIMITED TO 60                                                                                                 |
| <b>Cryopreservative Agents</b>                           |           |                                                                                                                                     |
| CRYOSERV SOLUTION 99 %                                   | Tier 4    |                                                                                                                                     |
| <b>Cystic Fibrosis - Inhaled Osmotic Agents</b>          |           |                                                                                                                                     |
| BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG | Tier 5    | ST: Must meet the following requirements: Inhaled 7% Sodium Chloride solution in 120 days; QL (20 EA per 1 day); Age (Min 18 Years) |
| <b>Diagnostic Test Devices And Supplies</b>              |           |                                                                                                                                     |
| <i>eua patient assessment</i>                            | Tier 4    |                                                                                                                                     |
| <b>Diluent Solutions</b>                                 |           |                                                                                                                                     |
| DILUTING MEDIUM FOR NOVOLOG INJECTION SOLUTION           | Tier 4    |                                                                                                                                     |
| <b>Drugs To Treat Hereditary Tyrosinemia</b>             |           |                                                                                                                                     |
| HARLIKU ORAL TABLET 2 MG                                 | Tier 5    | PA                                                                                                                                  |

| Drug                                                                    | Status | Notes |
|-------------------------------------------------------------------------|--------|-------|
| <i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i> (Orfadin)       | Tier 5 | PA    |
| NITYR ORAL TABLET 10 MG, 2 MG, 5 MG                                     | Tier 5 | PA    |
| ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (nitisinone)              | Tier 5 | PA    |
| ORFADIN ORAL SUSPENSION 4 MG/ML                                         | Tier 5 | PA    |
| <b>Drugs To Tx Gaucher Dx-Type 1, Substrate Reducing</b>                |        |       |
| CERDELGA ORAL CAPSULE 84 MG                                             | Tier 5 |       |
| <i>miglustat oral capsule 100 mg</i> (Yargesa)                          | Tier 5 | PA    |
| OPFOLDA ORAL CAPSULE 65 MG                                              | Tier 5 | PA    |
| YARGESA ORAL CAPSULE 100 MG (miglustat)                                 | Tier 5 | PA    |
| <b>Environment Allergens And Irritants, Other</b>                       |        |       |
| T.R.U.E. TEST ALLERGEN TOPICAL ADHESIVE PATCH,MEDICATED                 | Tier 4 |       |
| <b>Eye Antibiotic And Nsaid Combinations</b>                            |        |       |
| <i>moxifloxacin-bromfenac ophthalmic (eye) drops 0.5-0.075 %</i>        | Tier 2 |       |
| <b>Factor Xii Inhibitors</b>                                            |        |       |
| ANDEMBRY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 200 MG/1.2 ML          | Tier 5 | PA    |
| <b>General Anesthetics - Benzodiazepine, Injectable</b>                 |        |       |
| <i>midazolam (pf) injection solution 5 mg/ml</i>                        | Tier 2 |       |
| <i>midazolam injection solution 5 mg/ml</i>                             | Tier 2 |       |
| <b>General Anesthetics,Inhalant</b>                                     |        |       |
| <i>desflurane inhalation liquid 100 %</i> (Suprane)                     | Tier 2 |       |
| <i>isoflurane inhalation liquid 99.9 %</i> (Terrell)                    | Tier 2 |       |
| <i>sevoflurane inhalation liquid 99.97 %</i> (Ultane)                   | Tier 2 |       |
| SUPRANE INHALATION LIQUID 100 % (desflurane)                            | Tier 4 |       |
| TERRELL INHALATION LIQUID 99.9 % (isoflurane)                           | Tier 2 |       |
| <b>General Inhalation Agents</b>                                        |        |       |
| HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %                    | Tier 4 |       |
| NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 % (sodium chloride)      | Tier 2 |       |
| NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %                        | Tier 4 |       |
| <i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %</i> | Tier 2 |       |

| Drug                                                                               | Status | Notes |
|------------------------------------------------------------------------------------|--------|-------|
| sodium chloride inhalation solution for nebulization 3 % (NebuSal)                 | Tier 2 |       |
| sodium chloride inhalation solution for nebulization 7 % (Hyper-Sal)               | Tier 2 |       |
| <b>Genetic Disorder Therapy - Hdac Inhibitor</b>                                   |        |       |
| DUVYZAT ORAL SUSPENSION 8.86 MG/ML                                                 | Tier 5 | PA    |
| <b>Homeopathic Drugs</b>                                                           |        |       |
| AURUMHEEL ORAL DROPS                                                               | Tier 4 |       |
| CANTHARIS COMPOSITUM ORAL DROPS                                                    | Tier 4 |       |
| CRALONIN ORAL DROPS                                                                | Tier 4 |       |
| EYE ORAL TABLET,SOLUBLE                                                            | Tier 4 |       |
| LAMIOFLUR ORAL DROPS                                                               | Tier 4 |       |
| PLANTAGO-HOMACCORD ORAL DROPS                                                      | Tier 4 |       |
| POPULUS COMPOSITUM ORAL DROPS                                                      | Tier 4 |       |
| PSORINOHEEL ORAL DROPS                                                             | Tier 4 |       |
| RENEEL ORAL TABLET,SOLUBLE                                                         | Tier 4 |       |
| SABAL-HOMACCORD ORAL DROPS                                                         | Tier 4 |       |
| SYZYGIIUM COMPOSITUM ORAL DROPS                                                    | Tier 4 |       |
| VERTIGOHEEL ORAL DROPS                                                             | Tier 4 |       |
| VERTIGOHEEL ORAL TABLET,SOLUBLE                                                    | Tier 4 |       |
| <b>Metabolic Deficiency Agents</b>                                                 |        |       |
| betaine oral powder 1 gram/scoop (Cystadane)                                       | Tier 5 | PA    |
| CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML (levocarnitine)                      | Tier 4 |       |
| levocarnitine (with sugar) oral solution 100 mg/ml (Carnitor)                      | Tier 2 |       |
| levocarnitine oral solution 100 mg/ml (Carnitor (sugar-free))                      | Tier 2 |       |
| levocarnitine oral tablet 330 mg (Carnitor)                                        | Tier 2 |       |
| <b>Metabolic Disease Enzyme Replace, Hypophosphatasia</b>                          |        |       |
| STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML | Tier 5 | PA    |
| <b>Metabolic Dx Enzyme Replacemt,Sev.Comb.Immune Def.</b>                          |        |       |
| REVCIVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)                           | Tier 5 | PA    |

| Drug                                                                                                                                               | Status | Notes |
|----------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------|
| <b>Metallic Poison, Agents To Treat</b>                                                                                                            |        |       |
| CHEMET ORAL CAPSULE 100 MG                                                                                                                         | Tier 4 |       |
| CUVRIOR ORAL TABLET 300 MG                                                                                                                         | Tier 5 | PA    |
| deferasirox oral granules in packet 180 mg, 360 mg, 90 mg (Jadenu Sprinkle)                                                                        | Tier 5 | PA    |
| deferasirox oral tablet 180 mg, 360 mg, 90 mg (Jadenu)                                                                                             | Tier 5 | PA    |
| deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg (Exjade)                                                                               | Tier 5 | PA    |
| deferiprone oral tablet 1,000 mg, 500 mg (Ferriprox)                                                                                               | Tier 5 | PA    |
| deferoxamine injection recon soln 2 gram                                                                                                           | Tier 2 | PA    |
| deferoxamine injection recon soln 500 mg (Desferal)                                                                                                | Tier 2 | PA    |
| FERRIPROX ORAL SOLUTION 100 MG/ML                                                                                                                  | Tier 5 | PA    |
| GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)                                                                                                     | Tier 4 |       |
| RADIOGARDASE ORAL CAPSULE 0.5 GRAM                                                                                                                 | Tier 4 |       |
| trientine oral capsule 250 mg (Syprine)                                                                                                            | Tier 5 | PA    |
| trientine oral capsule 500 mg                                                                                                                      | Tier 5 | PA    |
| <b>Muscarinic Receptor Antagonists</b>                                                                                                             |        |       |
| ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML                                                                                      | Tier 4 |       |
| <b>Needles/Needleless Devices</b>                                                                                                                  |        |       |
| 1ST TIER UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)      | Tier 4 |       |
| 1ST TIER UNIFINE PENTIPS PLUS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic) | Tier 4 |       |
| ADVOCATE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" (pen needle, diabetic)                           | Tier 4 |       |
| AQINJECT PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)                                                               | Tier 4 |       |
| ASSURE ID DUO PRO SFTY PEN NDL NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic, safety)                                                              | Tier 4 |       |
| ASSURE ID PEN NEEDLE NEEDLE 30 GAUGE X 5/16"                                                                                                       | Tier 4 |       |

| Drug                                                                                                                                                                                                                       | Status | Notes |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------|
| ASSURE ID PRO PEN NEEDLE<br>NEEDLE 30 GAUGE X 3/16"                                                                                                                                                                        | Tier 4 |       |
| AUTOSHIELD DUO PEN NEEDLE<br>NEEDLE 30 GAUGE X 3/16"                                                                                                                                                                       | Tier 3 |       |
| BD ECLIPSE LUER-LOK NEEDLE 21<br>GAUGE X 1 1/2", 25 GAUGE X 1 1/2",<br>30 X 1/2 "                                                                                                                                          | Tier 4 |       |
| BD ECLIPSE NEEDLE 18 GAUGE X 1 (safety needles)<br>1/2"                                                                                                                                                                    | Tier 4 |       |
| BD ECLIPSE NEEDLE 21 GAUGE X 1",<br>25 GAUGE X 1 1/2", 25 GAUGE X 1"                                                                                                                                                       | Tier 4 |       |
| BD FILTER NEEDLE 5-MICRON NOKO (filter needles)<br>NEEDLE 18 GAUGE X 1 1/2"                                                                                                                                                | Tier 4 |       |
| BD FILTER NEEDLE-5 MICRON (filter needles)<br>NEEDLE 19 X 1 1/2 "                                                                                                                                                          | Tier 4 |       |
| BD INTEGRA NEEDLE NEEDLE 23 (needle (disp) 23 gauge)<br>GAUGE X 1"                                                                                                                                                         | Tier 4 |       |
| BD INTRADERMAL BEVEL NEEDLES (needle (disp) 26 gauge)<br>NEEDLE 26 GAUGE X 3/8"                                                                                                                                            | Tier 4 |       |
| BD NOKOR ADMIX NEEDLE NEEDLE (needle (disp) 18 g)<br>18 GAUGE X 1 1/2"                                                                                                                                                     | Tier 4 |       |
| BD PRECISIONGLIDE NEEDLE 25<br>GAUGE X 1", 27 GAUGE X 1 1/2", 27<br>GAUGE X 3/8"                                                                                                                                           | Tier 4 |       |
| BD PRECISIONGLIDE NON-STERILE (needle (disp) 18 g)<br>NEEDLE 18 GAUGE X 1 1/2"                                                                                                                                             | Tier 4 |       |
| BD PRECISIONGLIDE NON-STERILE (needle (disp) 19 g)<br>NEEDLE 19 GAUGE X 1 1/2"                                                                                                                                             | Tier 4 |       |
| BD PRECISIONGLIDE NON-STERILE<br>NEEDLE 20 GAUGE X 1 1/2", 21<br>GAUGE X 1 1/2", 25 GAUGE X 1", 25<br>GAUGE X 5/8"                                                                                                         | Tier 4 |       |
| BD PRECISIONGLIDE NON-STERILE (needle (disp) 23 gauge)<br>NEEDLE 23 GAUGE X 1"                                                                                                                                             | Tier 4 |       |
| BD REGULAR BEVEL NEEDLES (needle (disp) 18 g)<br>NEEDLE 18 GAUGE X 1 1/2", 18<br>GAUGE X 1"                                                                                                                                | Tier 4 |       |
| BD REGULAR BEVEL NEEDLES (needle (disp) 19 g)<br>NEEDLE 19 GAUGE X 1 1/2"                                                                                                                                                  | Tier 4 |       |
| BD REGULAR BEVEL NEEDLES<br>NEEDLE 19 GAUGE X 1", 20 GAUGE X<br>1 1/2", 20 GAUGE X 1", 21 GAUGE X 1<br>1/2", 21 GAUGE X 1", 23 GAUGE X<br>3/4", 25 GAUGE X 1 1/2", 25 GAUGE X<br>5/8", 26 GAUGE X 1/2", 27 GAUGE X<br>1/2" | Tier 4 |       |

| Drug                                                                                                                                                                                    | Status | Notes |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------|
| BD SAFETYGLIDE NEEDLE NEEDLE (safety needles)<br>18 GAUGE X 1 1/2"                                                                                                                      | Tier 4 |       |
| BD SAFETYGLIDE NEEDLE NEEDLE<br>21 GAUGE X 1 1/2", 21 GAUGE X 1", 23<br>GAUGE X 1 1/2", 23 GAUGE X 1", 25<br>GAUGE X 1", 25 GAUGE X 5/8", 27<br>GAUGE X 5/8"                            | Tier 4 |       |
| BD SHORT BEVEL NEEDLES NEEDLE (needle (disp) 18 g)<br>18 GAUGE X 1 1/2"                                                                                                                 | Tier 4 |       |
| BD SHORT BEVEL NEEDLES NEEDLE<br>20 GAUGE X 1 1/2", 20 GAUGE X 1"                                                                                                                       | Tier 4 |       |
| BD SHORT BEVEL THIN WALL (needle (disp) 19 g)<br>NEEDLE 19 GAUGE X 1 1/2"                                                                                                               | Tier 4 |       |
| BD SHORT BEVEL THIN WALL<br>NEEDLE 19 GAUGE X 1"                                                                                                                                        | Tier 4 |       |
| BD SPECIALTY USE NEEDLES<br>NEEDLE 16 GAUGE X 1 1/2", 21<br>GAUGE X 2", 23 GAUGE X 1 1/4", 25<br>GAUGE X 7/8", 27 GAUGE X 1 1/4", 30<br>GAUGE X 1", 30 GAUGE X 1/2"                     | Tier 4 |       |
| BD SPECIALTY USE NEEDLES (needle (disp) 16 g)<br>NEEDLE 16 GAUGE X 1"                                                                                                                   | Tier 4 |       |
| <i>blunt needle, disposable needle 18 x 1<br/>1/2 ", 22 x 1 1/2 ", 23 x 1 "</i>                                                                                                         | Tier 4 |       |
| CAREFINE PEN NEEDLE NEEDLE 29 (pen needle, diabetic)<br>GAUGE X 1/2", 30 GAUGE X 5/16", 31<br>GAUGE X 1/4", 31 GAUGE X 5/16", 32<br>GAUGE X 1/4", 32 GAUGE X 3/16", 32<br>GAUGE X 5/32" | Tier 4 |       |
| CAREPOINT PRECISION NEEDLE<br>NEEDLE 20 GAUGE X 1", 21 GAUGE X<br>1"                                                                                                                    | Tier 4 |       |
| CARETOUCH HYPODERMIC NEEDLE (needle (disp) 18 g)<br>NEEDLE 18 GAUGE X 1 1/2"                                                                                                            | Tier 4 |       |
| CARETOUCH HYPODERMIC NEEDLE<br>NEEDLE 20 GAUGE X 1", 22 GAUGE X<br>1", 23 GAUGE X 1 1/2", 25 GAUGE X 1<br>1/2", 25 GAUGE X 1", 25 GAUGE X<br>5/8", 26 GAUGE X 1"                        | Tier 4 |       |
| CARETOUCH HYPODERMIC NEEDLE (needle (disp) 23 gauge)<br>NEEDLE 23 GAUGE X 1"                                                                                                            | Tier 4 |       |
| CARETOUCH PEN NEEDLE NEEDLE (pen needle, diabetic)<br>29 GAUGE X 1/2", 31 GAUGE X 1/4", 31<br>GAUGE X 3/16", 31 GAUGE X 5/16", 32<br>GAUGE X 3/16", 32 GAUGE X 5/32"                    | Tier 4 |       |

| Drug                                                                                                                                                                                                                                                     | Status | Notes |
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| CLICKFINE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)                                                                                                                                                   | Tier 4 |       |
| COMFORT EZ PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32" (pen needle, diabetic)    | Tier 4 |       |
| COMFORT EZ PEN NEEDLES NEEDLE 33 GAUGE X 5/16"                                                                                                                                                                                                           | Tier 4 |       |
| COMFORT EZ PRO SAFETY PEN NDL NEEDLE 30 GAUGE X 5/16"                                                                                                                                                                                                    | Tier 4 |       |
| COMFORT EZ PRO SAFETY PEN NDL NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/32" (pen needle, diabetic, safety)                                                                                                                                                   | Tier 4 |       |
| COMFORT TOUCH PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 31 GAUGE X 5/32", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32" (pen needle, diabetic) | Tier 4 |       |
| DROPLET MICRON PEN NEEDLE NEEDLE 34 GAUGE X 9/64"                                                                                                                                                                                                        | Tier 4 |       |
| DROPLET PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)                                           | Tier 4 |       |
| DROPLET PEN NEEDLE NEEDLE 29 GAUGE X 3/8"                                                                                                                                                                                                                | Tier 4 |       |
| DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"                                                                                                                                                                                             | Tier 4 |       |
| DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic, safety)                                                                                                                                                                               | Tier 4 |       |
| DROPSAFE SICURA SAFETY NEEDLE NEEDLE 25 GAUGE X 1"                                                                                                                                                                                                       | Tier 4 |       |
| EASY COMFORT PEN NEEDLES NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/32"                                                                                                                                                                                       | Tier 4 |       |
| EASY COMFORT PEN NEEDLES NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32" (pen needle, diabetic)                                                                        | Tier 4 |       |



| Drug                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Status | Notes |
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| EASY COMFORT SAFETY PEN<br>NEEDLE NEEDLE 31 GAUGE X 1/4", 32<br>GAUGE X 5/32"                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Tier 4 |       |
| EASY COMFORT SAFETY PEN (pen needle, diabetic,<br>NEEDLE NEEDLE 31 GAUGE X 3/16" safety)                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Tier 4 |       |
| EASY GLIDE PEN NEEDLE NEEDLE (pen needle, diabetic)<br>33 GAUGE X 5/32"                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Tier 4 |       |
| EASY TOUCH FLIPLOCK NEEDLE (safety needles)<br>NEEDLE 18 GAUGE X 1 1/2"                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Tier 4 |       |
| EASY TOUCH FLIPLOCK NEEDLE<br>NEEDLE 18 GAUGE X 1", 19 GAUGE X<br>1 1/2", 19 GAUGE X 1", 20 GAUGE X 1<br>1/2", 20 GAUGE X 1", 21 GAUGE X 1<br>1/2", 21 GAUGE X 1", 22 GAUGE X 1<br>1/2", 22 GAUGE X 1", 22 GAUGE X<br>3/4", 23 GAUGE X 1 1/2", 23 GAUGE X<br>1", 23 GAUGE X 5/8", 25 GAUGE X 1<br>1/2", 25 GAUGE X 1", 25 GAUGE X<br>5/8", 26 GAUGE X 1", 26 GAUGE X<br>1/2", 27 GAUGE X 1", 27 GAUGE X<br>1/2", 28 GAUGE X 1/2", 29 GAUGE X<br>1/2", 30 GAUGE X 5/16", 30 X 1/2 ", 31<br>GAUGE X 5/16"                                          | Tier 4 |       |
| EASY TOUCH HYPODERMIC NEEDLE<br>NEEDLE 16 GAUGE X 1 1/2", 18<br>GAUGE X 1 1/4", 19 GAUGE X 1", 20<br>GAUGE X 1 1/2", 20 GAUGE X 1", 21<br>GAUGE X 1 1/2", 21 GAUGE X 1", 22<br>GAUGE X 1 1/2", 22 GAUGE X 1", 23<br>GAUGE X 1 1/2", 23 GAUGE X 1 1/4",<br>23 GAUGE X 3/4", 24 GAUGE X 1 1/4",<br>24 GAUGE X 1", 25 GAUGE X 1 1/2", 25<br>GAUGE X 1", 25 GAUGE X 5/8", 26<br>GAUGE X 1/2", 26 GAUGE X 5/8", 27<br>GAUGE X 1 1/2", 27 GAUGE X 1 1/4",<br>27 GAUGE X 1/2", 30 GAUGE X 1", 30<br>GAUGE X 1/2", 31 GAUGE X 5/16", 32<br>GAUGE X 5/16" | Tier 4 |       |
| EASY TOUCH HYPODERMIC NEEDLE (needle (disp) 16 g)<br>NEEDLE 16 GAUGE X 1"                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Tier 4 |       |
| EASY TOUCH HYPODERMIC NEEDLE (needle (disp) 18 g)<br>NEEDLE 18 GAUGE X 1 1/2", 18<br>GAUGE X 1"                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Tier 4 |       |
| EASY TOUCH HYPODERMIC NEEDLE (needle (disp) 19 g)<br>NEEDLE 19 GAUGE X 1 1/2"                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Tier 4 |       |
| EASY TOUCH HYPODERMIC NEEDLE (needle (disp) 23 gauge)<br>NEEDLE 23 GAUGE X 1"                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Tier 4 |       |
| EASY TOUCH HYPODERMIC NEEDLE (needle (disp) 26 gauge)<br>NEEDLE 26 GAUGE X 3/8"                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Tier 4 |       |

| Drug                                                                                                                                                                                                                                                                                                                                                                                          | Status | Notes |
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| EASY TOUCH NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)                                                                                                                                                                                                                            | Tier 4 |       |
| EASY TOUCH PEN NEEDLE NEEDLE 30 GAUGE X 5/16" (pen needle, diabetic)                                                                                                                                                                                                                                                                                                                          | Tier 4 |       |
| EASY TOUCH SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16", 30 GAUGE X 1/4", 30 GAUGE X 3/16", 30 GAUGE X 5/16"                                                                                                                                                                                                                                                                   | Tier 4 |       |
| EASYPPOINT NEEDLE NEEDLE 18 GAUGE X 1 1/2" (safety needles)                                                                                                                                                                                                                                                                                                                                   | Tier 4 |       |
| EASYPPOINT NEEDLE NEEDLE 18 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8"                                                                                                                                                                                | Tier 4 |       |
| ECLIPSE NEEDLE NEEDLE 23 GAUGE X 1", 25 GAUGE X 5/8"                                                                                                                                                                                                                                                                                                                                          | Tier 4 |       |
| EMBRACE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)                                                                                                                                                                                                                   | Tier 4 |       |
| EXEL HYPODERMIC NEEDLES NEEDLE 18 GAUGE X 1 1/2" (needle (disp) 18 g)                                                                                                                                                                                                                                                                                                                         | Tier 4 |       |
| EXEL HYPODERMIC NEEDLES NEEDLE 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 20 X 3/4 ", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 21 GAUGE X 2", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 22 GAUGE X 3/4", 23 GAUGE X 1 1/2", 23 GAUGE X 3/4", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 3/4", 25 GAUGE X 5/8", 26 GAUGE X 1 1/2", 26 GAUGE X 1/2", 26 GAUGE X 5/8", 27 GAUGE X 1/2", 30 GAUGE X 1/2" | Tier 4 |       |
| EXEL HYPODERMIC NEEDLES NEEDLE 26 GAUGE X 3/8" (needle (disp) 26 gauge)                                                                                                                                                                                                                                                                                                                       | Tier 4 |       |
| <i>filter needles needle 18 gauge x 1 1/2"</i> (BD Filter Needle 5-Micron Noko)                                                                                                                                                                                                                                                                                                               | Tier 4 |       |
| FLOW-EZE VENTED NEEDLE NEEDLE                                                                                                                                                                                                                                                                                                                                                                 | Tier 4 |       |

| Drug                                                                                                                                               | Status | Notes |
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| HEALTHWISE PEN NEEDLE NEEDLE (pen needle, diabetic)<br>31 GAUGE X 3/16", 31 GAUGE X 5/16",<br>32 GAUGE X 5/32"                                     | Tier 4 |       |
| huber safety needles (disp.) needle 22 x<br>3/4 "                                                                                                  | Tier 4 |       |
| HYPODERMIC NEEDLES NEEDLE 18 (needle (disp) 18 g)<br>GAUGE X 1 1/2"                                                                                | Tier 4 |       |
| HYPODERMIC NEEDLES NEEDLE 21<br>GAUGE X 1 1/2", 21 GAUGE X 1", 23<br>GAUGE X 1 1/2", 26 GAUGE X 5/8"                                               | Tier 4 |       |
| HYPODERMIC NEEDLES NEEDLE 23 (needle (disp) 23 gauge)<br>GAUGE X 1"                                                                                | Tier 4 |       |
| INCONTROL PEN NEEDLE NEEDLE 29 (pen needle, diabetic)<br>GAUGE X 1/2", 31 GAUGE X 1/4", 31<br>GAUGE X 3/16", 31 GAUGE X 5/16", 32<br>GAUGE X 5/32" | Tier 4 |       |
| INSUPEN PEN NEEDLE NEEDLE 29 (pen needle, diabetic)<br>GAUGE X 1/2", 31 GAUGE X 3/16", 31<br>GAUGE X 5/16", 32 GAUGE X 1/4", 32<br>GAUGE X 5/32"   | Tier 4 |       |
| INTEGRA PRECISIONGLIDE NEEDLE<br>NEEDLE 25 GAUGE X 5/8"                                                                                            | Tier 4 |       |
| LIFESHIELD BLUNT CANNULA (needle (disp) 18 g)<br>NEEDLE 18 GAUGE X 1"                                                                              | Tier 4 |       |
| MAXICOMFORT II PEN NEEDLE (pen needle, diabetic)<br>NEEDLE 31 GAUGE X 1/4"                                                                         | Tier 4 |       |
| MAXICOMFORT SAFETY PEN<br>NEEDLE NEEDLE 29 GAUGE X 3/16",<br>29 GAUGE X 5/16"                                                                      | Tier 4 |       |
| MINI ULTRA-THIN II NEEDLE 31 (pen needle, diabetic)<br>GAUGE X 3/16"                                                                               | Tier 4 |       |
| MONOJECT BLOOD COLLECTION<br>NEEDLE 20 GAUGE X 1", 20 X 1 1/2 ",<br>21 GAUGE X 1", 22 GAUGE X 1"                                                   | Tier 4 |       |
| MONOJECT FILTER ASPIRATOR<br>NEEDLE 18 X 3 "                                                                                                       | Tier 4 |       |
| MONOJECT FILTER NEEDLE NEEDLE (filter needles)<br>5 MICRON 20 X 1 1/2"                                                                             | Tier 4 |       |

| Drug                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Status | Notes |
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| MONOJECT HYPODERMIC NEEDLES<br>NEEDLE 14 GAUGE X 1 1/2", 14<br>GAUGE X 1", 14 GAUGE X 2", 15<br>GAUGE X 1 1/2", 16 GAUGE X 1 1/2",<br>16 GAUGE X 3/4", 16 GAUGE X 5/8", 19<br>GAUGE X 1", 20 GAUGE X 1 1/2", 20<br>GAUGE X 1", 21 GAUGE X 1 1/2", 21<br>GAUGE X 1", 21 GAUGE X 2", 22<br>GAUGE X 1 1/2", 22 GAUGE X 1", 25<br>GAUGE X 1 1/2", 25 GAUGE X 1 1/4",<br>25 GAUGE X 1", 25 GAUGE X 5/8", 25<br>X 2 ", 26 GAUGE X 1 1/2", 27 GAUGE X<br>1 1/2", 27 GAUGE X 1 1/4", 27 GAUGE<br>X 1/2", 30 GAUGE X 3/4" | Tier 4 |       |
| MONOJECT HYPODERMIC NEEDLES (needle (disp) 16 g)<br>NEEDLE 16 GAUGE X 1"                                                                                                                                                                                                                                                                                                                                                                                                                                         | Tier 4 |       |
| MONOJECT HYPODERMIC NEEDLES (needle (disp) 18 g)<br>NEEDLE 18 GAUGE X 1 1/2", 18<br>GAUGE X 1"                                                                                                                                                                                                                                                                                                                                                                                                                   | Tier 4 |       |
| MONOJECT HYPODERMIC NEEDLES (needle (disp) 19 g)<br>NEEDLE 19 GAUGE X 1 1/2"                                                                                                                                                                                                                                                                                                                                                                                                                                     | Tier 4 |       |
| MONOJECT HYPODERMIC NEEDLES (needle (disp) 23 gauge)<br>NEEDLE 23 GAUGE X 1"                                                                                                                                                                                                                                                                                                                                                                                                                                     | Tier 4 |       |
| MONOJECT HYPODERMIC (needle (disp) 18 g)<br>POLYPROPYL NEEDLE 18 GAUGE X 1<br>1/2", 18 GAUGE X 1"                                                                                                                                                                                                                                                                                                                                                                                                                | Tier 4 |       |
| MONOJECT HYPODERMIC (needle (disp) 19 g)<br>POLYPROPYL NEEDLE 19 GAUGE X 1<br>1/2"                                                                                                                                                                                                                                                                                                                                                                                                                               | Tier 4 |       |
| MONOJECT HYPODERMIC<br>POLYPROPYL NEEDLE 19 GAUGE X<br>1", 20 GAUGE X 1 1/2", 20 GAUGE X<br>1", 21 GAUGE X 1 1/2", 21 GAUGE X<br>1", 22 GAUGE X 1 1/2", 22 GAUGE X<br>1", 23 GAUGE X 3/4", 25 GAUGE X 1<br>1/2", 25 GAUGE X 1", 25 GAUGE X<br>5/8", 26 GAUGE X 1/2", 27 GAUGE X<br>1/2", 30 GAUGE X 3/4"                                                                                                                                                                                                         | Tier 4 |       |
| MONOJECT HYPODERMIC (needle (disp) 23 gauge)<br>POLYPROPYL NEEDLE 23 GAUGE X<br>1"                                                                                                                                                                                                                                                                                                                                                                                                                               | Tier 4 |       |
| MONOJECT MEDICATION TRANSF<br>NDL NEEDLE 20 X 1 "                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Tier 4 |       |
| MULTI-DRAW NEEDLE NEEDLE 20<br>GAUGE X 1", 21 GAUGE X 1", 22<br>GAUGE X 1"                                                                                                                                                                                                                                                                                                                                                                                                                                       | Tier 4 |       |
| NANO 2ND GEN PEN NEEDLE (pen needle, diabetic)<br>NEEDLE 32 GAUGE X 5/32"                                                                                                                                                                                                                                                                                                                                                                                                                                        | Tier 3 |       |

| Drug                                                                                                                                              | Status | Notes |
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| NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)                                                                                    | Tier 3 |       |
| <i>needle (disp) 16 g needle 16 gauge x 1"</i> (BD Specialty Use Needles)                                                                         | Tier 4 |       |
| <i>needle (disp) 18 g needle 18 gauge x 1"</i> (BD Regular Bevel Needles)                                                                         | Tier 4 |       |
| <i>needle (disp) 19 g needle 19 gauge x 1 1/2"</i> (BD PrecisionGlide Non-Sterile)                                                                | Tier 4 |       |
| <i>needle (disp) 23 gauge needle 23 gauge x 1"</i> (BD Integra Needle)                                                                            | Tier 4 |       |
| <i>needles, huber disposable needle 22 x 1"</i>                                                                                                   | Tier 4 |       |
| NOKOR NEEDLE NEEDLE 16 GAUGE X 1" (needle (disp) 16 g)                                                                                            | Tier 4 |       |
| NOKOR NEEDLE NEEDLE 18 GAUGE X 1" (needle (disp) 18 g)                                                                                            | Tier 4 |       |
| NOVOFINE 32 NEEDLE 32 GAUGE X 1/4" (pen needle, diabetic)                                                                                         | Tier 4 |       |
| NOVOFINE PLUS NEEDLE 32 GAUGE X 1/6"                                                                                                              | Tier 4 |       |
| PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic) | Tier 4 |       |
| <i>pen needle, diabetic needle 29 gauge x 1/2", 31 gauge x 3/16", 31 gauge x 5/16", 32 gauge x 1/4"</i> (Ultra-Fine Pen Needle)                   | Tier 4 |       |
| <i>pen needle, diabetic needle 29 gauge x 15/32", 31 gauge x 1/3", 31 gauge x 1/6", 31 gauge x 13/64", 31 gauge x 15/64"</i>                      | Tier 4 |       |
| <i>pen needle, diabetic needle 30 gauge x 3/16"</i> (Embrace Pen Needle)                                                                          | Tier 4 |       |
| <i>pen needle, diabetic needle 30 gauge x 5/16", 32 gauge x 3/16"</i> (CareFine Pen Needle)                                                       | Tier 4 |       |
| <i>pen needle, diabetic needle 31 gauge x 1/4"</i> (1st Tier Unifine Pentips)                                                                     | Tier 4 |       |
| <i>pen needle, diabetic needle 31 gauge x 5/32"</i> (Comfort Touch Pen Needle)                                                                    | Tier 4 |       |
| <i>pen needle, diabetic needle 32 gauge x 5/16", 33 gauge x 1/4", 33 gauge x 3/16"</i> (Comfort EZ Pen Needles)                                   | Tier 4 |       |
| <i>pen needle, diabetic needle 32 gauge x 5/32"</i> (Nano 2nd Gen Pen Needle)                                                                     | Tier 4 |       |
| <i>pen needle, diabetic needle 33 gauge x 5/32"</i> (Advocate Pen Needle)                                                                         | Tier 4 |       |
| <i>pen needle, diabetic, safety needle 31 gauge x 3/16"</i> (Assure ID Duo Pro Sfty Pen Ndl)                                                      | Tier 4 |       |

| Drug                                                                                                                                                                                                                 |                                 | Status | Notes |
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| <i>pen needle, diabetic, safety needle 31 gauge x 5/32"</i>                                                                                                                                                          | (Comfort EZ PRO Safety Pen Ndl) | Tier 4 |       |
| PENTIPS PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"                                                                                    | (pen needle, diabetic)          | Tier 4 |       |
| PERFECT POINT SAFETY NEEDLE NEEDLE 25 GAUGE X 1"                                                                                                                                                                     |                                 | Tier 4 |       |
| PHASEAL PROTECTOR DEVICE 13 MM, 20 MM, 28 MM                                                                                                                                                                         |                                 | Tier 4 |       |
| PIP PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32"                                                                                                                                                             | (pen needle, diabetic)          | Tier 4 |       |
| POLY HUB NEEDLE NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1"                                                                                                                                                              | (needle (disp) 18 g)            | Tier 4 |       |
| POLY HUB NEEDLE NEEDLE 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 27 GAUGE X 1 1/4", 27 GAUGE X 1/2", 30 GAUGE X 1/2" |                                 | Tier 4 |       |
| POLY HUB NEEDLE NEEDLE 23 GAUGE X 1"                                                                                                                                                                                 | (needle (disp) 23 gauge)        | Tier 4 |       |
| PREVENT DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"                                                                                                                                                 |                                 | Tier 4 |       |
| PRO COMFORT PEN NEEDLE NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"                                                                                                                                    | (pen needle, diabetic)          | Tier 4 |       |
| PURE COMFORT PEN NEEDLE NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"                                                                                                                 | (pen needle, diabetic)          | Tier 4 |       |
| PURE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32"                                                                                                                                              |                                 | Tier 4 |       |
| PURE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16"                                                                                                                                                               | (pen needle, diabetic, safety)  | Tier 4 |       |
| <i>safety needles needle 18 gauge x 1 1/2"</i>                                                                                                                                                                       | (BD Eclipse)                    | Tier 4 |       |
| SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16"                                                                                                                                                                            | (pen needle, diabetic, safety)  | Tier 4 |       |
| SECURESAFE PEN NEEDLE NEEDLE 30 GAUGE X 5/16"                                                                                                                                                                        |                                 | Tier 4 |       |
| SIMPLI PEN NEEDLE NEEDLE 32 GAUGE X 5/32"                                                                                                                                                                            | (pen needle, diabetic)          | Tier 4 |       |
| SKY SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16"                                                                                                                                                      |                                 | Tier 4 |       |

| <b>Drug</b>                                                                                                                                                                                                                                                                                                                                        | <b>Status</b> | <b>Notes</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------|
| SURE COMFORT PEN NEEDLE (pen needle, diabetic)<br>NEEDLE 29 GAUGE X 1/2", 30 GAUGE<br>X 5/16", 31 GAUGE X 3/16", 31 GAUGE<br>X 5/16", 32 GAUGE X 1/4", 32 GAUGE<br>X 5/32"                                                                                                                                                                         | Tier 4        |              |
| SURE COMFORT SAFETY PEN<br>NEEDLE 31 GAUGE X 1/4", 32<br>GAUGE X 5/32"                                                                                                                                                                                                                                                                             | Tier 4        |              |
| SURE-FINE PEN NEEDLES NEEDLE (pen needle, diabetic)<br>29 GAUGE X 1/2", 31 GAUGE X 3/16",<br>31 GAUGE X 5/16"                                                                                                                                                                                                                                      | Tier 4        |              |
| SURGUARD2 SAFETY NEEDLE 18 (safety needles)<br>GAUGE X 1 1/2"                                                                                                                                                                                                                                                                                      | Tier 4        |              |
| SURGUARD2 SAFETY NEEDLE 18<br>GAUGE X 1", 19 GAUGE X 1 1/2", 19<br>GAUGE X 1", 20 GAUGE X 1 1/2", 20<br>GAUGE X 1", 21 GAUGE X 1 1/2", 21<br>GAUGE X 1", 22 GAUGE X 1 1/2", 22<br>GAUGE X 1", 23 GAUGE X 1 1/2", 23<br>GAUGE X 1", 25 GAUGE X 1 1/2", 25<br>GAUGE X 1", 25 GAUGE X 5/8", 26<br>GAUGE X 1/2", 27 GAUGE X 1/2", 30<br>GAUGE X 1 1/2" | Tier 4        |              |
| TECHLITE PEN NEEDLE NEEDLE 29 (pen needle, diabetic)<br>GAUGE X 1/2", 31 GAUGE X 3/16", 31<br>GAUGE X 5/16", 32 GAUGE X 1/4", 32<br>GAUGE X 5/32"                                                                                                                                                                                                  | Tier 4        |              |
| TECHLITE PLUS PEN NEEDLE (pen needle, diabetic)<br>NEEDLE 32 GAUGE X 5/32"                                                                                                                                                                                                                                                                         | Tier 4        |              |
| TOPCARE CLICKFINE NEEDLE 31 (pen needle, diabetic)<br>GAUGE X 1/4", 31 GAUGE X 5/16"                                                                                                                                                                                                                                                               | Tier 4        |              |
| TRUE COMFORT PEN NEEDLE (pen needle, diabetic)<br>NEEDLE 31 GAUGE X 1/4", 31 GAUGE<br>X 3/16", 31 GAUGE X 5/16", 32 GAUGE<br>X 1/4", 32 GAUGE X 3/16", 32 GAUGE<br>X 5/32", 33 GAUGE X 1/4", 33 GAUGE<br>X 3/16", 33 GAUGE X 5/32"                                                                                                                 | Tier 4        |              |
| TRUE COMFORT SAFETY PEN<br>NEEDLE 31 GAUGE X 1/4", 32<br>GAUGE X 5/32"                                                                                                                                                                                                                                                                             | Tier 4        |              |
| TRUE COMFORT SAFETY PEN (pen needle, diabetic,<br>NEEDLE 31 GAUGE X 3/16" safety)                                                                                                                                                                                                                                                                  | Tier 4        |              |
| TRUEPLUS PEN NEEDLE NEEDLE 29 (pen needle, diabetic)<br>GAUGE X 1/2", 31 GAUGE X 1/4", 31<br>GAUGE X 3/16", 31 GAUGE X 5/16", 32<br>GAUGE X 5/32"                                                                                                                                                                                                  | Tier 4        |              |

| <b>Drug</b>                                                                                                                                                                               | <b>Status</b> | <b>Notes</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------|
| ULTICARE PEN NEEDLE NEEDLE 29 (pen needle, diabetic)<br>GAUGE X 1/2", 31 GAUGE X 1/4", 31<br>GAUGE X 3/16", 31 GAUGE X 5/16", 32<br>GAUGE X 1/4", 32 GAUGE X 5/32"                        | Tier 4        |              |
| ULTICARE SAFETY PEN NEEDLE<br>NEEDLE 30 GAUGE X 3/16", 30<br>GAUGE X 5/16"                                                                                                                | Tier 4        |              |
| ULTIGUARD SAFEPAK-PEN NEEDLE<br>NEEDLE 29 GAUGE X 1/2", 31 GAUGE<br>X 1/4", 31 GAUGE X 3/16", 31 GAUGE<br>X 5/16", 32 GAUGE X 1/4", 32 GAUGE<br>X 5/32"                                   | Tier 4        |              |
| ULTILET PEN NEEDLE NEEDLE 29<br>GAUGE                                                                                                                                                     | Tier 4        |              |
| ULTILET PEN NEEDLE NEEDLE 32 (pen needle, diabetic)<br>GAUGE X 5/32"                                                                                                                      | Tier 4        |              |
| ULTRA FLO PEN NEEDLE NEEDLE 29 (pen needle, diabetic)<br>GAUGE X 1/2", 31 GAUGE X 3/16", 31<br>GAUGE X 5/16", 32 GAUGE X 5/32", 33<br>GAUGE X 5/32"                                       | Tier 4        |              |
| ULTRA THIN PEN NEEDLE NEEDLE 32 (pen needle, diabetic)<br>GAUGE X 5/32"                                                                                                                   | Tier 4        |              |
| ULTRACARE PEN NEEDLE NEEDLE (pen needle, diabetic)<br>31 GAUGE X 1/4", 31 GAUGE X 3/16",<br>31 GAUGE X 5/16", 32 GAUGE X 1/4",<br>32 GAUGE X 3/16", 32 GAUGE X 5/32",<br>33 GAUGE X 5/32" | Tier 4        |              |
| ULTRA-FINE PEN NEEDLE NEEDLE 29 (pen needle, diabetic)<br>GAUGE X 1/2", 31 GAUGE X 3/16", 31<br>GAUGE X 5/16", 32 GAUGE X 1/4"                                                            | Tier 3        |              |
| ULTRA-THIN II (SHORT) PEN NDL (pen needle, diabetic)<br>NEEDLE 31 GAUGE X 5/16"                                                                                                           | Tier 4        |              |
| ULTRA-THIN II INS PEN NEEDLES (pen needle, diabetic)<br>NEEDLE 29 GAUGE X 1/2"                                                                                                            | Tier 4        |              |
| UNIFINE OTC PEN NEEDLE NEEDLE (pen needle, diabetic)<br>31 GAUGE X 3/16", 32 GAUGE X 5/32"                                                                                                | Tier 4        |              |
| UNIFINE PENTIPS MAXFLOW NEEDLE (pen needle, diabetic)<br>30 GAUGE X 3/16"                                                                                                                 | Tier 4        |              |
| UNIFINE PENTIPS NEEDLE 29 GAUGE (pen needle, diabetic)<br>X 1/2", 31 GAUGE X 1/4", 31 GAUGE X<br>3/16", 31 GAUGE X 5/16", 32 GAUGE X<br>1/4", 32 GAUGE X 5/32", 33 GAUGE X<br>5/32"       | Tier 4        |              |
| UNIFINE PENTIPS PLUS MAXFLOW (pen needle, diabetic)<br>NEEDLE 30 GAUGE X 3/16"                                                                                                            | Tier 4        |              |



| Drug                                                                                                                                                                 | Status | Notes                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------------------------|
| UNIFINE PENTIPS PLUS NEEDLE 29 (pen needle, diabetic)<br>GAUGE X 1/2", 31 GAUGE X 1/4", 31<br>GAUGE X 3/16", 31 GAUGE X 5/16", 32<br>GAUGE X 5/32", 33 GAUGE X 5/32" | Tier 4 |                           |
| UNIFINE PROTECT NEEDLE 30<br>GAUGE X 3/16", 30 GAUGE X 5/16", 32<br>GAUGE X 5/32"                                                                                    | Tier 4 |                           |
| UNIFINE SAFECONTROL PEN<br>NEEDLE NEEDLE 30 GAUGE X 3/16",<br>30 GAUGE X 5/16", 31 GAUGE X 1/4",<br>31 GAUGE X 5/16", 32 GAUGE X 5/32"                               | Tier 4 |                           |
| UNIFINE SAFECONTROL PEN (pen needle, diabetic,<br>NEEDLE NEEDLE 31 GAUGE X 3/16" safety)                                                                             | Tier 4 |                           |
| UNIFINE ULTRA PEN NEEDLE (pen needle, diabetic)<br>NEEDLE 31 GAUGE X 1/4", 31 GAUGE<br>X 3/16", 31 GAUGE X 5/16", 32 GAUGE<br>X 5/32"                                | Tier 4 |                           |
| VERIFINE PEN NEEDLE NEEDLE 29 (pen needle, diabetic)<br>GAUGE X 1/2", 31 GAUGE X 3/16", 31<br>GAUGE X 5/16", 32 GAUGE X 1/4", 32<br>GAUGE X 5/32"                    | Tier 4 |                           |
| VERIFINE PLUS PEN NEEDLE (pen needle, diabetic)<br>NEEDLE 31 GAUGE X 3/16", 31<br>GAUGE X 5/16", 32 GAUGE X 5/32"                                                    | Tier 4 |                           |
| VERIFINE PLUS PEN NEEDLE-SHARP<br>NEEDLE 32 GAUGE X 5/32"                                                                                                            | Tier 4 |                           |
| YALE DISPOSABLE NEEDLES<br>NEEDLE 21 GAUGE X 1 1/4"                                                                                                                  | Tier 4 |                           |
| <b>Neuromuscular Blocking Agents</b>                                                                                                                                 |        |                           |
| BOTOX INJECTION RECON SOLN 100<br>UNIT                                                                                                                               | Tier 5 | PA; QL (4 EA per 90 days) |
| BOTOX INJECTION RECON SOLN 200<br>UNIT                                                                                                                               | Tier 5 | PA; QL (1 EA per 90 days) |
| <b>Ointment/Cream Bases</b>                                                                                                                                          |        |                           |
| RADIAGEL TOPICAL GEL                                                                                                                                                 | Tier 4 |                           |
| <b>Ophthalmic Trpm8 Agonists</b>                                                                                                                                     |        |                           |
| TRYPTYR OPHTHALMIC (EYE)<br>DROPPERETTE 0.003 %                                                                                                                      | Tier 4 | PA                        |
| <b>Oral Lipid Supplements</b>                                                                                                                                        |        |                           |
| DOJOLVI ORAL LIQUID 8.3 KCAL/ML                                                                                                                                      | Tier 5 | PA                        |
| <b>Oral Mucositis/Stomatitis Agents</b>                                                                                                                              |        |                           |
| ORAMAGICRX MUCOUS MEMBRANE<br>MOUTHWASH                                                                                                                              | Tier 4 |                           |
| <b>Protein Replacement</b>                                                                                                                                           |        |                           |
| AQNEURSA ORAL GRANULES IN<br>PACKET 1 GRAM                                                                                                                           | Tier 5 | PA                        |

| Drug                                                                                                              | Status | Notes |
|-------------------------------------------------------------------------------------------------------------------|--------|-------|
| <b>Saliva Stimulant Agents</b>                                                                                    |        |       |
| NUMOISYN MUCOUS MEMBRANE<br>LOZENGE 0.3 GRAM                                                                      | Tier 4 |       |
| <b>Saliva Substitute Agents</b>                                                                                   |        |       |
| NUMOISYN MUCOUS MEMBRANE<br>LIQUID                                                                                | Tier 4 |       |
| <b>Sexual Dysfunction Devices</b>                                                                                 |        |       |
| RAPPORT VACUUM THERAPY KIT                                                                                        | Tier 4 |       |
| <b>Skin Tissue Replacement</b>                                                                                    |        |       |
| APLIGRAF TOPICAL DISK                                                                                             | Tier 4 |       |
| EPIFIX AMNIOTIC MEMBRANE<br>TOPICAL SHEET 14 MM, 2 X 3 CM, 4 X<br>4 CM, 7 X 7 CM                                  | Tier 4 |       |
| GRAFIX CORE TOPICAL SHEET 1.5 X<br>2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4<br>CM, 5 X 5 CM                            | Tier 4 |       |
| GRAFIX PRIME TOPICAL SHEET 1.5 X<br>2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4<br>CM, 5 X 5 CM                           | Tier 4 |       |
| GRAFIX XC TOPICAL SHEET 7.5 X 15<br>CM                                                                            | Tier 4 |       |
| MIRO3D FIBERS TOPICAL POWDER<br>100 MG, 500 MG, 700 MG                                                            | Tier 4 |       |
| MIRO3D TOPICAL SHEET 10 X 5 X 2<br>CM, 2 X 2 X 2 CM, 3 X 3 X 2 CM, 4 X 4<br>X 2 CM, 5 X 5 X 2 CM, 7 X 5 X 2 CM    | Tier 4 |       |
| MIRODERM FENESTRATED PLUS<br>TOPICAL SHEET 3 X 3 CM, 5 X 5 CM, 8<br>X 15 CM, 8 X 8 CM                             | Tier 4 |       |
| MIRODERM FENESTRATED TOPICAL<br>SHEET 2 X 2 CM, 2 X 3 CM, 3 X 3 CM,<br>4 X 4 CM, 5 X 5 CM, 8 X 15 CM, 8 X 8<br>CM | Tier 4 |       |
| MIRODRY WOUND MATRIX TOPICAL<br>SHEET 10 X 5 CM, 2 X 2 CM, 3 X 3 CM,<br>4 X 4 CM, 5 X 5 CM, 5 X 7 CM              | Tier 4 |       |
| MIROTRACT TOPICAL SHEET 3 MM X<br>5 CM, 3 MM X 9 CM, 5 MM X 5 CM, 5<br>MM X 9 CM                                  | Tier 4 |       |
| STRAVIX TOPICAL SHEET 2 X 4 CM, 3<br>X 6 CM                                                                       | Tier 4 |       |
| TRUSKIN TOPICAL SHEET 2 X 4 CM, 4<br>X 8 CM                                                                       | Tier 4 |       |
| <b>Solvents</b>                                                                                                   |        |       |
| MURI-LUBE OIL                                                                                                     | Tier 4 |       |

| Drug                                                                                                         | Status | Notes |
|--------------------------------------------------------------------------------------------------------------|--------|-------|
| <b>Somatostatic Agents</b>                                                                                   |        |       |
| MYCAPSSA ORAL<br>CAPSULE,DELAYED<br>RELEASE(DR/EC) 20 MG                                                     | Tier 5 | PA    |
| <i>octreotide acetate injection solution</i><br>1,000 mcg/ml, 200 mcg/ml                                     | Tier 5 |       |
| <i>octreotide acetate injection solution 100</i> (Sandostatin)<br>mcg/ml, 50 mcg/ml, 500 mcg/ml              | Tier 5 |       |
| <i>octreotide acetate injection syringe 100</i><br>mcg/ml (1 ml), 50 mcg/ml (1 ml), 500<br>mcg/ml (1 ml)     | Tier 5 |       |
| SIGNIFOR SUBCUTANEOUS<br>SOLUTION 0.3 MG/ML (1 ML), 0.6<br>MG/ML (1 ML), 0.9 MG/ML (1 ML)                    | Tier 5 | PA    |
| <b>Support Hosiery</b>                                                                                       |        |       |
| T.E.D. ANTI-EMBOLISM STOCKING (compres.stocking,knee,reg,smal)                                               | Tier 4 |       |
| T.E.D. KNEE LENGTH-M-LONG                                                                                    | Tier 4 |       |
| T.E.D. KNEE LENGTH-S-REGULAR (compres.stocking,knee,reg,smal)                                                | Tier 4 |       |
| <b>Suspending Agents</b>                                                                                     |        |       |
| GELFILM IMPLANT FILM                                                                                         | Tier 4 |       |
| <i>hydroxypropyl cellulose powder</i>                                                                        | Tier 4 |       |
| <b>Tissue/Wound Adhesives</b>                                                                                |        |       |
| ARTISS TOPICAL SYRINGE 2.5 TO 6.5<br>UNIT/ML (10ML), 2.5 TO 6.5 UNIT/ML (2<br>ML), 2.5 TO 6.5 UNIT/ML (4 ML) | Tier 4 |       |
| TISSEEL VHSD (APROTININ, SYN)<br>TOPICAL KIT 10 ML, 2 ML, 4 ML                                               | Tier 4 |       |
| TISSEEL VHSD (APROTININ, SYN)<br>TOPICAL SYRINGE 10 ML, 2 ML, 4 ML                                           | Tier 4 |       |
| <b>Topical Nitric Oxide Releasing Agents</b>                                                                 |        |       |
| ZELSUVMI TOPICAL GEL 10.3 %                                                                                  | Tier 4 | PA    |
| <b>Treatment Of Hyperphagia In Prader-Willi Syndrome</b>                                                     |        |       |
| VYKAT XR ORAL TABLET EXTENDED<br>RELEASE 24 HR 150 MG, 25 MG, 75<br>MG                                       | Tier 5 | PA    |
| <b>Urine Acetone Test Aids</b>                                                                               |        |       |
| KETONE CARE STRIP                                                                                            | Tier 4 |       |
| KETONE URINE TEST STRIP                                                                                      | Tier 4 |       |
| KETOSTIX STRIP                                                                                               | Tier 4 |       |
| TRUEPLUS KETONE STRIP                                                                                        | Tier 4 |       |
| <b>Urine Multiple Test Aids</b>                                                                              |        |       |
| CHEK-STIX CONTROL STRIP                                                                                      | Tier 4 |       |

| Drug                                                                                 | Status | Notes |
|--------------------------------------------------------------------------------------|--------|-------|
| CHEMSTRIP 10 MD STRIP                                                                | Tier 4 |       |
| CHEMSTRIP 10/SG STRIP                                                                | Tier 4 |       |
| CHEMSTRIP 2 GP STRIP                                                                 | Tier 4 |       |
| CHEMSTRIP 50B STRIP                                                                  | Tier 4 |       |
| CHEMSTRIP 7 STRIP                                                                    | Tier 4 |       |
| CHEMSTRIP 9 STRIP                                                                    | Tier 4 |       |
| COMBISTIX REAGENT STRIP                                                              | Tier 4 |       |
| HEMA-COMBISTIX STRIP                                                                 | Tier 4 |       |
| LABSTIX REAGENT STRIP                                                                | Tier 4 |       |
| MULTISTIX 10 SG STRIP                                                                | Tier 4 |       |
| MULTISTIX 5 STRIP                                                                    | Tier 4 |       |
| MULTISTIX 7 STRIP                                                                    | Tier 4 |       |
| MULTISTIX 8 SG STRIP                                                                 | Tier 4 |       |
| MULTISTIX 9 SG STRIP                                                                 | Tier 4 |       |
| MULTISTIX 9 STRIP                                                                    | Tier 4 |       |
| MULTISTIX STRIP                                                                      | Tier 4 |       |
| URISTIX 4 STRIP                                                                      | Tier 4 |       |
| URISTIX REAGENT STRIP                                                                | Tier 4 |       |
| <b>Wound Healing Agents, Local</b>                                                   |        |       |
| FILSUEZ TOPICAL GEL 10 %                                                             | Tier 5 | PA    |
| <b>Other Respiratory Disorders</b>                                                   |        |       |
| <b>Antifibrotic Therapy - Pyridone Analogs</b>                                       |        |       |
| <i>pirfenidone oral capsule 267 mg</i> (Esbriet)                                     | Tier 5 | PA    |
| <i>pirfenidone oral tablet 267 mg, 801 mg</i> (Esbriet)                              | Tier 5 | PA    |
| <i>pirfenidone oral tablet 534 mg</i>                                                | Tier 5 | PA    |
| <b>Cystic Fib. Transmemb Conduct. Reg. (Cftr) Potentiator</b>                        |        |       |
| KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG                | Tier 5 | PA    |
| KALYDECO ORAL TABLET 150 MG                                                          | Tier 5 | PA    |
| <b>Cystic Fibrosis-Cftr Potentiator &amp; Corrector Comb.</b>                        |        |       |
| ALYFTREK ORAL TABLET 10-50-125 MG, 4-20-50 MG                                        | Tier 5 | PA    |
| ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG                     | Tier 5 | PA    |
| ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG                                           | Tier 5 | PA    |
| SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N) | Tier 5 | PA    |

| Drug                                                                                                  | Status | Notes                                                                                                                                        |
|-------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------------------------------------|
| TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N) | Tier 5 | PA                                                                                                                                           |
| TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)            | Tier 5 | PA                                                                                                                                           |
| <b>Dipeptidyl Peptidase 1 (Dpp1) Inhibitor</b>                                                        |        |                                                                                                                                              |
| BRINSUPRI ORAL TABLET 10 MG, 25 MG                                                                    | Tier 5 | PA; QL (1 EA per 1 day)                                                                                                                      |
| <b>Lung Surfactants</b>                                                                               |        |                                                                                                                                              |
| CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5 ML, 240 MG/3 ML                                          | Tier 4 |                                                                                                                                              |
| INFASURF INTRATRACHEAL SUSPENSION 35 MG/ML                                                            | Tier 4 |                                                                                                                                              |
| SURVANTA INTRATRACHEAL SUSPENSION 25 MG/ML                                                            | Tier 4 |                                                                                                                                              |
| <b>Mucolytics</b>                                                                                     |        |                                                                                                                                              |
| <i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>                                     | Tier 2 |                                                                                                                                              |
| PULMOZYME INHALATION SOLUTION 1 MG/ML                                                                 | Tier 5 | PA                                                                                                                                           |
| <b>Pulmonary Fibrosis - Systemic Enzyme Inhibitors</b>                                                |        |                                                                                                                                              |
| OFEV ORAL CAPSULE 100 MG, 150 MG                                                                      | Tier 5 | PA                                                                                                                                           |
| <b>Pain Management - Analgesics</b>                                                                   |        |                                                                                                                                              |
| <b>Analgesic, Non-Salicylate &amp; Barbiturate Comb.</b>                                              |        |                                                                                                                                              |
| <i>butalbital-acetaminophen oral tablet 50-300 mg</i>                                                 | Tier 2 | ST: Must meet the following requirement:<br>Generic Butalbital/acetaminophen 50mg-325mg combination product in 120 days; QL (6 EA per 1 day) |
| <i>butalbital-acetaminophen oral tablet 50-325 mg</i> (Tencon)                                        | Tier 2 |                                                                                                                                              |
| TENCON ORAL TABLET 50-325 MG (butalbital-acetaminophen)                                               | Tier 2 |                                                                                                                                              |
| <b>Analgesic, Salicylate, Barbiturate,&amp; Xanthine Cmb</b>                                          |        |                                                                                                                                              |
| <i>butalbital-aspirin-cafeine oral capsule 50-325-40 mg</i>                                           | Tier 2 |                                                                                                                                              |
| <i>butalbital-aspirin-cafeine oral tablet 50-325-40 mg</i>                                            | Tier 2 |                                                                                                                                              |

| Drug                                                                                                 | Status    | Notes                                                                                                                                |
|------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------|
| <b>Analgesic,Non-Salicylate,Barbiturate,&amp;Xanthine Cmb</b>                                        |           |                                                                                                                                      |
| <i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg</i> (Fioricet)                            | Tier 2    |                                                                                                                                      |
| <i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>                                       | Tier 2    |                                                                                                                                      |
| <i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>                                        | Tier 2    |                                                                                                                                      |
| FIORICET ORAL CAPSULE 50-300-40 MG (butalbital-acetaminophen-caff)                                   | Tier 2    |                                                                                                                                      |
| <b>Analgesic/Antipyretics, Salicylates</b>                                                           |           |                                                                                                                                      |
| <i>aspirin oral tablet 325 mg</i> (Bayer Aspirin)                                                    | \$0 COPAY |                                                                                                                                      |
| <i>aspirin oral tablet, delayed release (dr/ec) 325 mg</i> (Bayer Aspirin)                           | \$0 COPAY |                                                                                                                                      |
| BAYER ASPIRIN ORAL TABLET 325 MG (aspirin)                                                           | \$0 COPAY |                                                                                                                                      |
| BAYER ASPIRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG (aspirin)                                  | \$0 COPAY |                                                                                                                                      |
| <i>choline, magnesium salicylate oral liquid 500 mg/5 ml</i>                                         | Tier 2    |                                                                                                                                      |
| <i>diflunisal oral tablet 500 mg</i>                                                                 | Tier 2    |                                                                                                                                      |
| ECOTRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG (aspirin)                                        | \$0 COPAY |                                                                                                                                      |
| <i>salsalate oral tablet 500 mg, 750 mg</i> (Disalcid)                                               | Tier 2    |                                                                                                                                      |
| <b>Analgesics, Narcotic Agonist And Nsaid Combination</b>                                            |           |                                                                                                                                      |
| <i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>                             | Tier 2    |                                                                                                                                      |
| <b>Analgesics, Non-Narcotics</b>                                                                     |           |                                                                                                                                      |
| JOURNAVX ORAL TABLET 50 MG                                                                           | Tier 4    | PA                                                                                                                                   |
| <b>Analgesics, Narcotics</b>                                                                         |           |                                                                                                                                      |
| BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG (buprenorphine hcl) | Tier 3    | ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day) |
| <i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i>                          | Tier 2    |                                                                                                                                      |
| <i>buprenorphine hcl injection solution 0.3 mg/ml</i>                                                | Tier 2    | ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription                      |

| Drug                                                                                                                                          | Status | Notes                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------------------------------|
| <i>buprenorphine hcl injection syringe 0.3 mg/ml</i>                                                                                          | Tier 2 | ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription                        |
| <i>buprenorphine transdermal patch weekly (Butrans)</i><br>10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour                    | Tier 2 | ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 28 days) |
| <i>butorphanol injection solution 1 mg/ml, 2 mg/ml</i>                                                                                        | Tier 2 |                                                                                                                                        |
| <i>butorphanol nasal spray, non-aerosol 10 mg/ml</i>                                                                                          | Tier 2 |                                                                                                                                        |
| <i>codeine sulfate oral tablet 15 mg, 30 mg</i>                                                                                               | Tier 2 | QL (12 EA per 1 day); Age (Min 12 Years)                                                                                               |
| <i>codeine sulfate oral tablet 60 mg</i>                                                                                                      | Tier 2 | QL (6 EA per 1 day); Age (Min 12 Years)                                                                                                |
| DEMEROL (PF) INJECTION SYRINGE<br>100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML                                                                     | Tier 4 |                                                                                                                                        |
| DILAUDID (PF) INJECTION SYRINGE (hydromorphone (pf))<br>0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML, 4 MG/ML                                              | Tier 4 |                                                                                                                                        |
| <i>fentanyl citrate (pf) intravenous patient control analgesia soln 1,500 mcg/30 ml (50 mcg/ml)</i>                                           | Tier 2 |                                                                                                                                        |
| <i>fentanyl citrate (pf)-0.9% nacl intravenous pt controlled analgesia syringe 1,000 mcg/50 ml (20 mcg/ml), 500 mcg/50 ml (10 mcg/ml)</i>     | Tier 2 |                                                                                                                                        |
| <i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 200 mcg</i>                                                                         | Tier 2 | PA                                                                                                                                     |
| <i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour</i> | Tier 2 | PA; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription                    |
| <i>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>                                       | Tier 2 | ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)   |

| Drug                                                                                                                      | Status | Notes                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------------------------------------|
| <i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i> (Hysingla ER) | Tier 2 | ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day) |
| <i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 120 mg</i>                                                  | Tier 2 | ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day) |
| <i>hydromorphone (pf) injection syringe 0.5 mg/0.5 ml, 1 mg/ml</i> (Dilaudid (PF))                                        | Tier 2 |                                                                                                                                      |
| <i>hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)</i>                     | Tier 2 |                                                                                                                                      |
| <i>hydromorphone oral liquid 1 mg/ml</i> (Dilaudid)                                                                       | Tier 2 |                                                                                                                                      |
| <i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid)                                                              | Tier 2 |                                                                                                                                      |
| <i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg</i>                                         | Tier 2 | PA; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription                  |
| <i>hydromorphone rectal suppository 3 mg</i>                                                                              | Tier 2 |                                                                                                                                      |
| <i>HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 20 MG, 30 MG, 40 MG, 80 MG</i> (hydrocodone bitartrate)        | Tier 4 | ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day) |
| <i>levorphanol tartrate oral tablet 2 mg</i>                                                                              | Tier 2 | ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription                      |
| <i>meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>                                                   | Tier 2 |                                                                                                                                      |
| <i>meperidine oral solution 50 mg/5 ml</i>                                                                                | Tier 2 | QL (30 ML per 1 day)                                                                                                                 |
| <i>meperidine oral tablet 50 mg</i>                                                                                       | Tier 2 | QL (6 EA per 1 day)                                                                                                                  |
| <i>methadone injection solution 10 mg/ml</i>                                                                              | Tier 2 | QL (4 ML per 1 day)                                                                                                                  |
| <i>METHADONE INTENSOL ORAL CONCENTRATE 10 MG/ML</i> (methadone)                                                           | Tier 2 | QL (4 ML per 1 day)                                                                                                                  |
| <i>methadone oral concentrate 10 mg/ml</i> (Methadone Intensol)                                                           | Tier 2 | QL (4 ML per 1 day)                                                                                                                  |
| <i>methadone oral solution 10 mg/5 ml</i>                                                                                 | Tier 2 | QL (20 ML per 1 day)                                                                                                                 |
| <i>methadone oral solution 5 mg/5 ml</i>                                                                                  | Tier 2 | QL (40 ML per 1 day)                                                                                                                 |



| Drug                                                                                                   | Status | Notes                                                                                                                                |
|--------------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------------------------------------|
| <i>methadone oral tablet 10 mg</i>                                                                     | Tier 2 | QL (4 EA per 1 day)                                                                                                                  |
| <i>methadone oral tablet 5 mg</i>                                                                      | Tier 2 | QL (8 EA per 1 day)                                                                                                                  |
| <i>methadone oral tablet, soluble 40 mg</i> (Methadose)                                                | Tier 2 | QL (1 EA per 1 day)                                                                                                                  |
| METHADOSE ORAL (methadone)<br>TABLET, SOLUBLE 40 MG                                                    | Tier 2 | QL (1 EA per 1 day)                                                                                                                  |
| <i>morphine (pf) intravenous syringe 1 mg/2 ml</i>                                                     | Tier 2 |                                                                                                                                      |
| <i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>                                       | Tier 2 | PA                                                                                                                                   |
| <i>morphine in 0.9 % sodium chlor intravenous solution 1 mg/ml, 5 mg/ml</i>                            | Tier 2 |                                                                                                                                      |
| <i>morphine intramuscular pen injector 10 mg/0.7 ml</i>                                                | Tier 2 |                                                                                                                                      |
| <i>morphine oral capsule, er multiphase 24 hr 120 mg</i>                                               | Tier 2 | ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day) |
| <i>morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>                    | Tier 2 | ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day) |
| <i>morphine oral capsule, extend. release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i> | Tier 2 | ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day) |
| <i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>                                         | Tier 2 |                                                                                                                                      |
| <i>morphine oral tablet 15 mg</i>                                                                      | Tier 2 |                                                                                                                                      |
| <i>morphine oral tablet 30 mg</i>                                                                      | Tier 3 |                                                                                                                                      |
| <i>morphine oral tablet extended release 100 mg, 200 mg</i>                                            | Tier 2 | ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day) |
| <i>morphine oral tablet extended release 15 mg, 30 mg, 60 mg</i> (MS Contin)                           | Tier 2 | ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day) |

| Drug                                                                                                   | Status | Notes                                                                                                                                |
|--------------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------------------------------------|
| <i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>                                           | Tier 2 |                                                                                                                                      |
| <i>nalbuphine injection solution 10 mg/ml, 20 mg/ml</i>                                                | Tier 2 |                                                                                                                                      |
| NUCYNTA ER ORAL TABLET<br>EXTENDED RELEASE 12 HR 100 MG,<br>150 MG, 200 MG, 250 MG, 50 MG              | Tier 3 | ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day) |
| NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG                                                               | Tier 4 | QL (6 EA per 1 day)                                                                                                                  |
| <i>oxycodone oral capsule 5 mg</i>                                                                     | Tier 2 |                                                                                                                                      |
| <i>oxycodone oral concentrate 20 mg/ml</i>                                                             | Tier 2 | PA                                                                                                                                   |
| <i>oxycodone oral solution 5 mg/5 ml</i>                                                               | Tier 2 |                                                                                                                                      |
| <i>oxycodone oral tablet 10 mg, 20 mg, 5 mg</i>                                                        | Tier 2 |                                                                                                                                      |
| <i>oxycodone oral tablet 15 mg, 30 mg</i> (Roxicodone)                                                 | Tier 2 |                                                                                                                                      |
| <i>oxycodone oral tablet, oral only 10 mg, 15 mg, 30 mg, 5 mg</i> (RoxyBond)                           | Tier 2 |                                                                                                                                      |
| <i>oxycodone oral tablet, oral only, ext. rel. 12 hr 10 mg, 20 mg, 40 mg</i> (OxyContin)               | Tier 2 | ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day) |
| <i>oxycodone oral tablet, oral only, ext. rel. 12 hr 80 mg</i> (OxyContin)                             | Tier 2 | ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day) |
| OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG (oxycodone) | Tier 4 | ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day) |
| OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR 80 MG (oxycodone)                                    | Tier 4 | ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day) |
| <i>oxymorphone oral tablet 10 mg, 5 mg</i>                                                             | Tier 2 |                                                                                                                                      |

| Drug                                                                                    | Status | Notes                                                                                                                                                    |
|-----------------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i> | Tier 2 | ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)                     |
| <i>oxymorphone oral tablet extended release 12 hr 30 mg, 40 mg</i>                      | Tier 2 | ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)                     |
| <i>pentazocine-naloxone oral tablet 50-0.5 mg</i>                                       | Tier 2 |                                                                                                                                                          |
| ROXYBOND ORAL TABLET, ORAL ONLY 10 MG, 15 MG, 30 MG, 5 MG (oxycodone)                   | Tier 4 |                                                                                                                                                          |
| <i>tramadol oral solution 5 mg/ml</i> (Qdolo)                                           | Tier 2 | PA                                                                                                                                                       |
| <i>tramadol oral tablet 50 mg</i>                                                       | Tier 2 | QL (8 EA per 1 day); Age (Min 12 Years)                                                                                                                  |
| <i>tramadol oral tablet extended release 24 hr 100 mg</i>                               | Tier 2 | ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years) |
| <i>tramadol oral tablet extended release 24 hr 200 mg, 300 mg</i>                       | Tier 2 | ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years) |
| <i>tramadol oral tablet, er multiphase 24 hr 100 mg</i>                                 | Tier 2 | ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years) |
| <i>tramadol oral tablet, er multiphase 24 hr 200 mg, 300 mg</i>                         | Tier 2 | ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years) |

| Drug                                                                                   | Status | Notes                                                                                                                                |
|----------------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------------------------------------|
| XTAMPZA ER ORAL<br>CAP,SPRINKL,ER12HR(DONT CRUSH)<br>13.5 MG, 18 MG, 9 MG              | Tier 3 | ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day) |
| XTAMPZA ER ORAL<br>CAP,SPRINKL,ER12HR(DONT CRUSH)<br>27 MG                             | Tier 3 | ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day) |
| XTAMPZA ER ORAL<br>CAP,SPRINKL,ER12HR(DONT CRUSH)<br>36 MG                             | Tier 3 | ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (8 EA per 1 day) |
| <b>Antimigraine Preparations</b>                                                       |        |                                                                                                                                      |
| AIMOVIG AUTOINJECTOR<br>SUBCUTANEOUS AUTO-INJECTOR<br>140 MG/ML, 70 MG/ML              | Tier 3 | PA; QL (1 ML per 30 days)                                                                                                            |
| AJOVY AUTOINJECTOR<br>SUBCUTANEOUS AUTO-INJECTOR<br>225 MG/1.5 ML                      | Tier 3 | PA; QL (1.5 ML per 30 days)                                                                                                          |
| AJOVY SYRINGE SUBCUTANEOUS<br>SYRINGE 225 MG/1.5 ML                                    | Tier 3 | PA; QL (1.5 ML per 30 days)                                                                                                          |
| <i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>                                 | Tier 2 | ST: Must meet the following requirement: Oral Sumatriptan or Rizatriptan in 180 days; QL (18 EA per 30 days)                         |
| <i>dihydroergotamine injection solution 1 mg/ml</i>                                    | Tier 2 | QL (15 ML per 14 days)                                                                                                               |
| <i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal) | Tier 2 | ST: Must meet the following requirement: Oral Sumatriptan or Rizatriptan in 180 days; QL (8 ML per 28 days)                          |
| <i>eletriptan oral tablet 20 mg, 40 mg</i> (Relpax)                                    | Tier 2 | ST: Must meet the following requirement: Oral Sumatriptan or Rizatriptan in 180 days; QL (18 EA per 30 days)                         |
| ELYXYB ORAL SOLUTION 120 MG/4.8 ML (25 MG/ML)                                          | Tier 4 | PA                                                                                                                                   |
| EMGALITY PEN SUBCUTANEOUS<br>PEN INJECTOR 120 MG/ML                                    | Tier 3 | PA; QL (1 ML per 30 days)                                                                                                            |

| Drug                                                                                                   | Status | Notes                                                                                                                            |
|--------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------------------------|
| EMGALITY SYRINGE<br>SUBCUTANEOUS SYRINGE 120<br>MG/ML                                                  | Tier 3 | PA; QL (1 ML per 30 days)                                                                                                        |
| ERGOMAR SUBLINGUAL TABLET 2<br>MG                                                                      | Tier 4 | QL (10 EA per 7 days)                                                                                                            |
| <i>ergotamine-caffeine oral tablet 1-100 mg</i>                                                        | Tier 2 | QL (10 EA per 7 days)                                                                                                            |
| <i>frovatriptan oral tablet 2.5 mg</i> (Frova)                                                         | Tier 2 | ST: Must meet the following requirement: Oral Sumatriptan or Rizatriptan in 180 days; QL (18 EA per 30 days)                     |
| <i>naratriptan oral tablet 1 mg, 2.5 mg</i>                                                            | Tier 2 | QL (18 EA per 30 days)                                                                                                           |
| NURTEC ODT ORAL<br>TABLET,DISINTEGRATING 75 MG                                                         | Tier 3 | PA; QL (18 EA per 30 days)                                                                                                       |
| QULIPTA ORAL TABLET 10 MG, 30<br>MG, 60 MG                                                             | Tier 3 | PA; QL (1 EA per 1 day)                                                                                                          |
| REYVOW ORAL TABLET 100 MG, 50<br>MG                                                                    | Tier 3 | PA; QL (8 EA per 30 days)                                                                                                        |
| <i>rizatriptan oral tablet 10 mg</i> (Maxalt)                                                          | Tier 2 | QL (27 EA per 30 days)                                                                                                           |
| <i>rizatriptan oral tablet 5 mg</i>                                                                    | Tier 2 | QL (27 EA per 30 days)                                                                                                           |
| <i>rizatriptan oral tablet,disintegrating 10 mg</i> (Maxalt-MLT)                                       | Tier 2 | QL (27 EA per 30 days)                                                                                                           |
| <i>rizatriptan oral tablet,disintegrating 5 mg</i>                                                     | Tier 2 | QL (27 EA per 30 days)                                                                                                           |
| <i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>                                             | Tier 2 | QL (18 EA per 30 days)                                                                                                           |
| <i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>                                              | Tier 2 | QL (36 EA per 30 days)                                                                                                           |
| <i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i> (Imitrex)                                | Tier 2 | QL (18 EA per 30 days)                                                                                                           |
| <i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Refill) | Tier 2 | QL (18 ML per 30 days)                                                                                                           |
| <i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Pen) | Tier 2 | QL (18 ML per 30 days)                                                                                                           |
| <i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>                                         | Tier 2 | QL (18 ML per 30 days)                                                                                                           |
| <i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>                                          | Tier 2 | QL (18 ML per 30 days)                                                                                                           |
| TRUDHESA NASAL SPRAY, NON-<br>AEROSOL 0.725 MG/PUMP ACT. (4<br>MG/ML)                                  | Tier 4 | ST: Must meet the following requirement: Oral Sumatriptan or Rizatriptan in 180 days; QL (12 ML per 28 days); Age (Min 18 Years) |
| UBRELVY ORAL TABLET 100 MG, 50<br>MG                                                                   | Tier 3 | PA; QL (16 EA per 30 days)                                                                                                       |

| Drug                                                                                       | Status | Notes                                                                                                        |
|--------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------------|
| ZAVZPRET NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION                                          | Tier 4 | PA; QL (8 EA per 30 days)                                                                                    |
| <i>zolmitriptan nasal spray, non-aerosol 2.5 mg, 5 mg</i> (Zomig)                          | Tier 2 | ST: Must meet the following requirement: Oral Sumatriptan or Rizatriptan in 180 days; QL (18 EA per 30 days) |
| <i>zolmitriptan oral tablet 2.5 mg, 5 mg</i> (Zomig)                                       | Tier 2 | ST: Must meet the following requirement: Oral Sumatriptan or Rizatriptan in 180 days; QL (18 EA per 30 days) |
| <i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>                               | Tier 2 | ST: Must meet the following requirement: Oral Sumatriptan or Rizatriptan in 180 days; QL (18 EA per 30 days) |
| ZOMIG ORAL TABLET 2.5 MG, 5 MG (zolmitriptan)                                              | Tier 2 | ST: Must meet the following requirement: Oral Sumatriptan or Rizatriptan in 180 days; QL (18 EA per 30 days) |
| <b>Calcitonin Gene-Related Peptide (Cgrp) Inhibitors</b>                                   |        |                                                                                                              |
| EMGALITY SYRINGE<br>SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)                       | Tier 3 | PA; QL (3 ML per 30 days)                                                                                    |
| <b>Narc. &amp; Non-Sal. Analgesic, Barbiturate &amp; Xanthine Cmb</b>                      |        |                                                                                                              |
| <i>butalbital-acetaminop-caff-cod oral capsule 50-300-40-30 mg</i> (Fioricet with Codeine) | Tier 2 | QL (6 EA per 1 day); Age (Min 12 Years)                                                                      |
| <i>butalbital-acetaminop-caff-cod oral capsule 50-325-40-30 mg</i>                         | Tier 2 | QL (6 EA per 1 day); Age (Min 12 Years)                                                                      |
| <b>Narcotic &amp; Salicylate Analgesics, Barb. &amp; Xanthine</b>                          |        |                                                                                                              |
| ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG (codeine-bitalbital-asa-caff)             | Tier 2 | QL (6 EA per 1 day); Age (Min 12 Years)                                                                      |
| <i>codeine-bitalbital-asa-caff oral capsule 30-50-325-40 mg</i> (Ascomp with Codeine)      | Tier 2 | QL (6 EA per 1 day); Age (Min 12 Years)                                                                      |
| <b>Narcotic Analgesic &amp; Non-Salicylate Analgesic Comb</b>                              |        |                                                                                                              |
| <i>acetaminophen-codeine oral solution 120 mg-12 mg / 5 ml (5 ml), 120-12 mg / 5 ml</i>    | Tier 2 | QL (150 ML per 1 day); Age (Min 12 Years)                                                                    |
| <i>acetaminophen-codeine oral solution 300 mg-30 mg / 12.5 ml</i>                          | Tier 2 | Age (Min 12 Years)                                                                                           |

| Drug                                                                                             | Status | Notes                                                                                                               |
|--------------------------------------------------------------------------------------------------|--------|---------------------------------------------------------------------------------------------------------------------|
| <i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>                                    | Tier 2 | QL (12 EA per 1 day); Age (Min 12 Years)                                                                            |
| <i>acetaminophen-codeine oral tablet 300-60 mg</i>                                               | Tier 2 | QL (6 EA per 1 day); Age (Min 12 Years)                                                                             |
| APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG (benzhydrocodone-acetaminophen)         | Tier 4 | ST: Must meet the following requirement: generic Norco (Hydrocodone/APAP) tablets in 120 days; QL (12 EA per 1 day) |
| <i>benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg</i> (Apadaz)  | Tier 2 | ST: Must meet the following requirement: generic Norco (Hydrocodone/APAP) tablets in 120 days; QL (12 EA per 1 day) |
| ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG (oxycodone-acetaminophen)        | Tier 2 | QL (12 EA per 1 day)                                                                                                |
| <i>hydrocodone-acetaminophen oral solution 10-300 mg/15 ml</i>                                   | Tier 2 | QL (200 ML per 1 day)                                                                                               |
| <i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>                                  | Tier 2 | QL (184 ML per 1 day)                                                                                               |
| <i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>                     | Tier 2 | QL (13 EA per 1 day)                                                                                                |
| <i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>         | Tier 2 | QL (12 EA per 1 day)                                                                                                |
| <i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>                                       | Tier 2 | QL (61 ML per 1 day)                                                                                                |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i> (Endocet) | Tier 2 | QL (12 EA per 1 day)                                                                                                |
| PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG (oxycodone-acetaminophen)       | Tier 2 | QL (12 EA per 1 day)                                                                                                |
| <i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>                                            | Tier 2 | QL (10 EA per 1 day); Age (Min 12 Years)                                                                            |
| <b>Narcotic Withdrawal Therapy Agents</b>                                                        |        |                                                                                                                     |
| <i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>                                            | Tier 2 | QL (3 EA per 1 day)                                                                                                 |
| <i>buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i> (Suboxone)       | Tier 2 |                                                                                                                     |
| <i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>                                 | Tier 2 | QL (3 EA per 1 day)                                                                                                 |
| ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG         | Tier 3 | QL (1 EA per 1 day)                                                                                                 |



| Drug                                                                                                                                       | Status | Notes                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------|---------------------------------------------------------------------------------------------------------|
| ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG                                                                                                       | Tier 3 | QL (2 EA per 1 day)                                                                                     |
| <b>Opioid Withdrawal Ther, Alpha-2 Adrenergic Agonist</b>                                                                                  |        |                                                                                                         |
| lofexidine oral tablet 0.18 mg (Lucemyra)                                                                                                  | Tier 2 | PA                                                                                                      |
| <b>Skeletal Muscle Relaxant,Salicylate,Narc Analgesic</b>                                                                                  |        |                                                                                                         |
| carisoprodol-aspirin-codeine oral tablet 200-325-16 mg                                                                                     | Tier 2 | QL (8 EA per 1 day); Age (Min 12 Years)                                                                 |
| <b>Parkinsons Disease</b>                                                                                                                  |        |                                                                                                         |
| <b>Antiparkinsonism Drugs,Anticholinergic</b>                                                                                              |        |                                                                                                         |
| benztropine oral tablet 0.5 mg, 1 mg, 2 mg                                                                                                 | Tier 2 |                                                                                                         |
| trihexyphenidyl oral elixir 0.4 mg/ml                                                                                                      | Tier 2 |                                                                                                         |
| trihexyphenidyl oral tablet 2 mg, 5 mg                                                                                                     | Tier 2 |                                                                                                         |
| <b>Antiparkinsonism Drugs,Other</b>                                                                                                        |        |                                                                                                         |
| amantadine hcl oral capsule 100 mg                                                                                                         | Tier 2 |                                                                                                         |
| amantadine hcl oral solution 50 mg/5 ml                                                                                                    | Tier 2 |                                                                                                         |
| amantadine hcl oral tablet 100 mg                                                                                                          | Tier 2 |                                                                                                         |
| apomorphine subcutaneous cartridge 10 mg/ml (APOKYN)                                                                                       | Tier 5 | PA                                                                                                      |
| bromocriptine oral capsule 5 mg                                                                                                            | Tier 2 |                                                                                                         |
| bromocriptine oral tablet 2.5 mg                                                                                                           | Tier 2 |                                                                                                         |
| carbidopa-levodopa oral tablet 10-100 mg (Sinemet)                                                                                         | Tier 2 |                                                                                                         |
| carbidopa-levodopa oral tablet 25-100 mg (Dhivy)                                                                                           | Tier 2 |                                                                                                         |
| carbidopa-levodopa oral tablet 25-250 mg                                                                                                   | Tier 2 |                                                                                                         |
| carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg                                                                       | Tier 2 |                                                                                                         |
| carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg                                                              | Tier 2 |                                                                                                         |
| carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg | Tier 2 |                                                                                                         |
| CREXONT ORAL CAPSULE,IR - EXTEND REL,BIPHASE 35-140 MG                                                                                     | Tier 4 | ST: Must meet the following requirement: generic Carbidopa/Levodopa ER in 120 days; QL (4 EA per 1 day) |



| Drug                                                                                                                         | Status | Notes                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------------|
| CREXONT ORAL CAPSULE,IR -<br>EXTEND REL,BIPHASE 52.5-210 MG                                                                  | Tier 4 | ST: Must meet the following requirement:<br>generic<br>Carbidopa/Levodopa ER in 120 days; QL (10 EA per 1 day)       |
| CREXONT ORAL CAPSULE,IR -<br>EXTEND REL,BIPHASE 70-280 MG                                                                    | Tier 4 | ST: Must meet the following requirement:<br>generic<br>Carbidopa/Levodopa ER in 120 days; QL (7 EA per 1 day)        |
| CREXONT ORAL CAPSULE,IR -<br>EXTEND REL,BIPHASE 87.5-350 MG                                                                  | Tier 4 | ST: Must meet the following requirement:<br>generic<br>Carbidopa/Levodopa ER in 120 days; QL (6 EA per 1 day)        |
| DUOPA J-TUBE INTESTINAL PUMP<br>SUSPENSION 4.63-20 MG/ML                                                                     | Tier 5 | PA                                                                                                                   |
| <i>entacapone oral tablet 200 mg</i>                                                                                         | Tier 2 |                                                                                                                      |
| INBRIJA INHALATION CAPSULE,<br>W/INHALATION DEVICE 42 MG                                                                     | Tier 5 | PA                                                                                                                   |
| NEUPRO TRANSDERMAL PATCH 24<br>HOUR 1 MG/24 HOUR, 2 MG/24 HOUR,<br>3 MG/24 HOUR, 4 MG/24 HOUR, 6<br>MG/24 HOUR, 8 MG/24 HOUR | Tier 3 | ST: Must meet any of the following requirements:<br>Pramipexole IR or Ropinirole IR in 120 days; QL (1 EA per 1 day) |
| NOURIANZ ORAL TABLET 20 MG, 40<br>MG                                                                                         | Tier 5 | PA                                                                                                                   |
| ONAPGO SUBCUTANEOUS<br>CARTRIDGE 4.9 MG/ ML                                                                                  | Tier 5 | PA                                                                                                                   |
| ONGENTYS ORAL CAPSULE 25 MG,<br>50 MG                                                                                        | Tier 4 | PA                                                                                                                   |
| <i>pramipexole oral tablet 0.125 mg, 0.25<br/>mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>                                          | Tier 2 |                                                                                                                      |
| <i>pramipexole oral tablet extended release<br/>24 hr 0.375 mg, 0.75 mg, 4.5 mg</i>                                          | Tier 2 | ST: Must meet any of the following requirements:<br>Pramipexole IR or Ropinirole IR in 120 days; QL (1 EA per 1 day) |
| <i>pramipexole oral tablet extended release (Mirapex ER)<br/>24 hr 1.5 mg, 2.25 mg, 3 mg, 3.75 mg</i>                        | Tier 2 | ST: Must meet any of the following requirements:<br>Pramipexole IR or Ropinirole IR in 120 days; QL (1 EA per 1 day) |
| <i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)                                                                         | Tier 2 | QL (1 EA per 1 day)                                                                                                  |

| Drug                                                                                        | Status | Notes                                                                                                                                                |
|---------------------------------------------------------------------------------------------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>                 | Tier 2 |                                                                                                                                                      |
| <i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>          | Tier 2 | ST: Must meet any of the following requirements:<br>Pramipexole IR or Ropinirole IR in 120 days; QL (1 EA per 1 day)                                 |
| RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG | Tier 4 | ST: Must meet the following requirement:<br>generic Carbidopa/Levodopa ER in 120 days; QL (10 EA per 1 day)                                          |
| <i>selegiline hcl oral capsule 5 mg</i>                                                     | Tier 2 |                                                                                                                                                      |
| <i>selegiline hcl oral tablet 5 mg</i>                                                      | Tier 2 |                                                                                                                                                      |
| <i>tolcapone oral tablet 100 mg</i> (Tasmar)                                                | Tier 2 | ST: Must meet the following requirement:<br>Comtan (Entacapone) in 120 days; QL (3 EA per 1 day)                                                     |
| VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML                                  | Tier 5 | PA                                                                                                                                                   |
| XADAGO ORAL TABLET 100 MG, 50 MG                                                            | Tier 4 | ST: Must meet the following requirements:<br>Carbidopa/Levodopa (Sinemet IR, Sinemet CR, Duopa, Parcopa, or Rytary) in 120 days; QL (1 EA per 1 day) |
| ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG                                                  | Tier 4 | ST: Must meet the following requirement:<br>generic Selegiline capsules or tablets in 120 days; QL (2 EA per 1 day)                                  |
| <b>Decarboxylase Inhibitors</b>                                                             |        |                                                                                                                                                      |
| <i>carbidopa oral tablet 25 mg</i> (Lodosyn)                                                | Tier 2 |                                                                                                                                                      |
| <b>Seizure Disorder</b>                                                                     |        |                                                                                                                                                      |
| <b>Anticonvulsant - Benzodiazepine Type</b>                                                 |        |                                                                                                                                                      |
| <i>clobazam oral suspension 2.5 mg/ml</i> (Onfi)                                            | Tier 2 | QL (480 ML per 30 days)                                                                                                                              |
| <i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)                                             | Tier 2 | QL (2 EA per 1 day)                                                                                                                                  |
| <i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Klonopin)                                 | Tier 2 |                                                                                                                                                      |
| <i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>          | Tier 2 |                                                                                                                                                      |
| <i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>                          | Tier 2 |                                                                                                                                                      |

| Drug                                                                                                                                     | Status | Notes                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG                                                                                | Tier 4 | QL (10 EA per 30 days)                                                                                                                                                                                                 |
| NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)                                                                                    | Tier 4 | QL (10 EA per 30 days)                                                                                                                                                                                                 |
| VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) | Tier 4 | QL (10 EA per 30 days)                                                                                                                                                                                                 |
| <b>Anticonvulsant - Cannabinoid Type</b>                                                                                                 |        |                                                                                                                                                                                                                        |
| EPIDIOLEX ORAL SOLUTION 100 MG/ML                                                                                                        | Tier 5 | ST: Must have a trial of or contraindication to two of the following generic anticonvulsants: Clobazam, Lamotrigine, Levetiracetam, Topiramate, Vigabatrin, Carbamazepine, Oxcarbazepine, or Valproic Acid in 365 days |
| <b>Anticonvulsants</b>                                                                                                                   |        |                                                                                                                                                                                                                        |
| BRIVIACT ORAL SOLUTION 10 MG/ML                                                                                                          | Tier 3 | QL (600 ML per 30 days)                                                                                                                                                                                                |
| BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG                                                                                  | Tier 3 | QL (2 EA per 1 day)                                                                                                                                                                                                    |
| <i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> (Carbatrol)                                                | Tier 2 |                                                                                                                                                                                                                        |
| <i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)                                                                              | Tier 2 |                                                                                                                                                                                                                        |
| <i>carbamazepine oral tablet 200 mg</i> (Tegretol)                                                                                       | Tier 2 |                                                                                                                                                                                                                        |
| <i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR)                                             | Tier 2 |                                                                                                                                                                                                                        |
| <i>carbamazepine oral tablet, chewable 100 mg, 200 mg</i>                                                                                | Tier 2 |                                                                                                                                                                                                                        |
| CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (carbamazepine)                                                       | Tier 3 |                                                                                                                                                                                                                        |
| DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG (divalproex)                                                               | Tier 3 |                                                                                                                                                                                                                        |
| DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG (divalproex)                                                        | Tier 3 |                                                                                                                                                                                                                        |
| DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG (divalproex)                                                                | Tier 3 |                                                                                                                                                                                                                        |

| Drug                                                                                |                             | Status | Notes                   |
|-------------------------------------------------------------------------------------|-----------------------------|--------|-------------------------|
| DIACOMIT ORAL CAPSULE 250 MG, 500 MG                                                |                             | Tier 5 | PA                      |
| DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG                                       |                             | Tier 5 | PA                      |
| DILANTIN EXTENDED ORAL CAPSULE 100 MG                                               | (phenytoin sodium extended) | Tier 3 |                         |
| DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG                                        | (phenytoin)                 | Tier 3 |                         |
| DILANTIN ORAL CAPSULE 30 MG                                                         |                             | Tier 4 |                         |
| DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML                                            | (phenytoin)                 | Tier 3 |                         |
| <i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>                         | (Depakote Sprinkles)        | Tier 2 |                         |
| <i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>                 | (Depakote ER)               | Tier 2 |                         |
| <i>divalproex oral tablet, delayed release (drlec) 125 mg, 250 mg, 500 mg</i>       | (Depakote)                  | Tier 2 |                         |
| EPITOL ORAL TABLET 200 MG                                                           | (carbamazepine)             | Tier 2 |                         |
| <i>eslicarbazepine oral tablet 200 mg, 400 mg</i>                                   | (Aptiom)                    | Tier 2 | QL (1 EA per 1 day)     |
| <i>eslicarbazepine oral tablet 600 mg, 800 mg</i>                                   | (Aptiom)                    | Tier 2 | QL (2 EA per 1 day)     |
| <i>ethosuximide oral capsule 250 mg</i>                                             | (Zarontin)                  | Tier 2 |                         |
| <i>ethosuximide oral solution 250 mg/5 ml</i>                                       | (Zarontin)                  | Tier 2 |                         |
| <i>felbamate oral suspension 600 mg/5 ml</i>                                        |                             | Tier 2 |                         |
| <i>felbamate oral tablet 400 mg, 600 mg</i>                                         | (Felbatol)                  | Tier 2 |                         |
| FINTEPLA ORAL SOLUTION 2.2 MG/ML                                                    |                             | Tier 5 | PA                      |
| FYCOMPA ORAL SUSPENSION 0.5 MG/ML                                                   |                             | Tier 3 | QL (680 ML per 28 days) |
| <i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>                               | (Neurontin)                 | Tier 2 |                         |
| <i>gabapentin oral solution 250 mg/5 ml</i>                                         | (Neurontin)                 | Tier 2 |                         |
| <i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>              |                             | Tier 2 |                         |
| <i>gabapentin oral tablet 600 mg, 800 mg</i>                                        | (Neurontin)                 | Tier 2 |                         |
| <i>lacosamide oral solution 10 mg/ml</i>                                            | (Vimpat)                    | Tier 2 |                         |
| <i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>                         | (Vimpat)                    | Tier 2 |                         |
| LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7) |                             | Tier 4 |                         |

| Drug                                                                                                      |                                     | Status | Notes |
|-----------------------------------------------------------------------------------------------------------|-------------------------------------|--------|-------|
| LAMICTAL XR STARTER (GREEN)<br>ORAL TABLET EXTENDED REL,DOSE<br>PACK 50 MG(14)-100MG (14)-200 MG<br>(7)   |                                     | Tier 4 |       |
| LAMICTAL XR STARTER (ORANGE)<br>ORAL TABLET EXTENDED REL,DOSE<br>PACK 25MG (14)-50 MG (14)-100MG<br>(7)   |                                     | Tier 4 |       |
| <i>lamotrigine oral tablet 100 mg, 150 mg,<br/>200 mg, 25 mg</i>                                          | (Subvenite)                         | Tier 2 |       |
| <i>lamotrigine oral tablet disintegrating,<br/>dose pk 25 mg (21) -50 mg (7)</i>                          | (Lamictal ODT Starter<br>(Blue))    | Tier 2 |       |
| <i>lamotrigine oral tablet disintegrating,<br/>dose pk 25 mg(14)-50 mg (14)-100 mg<br/>(7)</i>            | (Lamictal ODT Starter<br>(Orange))  | Tier 2 |       |
| <i>lamotrigine oral tablet disintegrating,<br/>dose pk 50 mg (42) -100 mg (14)</i>                        | (Lamictal ODT Starter<br>(Green))   | Tier 2 |       |
| <i>lamotrigine oral tablet extended release<br/>24hr 100 mg, 200 mg, 25 mg, 250 mg,<br/>300 mg, 50 mg</i> | (Lamictal XR)                       | Tier 2 |       |
| <i>lamotrigine oral tablet, chewable<br/>dispersible 25 mg, 5 mg</i>                                      | (Lamictal)                          | Tier 2 |       |
| <i>lamotrigine oral tablet,disintegrating 100<br/>mg, 200 mg, 25 mg, 50 mg</i>                            | (Lamictal ODT)                      | Tier 2 |       |
| <i>lamotrigine oral tablets,dose pack 25 mg<br/>(35)</i>                                                  | (Subvenite Starter (Blue)<br>Kit)   | Tier 2 |       |
| <i>lamotrigine oral tablets,dose pack 25 mg<br/>(42) -100 mg (7)</i>                                      | (Subvenite Starter<br>(Orange) Kit) | Tier 2 |       |
| <i>lamotrigine oral tablets,dose pack 25 mg<br/>(84) -100 mg (14)</i>                                     | (Subvenite Starter (Green)<br>Kit)  | Tier 2 |       |
| <i>levetiracetam oral solution 100 mg/ml</i>                                                              | (Keppra)                            | Tier 2 |       |
| <i>levetiracetam oral tablet 1,000 mg, 250<br/>mg, 500 mg, 750 mg</i>                                     | (Keppra)                            | Tier 2 |       |
| <i>levetiracetam oral tablet extended<br/>release 24 hr 500 mg, 750 mg</i>                                | (Keppra XR)                         | Tier 2 |       |
| <i>methsuximide oral capsule 300 mg</i>                                                                   | (Celontin)                          | Tier 2 |       |
| MOTPOLY XR ORAL<br>CAPSULE,EXTENDED RELEASE 24HR<br>100 MG, 150 MG, 200 MG                                |                                     | Tier 4 | PA    |
| <i>oxcarbazepine oral suspension 300<br/>mg/5 ml (60 mg/ml)</i>                                           | (Trileptal)                         | Tier 2 |       |
| <i>oxcarbazepine oral tablet 150 mg, 300<br/>mg, 600 mg</i>                                               | (Trileptal)                         | Tier 2 |       |

| Drug                                                                                       |                             | Status | Notes                                                                                                                                                                                                              |
|--------------------------------------------------------------------------------------------|-----------------------------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>oxcarbazepine oral tablet extended release 24 hr 150 mg, 300 mg</i>                     | (Oxtellar XR)               | Tier 2 | ST: Must meet 2 of the following requirements: Carbamazepine, Gabapentin, Lamotrigine, Levetiracetam IR or ER, Oxcarbazepine, Topiramate, Zonisamide, Valproic Acid or Divalproex in 365 days; QL (3 EA per 1 day) |
| <i>oxcarbazepine oral tablet extended release 24 hr 600 mg</i>                             | (Oxtellar XR)               | Tier 2 | ST: Must meet 2 of the following requirements: Carbamazepine, Gabapentin, Lamotrigine, Levetiracetam IR or ER, Oxcarbazepine, Topiramate, Zonisamide, Valproic Acid or Divalproex in 365 days; QL (4 EA per 1 day) |
| <i>perampanel oral tablet 10 mg, 12 mg, 8 mg</i>                                           | (Fycompa)                   | Tier 2 | QL (30 EA per 30 days)                                                                                                                                                                                             |
| <i>perampanel oral tablet 2 mg</i>                                                         | (Fycompa)                   | Tier 2 | QL (120 EA per 30 days)                                                                                                                                                                                            |
| <i>perampanel oral tablet 4 mg, 6 mg</i>                                                   | (Fycompa)                   | Tier 2 | QL (60 EA per 30 days)                                                                                                                                                                                             |
| PHENYTEK ORAL CAPSULE 200 MG, 300 MG                                                       | (phenytoin sodium extended) | Tier 3 |                                                                                                                                                                                                                    |
| <i>phenytoin oral suspension 125 mg/5 ml</i>                                               | (Dilantin-125)              | Tier 2 |                                                                                                                                                                                                                    |
| <i>phenytoin oral tablet, chewable 50 mg</i>                                               | (Dilantin Infatabs)         | Tier 2 |                                                                                                                                                                                                                    |
| <i>phenytoin sodium extended oral capsule 100 mg</i>                                       | (Dilantin Extended)         | Tier 2 |                                                                                                                                                                                                                    |
| <i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>                               | (Phenytek)                  | Tier 2 |                                                                                                                                                                                                                    |
| <i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i> | (Lyrica)                    | Tier 2 |                                                                                                                                                                                                                    |
| <i>pregabalin oral solution 20 mg/ml</i>                                                   | (Lyrica)                    | Tier 2 |                                                                                                                                                                                                                    |
| <i>primidone oral tablet 125 mg</i>                                                        |                             | Tier 2 |                                                                                                                                                                                                                    |
| <i>primidone oral tablet 250 mg, 50 mg</i>                                                 | (Mysoline)                  | Tier 2 |                                                                                                                                                                                                                    |
| <i>rufinamide oral suspension 40 mg/ml</i>                                                 | (Banzel)                    | Tier 2 | ST: Must meet any of the following requirements: Valproic Acid, Divalproex, or Clobazam in 120 days; QL (80 ML per 1 day)                                                                                          |

| Drug                                                                         |                 | Status | Notes                                                                                                                                                                                                                 |
|------------------------------------------------------------------------------|-----------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>rufinamide oral tablet 200 mg</i>                                         | (Banzel)        | Tier 2 | ST: Must meet any of the following requirements:<br>Valproic Acid, Divalproex, or Clobazam in 120 days;<br>QL (16 EA per 1 day)                                                                                       |
| <i>rufinamide oral tablet 400 mg</i>                                         | (Banzel)        | Tier 2 | ST: Must meet any of the following requirements:<br>Valproic Acid, Divalproex, or Clobazam in 120 days;<br>QL (8 EA per 1 day)                                                                                        |
| SABRIL ORAL TABLET 500 MG                                                    | (vigabatrin)    | Tier 5 | PA                                                                                                                                                                                                                    |
| SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG                          | (lamotrigine)   | Tier 4 |                                                                                                                                                                                                                       |
| SUBVENITE STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35)               | (lamotrigine)   | Tier 4 |                                                                                                                                                                                                                       |
| SUBVENITE STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14) | (lamotrigine)   | Tier 4 |                                                                                                                                                                                                                       |
| SUBVENITE STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7) | (lamotrigine)   | Tier 4 |                                                                                                                                                                                                                       |
| TEGRETOL ORAL SUSPENSION 100 MG/5 ML                                         | (carbamazepine) | Tier 3 |                                                                                                                                                                                                                       |
| TEGRETOL ORAL TABLET 200 MG                                                  | (carbamazepine) | Tier 3 |                                                                                                                                                                                                                       |
| TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG        | (carbamazepine) | Tier 3 |                                                                                                                                                                                                                       |
| <i>tiagabine oral tablet 12 mg, 2 mg, 4 mg</i>                               |                 | Tier 2 | ST: Must meet 2 of the following requirements:<br>Carbamazepine, Gabapentin, Lamotrigine, Levetiracetam IR or ER, Oxcarbazepine, Topiramate, Zonisamide, Valproic Acid or Divalproex in 365 days; QL (4 EA per 1 day) |
| <i>tiagabine oral tablet 16 mg</i>                                           |                 | Tier 2 | ST: Must meet 2 of the following requirements:<br>Carbamazepine, Gabapentin, Lamotrigine, Levetiracetam IR or ER, Oxcarbazepine, Topiramate, Zonisamide, Valproic Acid or Divalproex in 365 days; QL (3 EA per 1 day) |

| Drug                                                                       | Status | Notes                                                                                                                                       |
|----------------------------------------------------------------------------|--------|---------------------------------------------------------------------------------------------------------------------------------------------|
| <i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)            | Tier 2 |                                                                                                                                             |
| <i>topiramate oral capsule, sprinkle 50 mg</i>                             | Tier 2 |                                                                                                                                             |
| <i>topiramate oral capsule, extended release 24hr 100 mg</i> (Trokendi XR) | Tier 2 | QL (3 EA per 1 day)                                                                                                                         |
| <i>topiramate oral capsule, extended release 24hr 200 mg</i> (Trokendi XR) | Tier 2 | QL (2 EA per 1 day)                                                                                                                         |
| <i>topiramate oral capsule, extended release 24hr 25 mg</i> (Trokendi XR)  | Tier 2 | QL (8 EA per 1 day)                                                                                                                         |
| <i>topiramate oral capsule, extended release 24hr 50 mg</i> (Trokendi XR)  | Tier 2 | QL (7 EA per 1 day)                                                                                                                         |
| <i>topiramate oral capsule, sprinkle, er 24hr 100 mg</i>                   | Tier 2 | ST: Must meet any of the following requirements:<br>Topiramate immediate release tablets/sprinkle capsules in 120 days; QL (3 EA per 1 day) |
| <i>topiramate oral capsule, sprinkle, er 24hr 150 mg, 200 mg</i>           | Tier 2 | ST: Must meet any of the following requirements:<br>Topiramate immediate release tablets/sprinkle capsules in 120 days; QL (2 EA per 1 day) |
| <i>topiramate oral capsule, sprinkle, er 24hr 25 mg</i>                    | Tier 2 | ST: Must meet any of the following requirements:<br>Topiramate immediate release tablets/sprinkle capsules in 120 days; QL (1 EA per 1 day) |
| <i>topiramate oral capsule, sprinkle, er 24hr 50 mg</i>                    | Tier 2 | ST: Must meet any of the following requirements:<br>Topiramate immediate release tablets/sprinkle capsules in 120 days; QL (7 EA per 1 day) |
| <i>topiramate oral solution 25 mg/ml</i> (Eprontia)                        | Tier 2 | PA                                                                                                                                          |
| <i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)       | Tier 2 |                                                                                                                                             |
| <i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>            | Tier 2 |                                                                                                                                             |
| <i>valproic acid oral capsule 250 mg</i>                                   | Tier 2 |                                                                                                                                             |
| <i>vigabatrin oral powder in packet 500 mg</i> (Vigadrone)                 | Tier 5 | PA                                                                                                                                          |
| <i>vigabatrin oral tablet 500 mg</i> (Sabril)                              | Tier 5 | PA                                                                                                                                          |
| VIGADRONE ORAL POWDER IN PACKET 500 MG (vigabatrin)                        | Tier 5 | PA                                                                                                                                          |
| VIGADRONE ORAL TABLET 500 MG (vigabatrin)                                  | Tier 5 | PA                                                                                                                                          |



| Drug                                                                                                                    | Status | Notes               |
|-------------------------------------------------------------------------------------------------------------------------|--------|---------------------|
| VIGAFYDE ORAL SOLUTION 100 MG/ML                                                                                        | Tier 5 | PA                  |
| VIGPODER ORAL POWDER IN PACKET 500 MG (vigabatrin)                                                                      | Tier 5 | PA                  |
| XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1)                                                       | Tier 3 | QL (1 EA per 1 day) |
| XCOPRI MAINTENANCE PACK ORAL TABLET 350 MG/DAY (200 MG X1-150MG X1)                                                     | Tier 3 | QL (2 EA per 1 day) |
| XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG                                                                         | Tier 3 | QL (1 EA per 1 day) |
| XCOPRI ORAL TABLET 200 MG                                                                                               | Tier 3 | QL (2 EA per 1 day) |
| XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)-25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14) | Tier 3 | QL (1 EA per 1 day) |
| ZONISADE ORAL SUSPENSION 100 MG/5 ML                                                                                    | Tier 4 | PA                  |
| zonisamide oral capsule 100 mg, 25 mg (Zonegran)                                                                        | Tier 2 |                     |
| zonisamide oral capsule 50 mg                                                                                           | Tier 2 |                     |
| <b>Neuroactive Steroid Gaba-A Receptor Modulator</b>                                                                    |        |                     |
| ZTALMY ORAL SUSPENSION 50 MG/ML                                                                                         | Tier 5 | PA                  |
| <b>Skeletal Muscle Disorder</b>                                                                                         |        |                     |
| <b>Agents To Tx Periodic Paralysis - Carbon Anhyd Inh</b>                                                               |        |                     |
| dichlorphenamide oral tablet 50 mg (Keveyis)                                                                            | Tier 5 | PA                  |
| KEVEYIS ORAL TABLET 50 MG (dichlorphenamide)                                                                            | Tier 5 | PA                  |
| ORMALVI ORAL TABLET 50 MG (dichlorphenamide)                                                                            | Tier 5 | PA                  |
| <b>Retinoic Acid Receptor (Rar) Agonists</b>                                                                            |        |                     |
| SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG                                                                  | Tier 5 | PA                  |
| <b>Skeletal Muscle Relaxants</b>                                                                                        |        |                     |
| baclofen oral solution 10 mg/5 ml (2 mg/ml) (Ozobax DS)                                                                 | Tier 2 | PA                  |
| baclofen oral solution 5 mg/5 ml (Ozobax)                                                                               | Tier 2 | PA                  |
| baclofen oral suspension 25 mg/5 ml (5 mg/ml) (Fleqsuvy)                                                                | Tier 2 | PA                  |
| baclofen oral tablet 10 mg, 20 mg, 5 mg                                                                                 | Tier 2 |                     |
| carisoprodol oral tablet 250 mg, 350 mg (Soma)                                                                          | Tier 2 |                     |
| carisoprodol-aspirin oral tablet 200-325 mg                                                                             | Tier 2 |                     |
| chlorzoxazone oral tablet 500 mg                                                                                        | Tier 2 |                     |

| Drug                                                                                         | Status    | Notes                                                                                       |
|----------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------|
| <i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>                                               | Tier 2    |                                                                                             |
| <i>cyclobenzaprine oral tablet 7.5 mg</i> (Fexmid)                                           | Tier 2    |                                                                                             |
| <i>dantrolene oral capsule 100 mg, 50 mg</i>                                                 | Tier 2    |                                                                                             |
| <i>dantrolene oral capsule 25 mg</i> (Dantrium)                                              | Tier 2    |                                                                                             |
| <i>metaxalone oral tablet 400 mg, 800 mg</i>                                                 | Tier 2    |                                                                                             |
| <i>methocarbamol oral tablet 500 mg, 750 mg</i>                                              | Tier 2    |                                                                                             |
| <i>orphenadrine citrate oral tablet extended release 100 mg</i>                              | Tier 2    |                                                                                             |
| <i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i> (Zanaflex)                                   | Tier 2    |                                                                                             |
| <i>tizanidine oral tablet 2 mg</i>                                                           | Tier 2    |                                                                                             |
| <i>tizanidine oral tablet 4 mg</i> (Zanaflex)                                                | Tier 2    |                                                                                             |
| <b>Smoking Cessation</b>                                                                     |           |                                                                                             |
| <b>Smoking Deterrent Agents (Ganglionic Stim,Others)</b>                                     |           |                                                                                             |
| <i>nicotine (polacrilex) buccal gum 2 mg</i> (Quit 2)                                        | \$0 COPAY | \$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER |
| <i>nicotine (polacrilex) buccal gum 4 mg</i> (Quit 4)                                        | \$0 COPAY | \$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER |
| <i>nicotine (polacrilex) buccal lozenge 2 mg</i> (Quit 2)                                    | \$0 COPAY | \$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER |
| <i>nicotine (polacrilex) buccal lozenge 4 mg</i> (Quit 4)                                    | \$0 COPAY | \$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER |
| <i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i> (Nicorette)                      | \$0 COPAY | \$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER |
| <i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i> (Nicoderm CQ) | \$0 COPAY | \$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER  |

| Drug                                                                     | Status    | Notes                                                                                                                                                    |
|--------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i> | \$0 COPAY | \$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER                                                               |
| NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML                            | \$0 COPAY | \$0 COPAY IF QUANTITY 10 IN 2 DAYS, LIMITED TO 180 DAYS IN 365, TRIAL OF NICOTINE TRANSDERMAL PATCH, AND 18 YEARS OF AGE OR OLDER; QL (10 ML per 2 days) |
| QUIT 2 BUCCAL GUM 2 MG (nicotine (polacrilex))                           | \$0 COPAY | \$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER                                                              |
| QUIT 2 BUCCAL LOZENGE 2 MG (nicotine (polacrilex))                       | \$0 COPAY | \$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER                                                              |
| QUIT 4 BUCCAL GUM 4 MG (nicotine (polacrilex))                           | \$0 COPAY | \$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER                                                              |
| QUIT 4 BUCCAL LOZENGE 4 MG (nicotine (polacrilex))                       | \$0 COPAY | \$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER                                                              |
| STOP SMOKING AID BUCCAL LOZENGE 2 MG, 4 MG (nicotine (polacrilex))       | \$0 COPAY | \$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER                                                              |
| <b>Smoking Deterrent-Nicotinic Recept.Partial Agonist</b>                |           |                                                                                                                                                          |
| <i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i> (Chantix)           | \$0 COPAY | \$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)                                          |

| Drug                                                                                                                                                                                                               | Status    | Notes                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------|
| <i>varenicline tartrate oral tablets,dose pack 0.5 mg (11)- 1 mg (42)</i> (Chantix Starting Month Box)                                                                                                             | \$0 COPAY | \$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day) |
| <b>Smoking Deterrents, Other</b>                                                                                                                                                                                   |           |                                                                                                                 |
| <i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>                                                                                                                                     | \$0 COPAY | \$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER                      |
| <b>Upper Gastrointestinal Disorders - Digestive</b>                                                                                                                                                                |           |                                                                                                                 |
| <b>Gastric Enzymes</b>                                                                                                                                                                                             |           |                                                                                                                 |
| SUCRAID ORAL SOLUTION 8,500 UNIT/ML                                                                                                                                                                                | Tier 5    | PA                                                                                                              |
| <b>Pancreatic Enzymes</b>                                                                                                                                                                                          |           |                                                                                                                 |
| CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT                              | Tier 3    |                                                                                                                 |
| PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200-14,200- 24,600 UNIT | Tier 4    |                                                                                                                 |
| PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,000-57,500- 60,500 UNIT, 24,000-86,250- 90,750 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT                                                           | Tier 4    | ST: Must meet any of the following requirements: Zenpep or Creon in 120 days                                    |
| VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT                                                                                                                                         | Tier 4    | ST: Must meet any of the following requirements: Zenpep or Creon in 120 days                                    |

| Drug                                                                                                                                                                                                                                                                         | Status | Notes |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------|
| ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT | Tier 3 |       |
| <b>Upper Gastrointestinal Disorders - Spastic Disease</b>                                                                                                                                                                                                                    |        |       |
| <b>Anticholinergics/Antispasmodics</b>                                                                                                                                                                                                                                       |        |       |
| <i>dicyclomine oral capsule 10 mg</i>                                                                                                                                                                                                                                        | Tier 2 |       |
| <i>dicyclomine oral solution 10 mg/5 ml</i>                                                                                                                                                                                                                                  | Tier 2 |       |
| <i>dicyclomine oral tablet 20 mg</i>                                                                                                                                                                                                                                         | Tier 2 |       |
| <b>Belladonna Alkaloids</b>                                                                                                                                                                                                                                                  |        |       |
| ED-SPAZ ORAL (hyoscyamine sulfate)<br>TABLET,DISINTEGRATING 0.125 MG                                                                                                                                                                                                         | Tier 2 |       |
| <i>hyoscyamine sulfate oral drops 0.125 mg/ml</i> (Hyosyne)                                                                                                                                                                                                                  | Tier 2 |       |
| <i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i> (Hyosyne)                                                                                                                                                                                                               | Tier 2 |       |
| <i>hyoscyamine sulfate oral tablet 0.125 mg</i> (Oscimin)                                                                                                                                                                                                                    | Tier 2 |       |
| <i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i> (Levbid)                                                                                                                                                                                              | Tier 2 |       |
| <i>hyoscyamine sulfate oral tablet,disintegrating 0.125 mg</i> (Ed-Spaz)                                                                                                                                                                                                     | Tier 2 |       |
| <i>hyoscyamine sulfate sublingual tablet 0.125 mg</i> (Oscimin SL)                                                                                                                                                                                                           | Tier 2 |       |
| HYOSYNE ORAL DROPS 0.125 MG/ML (hyoscyamine sulfate)                                                                                                                                                                                                                         | Tier 2 |       |
| HYOSYNE ORAL ELIXIR 0.125 MG/5 ML (hyoscyamine sulfate)                                                                                                                                                                                                                      | Tier 2 |       |
| <i>methscopolamine oral tablet 2.5 mg, 5 mg</i>                                                                                                                                                                                                                              | Tier 2 |       |
| OSCIMIN ORAL TABLET 0.125 MG (hyoscyamine sulfate)                                                                                                                                                                                                                           | Tier 2 |       |
| OSCIMIN SL SUBLINGUAL TABLET 0.125 MG (hyoscyamine sulfate)                                                                                                                                                                                                                  | Tier 2 |       |
| SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG) (hyoscyamine sulfate)                                                                                                                                                                            | Tier 4 |       |
| <b>Upper Gastrointestinal Disorders - Ulcer Disease</b>                                                                                                                                                                                                                      |        |       |
| <b>Anticholinergics,Quaternary Ammonium</b>                                                                                                                                                                                                                                  |        |       |
| <i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i> (Librax (with clidinium))                                                                                                                                                                                            | Tier 2 |       |

| Drug                                                                            | Status | Notes                                                                                                               |
|---------------------------------------------------------------------------------|--------|---------------------------------------------------------------------------------------------------------------------|
| DARTISLA ORAL<br>TABLET,DISINTEGRATING 1.7 MG                                   | Tier 4 | ST: Must meet the following requirement:<br>Glycopyrrolate 2mg in 120 days; QL (4 EA per 1 day); Age (Min 18 Years) |
| <i>glycopyrrolate (pf) injection syringe 0.6 mg/3 ml (0.2 mg/ml)</i> (Glyrx-PF) | Tier 2 |                                                                                                                     |
| <i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i> (Cuvposa)             | Tier 2 |                                                                                                                     |
| <i>glycopyrrolate oral tablet 1 mg</i> (Robinul)                                | Tier 2 |                                                                                                                     |
| <i>glycopyrrolate oral tablet 2 mg</i> (Robinul Forte)                          | Tier 2 |                                                                                                                     |
| GLYRX-PF INJECTION SYRINGE 0.6 MG/3 ML (0.2 MG/ML) (glycopyrrolate (pf))        | Tier 4 |                                                                                                                     |
| <b>Anti-Ulcer Preparations</b>                                                  |        |                                                                                                                     |
| <i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)                       | Tier 2 |                                                                                                                     |
| <i>sucralfate oral suspension 100 mg/ml</i> (Carafate)                          | Tier 2 |                                                                                                                     |
| <i>sucralfate oral tablet 1 gram</i> (Carafate)                                 | Tier 2 |                                                                                                                     |
| <b>Anti-Ulcer-H.Pylori Agents</b>                                               |        |                                                                                                                     |
| <i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>             | Tier 2 | QL (112 EA per 10 days)                                                                                             |
| <i>bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg</i> (Pylera)      | Tier 2 |                                                                                                                     |
| OMECLAMOX-PAK ORAL COMBO<br>PACK 20 MG-500 MG- 500 MG (40)                      | Tier 4 |                                                                                                                     |
| TALICIA ORAL CAPSULE,IR - DELAY<br>REL,BIPHASE 10-250-12.5 MG                   | Tier 4 | QL (168 EA per 14 days); Age (Min 18 Years)                                                                         |
| VOQUEZNA DUAL PAK ORAL COMBO<br>PACK 20 MG (28)- 500 MG (84)                    | Tier 4 | PA; QL (112 EA per 14 days)                                                                                         |
| VOQUEZNA TRIPLE PAK ORAL<br>COMBO PACK 20-500-500 MG                            | Tier 4 | PA; QL (112 EA per 14 days)                                                                                         |
| <b>Histamine H2-Receptor Inhibitors</b>                                         |        |                                                                                                                     |
| <i>cimetidine hcl oral solution 300 mg/5 ml</i>                                 | Tier 2 |                                                                                                                     |
| <i>cimetidine oral tablet 200 mg</i> (Acid Reducer (cimetidine))                | Tier 2 |                                                                                                                     |
| <i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>                            | Tier 2 |                                                                                                                     |
| <i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>       | Tier 2 |                                                                                                                     |
| <i>famotidine oral tablet 20 mg</i> (Acid Controller)                           | Tier 2 |                                                                                                                     |
| <i>famotidine oral tablet 40 mg</i> (Pepcid)                                    | Tier 2 |                                                                                                                     |
| <i>nizatidine oral capsule 150 mg, 300 mg</i>                                   | Tier 2 |                                                                                                                     |
| <b>Intestinal Motility Stimulants</b>                                           |        |                                                                                                                     |
| GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY                                        | Tier 5 | PA                                                                                                                  |

| Drug                                                                                                         | Status | Notes                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------|--------|---------------------------------------------------------------------------------------------------------------------------|
| <i>metoclopramide hcl oral solution 5 mg/5 ml</i>                                                            | Tier 2 |                                                                                                                           |
| <i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)                                                   | Tier 2 |                                                                                                                           |
| <i>prucalopride oral tablet 1 mg, 2 mg</i> (Motegrity)                                                       | Tier 2 | QL (1 EA per 1 day)                                                                                                       |
| <b>Potassium-Competitive Acid Blockers (Pcabs)</b>                                                           |        |                                                                                                                           |
| VOQUEZNA ORAL TABLET 10 MG, 20 MG                                                                            | Tier 4 | PA; QL (1 EA per 1 day)                                                                                                   |
| <b>Proton-Pump Inhibitors</b>                                                                                |        |                                                                                                                           |
| ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 10 MG (rabeprazole)                                      | Tier 4 | ST: Must meet 2 of the following requirements: Lansoprazole, Omeprazole, or Pantoprazole in 365 days; QL (1 EA per 1 day) |
| ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 5 MG                                                     | Tier 4 | ST: Must meet 2 of the following requirements: Lansoprazole, Omeprazole, or Pantoprazole in 365 days; QL (1 EA per 1 day) |
| <i>dexlansoprazole oral capsule, biphase delayed releas 30 mg, 60 mg</i> (Dexilant)                          | Tier 2 | ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Pantoprazole in 120 days; QL (1 EA per 1 day)  |
| <i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i> (Acid Reducer (esomeprazole))       | Tier 2 | QL (1 EA per 1 day)                                                                                                       |
| <i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i> (Nexium)                            | Tier 2 | QL (2 EA per 1 day)                                                                                                       |
| <i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Nexium Packet) | Tier 2 | QL (1 EA per 1 day)                                                                                                       |
| <i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i> (Nexium Packet)                      | Tier 2 | QL (2 EA per 1 day)                                                                                                       |
| KONVOMEF ORAL SUSPENSION FOR RECONSTITUTION 2-84 MG/ML                                                       | Tier 4 | PA                                                                                                                        |
| <i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i> (Acid Reducer (lansoprazole))                 | Tier 2 |                                                                                                                           |
| <i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i> (Prevacid)                                    | Tier 2 |                                                                                                                           |
| <i>lansoprazole oral tablet, disintegrat, delay rel 15 mg, 30 mg</i> (Prevacid SoluTab)                      | Tier 2 | ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, or Pantoprazole in 120 days                    |
| <i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>                                   | Tier 2 |                                                                                                                           |

| Drug                                                                             | Status | Notes                                                                                                                          |
|----------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------------------------------|
| <i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram</i> (Zegerid OTC)   | Tier 2 | ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Pantoprazole in 120 days; QL (1 EA per 1 day)       |
| <i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>                 | Tier 2 | ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Pantoprazole in 120 days; QL (1 EA per 1 day)       |
| <i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg, 40-1,680 mg</i>        | Tier 2 | PA                                                                                                                             |
| <i>pantoprazole oral granules dr for susp in packet 40 mg</i> (Protonix)         | Tier 2 | ST: Must meet any of the following requirements: Omeprazole, Pantoprazole capsules/tablets, or Prilosec suspension in 120 days |
| <i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i> (Protonix) | Tier 2 |                                                                                                                                |
| PRILOSEC ORAL SUSP, DELAYED RELEASE FOR RECON 10 MG, 2.5 MG                      | Tier 4 | ST: Must meet any of the following requirements: Omeprazole, lansoprazole or pantoprazole in 120 days                          |
| <i>rabeprazole oral capsule, delayed rel sprinkle 10 mg</i> (AcipHex Sprinkle)   | Tier 2 | ST: Must meet 2 of the following requirements: Lansoprazole, Omeprazole, or Pantoprazole in 365 days; QL (1 EA per 1 day)      |
| <i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i> (AcipHex)          | Tier 2 | QL (1 EA per 1 day)                                                                                                            |
| <b>Urinary Tract - Functional Disorders</b>                                      |        |                                                                                                                                |
| <b>Benign Prostatic Hypertrophy/Micturition Agents</b>                           |        |                                                                                                                                |
| <i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)            | Tier 2 |                                                                                                                                |
| <i>dutasteride oral capsule 0.5 mg</i> (Avodart)                                 | Tier 2 |                                                                                                                                |
| <i>finasteride oral tablet 5 mg</i> (Proscar)                                    | Tier 2 |                                                                                                                                |
| <i>silodosin oral capsule 4 mg, 8 mg</i> (Rapaflo)                               | Tier 2 |                                                                                                                                |
| <i>tamsulosin oral capsule 0.4 mg</i> (Flomax)                                   | Tier 2 |                                                                                                                                |



| Drug                                                                                         | Status | Notes                                                                                                                                                |
|----------------------------------------------------------------------------------------------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Bph Agents,5-Alpha-Red Inh &amp; Alpha-1-Adr Antg Cmb</b>                                 |        |                                                                                                                                                      |
| <i>dutasteride-tamsulosin oral capsule, er</i> (Jalyn)<br><i>multiphase 24 hr 0.5-0.4 mg</i> | Tier 2 | ST: Must meet any of the following requirements:<br>Alfuzosin, Doxazosin, Finasteride 5mg, Prazosin, Silodosin, Tamsulosin, or Terazosin in 120 days |
| <b>Cystine-Depleting Agents, Nephropathic Cystinosis</b>                                     |        |                                                                                                                                                      |
| CYSTAGON ORAL CAPSULE 150 MG, 50 MG                                                          | Tier 5 |                                                                                                                                                      |
| PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG                                     | Tier 5 | PA                                                                                                                                                   |
| PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG                                   | Tier 5 | PA                                                                                                                                                   |
| <b>Endothelin-Angiotensin Receptor Antagonist</b>                                            |        |                                                                                                                                                      |
| FILSPARI ORAL TABLET 200 MG, 400 MG                                                          | Tier 5 | PA                                                                                                                                                   |
| <b>Kidney Stone Agents</b>                                                                   |        |                                                                                                                                                      |
| THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG, 300 MG (tiopronin)                     | Tier 5 |                                                                                                                                                      |
| <i>tiopronin oral tablet 100 mg</i> (Thiola)                                                 | Tier 5 |                                                                                                                                                      |
| <i>tiopronin oral tablet, delayed release (dr/ec) 100 mg, 300 mg</i> (Thiola EC)             | Tier 5 |                                                                                                                                                      |
| VENXXIVA ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG, 300 MG (tiopronin)                      | Tier 5 |                                                                                                                                                      |
| <b>Overactive Bladder Agents, Beta-3 Adrenergic Recep</b>                                    |        |                                                                                                                                                      |
| GEMTESA ORAL TABLET 75 MG                                                                    | Tier 4 | ST: Must meet the following requirements:<br>Myrbetriq and Oxybutynin IR/XR in 365 days; QL (1 EA per 1 day)                                         |
| <i>mirabegron oral tablet extended release 24 hr 25 mg, 50 mg</i> (Myrbetriq)                | Tier 2 | QL (1 EA per 1 day)                                                                                                                                  |
| MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML                                         | Tier 3 |                                                                                                                                                      |
| <b>Oxalosis Agent - Oxalate Inhibitor, Sirna Based</b>                                       |        |                                                                                                                                                      |
| RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML)                                      | Tier 5 | PA                                                                                                                                                   |
| RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML                                       | Tier 5 | PA                                                                                                                                                   |

| Drug                                                                                                                                                                                             | Status | Notes               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------------------|
| <b>Polycystic Kidney Disease Agent, Avp Recep. Antag</b>                                                                                                                                         |        |                     |
| <i>tolvaptan (polycys kidney dis) oral tablets, sequential 15 mg (am)/ 15 mg (pm), 30 mg (am)/ 15 mg (pm), 45 mg (am)/ 15 mg (pm), 60 mg (am)/ 30 mg (pm), 90 mg (am)/ 30 mg (pm)</i> (Jynarque) | Tier 5 | PA                  |
| <b>Urinary Ph Modifiers</b>                                                                                                                                                                      |        |                     |
| K-PHOS NO 2 ORAL TABLET 305-700 MG                                                                                                                                                               | Tier 4 |                     |
| K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG                                                                                                                                                       | Tier 4 |                     |
| ORACIT ORAL SOLUTION 490-640 MG/5 ML (sodium citrate-citric acid)                                                                                                                                | Tier 4 |                     |
| <i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10)                                                                                                            | Tier 2 |                     |
| <i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15)                                                                                                                       | Tier 2 |                     |
| <i>potassium citrate oral tablet extended release 5 meq (540 mg)</i>                                                                                                                             | Tier 2 |                     |
| RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML                                                                                                                                     | Tier 4 |                     |
| <i>sodium citrate-citric acid oral solution 490-640 mg/5 ml</i> (Oracit)                                                                                                                         | Tier 2 |                     |
| UROQID-ACID NO.2 ORAL TABLET 500-500 MG                                                                                                                                                          | Tier 4 |                     |
| <b>Urinary Tract Analgesic Agents</b>                                                                                                                                                            |        |                     |
| ELMIRON ORAL CAPSULE 100 MG                                                                                                                                                                      | Tier 3 | PA                  |
| <b>Urinary Tract Anesthetic/Analgesic Agnt (Azo-Dye)</b>                                                                                                                                         |        |                     |
| <i>phenazopyridine oral tablet 100 mg, 200 mg</i> (Pyridium)                                                                                                                                     | Tier 2 |                     |
| <b>Urinary Tract Antispasmodic, M(3) Selective Antag.</b>                                                                                                                                        |        |                     |
| <i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>                                                                                                                              | Tier 2 |                     |
| <i>solifenacin oral tablet 10 mg, 5 mg</i> (Vesicare)                                                                                                                                            | Tier 2 |                     |
| VESICARE LS ORAL SUSPENSION 1 MG/ML                                                                                                                                                              | Tier 4 | PA                  |
| <b>Urinary Tract Antispasmodic/Antiincontinence Agent</b>                                                                                                                                        |        |                     |
| <i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i> (Toviaz)                                                                                                                       | Tier 2 | QL (1 EA per 1 day) |
| <i>flavoxate oral tablet 100 mg</i>                                                                                                                                                              | Tier 2 |                     |
| <i>oxybutynin chloride oral syrup 5 mg/5 ml</i>                                                                                                                                                  | Tier 2 |                     |

| Drug                                                                            | Status | Notes                                                                                                                                                                                  |
|---------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>oxybutynin chloride oral tablet 2.5 mg, 5 mg</i>                             | Tier 2 |                                                                                                                                                                                        |
| <i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i> | Tier 2 |                                                                                                                                                                                        |
| OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR                               | Tier 4 | ST: Must meet the following requirements: Myrbetriq and Oxybutynin IR/XR in 365 days                                                                                                   |
| <i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i>                | Tier 2 |                                                                                                                                                                                        |
| <i>tolterodine oral tablet 1 mg, 2 mg</i>                                       | Tier 2 |                                                                                                                                                                                        |
| <i>trospium oral capsule,extended release 24hr 60 mg</i>                        | Tier 2 |                                                                                                                                                                                        |
| <i>trospium oral tablet 20 mg</i>                                               | Tier 2 |                                                                                                                                                                                        |
| <b>Vaginal Disorders</b>                                                        |        |                                                                                                                                                                                        |
| <b>Vaginal Antibiotics</b>                                                      |        |                                                                                                                                                                                        |
| CLEOCIN VAGINAL SUPPOSITORY 100 MG                                              | Tier 4 | ST: Must meet 2 of the following requirements: oral Metronidazole, Clindamycin, vaginal Clindamycin cream, vaginal Metronidazole gel, or Tinidazole in 365 days; QL (3 EA per 30 days) |
| <i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)                        | Tier 2 |                                                                                                                                                                                        |
| CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 %                                    | Tier 4 | ST: Must meet the following requirement: Generic Clindamycin vaginal cream in 120 days                                                                                                 |
| <i>metronidazole vaginal gel 0.75 %</i> (Vandazole)<br>(37.5mg/5 gram)          | Tier 2 |                                                                                                                                                                                        |
| NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM) (metronidazole)                        | Tier 4 |                                                                                                                                                                                        |
| <b>Vaginal Antifungals</b>                                                      |        |                                                                                                                                                                                        |
| GYNAZOLE-1 VAGINAL CREAM 2 %                                                    | Tier 3 |                                                                                                                                                                                        |
| MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG                                         | Tier 2 |                                                                                                                                                                                        |
| <i>terconazole vaginal cream 0.4 %, 0.8 %</i>                                   | Tier 2 |                                                                                                                                                                                        |
| <i>terconazole vaginal suppository 80 mg</i>                                    | Tier 2 |                                                                                                                                                                                        |
| <b>Vaginal Antiseptics</b>                                                      |        |                                                                                                                                                                                        |
| FEM PH VAGINAL GEL 0.9-0.025 %                                                  | Tier 4 |                                                                                                                                                                                        |
| RELAGARD VAGINAL GEL 0.9-0.025 %                                                | Tier 4 |                                                                                                                                                                                        |
| TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 %                                        | Tier 4 |                                                                                                                                                                                        |

| Drug                                                                                                                                       |                                  | Status    | Notes                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Vaginal Estrogen Preparations</b>                                                                                                       |                                  |           |                                                                                                                                                         |
| <i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>                                                                                        | (Estrace)                        | Tier 2    |                                                                                                                                                         |
| <i>estradiol vaginal tablet 10 mcg</i>                                                                                                     | (Yuvaferm)                       | Tier 2    |                                                                                                                                                         |
| ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)                                                                                               |                                  | Tier 4    | ST: Must meet the following requirements: Premarin cream and one of the following: Estradiol cream or vaginal tablet in 365 days; QL (1 EA per 90 days) |
| FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR                                                                                           |                                  | Tier 4    | ST: Must meet the following requirements: Premarin cream and one of the following: Estradiol cream or vaginal tablet in 365 days; QL (1 EA per 84 days) |
| PREMARIN VAGINAL CREAM 0.625 MG/GRAM                                                                                                       |                                  | Tier 3    |                                                                                                                                                         |
| YUVAFERM VAGINAL TABLET 10 MCG                                                                                                             | (estradiol)                      | Tier 2    |                                                                                                                                                         |
| <b>Vitamin And/Or Mineral Deficiency</b>                                                                                                   |                                  |           |                                                                                                                                                         |
| <b>Fluoride Preparations</b>                                                                                                               |                                  |           |                                                                                                                                                         |
| CLINPRO 5000 DENTAL PASTE 1.1 %                                                                                                            | (fluoride (sodium))              | Tier 4    |                                                                                                                                                         |
| DENTA 5000 PLUS DENTAL CREAM 1.1 %                                                                                                         | (fluoride (sodium))              | Tier 2    |                                                                                                                                                         |
| DENTA 5000 PLUS SENSITIVE DENTAL PASTE 1.1-5 %                                                                                             | (sodium fluoride-pot nitrate)    | Tier 2    |                                                                                                                                                         |
| DENTAGEL DENTAL GEL 1.1 %                                                                                                                  | (fluoride (sodium))              | Tier 2    |                                                                                                                                                         |
| <i>fluoride (sodium) dental cream 1.1 %</i>                                                                                                | (Denta 5000 Plus)                | Tier 2    |                                                                                                                                                         |
| <i>fluoride (sodium) dental gel 1.1 %</i>                                                                                                  | (DentaGel)                       | Tier 2    |                                                                                                                                                         |
| <i>fluoride (sodium) dental paste 1.1 %</i>                                                                                                | (Sodium Fluoride 5000 Dry Mouth) | Tier 2    |                                                                                                                                                         |
| <i>fluoride (sodium) dental solution 0.2 %</i>                                                                                             | (PrevDent)                       | Tier 2    |                                                                                                                                                         |
| <i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>                                                                         | (SoluVita)                       | \$0 COPAY | \$0 COPAY IF 6 MONTHS TO 6 YEARS OF AGE                                                                                                                 |
| <i>fluoride (sodium) oral tablet, chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i> | (Ludent Fluoride)                | \$0 COPAY | \$0 COPAY IF 6 MONTHS TO 6 YEARS OF AGE                                                                                                                 |
| FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 %                                                                                                 | (fluoride (sodium))              | Tier 4    |                                                                                                                                                         |
| FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 %                                                                                          | (sodium fluoride-pot nitrate)    | Tier 4    |                                                                                                                                                         |
| FLUORIMAX 5000 DENTAL PASTE 1.1 %                                                                                                          | (fluoride (sodium))              | Tier 4    |                                                                                                                                                         |

| Drug                                                                         | Status    | Notes |
|------------------------------------------------------------------------------|-----------|-------|
| FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 % (sodium fluoride-pot nitrate)  | Tier 4    |       |
| FRAICHE 5000 PREVI DENTAL GEL 1.1-3 %                                        | Tier 4    |       |
| JUST RIGHT 5000 DENTAL PASTE 1.1 % (fluoride (sodium))                       | Tier 4    |       |
| PHOS-FLUR DENTAL SOLUTION 0.02 % (0.044 % SOD. FLUORIDE)                     | Tier 4    |       |
| SF 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))                          | Tier 2    |       |
| SF DENTAL GEL 1.1 % (fluoride (sodium))                                      | Tier 2    |       |
| SODIUM FLUORIDE 5000 DRY MOUTH DENTAL PASTE 1.1 % (fluoride (sodium))        | Tier 2    |       |
| SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))             | Tier 2    |       |
| sodium fluoride-pot nitrate dental paste 1.1-5 % (Denta 5000 Plus Sensitive) | Tier 2    |       |
| <b>Folic Acid Preparations</b>                                               |           |       |
| FA-8 ORAL CAPSULE 0.8 MG (folic acid)                                        | Tier 2    |       |
| folic acid injection solution 5 mg/ml                                        | Tier 2    |       |
| folic acid oral capsule 20 mg                                                | Tier 4    |       |
| folic acid oral tablet 1 mg                                                  | Tier 2    |       |
| folic acid oral tablet 400 mcg (PureVita Folic Acid)                         | \$0 COPAY |       |
| folic acid oral tablet 800 mcg                                               | \$0 COPAY |       |
| PUREVITA FOLIC ACID ORAL DROPS 200 MCG/ML                                    | Tier 2    |       |
| PUREVITA FOLIC ACID ORAL TABLET 400 MCG (folic acid)                         | \$0 COPAY |       |
| <b>Iron Replacement</b>                                                      |           |       |
| FEOSOL ORAL TABLET 325 MG (65 MG IRON) (ferrous sulfate)                     | Tier 2    |       |
| FEROSUL ORAL TABLET 325 MG (65 MG IRON) (ferrous sulfate)                    | Tier 2    |       |
| FERRO-TIME ORAL TABLET 325 MG (65 MG IRON) (ferrous sulfate)                 | Tier 2    |       |
| ferrous sulfate oral drops 15 mg iron (75 mg)/ml (Fe-Vite)                   | Tier 2    |       |
| ferrous sulfate oral elixir 220 mg (44 mg iron)/5 ml                         | Tier 2    |       |
| ferrous sulfate oral liquid 300 mg (60 mg iron)/5 ml                         | Tier 2    |       |
| ferrous sulfate oral solution 220 mg (44 mg iron)/5 ml                       | Tier 2    |       |
| ferrous sulfate oral tablet 325 mg (65 mg iron) (Feosol)                     | Tier 2    |       |

| Drug                                                                                                         | Status    | Notes |
|--------------------------------------------------------------------------------------------------------------|-----------|-------|
| <i>ferrous sulfate oral tablet extended release 142 mg (45 mg iron)</i> (Slow Release Iron)                  | Tier 2    |       |
| <i>ferrous sulfate oral tablet, delayed release (dr/ec) 324 mg (65 mg iron), 325 mg (65 mg iron)</i>         | Tier 2    |       |
| FE-VITE ORAL DROPS 15 MG IRON (ferrous sulfate) (75 MG)/ML                                                   | Tier 2    |       |
| HIGH POTENCY IRON ORAL TABLET 134 MG (27 MG IRON) (ferrous sulfate)                                          | Tier 2    |       |
| HIGH POTENCY IRON ORAL TABLET 27 MG IRON                                                                     | Tier 2    |       |
| IRON (FERROUS SULFATE) ORAL TABLET 325 MG (65 MG IRON) (ferrous sulfate)                                     | Tier 2    |       |
| IRON ORAL TABLET 325 MG (65 MG IRON) (ferrous sulfate)                                                       | Tier 2    |       |
| PEDIA IRON ORAL DROPS 15 MG IRON (75 MG)/ML (ferrous sulfate)                                                | Tier 2    |       |
| SLOW FE ORAL TABLET EXTENDED RELEASE 137 MG (45 MG IRON)                                                     | Tier 4    |       |
| SLOW RELEASE IRON ORAL TABLET EXTENDED RELEASE 140 MG (45 MG IRON), 142 MG (45 MG IRON) (ferrous sulfate)    | Tier 2    |       |
| SLOW RELEASE IRON ORAL TABLET EXTENDED RELEASE 143 MG (45 MG IRON), 168 MG (50 MG IRON), 250 MG (50 MG IRON) | Tier 2    |       |
| TRIFERIC HEMODIALYSIS POWDER IN PACKET 272 MG IRON                                                           | Tier 4    |       |
| TRIFERIC HEMODIALYSIS SOLUTION 27.2 MG IRON/5 ML                                                             | Tier 4    |       |
| <b>Multivitamin Preparations</b>                                                                             |           |       |
| FOLET ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG                                                         | Tier 4    |       |
| OBSTETRIX ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG                                                     | Tier 4    |       |
| TARON-PREX PRENATAL-DHA ORAL CAPSULE 30 MG IRON-1.2 MG-55 MG-265 MG                                          | Tier 2    |       |
| <b>Prenatal Vitamin Preparations</b>                                                                         |           |       |
| BAL-CARE DHA ESSENTIAL ORAL COMBO PACK, TABLET AND CAP, DR 27 MG IRON-1 MG -374 MG                           | \$0 COPAY |       |
| BAL-CARE DHA ORAL COMBO PACK, TABLET AND CAP, DR 27-1-430 MG                                                 | \$0 COPAY |       |

| Drug                                                                              | Status    | Notes |
|-----------------------------------------------------------------------------------|-----------|-------|
| CADEAU DHA ORAL CAPSULE 29 MG<br>IRON- 1 MG-150 MG                                | \$0 COPAY |       |
| CITRANATAL (DUAL-IRON) ORAL<br>TABLET 27 MG IRON-1 MG -50 MG                      | Tier 4    |       |
| CITRANATAL 90 DHA (ALGAL OIL)<br>ORAL COMBO PACK 90 MG IRON-1<br>MG -50 MG-300 MG | Tier 4    |       |
| CITRANATAL ASSURE ORAL COMBO<br>PACK 35 MG IRON-1 MG -50 MG-300<br>MG             | Tier 4    |       |
| CITRANATAL DHA (ALGAL OIL) ORAL<br>COMBO PACK 27 MG IRON-1 MG -50<br>MG-250 MG    | Tier 4    |       |
| CITRANATAL HARMONY (IRON FUM)<br>ORAL CAPSULE 27 MG IRON-1 MG -<br>50 MG-260 MG   | Tier 4    |       |
| COMPLETE NATAL DHA ORAL<br>COMBO PACK 29 MG IRON- 1 MG-200<br>MG                  | \$0 COPAY |       |
| COMPLETENATE ORAL<br>TABLET,CHEWABLE 29 MG IRON- 1<br>MG                          | \$0 COPAY |       |
| KPN ORAL TABLET 9 MG IRON- 267<br>MCG                                             | \$0 COPAY |       |
| MINI PRENATAL ORAL TABLET 6.75<br>MG IRON- 200 MCG                                | \$0 COPAY |       |
| M-NATAL PLUS ORAL TABLET 27 MG (pnv,calcium 72-iron-folic<br>IRON- 1 MG acid)     | \$0 COPAY |       |
| MYNATAL ADVANCE ORAL TABLET<br>90-1-50 MG                                         | \$0 COPAY |       |
| MYNATAL ORAL CAPSULE 65 MG<br>IRON- 1 MG                                          | \$0 COPAY |       |
| MYNATAL ORAL TABLET 90-1-50 MG                                                    | \$0 COPAY |       |
| MYNATAL PLUS ORAL TABLET 65 MG<br>IRON- 1 MG                                      | \$0 COPAY |       |
| MYNATAL-Z ORAL TABLET 65 MG<br>IRON- 1 MG                                         | \$0 COPAY |       |
| MYNATE 90 PLUS ORAL TABLET<br>EXTENDED RELEASE 90 MG IRON-1<br>MG                 | \$0 COPAY |       |
| NEONATAL PLUS VITAMIN ORAL<br>TABLET 27 MG IRON- 1 MG                             | \$0 COPAY |       |
| NEO-VITAL RX ORAL TABLET 27 MG<br>IRON- 1 MG                                      | \$0 COPAY |       |
| NEXA PLUS ORAL CAPSULE 29 MG<br>IRON-1.25 MG-55 MG                                | Tier 4    |       |

| Drug                                                                                                         | Status    | Notes |
|--------------------------------------------------------------------------------------------------------------|-----------|-------|
| OBSTETRIX DHA ORAL COMBO<br>PACK, TABLET AND CAP, DR 29 MG<br>IRON-1 MG -50 MG                               | \$0 COPAY |       |
| OBSTETRIX DHA PRENATAL DUO<br>ORAL COMB PACK, TABLET<br>DR, CAPSULE DR 29 MG IRON- 1,700<br>MCG DFE          | \$0 COPAY |       |
| OBSTETRIX EC ORAL<br>TABLET, DELAYED RELEASE (DR/EC)<br>29 MG IRON- 1,700 MCG DFE, 29 MG<br>IRON-1 MG -50 MG | \$0 COPAY |       |
| ONE DAILY PRENATAL ORAL COMBO<br>PACK 28-800-440 MG-MCG-MG                                                   | \$0 COPAY |       |
| ONE-A-DAY PRENATAL-1 ORAL<br>CAPSULE 27 MG IRON- 800 MCG-235<br>MG                                           | \$0 COPAY |       |
| <i>pnv no.95-ferrous fumarate-fa oral tablet</i> (Prenatal)<br><i>28 mg iron- 800 mcg</i>                    | \$0 COPAY |       |
| PNV-DHA + DOCUSATE ORAL<br>CAPSULE 27-1.25-55-300 MG                                                         | \$0 COPAY |       |
| PNV-SELECT ORAL TABLET 27-1 MG                                                                               | \$0 COPAY |       |
| PR NATAL 400 EC ORAL COMBO<br>PACK, TABLET AND CAP, DR 29-1-400<br>MG                                        | \$0 COPAY |       |
| PR NATAL 400 ORAL COMBO PACK<br>29-1-400 MG                                                                  | \$0 COPAY |       |
| PR NATAL 430 EC ORAL COMBO<br>PACK, TABLET AND CAP, DR 29-1-430<br>MG                                        | \$0 COPAY |       |
| PR NATAL 430 ORAL COMBO PACK<br>29 MG IRON-1 MG -430 MG                                                      | \$0 COPAY |       |
| PRENAISSANCE ORAL CAPSULE 29-<br>1.25-55-325 MG                                                              | Tier 2    |       |
| PRENAISSANCE PLUS ORAL<br>CAPSULE 28-1-50-250 MG                                                             | Tier 2    |       |
| PRENATA ORAL TABLET, CHEWABLE<br>29 MG IRON- 1 MG                                                            | \$0 COPAY |       |
| PRENATABS FA ORAL TABLET 29-1<br>MG                                                                          | \$0 COPAY |       |
| PRENATABS RX ORAL TABLET 29 MG<br>IRON- 1 MG                                                                 | \$0 COPAY |       |
| PRENATAL + DHA ORAL COMBO<br>PACK 28 MG IRON- 975 MCG-200 MG,<br>28 MG IRON-800 MCG-200 MG                   | \$0 COPAY |       |
| PRENATAL 19 (WITH DOCUSATE)<br>ORAL TABLET 29 MG IRON- 1 MG-25<br>MG                                         | \$0 COPAY |       |



| Drug                                                                                       | Status    | Notes |
|--------------------------------------------------------------------------------------------|-----------|-------|
| PRENATAL 19 ORAL TABLET 29 MG IRON- 1 MG                                                   | \$0 COPAY |       |
| PRENATAL 19 ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG                                          | \$0 COPAY |       |
| PRENATAL COMPLETE ORAL TABLET 14 MG IRON- 400 MCG                                          | \$0 COPAY |       |
| PRENATAL ESSENTIALS ORAL CAPSULE 6 MG IRON- 272 MCG DFE                                    | \$0 COPAY |       |
| PRENATAL FORMULA ORAL TABLET 9 MG IRON- 267 MCG                                            | \$0 COPAY |       |
| PRENATAL FORMULA-DHA ORAL CAPSULE 28 MG-800 MCG- 200 MG                                    | \$0 COPAY |       |
| PRENATAL MULTI ORAL TABLET 27-800 MG-MCG                                                   | \$0 COPAY |       |
| PRENATAL MULTI-DHA (ALGAL OIL) ORAL CAPSULE 27MG IRON- 800 MCG-250 MG                      | \$0 COPAY |       |
| PRENATAL MULTI-DHA(WITH VIT K) ORAL CAPSULE 27 MG IRON-800 MCG-260 MG                      | \$0 COPAY |       |
| PRENATAL MULTIVITAMINS ORAL TABLET 28 MG IRON- 800 MCG (pnv no.95-ferrous fumarate-fa)     | \$0 COPAY |       |
| PRENATAL ONE DAILY ORAL TABLET 27 MG IRON- 800 MCG                                         | \$0 COPAY |       |
| PRENATAL ORAL TABLET 28 MG IRON- 800 MCG (pnv no.95-ferrous fumarate-fa)                   | \$0 COPAY |       |
| PRENATAL ORAL TABLET 28-800 MG-MCG                                                         | \$0 COPAY |       |
| PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG (pnv,calcium 72-iron-folic acid) | \$0 COPAY |       |
| PRENATAL PLUS DHA ORAL COMBO PACK 27 MG IRON-1 MG -312 MG-250 MG                           | \$0 COPAY |       |
| PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG (pnv,calcium 72-iron,carb-folic)                | \$0 COPAY |       |
| PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET 27 MG IRON- 1 MG                                 | \$0 COPAY |       |
| PRENATAL TABLET ORAL TABLET 28 MG IRON- 800 MCG (prenatal vit-iron fum-folic ac)           | \$0 COPAY |       |
| <i>prenatal vit no.179-iron-folic oral tablet 28 mg iron- 800 mcg</i>                      | \$0 COPAY |       |
| PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG, 27 MG IRON- 800 MCG                       | \$0 COPAY |       |

| Drug                                                                          | Status                           | Notes     |
|-------------------------------------------------------------------------------|----------------------------------|-----------|
| PRENATAL VITAMIN PLUS LOW IRON<br>ORAL TABLET 27 MG IRON- 1 MG                | (pnv,calcium 72-iron-folic acid) | \$0 COPAY |
| PRENATAL VITAMIN WITH MINERALS<br>ORAL TABLET 28 MG IRON- 800 MCG             | (prenatal vit-iron fum-folic ac) | \$0 COPAY |
| <i>prenatal vit-iron fum-folic ac oral tablet<br/>28 mg iron- 800 mcg</i>     | (Prenatal Tablet)                | \$0 COPAY |
| PRENATAL WITH DHA-FOLIC ACID<br>ORAL TABLET,CHEWABLE 400-32.5<br>MCG-MG       |                                  | \$0 COPAY |
| PROVIDA OB ORAL CAPSULE 40 MG<br>IRON- 1.25 MG                                |                                  | \$0 COPAY |
| SE-NATAL 19 CHEWABLE ORAL<br>TABLET,CHEWABLE 29 MG IRON- 1<br>MG              |                                  | \$0 COPAY |
| SE-NATAL 19 ORAL TABLET 29 MG<br>IRON- 1 MG                                   |                                  | \$0 COPAY |
| SIMILAC PRENATAL ORAL COMBO<br>PACK 27 MG IRON-800 MCG-200 MG                 |                                  | \$0 COPAY |
| STUART ONE ORAL CAPSULE 27 MG<br>IRON- 800 MCG-200 MG                         |                                  | \$0 COPAY |
| THERANATAL COMPLETE ORAL<br>COMBO PACK 27 MG IRON- 1 MG-150<br>MG             |                                  | \$0 COPAY |
| THERANATAL ONE ORAL CAPSULE<br>27 MG IRON-1000 MCG-300 MG                     |                                  | \$0 COPAY |
| THERANATAL ORAL TABLET 27 MG<br>IRON- 1 MG                                    |                                  | \$0 COPAY |
| THERANATAL PLUS ORAL COMBO<br>PACK 27 MG IRON- 1 MG-300 MG                    |                                  | \$0 COPAY |
| THRIVITE RX ORAL TABLET 29 MG<br>IRON- 1 MG                                   |                                  | \$0 COPAY |
| TRICARE ORAL TABLET 27 MG IRON-<br>1 MG                                       |                                  | \$0 COPAY |
| TRINATAL RX 1 ORAL TABLET 60 MG<br>IRON-1 MG                                  |                                  | \$0 COPAY |
| TRINATE ORAL TABLET 28 MG IRON-<br>1 MG                                       |                                  | \$0 COPAY |
| ULTRA PRENATAL PLUS DHA ORAL<br>CAPSULE 27 MG-800 MCG- 250 MG-<br>200 MG      |                                  | \$0 COPAY |
| VITAFOL FE+ (WITH DOCUSATE)<br>ORAL CAPSULE 90 MG IRON-1 MG -<br>50 MG-200 MG | Tier 4                           |           |
| VP-CH-PNV ORAL CAPSULE 30 MG<br>IRON-1 MG -50 MG-260 MG                       | Tier 2                           |           |

| Drug                                                                          | Status    | Notes |
|-------------------------------------------------------------------------------|-----------|-------|
| WESNATAL DHA COMPLETE ORAL COMBO PACK 29 MG IRON- 1 MG-200 MG                 | \$0 COPAY |       |
| WESTAB PLUS ORAL TABLET 27 MG IRON- 1 MG (pnv,calcium 72-iron-folic acid)     | \$0 COPAY |       |
| WOMEN'S PRENATAL PLUS DHA ORAL COMBO PACK 28 MG-975 MCG-200 MG                | \$0 COPAY |       |
| <b>Prenatal Vitamins Without Iron</b>                                         |           |       |
| ALTRIXA OB ORAL TABLET 15 MG IRON- 1,750 MCG DFE                              | \$0 COPAY |       |
| MATERVIA ORAL CAPSULE 6.5 MG IRON- 500 MCG                                    | \$0 COPAY |       |
| ONE-A-DAY PRENATAL ORAL TABLET,CHEWABLE 400 MCG- 25 MG                        | \$0 COPAY |       |
| PRENATAL GUMMIES ORAL TABLET,CHEWABLE 400 MCG-35 MG-25 MG-5 MG                | \$0 COPAY |       |
| PRENATAL GUMMIES(ZINC CHELATE) ORAL TABLET,CHEWABLE 180 MCG-35 MG- 25 MG-5 MG | \$0 COPAY |       |
| PRENATAL ORAL TABLET,CHEWABLE 400 MCG                                         | \$0 COPAY |       |
| THERANATAL OVAVITE ORAL COMBO PACK 18-1-125 MG-MG-UNIT                        | \$0 COPAY |       |
| VITAFOL GUMMIES ORAL TABLET,CHEWABLE 3.33 MG IRON-0.33 MG                     | \$0 COPAY |       |
| <b>Vitamin B Preparations</b>                                                 |           |       |
| B COMPLEX 100 INJECTION SOLUTION 100-2-100-2-2 MG/ML                          | Tier 2    |       |
| B-COMPLEX INJECTION INJECTION SOLUTION 100-2-100-2-2 MG/ML                    | Tier 2    |       |
| <b>Vitamin B1 Preparations</b>                                                |           |       |
| <i>thiamine hcl (vitamin b1) injection solution 100 mg/ml</i>                 | Tier 2    |       |
| <b>Vitamin B12 Preparations</b>                                               |           |       |
| <i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i> (Dodex)  | Tier 2    |       |
| DODEX INJECTION SOLUTION 1,000 MCG/ML (cyanocobalamin (vitamin b-12))         | Tier 2    |       |
| <i>hydroxocobalamin intramuscular solution 1,000 mcg/ml</i>                   | Tier 2    |       |
| <i>mecobalamin (vitamin b12) injection recon soln 10,000 mcg</i>              | Tier 2    |       |

| Drug                                                                                                                     | Status | Notes                     |
|--------------------------------------------------------------------------------------------------------------------------|--------|---------------------------|
| <b>Vitamin B6 Preparations</b>                                                                                           |        |                           |
| <i>pyridoxine (vitamin b6) injection solution 100 mg/ml</i>                                                              | Tier 2 |                           |
| <b>Vitamin C Preparations</b>                                                                                            |        |                           |
| ASCOR INTRAVENOUS SOLUTION 500 MG/ML                                                                                     | Tier 4 |                           |
| <i>ascorbic acid (vitamin c) injection solution 500 mg/ml</i>                                                            | Tier 2 |                           |
| <b>Vitamin D Preparations</b>                                                                                            |        |                           |
| <i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>                                                                         | Tier 2 |                           |
| <i>calcitriol oral solution 1 mcg/ml</i> (Rocaltrol)                                                                     | Tier 2 |                           |
| <i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i> (Vitamin D2)                                     | Tier 2 |                           |
| VITAMIN D2 ORAL CAPSULE 1,250 MCG (50,000 UNIT) (ergocalciferol (vitamin d2))                                            | Tier 2 |                           |
| <b>Weight Reduction</b>                                                                                                  |        |                           |
| <b>Anti-Obesity - Incretin Mimetics Combination</b>                                                                      |        |                           |
| ZEPBOUND SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML | Tier 3 | PA; QL (2 ML per 28 days) |
| <b>Anti-Obesity Glucagon-Like Peptide-1 Recep Agonist</b>                                                                |        |                           |
| WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML                                              | Tier 3 | PA; QL (2 ML per 28 days) |
| WEGOVY SUBCUTANEOUS PEN INJECTOR 1.7 MG/0.75 ML, 2.4 MG/0.75 ML                                                          | Tier 3 | PA; QL (3 ML per 28 days) |

## Index

|                                        |          |                                         |         |                                         |          |
|----------------------------------------|----------|-----------------------------------------|---------|-----------------------------------------|----------|
| 1ST TIER UNIFINE PENTIPS.....          | 261      | <i>acetic acid</i> .....                | 86, 142 | ADVATE.....                             | 163      |
| 1ST TIER UNIFINE PENTIPS<br>PLUS.....  | 261      | <i>acetylcysteine</i> .....             | 277     | ADVOCATE LANCET.....                    | 213, 214 |
| 2TEK GLUCOSE/BLOOD<br>PRESSURE.....    | 130      | ACIOXIA.....                            | 77      | ADVOCATE PEN NEEDLE.....                | 261      |
| A.I.R.S. NEBULIZER<br>REPLACEMENT..... | 212      | ACIOXIAY.....                           | 66      | ADVOCATE REDI-CODE PLUS<br>.....        | 105, 130 |
| <i>abacavir</i> .....                  | 192      | ACIPHEX SPRINKLE.....                   | 303     | ADVOCATE SYRINGES.....                  | 220      |
| <i>abacavir-lamivudine</i> .....       | 191      | <i>acitretin</i> .....                  | 94      | ADYNOVATE.....                          | 163      |
| ABENOR.....                            | 75       | ACTEMRA.....                            | 201     | ADZENYS XR-ODT.....                     | 23       |
| ABENOR HP.....                         | 75       | ACTEMRA ACTPEN.....                     | 201     | AEROBIKA OSCILLATING PEP<br>SYSTEM..... | 12       |
| ABIGALE.....                           | 175      | ACTHAR.....                             | 145     | AEROCHAMBER MECHANICAL<br>VENT.....     | 12       |
| ABIGALE LO.....                        | 175      | ACTHAR SELFJECT.....                    | 145     | AEROCHAMBER MINI.....                   | 12       |
| <i>abiraterone</i> .....               | 242      | ACTICOAT DRESSING.....                  | 210     | AEROCHAMBER MV.....                     | 12       |
| ABIRTEGA.....                          | 242      | ACTI-LANCE LANCETS.....                 | 213     | AEROCHAMBER PLUS FLOW-VU.....           | 12       |
| ABRYSVO (PF).....                      | 179      | ACTIMMUNE.....                          | 179     | AEROCHAMBER PLUS FLOW-<br>VU,L MSK..... | 12       |
| <i>acamprosate</i> .....               | 25       | ACUVAIL (PF).....                       | 152     | AEROCHAMBER PLUS FLOW-<br>VU,M MSK..... | 12       |
| <i>acarbose</i> .....                  | 100      | <i>acyclovir</i> .....                  | 75, 190 | AEROCHAMBER PLUS FLOW-<br>VU,S MSK..... | 12       |
| ACCU-CHEK AVIVA PLUS TEST<br>STRP..... | 104      | ADAINZOXIA.....                         | 66      | AEROCHAMBER PLUS Z STAT.....            | 12       |
| ACCU-CHEK FASTCLIX LANCET<br>DRUM..... | 213      | <i>adalimumab-adaz</i> .....            | 196     | AEROCHAMBER PLUS Z STAT<br>LG MSK.....  | 12       |
| ACCU-CHEK GUIDE GLUCOSE<br>METER.....  | 130      | ADALINA.....                            | 66      | AEROCHAMBER PLUS Z STAT<br>MD MSK.....  | 12       |
| ACCU-CHEK GUIDE ME<br>GLUCOSE MTR..... | 130      | <i>adapalene</i> .....                  | 71      | AEROCHAMBER PLUS Z STAT<br>SM MSK.....  | 12       |
| ACCU-CHEK GUIDE TEST<br>STRIPS.....    | 104      | <i>adapalene-benzoyl peroxide</i> ..... | 66      | AEROCHAMBER Z-STAT PLUS-<br>FLW SG..... | 12       |
| ACCU-CHEK SAFE-T-PRO.....              | 213      | ADASUVE.....                            | 27      | AEROCHAMBER2GO.....                     | 12       |
| ACCU-CHEK SAFE-T-PRO PLUS.....         | 213      | ADBRY.....                              | 76      | AEROECLIPSE II NEBULIZER.....           | 13       |
| ACCU-CHEK SMARTVIEW TEST<br>STRIP..... | 105      | <i>adefovir</i> .....                   | 195     | AEROECLIPSE XL NEBULIZER.....           | 13       |
| ACCU-CHEK SOFTCLIX<br>LANCETS.....     | 213      | ADEINZDE.....                           | 66      | AERONEB GO NEBULIZER.....               | 13       |
| ACCU-CHEK SOFTCLIX<br>LANCETS.....     | 213      | ADEMPAS.....                            | 44      | AEROTRACH PLUS.....                     | 13       |
| ACCUTANE.....                          | 66       | ADERMICA.....                           | 66      | AEROVENT PLUS.....                      | 13       |
| ACCUTREND GLUCOSE TEST<br>STRIPS.....  | 105      | ADERMICA HP.....                        | 66      | AFIRMELLE.....                          | 53       |
| ACD SOLUTION A.....                    | 165      | ADLARITY.....                           | 18      | AFREZZA.....                            | 138      |
| ACD-A.....                             | 165      | ADMELOG SOLOSTAR U-100<br>INSULIN.....  | 138     | AFSTYLA.....                            | 163      |
| ACE AEROSOL CLOUD<br>ENHANCER.....     | 12       | ADMELOG U-100 INSULIN<br>LISPRO.....    | 138     | AFTER PILL.....                         | 53       |
| <i>acebutolol</i> .....                | 40       | ADMIRAZOL.....                          | 66      | AFTERA.....                             | 53       |
| ACESO AG.....                          | 210      | ADMIRAZOL HP.....                       | 66      | AGAMATRIX AMP TEST STRIPS.....          | 105      |
| <i>acetaminophen-codeine</i> .....     | 286, 287 | ADTHYZA.....                            | 149     | AGAMATRIX JAZZ TEST STRIPS.....         | 106      |
| <i>acetazolamide</i> .....             | 158      | ADULT ASPIRIN REGIMEN.....              | 171     | AGAMATRIX JAZZ WIRELESS 2<br>MNTR.....  | 130      |
|                                        |          | ADULT LOW DOSE ASPIRIN.....             | 171     |                                         |          |
|                                        |          | ADVANCE PLUS INTERMITTENT.....          | 211     |                                         |          |
|                                        |          | ADVANCED ALLERGY COLLECT<br>KIT.....    | 77      |                                         |          |
|                                        |          | ADVANCED ALL-IN-ONE METER.....          | 130     |                                         |          |
|                                        |          | ADVANCED GLUC METER TEST<br>STRIP.....  | 105     |                                         |          |
|                                        |          | ADVANCED GLUCOSE METER.....             | 130     |                                         |          |
|                                        |          | ADVANCED TRAVEL LANCETS.....            | 213     |                                         |          |

|                                 |     |                                      |     |                                             |          |
|---------------------------------|-----|--------------------------------------|-----|---------------------------------------------|----------|
| AGAMATRIX PRESTO SYSTEM..       | 130 | ALLERGIST TRAY 1/2 ML                |     | ALYACEN 7/7/7 (28).....                     | 53       |
| AGAMATRIX PRESTO TEST           |     | 27GX3/8".....                        | 220 | ALYFTREK.....                               | 276      |
| STRIPS.....                     | 106 | ALLERGIST TRAY                       |     | ALYQ.....                                   | 44       |
| AGAMATRIX ULTRA-THIN            |     | INTRADERMAL BEV.....                 | 220 | <i>amantadine hcl</i> .....                 | 288      |
| LANCET.....                     | 214 | ALLERGIST TRAY REGULAR               |     | <i>ambrisentan</i> .....                    | 44       |
| AGAMREE.....                    | 199 | BEVEL.....                           | 220 | <i>amcinonide</i> .....                     | 77       |
| AIMOVIG AUTOINJECTOR.....       | 284 | ALLERGY SYRINGE.....                 | 221 | AMELUZ.....                                 | 250      |
| AIMSCO LATEX CONDOM.....        | 257 | ALLEVYN LIFE DRESSING.....           | 210 | AMETHIA.....                                | 53       |
| AIRS ADULT AEROSOL MASK....     | 212 | <i>allopurinol</i> .....             | 162 | AMETHYST (28).....                          | 53       |
| AIRS DISPOSABLE NEBULIZER... 13 |     | <i>almotriptan malate</i> .....      | 284 | AMIELLE VAGINAL TRAINER.....                | 212      |
| AIRS PEDIATRIC DISPOSABLE       |     | <i>alogliptin</i> .....              | 101 | <i>amiloride</i> .....                      | 43       |
| MASK.....                       | 219 | <i>alogliptin-metformin</i> .....    | 98  | <i>amiloride-hydrochlorothiazide</i> .....  | 43       |
| AIRSUPRA.....                   | 9   | <i>alogliptin-pioglitazone</i> ..... | 99  | <i>aminocaproic acid</i> .....              | 163      |
| AJOVY AUTOINJECTOR.....         | 284 | ALOMIRA.....                         | 67  | <i>amiodarone</i> .....                     | 36       |
| AJOVY SYRINGE.....              | 284 | ALOMIRA HP.....                      | 67  | <i>amitriptyline</i> .....                  | 22       |
| AKEEGA.....                     | 249 | ALOMIRA LP.....                      | 67  | <i>amitriptyline-chlordiazepoxide</i> ..... | 22       |
| AKLIEF.....                     | 72  | <i>alosetron</i> .....               | 207 | <i>amlodipine</i> .....                     | 41       |
| AKTEN (PF).....                 | 155 | ALPHANATE.....                       | 163 | <i>amlodipine-atorvastatin</i> .....        | 51       |
| AKYNZEO (NETUPITANT).....       | 6   | ALPHANINE SD.....                    | 166 | <i>amlodipine-benazepril</i> .....          | 37       |
| ALA-CORT.....                   | 77  | <i>alprazolam</i> .....              | 25  | <i>amlodipine-olmesartan</i> .....          | 38       |
| ALA-SCALP.....                  | 77  | ALPRAZOLAM INTENSOL.....             | 25  | <i>amlodipine-valsartan</i> .....           | 38       |
| <i>albendazole</i> .....        | 188 | ALPROLIX.....                        | 166 | <i>amlodipine-valsartan-hcthiazid</i> ..... | 38       |
| <i>albuterol sulfate</i> .....  | 8   | ALTABAX.....                         | 75  | <i>ammonium lactate</i> .....               | 86       |
| ALCAINE.....                    | 155 | ALTACAIN.....                        | 155 | AMNESTEEM.....                              | 66       |
| <i>alclometasone</i> .....      | 77  | ALTAFLUOR BENOX.....                 | 155 | <i>amoxapine</i> .....                      | 22       |
| ALCOHOL PADS.....               | 85  | ALTAVERA (28).....                   | 53  | <i>amoxicil-clarithromy-lansopraz</i> ..... | 302      |
| ALCOHOL PREP PADS.....          | 85  | ALTERA NEBULIZER HANDSET... 13       |     | <i>amoxicillin</i> .....                    | 183, 184 |
| <i>alcohol swabs</i> .....      | 85  | ALTERA NEBULIZER SYSTEM.....         | 13  | <i>amoxicillin-pot clavulanate</i> .....    | 184      |
| ALCOHOL WIPES.....              | 85  | ALTERNATE SITE LANCET.....           | 214 | <i>amphetamine</i> .....                    | 23       |
| ALECENSA.....                   | 245 | ALTOPREV.....                        | 47  | <i>amphetamine sulfate</i> .....            | 23       |
| <i>alendronate</i> .....        | 146 | ALTRENO.....                         | 71  | <i>ampicillin</i> .....                     | 184      |
| ALFERON N.....                  | 179 | ALTRIXA OB.....                      | 315 | AMVISC.....                                 | 157      |
| <i>alfuzosin</i> .....          | 304 | ALTUVIIIO.....                       | 163 | AMVISC PLUS.....                            | 157      |
| ALHEMO PEN.....                 | 168 | <i>alum, ammonium (bulk)</i> .....   | 256 | ANACAINE.....                               | 90       |
| ALINIA.....                     | 189 | ALUNBRIG.....                        | 245 | <i>anagrelide</i> .....                     | 171      |
| <i>aliskiren</i> .....          | 45  | ALURIS.....                          | 67  | ANALPRAM-HC.....                            | 89       |
| ALIXI.....                      | 66  | ALURIS HP.....                       | 67  | ANASCORP.....                               | 255      |
| ALIXI HP.....                   | 66  | ALURIS HP PLUS.....                  | 67  | ANASTIA.....                                | 90       |
| ALKINDI SPRINKLE.....           | 199 | ALURIS LP.....                       | 67  | <i>anastrozole</i> .....                    | 243      |
| ALL FLOW 1000 KIT.....          | 212 | ALURIS LP PLUS.....                  | 67  | ANDEMBRY AUTOINJECTOR.....                  | 259      |
| ALL FLOW 1000 PFT FILTER.....   | 212 | ALURIS PLUS.....                     | 67  | ANGELIQ.....                                | 175      |
| ALL FLOW 3000 KIT.....          | 212 | ALUXOF.....                          | 67  | ANNOVERA.....                               | 52       |
| ALL FLOW 3000 PFT FILTER.....   | 212 | ALUXOF HP.....                       | 67  | <i>anticoag citrate phos dextrose</i> ..... | 165      |
| ALL FLOW 4000 KIT.....          | 212 | ALVAIZ.....                          | 172 | ANUCORT-HC.....                             | 206      |
| ALL FLOW 4000 PFT FILTER.....   | 212 | ALVESCO.....                         | 10  | ANZUPGO.....                                | 84       |
| ALL FLOW 5000 KIT.....          | 212 | <i>alvimopan</i> .....               | 209 | APADAZ.....                                 | 287      |
| ALL FLOW 5000 PFT FILTER.....   | 212 | ALVOX.....                           | 72  | APEXOL.....                                 | 67       |
| ALL FLOW 6000 PFT FILTER.....   | 212 | ALVOX HP.....                        | 72  | APEXOL HP.....                              | 67       |
|                                 |     | ALYACEN 1/35 (28).....               | 53  | APHORIA.....                                | 67       |

|                                             |                                      |     |                                     |          |
|---------------------------------------------|--------------------------------------|-----|-------------------------------------|----------|
| APIDRA SOLOSTAR U-100                       | ASSURE ID PRO PEN NEEDLE ...         | 262 | AVIANE.....                         | 54       |
| INSULIN.....                                | ASSURE LANCE.....                    | 214 | AVIDORA.....                        | 67       |
| APIDRA U-100 INSULIN.....                   | ASSURE LANCE PLUS.....               | 214 | AVIDORA HP.....                     | 67       |
| APLIGRAF.....                               | ASSURE PLATINUM GLUCOSE              |     | AVITA.....                          | 71       |
| APOGEE IC INTERMIT                          | METER.....                           | 130 | AVITENE.....                        | 173      |
| CATHETER.....                               | ASSURE PLATINUM TEST STRIP           |     | AVITENE FLOUR.....                  | 173      |
| APOGEE PLUS INTERMITT                       | .....                                | 106 | AVMAPKI-FAKZYNJA.....               | 255      |
| CATHETER.....                               | ASSURE PRISM MULTI METER..           | 130 | AVONEX.....                         | 251      |
| <i>apomorphine</i> .....                    | ASSURE PRISM MULTI STRIP....         | 106 | AWANIS.....                         | 6        |
| APORIX.....                                 | ASTAGRAF XL.....                     | 179 | AYUNA.....                          | 54       |
| <i>apraclonidine</i> .....                  | ASTHMAPACK CHILDREN'S.....           | 13  | AYYAKIT.....                        | 245      |
| <i>aprepitant</i> .....                     | ASTRINGYN.....                       | 173 | AZALTA.....                         | 68       |
| APRETUDE.....                               | <i>atazanavir</i> .....              | 193 | AZALTA HP.....                      | 67       |
| APRI.....                                   | <i>atenolol</i> .....                | 40  | AZASITE.....                        | 156      |
| APTIVUS.....                                | <i>atenolol-chlorthalidone</i> ..... | 41  | <i>azathioprine</i> .....           | 179, 180 |
| AQINJECT PEN NEEDLE.....                    | <i>atomoxetine</i> .....             | 35  | <i>azelaic acid</i> .....           | 70       |
| AQNEURSA.....                               | ATORVALIQ.....                       | 47  | <i>azelastine</i> .....             | 5, 152   |
| ARAKODA.....                                | <i>atorvastatin</i> .....            | 47  | <i>azelastine-fluticasone</i> ..... | 5        |
| ARALAST NP.....                             | <i>atovaquone</i> .....              | 189 | AZELEX.....                         | 68       |
| ARANELLE (28).....                          | <i>atovaquone-proguanil</i> .....    | 189 | <i>azithromycin</i> .....           | 182      |
| ARANESP (IN POLYSORBATE)...                 | ATRAPRO CP.....                      | 86  | AZSTARYS.....                       | 32       |
| ARBLI.....                                  | ATROPEN.....                         | 261 | AZURETTE (28).....                  | 54       |
| ARCALYST.....                               | <i>atropine</i> .....                | 161 | B COMPLEX 100.....                  | 315      |
| AREXVY (PF).....                            | <i>atropine sulfate (pf)</i> .....   | 161 | <i>bacitracin</i> .....             | 156      |
| <i>arformoterol</i> .....                   | ATROVENT HFA.....                    | 7   | <i>bacitracin-polymyxin b</i> ..... | 156      |
| ARGYLE TRACHEOSTOMY                         | ATTRUBY.....                         | 51  | <i>baclofen</i> .....               | 297      |
| CARE TRAY.....                              | AUBRA.....                           | 54  | BAFIERTAM.....                      | 251      |
| ARIKAYCE.....                               | AUBRA EQ.....                        | 54  | BAL-CARE DHA.....                   | 310      |
| <i>aripiprazole</i> .....                   | AUGTYRO.....                         | 245 | BAL-CARE DHA ESSENTIAL.....         | 310      |
| <i>armodafinil</i> .....                    | AUGUSTIL.....                        | 67  | <i>balsalazide</i> .....            | 204      |
| ARMOUR THYROID.....                         | AURA PORTANEB.....                   | 13  | BALVERSA.....                       | 245      |
| ARTILIS.....                                | <i>auranofin</i> .....               | 201 | BALZIVA (28).....                   | 54       |
| ARTILIS HP.....                             | AUROVELA 1.5/30 (21).....            | 54  | BAQSIMI.....                        | 137      |
| ARTISS.....                                 | AUROVELA 1/20 (21).....              | 54  | BARACLUDE.....                      | 195      |
| ASCOMP WITH CODEINE.....                    | AUROVELA 24 FE.....                  | 54  | BASADROX.....                       | 71       |
| ASCOR.....                                  | AUROVELA FE 1.5/30 (28).....         | 54  | BASAGLAR KWIKPEN U-100              |          |
| <i>ascorbic acid (vitamin c)</i> .....      | AUROVELA FE 1-20 (28).....           | 54  | INSULIN.....                        | 138      |
| <i>ascorbic acid(vitamin c)(bulk)</i> ..... | AURUMHEEL.....                       | 260 | BATIZIA.....                        | 72       |
| <i>asenapine maleate</i> .....              | AUSTEDO.....                         | 253 | BAXDELA.....                        | 184      |
| ASHLYNA.....                                | AUSTEDO XR.....                      | 253 | BAXONIL.....                        | 70       |
| ASMANEX HFA.....                            | AUSTEDO XR TITRATION                 |     | BAYER ASPIRIN.....                  | 278      |
| ASMANEX TWISTHALER.....                     | KT(WK1-4).....                       | 253 | BAYER LOW DOSE ASPIRIN.....         | 171      |
| <i>aspirin</i> .....                        | AUTOSHIELD DUO PEN NEEDLE            |     | B-COMPLEX INJECTION.....            | 315      |
| ASPIRIN CHILDRENS.....                      | .....                                | 262 | BD ALLERGIST TRAY REG               |          |
| <i>aspirin-dipyridamole</i> .....           | AUVELITY.....                        | 20  | BEVEL.....                          | 221      |
| ASSURE 4 STRIPS.....                        | AUVI-Q.....                          | 240 | BD ALLERGY SYRINGE.....             | 221      |
| ASSURE ID DUO PRO SFTY PEN                  | AVEIDA.....                          | 70  | BD BLUNT PLASTIC CANNULA...         | 221      |
| NDL.....                                    | AVEIDAOXIA.....                      | 70  | BD BULK SYRINGE SLIP TIP.....       | 221      |
| ASSURE ID PEN NEEDLE.....                   | AVERI.....                           | 54  | BD ECCENTRIC TIP SYRINGE....        | 221      |



|                                         |          |                                             |         |                                             |          |
|-----------------------------------------|----------|---------------------------------------------|---------|---------------------------------------------|----------|
| BD ECLIPSE .....                        | 262      | BD SYRINGE LUER-LOK<br>STERILE .....        | 222     | BIOTEL CARE BGM-4 METER.....                | 130      |
| BD ECLIPSE LUER-LOK .....               | 221, 262 | BD SYRINGE SLIP TIP<br>NONSTERILE .....     | 223     | <i>bismuth subcit k-metronidz-ten</i> ..... | 302      |
| BD FILTER NEEDLE 5-MICRON<br>NOKO ..... | 262      | BD SYRINGE-DUAL CANNULA .....               | 223     | <i>bisoprolol fumarate</i> .....            | 40       |
| BD FILTER NEEDLE-5 MICRON ..            | 262      | BD TUBERCULIN SLIP-TIP .....                | 223     | <i>bisoprolol-hydrochlorothiazide</i> ..... | 41       |
| BD INSYTE AUTOGUARD .....               | 219      | BD TUBERCULIN SYRINGE .....                 | 223     | BLEPHAMIDE S.O.P. ....                      | 155      |
| BD INTEGRA NEEDLE .....                 | 262      | BELBUCA .....                               | 278     | BLISOVI 24 FE .....                         | 54       |
| BD INTEGRA SYRINGE .....                | 221      | <i>belladonna alkaloids-opium</i> .....     | 278     | BLISOVI FE 1.5/30 (28) .....                | 54       |
| BD INTERLINK BLUNT PLASTIC<br>CAN ..... | 221      | BELSOMRA .....                              | 31      | BLISOVI FE 1/20 (28) .....                  | 54       |
| BD INTERLINK SYRINGE .....              | 221      | <i>benazepril</i> .....                     | 39      | BLOOD GLUCOSE MONITORING                    | 130      |
| BD INTRADERMAL BEVEL<br>NEEDLES .....   | 262      | <i>benazepril-hydrochlorothiazide</i> ..... | 37      | BLOOD GLUCOSE TEST .....                    | 107      |
| BD LUER-LOK BULK SYRINGE ..             | 221      | BENEFIX .....                               | 166     | <i>blood-glucose meter</i> .....            | 130      |
| BD LUER-LOK SYRINGE .....               | 221, 222 | BENLYSTA .....                              | 201     | BLULINK BG SYSTEM REFILL .....              | 137      |
| BD LUER-LOK TIP CONTROL<br>SYRING ..... | 222      | <i>benzhydrocodone-acetaminophen</i> .....  | 287     | BLULINK DIABETIC TEST<br>BUNDLE .....       | 130      |
| BD MICROTAINER LANCET .....             | 214      | <i>benznidazole</i> .....                   | 189     | BLULINK GLUCOSE MONITOR<br>SYSTEM .....     | 130      |
| BD NOKOR ADMIX NEEDLE .....             | 262      | <i>benzoin (bulk)</i> .....                 | 256     | BLULINK GLUCOSE TEST STRIP                  | 107      |
| BD POSIFLUSH NORMAL SALINE<br>0.9 ..... | 145      | <i>benzonatate</i> .....                    | 64      | <i>blunt needle, disposable</i> .....       | 263      |
| BD PRECISIONGLIDE .....                 | 262      | <i>benzoyl peroxide</i> .....               | 87      | <i>bosentan</i> .....                       | 44       |
| BD PRECISIONGLIDE NON-<br>STERILE ..... | 262      | <i>benztropine</i> .....                    | 288     | BOSULIF .....                               | 245, 246 |
| BD REGULAR BEVEL NEEDLES ..             | 262      | <i>bepotastine besilate</i> .....           | 152     | BOTOX .....                                 | 273      |
| BD SAFETYGLIDE ALLERGIST<br>TRAY .....  | 222      | BERINERT .....                              | 199     | BPO .....                                   | 87       |
| BD SAFETYGLIDE INSULIN<br>SYRINGE ..... | 222      | BESIVANCE .....                             | 156     | BRAFTOVI .....                              | 243      |
| BD SAFETYGLIDE NEEDLE .....             | 263      | BESREMI .....                               | 179     | BREATHERITE MDI SPACER .....                | 13       |
| BD SAFETYGLIDE SHIELDING<br>REG .....   | 222      | BETADINE OPHTHALMIC PREP ..                 | 86      | BREATHERITE SPACER-MASK,<br>NEO .....       | 13       |
| BD SAFETYGLIDE SYRINGE .....            | 222      | <i>betaine</i> .....                        | 260     | BREATHERITE SPACER-<br>MASK,ADULT .....     | 13       |
| BD SAFETYGLIDE TB REG<br>BEVEL .....    | 222      | BETALOAN SUIK .....                         | 199     | BREATHERITE SPACER-<br>MASK,CHILD .....     | 13       |
| BD SAFETYGLIDE TUBERCULIN               | 222      | <i>betamethasone dipropionate</i> .....     | 77      | BREATHERITE SPACER-<br>MASK,INFANT .....    | 13       |
| BD SAF-T-INTIMA .....                   | 220      | <i>betamethasone valerate</i> .....         | 77, 78  | BREATHERITE SPACER-<br>MASK,S.CHLD .....    | 13       |
| BD SHORT BEVEL NEEDLES .....            | 263      | <i>betamethasone, augmented</i> .....       | 78      | BREATHERITE VALVED MDI<br>CHAMBER .....     | 13       |
| BD SHORT BEVEL THIN WALL ..             | 263      | BETASERON .....                             | 251     | BREATHERITE VALVED MDI<br>SPACER .....      | 13       |
| BD SLIP TIP SYRINGE .....               | 222      | <i>betaxolol</i> .....                      | 40, 158 | BREAZVY .....                               | 99       |
| B-D SLIP TIP SYRINGE .....              | 222      | <i>bethanechol chloride</i> .....           | 241     | BREO ELLIPTA .....                          | 9        |
| BD SPECIALTY USE NEEDLES ..             | 263      | BETIMOL .....                               | 158     | BREXAFEMME .....                            | 187      |
| BD SYRINGE .....                        | 223      | BETOPTIC S .....                            | 158     | BREYNA .....                                | 9        |
| BD SYRINGE CATH TIP<br>NONSTERILE ..... | 222      | BEVESPI AEROSPHERE .....                    | 9       | BREZTRI AEROSPHERE .....                    | 10       |
| BD SYRINGE CATHETER TIP .....           | 222      | <i>bexarotene</i> .....                     | 89, 250 | BRIELLYN .....                              | 54       |
| BD SYRINGE LUER-LOK<br>NONSTERILE ..... | 222      | BEYFORTUS .....                             | 190     | <i>brimonidine</i> .....                    | 70, 158  |
|                                         |          | <i>bicalutamide</i> .....                   | 242     | <i>brimonidine-dorzolamide</i> .....        | 158      |
|                                         |          | BIJUVA .....                                | 175     | <i>brimonidine-dorzolamide (pf)</i> .....   | 158      |
|                                         |          | BIKTARVY .....                              | 194     | <i>brimonidine-dorzol-bimatoprost</i> ..... | 158      |
|                                         |          | <i>bimatoprost</i> .....                    | 158     | <i>brimonidine-timolol</i> .....            | 158      |
|                                         |          | BIMZELX .....                               | 94      |                                             |          |
|                                         |          | BIMZELX AUTOINJECTOR .....                  | 94      |                                             |          |
|                                         |          | BIOLON .....                                | 157     |                                             |          |
|                                         |          | BIONIME RIGHTEST GM300<br>SYSTEM .....      | 130     |                                             |          |
|                                         |          | BIONIME RIGHTEST TEST<br>STRIPS .....       | 107     |                                             |          |



|                                             |               |                                             |     |                                           |          |
|---------------------------------------------|---------------|---------------------------------------------|-----|-------------------------------------------|----------|
| BRINSUPRI.....                              | 277           | <i>cantharidin in acetone</i> .....         | 87  | CAREPOINT PRECISION LUER                  |          |
| <i>brinzolamide</i> .....                   | 158           | CANTHARIS COMPOSITUM.....                   | 260 | LOCK.....                                 | 223      |
| BRIVIACT.....                               | 291           | <i>capecitabine</i> .....                   | 243 | CAREPOINT PRECISION                       |          |
| BROMFED DM.....                             | 66            | CAPEX.....                                  | 78  | NEEDLE.....                               | 263      |
| <i>bromfenac</i> .....                      | 152           | CAPLYTA.....                                | 27  | CAREPOINT PRECISION                       |          |
| <i>bromocriptine</i> .....                  | 288           | CAPRELSA.....                               | 246 | SAFETY.....                               | 223      |
| <i>brompheniramine-pseudoeph-dm</i> ....    | 66            | <i>captopril</i> .....                      | 39  | CAREPOINT SAFETY LL SYR-                  |          |
| BRONCHITOL.....                             | 258           | <i>captopril-hydrochlorothiazide</i> .....  | 37  | NEEDLE.....                               | 223      |
| BRUKINSA.....                               | 246           | CARBAGLU.....                               | 206 | CARESENS LANCETS.....                     | 214      |
| <i>budesonide</i> .....                     | 10, 199, 206  | <i>carbamazepine</i> .....                  | 291 | CARESENS N.....                           | 130      |
| <i>budesonide-formoterol</i> .....          | 9             | CARBATROL.....                              | 291 | CARESENS N FELIZ BT GLUC                  |          |
| BULLSEYE MINI SAFETY                        |               | <i>carbidopa</i> .....                      | 290 | METER.....                                | 131      |
| LANCETS.....                                | 214           | <i>carbidopa-levodopa</i> .....             | 288 | CARESENS N FELIZ GLUCOSE                  |          |
| <i>bumetanide</i> .....                     | 43            | <i>carbidopa-levodopa-entacapone</i> ...    | 288 | METER.....                                | 131      |
| <i>buprenorphine</i> .....                  | 279           | <i>carbinoxamine maleate</i> .....          | 4   | CARESENS N PLUS BT.....                   | 131      |
| <i>buprenorphine hcl</i> .....              | 278, 279, 287 | CARBZAH.....                                | 4   | CARESENS N TEST STRIPS.....               | 107      |
| <i>buprenorphine-naloxone</i> .....         | 287           | CARDIOPLEGIA DEL NIDO                       |     | CARESENS N VOICE.....                     | 131      |
| <i>bupropion hcl</i> .....                  | 20            | FORMULA.....                                | 256 | CARETOUCH ALCOHOL PREP                    |          |
| <i>bupropion hcl (smoking deter)</i> .....  | 300           | CARDIOPLEGIA DEL NIDO-                      |     | PAD.....                                  | 85       |
| <i>buspirone</i> .....                      | 25            | ISOLYT S.....                               | 256 | CARETOUCH GLUCOSE                         |          |
| <i>butalbital-acetaminop-caf-cod</i> .....  | 286           | CARDIOPLEGIA HIGH                           |     | MONITORING.....                           | 131      |
| <i>butalbital-acetaminophen</i> .....       | 277           | POTASSIUM.....                              | 256 | CARETOUCH HYPODERMIC                      |          |
| <i>butalbital-acetaminophen-caff</i> .....  | 278           | CARDIOPLEGIA IND 4:1                        |     | NEEDLE.....                               | 263      |
| <i>butalbital-aspirin-caffeine</i> .....    | 277           | PLASMALYT.....                              | 256 | CARETOUCH INSULIN SYRINGE                 | 223      |
| <i>butorphanol</i> .....                    | 279           | CARDIOPLEGIA IND 8:1 NON-                   |     | CARETOUCH LUER LOCK                       |          |
| BUTTERFLY TOUCH LANCET.....                 | 214           | ENRCH.....                                  | 256 | SYRINGE.....                              | 223, 224 |
| BYDUREON BCISE.....                         | 99            | CARDIOPLEGIA INDUCTION 4:1.....             | 256 | CARETOUCH LUER LOCK SYR-                  |          |
| BYLVAY.....                                 | 207           | CARDIOPLEGIA MAINTENANCE                    |     | NEEDLE.....                               | 224      |
| <i>cabergoline</i> .....                    | 149           | 4:1.....                                    | 257 | CARETOUCH LUER SLIP                       |          |
| CABLIVI.....                                | 163           | CARDIOPLEGIA REPERFUSATE                    |     | SYRINGE.....                              | 224      |
| CABOMETYX.....                              | 246           | 4:1.....                                    | 257 | CARETOUCH PEN NEEDLE.....                 | 263      |
| CABTREO.....                                | 68            | CARDIOPLEGIA WARM INDUCT                    |     | CARETOUCH SAFETY LANCETS                  | 214      |
| CADEAU DHA.....                             | 311           | 4:1.....                                    | 257 | CARETOUCH TEST STRIP.....                 | 107      |
| CADIRA COMPLIANT BLOOD                      |               | <i>cardioplegic no.17(induct 4:1)</i> ..... | 257 | CARETOUCH TWIST LANCET.....               | 214      |
| STAT.....                                   | 256           | <i>cardioplegic no.19 (maint 4:1)</i> ..... | 257 | <i>carglumic acid</i> .....               | 206      |
| <i>caffeine citrate</i> .....               | 17            | <i>cardioplegic soln</i> .....              | 257 | <i>carisoprodol</i> .....                 | 297      |
| <i>calcipotriene</i> .....                  | 95            | <i>cardioplegic solution no.25</i> .....    | 257 | <i>carisoprodol-aspirin</i> .....         | 297      |
| <i>calcipotriene-betamethasone</i> .....    | 97            | CARDURA XL.....                             | 38  | <i>carisoprodol-aspirin-codeine</i> ..... | 288      |
| <i>calcitonin (salmon)</i> .....            | 146           | CAREFINE PEN NEEDLE.....                    | 263 | CARNITOR (SUGAR-FREE).....                | 260      |
| <i>calcitriol</i> .....                     | 95, 316       | CAREONE ULTRA THIN LANCET                   | 214 | CARRASYN HYDROGEL WOUND                   |          |
| <i>calcium acetate(phosphat bind)</i> ..... | 143           | CAREPOINT LUER LOCK                         |     | DRESS.....                                | 210      |
| CALQUENCE (ACALABRUTINIB                    |               | SYRINGE.....                                | 223 | <i>carteolol</i> .....                    | 158      |
| MAL).....                                   | 246           | CAREPOINT LUER LOCK SYR-                    |     | CARTIA XT.....                            | 42       |
| CAMILA.....                                 | 54            | NEEDLE.....                                 | 223 | <i>carvedilol</i> .....                   | 37       |
| CAMRESE.....                                | 54            | CAREPOINT LUER SLIP                         |     | <i>carvedilol phosphate</i> .....         | 37       |
| CAMRESE LO.....                             | 54            | SYRINGE.....                                | 223 | CAYA CONTOURED.....                       | 63       |
| CAMZYOS.....                                | 51            | CAREPOINT LUER SLIP SYRING-                 |     | CAYSTON.....                              | 181      |
| <i>candesartan</i> .....                    | 39            | NDL.....                                    | 223 | CAZIAN (28).....                          | 54       |
| <i>candesartan-hydrochlorothiazid</i> ..... | 38            |                                             |     | <i>cefaclor</i> .....                     | 181      |

|                                             |          |                                          |               |                                           |             |
|---------------------------------------------|----------|------------------------------------------|---------------|-------------------------------------------|-------------|
| <i>cefadroxil</i> .....                     | 181      | <i>cilostazol</i> .....                  | 171           | CLEVER CHOICE GLUCOSE                     |             |
| CEFALY.....                                 | 213      | CILOXAN.....                             | 156           | MONITOR.....                              | 131         |
| <i>cefdinir</i> .....                       | 181      | CIMDUO.....                              | 191           | CLEVER CHOICE MICRO.....                  | 131         |
| <i>cefixime</i> .....                       | 181, 182 | <i>cimetidine</i> .....                  | 302           | CLEVER CHOICE MICRO TEST                  |             |
| <i>cefepodoxime</i> .....                   | 182      | <i>cimetidine hcl</i> .....              | 302           | STRIP.....                                | 108         |
| <i>cefprozil</i> .....                      | 181      | CIMZIA.....                              | 196           | CLEVER CHOICE NEB KIT-                    |             |
| <i>cefuroxime axetil</i> .....              | 181      | CIMZIA POWDER FOR RECONST                |               | ADULT.....                                | 213         |
| <i>celecoxib</i> .....                      | 202      | .....                                    | 196           | CLEVER CHOICE NEB KIT-CHILD               |             |
| CEM-UREA.....                               | 87       | CIMZIA STARTER KIT.....                  | 196           | .....                                     | 213         |
| CENTANY AT.....                             | 72       | <i>cinacalcet</i> .....                  | 147           | CLEVER CHOICE NEBULIZER.....              | 13          |
| <i>cephalexin</i> .....                     | 181      | CINRYZE.....                             | 199           | CLEVER CHOICE PRO.....                    | 108, 131    |
| CEQUA.....                                  | 157      | CIPRO.....                               | 184           | CLEVER CHOICE TALK                        |             |
| CERDELGA.....                               | 259      | CIPRO HC.....                            | 142           | GLUCOSE SYS.....                          | 131         |
| CERVIDIL.....                               | 64       | <i>ciprofloxacin</i> .....               | 184           | CLEVER CHOICE TALK TEST.....              | 108         |
| CETACAINE.....                              | 90       | <i>ciprofloxacin hcl</i> .....           | 142, 156, 184 | CLEVER CHOICE TEST STRIPS.....            | 108         |
| <i>cetirizine</i> .....                     | 4        | <i>ciprofloxacin-dexamethasone</i> ..... | 142           | CLEVER CHOICE VOICE PLUS                  |             |
| <i>cevimeline</i> .....                     | 241      | <i>ciprofloxacin-fluocinolone</i> .....  | 142           | TEST.....                                 | 109         |
| CHARLOTTE 24 FE.....                        | 55       | <i>citalopram</i> .....                  | 20            | CLEVER CHOICE WHISPER AIRE                |             |
| CHATEAL EQ (28).....                        | 55       | CITRANATAL (DUAL-IRON).....              | 311           | PED.....                                  | 13          |
| CHEK-STIX CONTROL.....                      | 275      | CITRANATAL 90 DHA (ALGAL                 |               | CLICKFINE PEN NEEDLE.....                 | 264         |
| CHEMET.....                                 | 261      | OIL).....                                | 311           | CLIMARA PRO.....                          | 176         |
| CHEMSTRIP 10 MD.....                        | 276      | CITRANATAL ASSURE.....                   | 311           | <i>clindamycin hcl</i> .....              | 188         |
| CHEMSTRIP 10/SG.....                        | 276      | CITRANATAL DHA (ALGAL OIL).....          | 311           | <i>clindamycin palmitate hcl</i> .....    | 188         |
| CHEMSTRIP 2 GP.....                         | 276      | CITRANATAL HARMONY (IRON                 |               | CLINDAMYCIN PEDIATRIC.....                | 188         |
| CHEMSTRIP 50B.....                          | 276      | FUM).....                                | 311           | <i>clindamycin phosphate</i> .....        | 72, 307     |
| CHEMSTRIP 7.....                            | 276      | CLARAVIS.....                            | 66            | <i>clindamycin-benzoyl peroxide</i> ..... | 68          |
| CHEMSTRIP 9.....                            | 276      | CLARINEX-D 12 HOUR.....                  | 3             | CLINDESSE.....                            | 307         |
| CHENODAL.....                               | 207      | <i>clarithromycin</i> .....              | 182, 183      | CLINPRO 5000.....                         | 308         |
| CHILDREN'S ASPIRIN.....                     | 171      | CLEANSING WASH.....                      | 75            | <i>clobazam</i> .....                     | 290         |
| CHLOHUX.....                                | 78       | CLEARLAX.....                            | 207           | <i>clobetasol</i> .....                   | 78, 153     |
| CHLOOXIA.....                               | 78       | <i>clemastine</i> .....                  | 4             | <i>clobetasol-emollient</i> .....         | 78          |
| <i>chlordiazepoxide hcl</i> .....           | 25       | CLEMASZ.....                             | 4             | <i>clocortolone pivalate</i> .....        | 78          |
| <i>chlordiazepoxide-clidinium</i> .....     | 301      | CLEMSZA.....                             | 4             | CLODAN KIT.....                           | 78          |
| <i>chlorhexidine gluconate</i> .....        | 254      | CLENPIQ.....                             | 207           | <i>clomipramine</i> .....                 | 22          |
| <i>chloroquine phosphate</i> .....          | 189      | CLEOCIN.....                             | 307           | <i>clonazepam</i> .....                   | 290         |
| <i>chlorpromazine</i> .....                 | 29       | CLEVER CHEK BLOOD                        |               | <i>clonidine</i> .....                    | 40          |
| <i>chlorthalidone</i> .....                 | 46       | GLUCOSE.....                             | 131           | <i>clonidine hcl</i> .....                | 32, 40      |
| <i>chlorthalidone</i> .....                 | 297      | CLEVER CHEK BLOOD                        |               | <i>clopidogrel</i> .....                  | 171         |
| CHOICEDM CLARUS.....                        | 108, 131 | GLUCOSE SYST.....                        | 131           | <i>clorazepate dipotassium</i> .....      | 25          |
| CHOLBAM.....                                | 207      | CLEVER CHEK LANCETS.....                 | 214           | <i>clotrimazole</i> .....                 | 73, 74, 186 |
| <i>cholestyramine (with sugar)</i> .....    | 50       | CLEVER CHOICE BLOOD GLUC                 |               | <i>clotrimazole-betamethasone</i> .....   | 73          |
| CHOLESTYRAMINE LIGHT.....                   | 50       | SYS.....                                 | 131           | <i>clozapine</i> .....                    | 27          |
| <i>choline,magnesium salicylate</i> .....   | 278      | CLEVER CHOICE CHAMBER-                   |               | COAGADEX.....                             | 167         |
| CHOSEN LANCET.....                          | 214      | LRG MASK.....                            | 13            | COAGUCHEK LANCETS.....                    | 214         |
| CHOSEN SAFETY LANCET.....                   | 214      | CLEVER CHOICE CHAMBER-                   |               | COAGUCHEK XS.....                         | 256         |
| CIBINQO.....                                | 201      | MED MASK.....                            | 13            | COARTEM.....                              | 189         |
| CICLODAN KIT.....                           | 73       | CLEVER CHOICE CHAMBER-SM                 |               | COBENFY.....                              | 255         |
| <i>ciclopirox</i> .....                     | 73       | MASK.....                                | 13            | COBENFY STARTER PACK.....                 | 255         |
| <i>ciclopirox-ure-camph-menth-euc</i> ..... | 73       |                                          |               | <i>cocaine</i> .....                      | 255         |

|                                          |     |                             |          |                                                |          |
|------------------------------------------|-----|-----------------------------|----------|------------------------------------------------|----------|
| <i>codeine sulfate</i> .....             | 279 | CONTOUR NEXT LINK.....      | 131      | CURITY IODOFORM PACKING                        |          |
| <i>codeine-butalbital-asa-caff</i> ..... | 286 | CONTOUR NEXT LINK 2.4.....  | 131      | STRIP.....                                     | 210      |
| <i>codeine-guaifenesin</i> .....         | 65  | CONTOUR NEXT METER.....     | 131      | CUROSURF.....                                  | 277      |
| CODITUSSIN AC.....                       | 65  | CONTOUR NEXT ONE METER....  | 131      | CUTAQUIG.....                                  | 178      |
| CODITUSSIN DAC.....                      | 65  | CONTOUR NEXT TEST STRIPS..  | 109      | CUVITRU.....                                   | 178      |
| <i>colchicine</i> .....                  | 162 | CONTOUR PLUS BLUE METER..   | 131      | CUVRIOR.....                                   | 261      |
| <i>colesevelam</i> .....                 | 50  | CONTOUR PLUS TEST STRIP.... | 109      | <i>cyanocobalamin (vitamin b-12)</i> .....     | 315      |
| <i>colestipol</i> .....                  | 50  | CONTOUR TEST STRIPS.....    | 109      | <i>cyclobenzaprine</i> .....                   | 298      |
| COLOR LANCETS.....                       | 214 | COPAXONE.....               | 251      | CYCLOGYL.....                                  | 161      |
| COMBIPATCH.....                          | 176 | COPIKTRA.....               | 246      | CYCLOMYDRIL.....                               | 161      |
| COMBISTIX REAGENT.....                   | 276 | CORDRAN.....                | 79       | <i>cyclopentolate</i> .....                    | 161      |
| COMBIVENT RESPIMAT.....                  | 9   | CORDRAN TAPE LARGE ROLL.... | 79       | <i>cyclophen-tropic-phenyleph-watr</i> .....   | 161      |
| COMETRIQ.....                            | 246 | CORIFACT.....               | 167      | <i>cyclophen-tropic-phen-ketr-wat</i> .....    | 161      |
| COMFORT EZ INSULIN SYRINGE               |     | CORLANOR.....               | 51       | <i>cyclophosphamide</i> .....                  | 242      |
| .....                                    | 224 | CORTANE-B.....              | 142      | <i>cyclophen-trop-propa-phen-ket-wat</i> ..... | 161      |
| COMFORT EZ LANCETS.....                  | 214 | CORTIFOAM.....              | 206      | <i>cycloserine</i> .....                       | 188      |
| COMFORT EZ PEN NEEDLES.....              | 264 | <i>cortisone</i> .....      | 199      | CYCLOSET.....                                  | 100      |
| COMFORT EZ PRO SAFETY PEN                |     | CORTISPORIN-TC.....         | 142      | <i>cyclosporine</i> .....                      | 157, 180 |
| NDL.....                                 | 264 | CORTROPHIN GEL.....         | 145      | CYCLOSPORINE IN KLARITY.....                   | 157      |
| COMFORT TOUCH PEN NEEDLE                 |     | COSENTYX.....               | 94       | <i>cyclosporine modified</i> .....             | 180      |
| .....                                    | 264 | COSENTYX (2 SYRINGES).....  | 94       | <i>cyproheptadine</i> .....                    | 4        |
| COMFORT TOUCH PLUS                       |     | COSENTYX PEN.....           | 94       | CYRED.....                                     | 55       |
| SAFETY LANC.....                         | 214 | COSENTYX PEN (2 PENS).....  | 94       | CYRED EQ.....                                  | 55       |
| COMFORT TOUCH ULT THIN                   |     | COSENTYX UNOREADY PEN.....  | 94       | CYSTADROPS.....                                | 162      |
| LANCETS.....                             | 214 | COTELLIC.....               | 244      | CYSTAGON.....                                  | 305      |
| COMFORTSEAL LARGE MASK.....              | 13  | COTEMPLA XR-ODT.....        | 32       | CYSTARAN.....                                  | 162      |
| COMFORTSEAL MEDIUM MASK....              | 13  | COVARYX.....                | 175      | <i>dabigatran etexilate</i> .....              | 172      |
| COMFORTSEAL SMALL MASK.....              | 13  | COVARYX H.S.....            | 175      | DAFILOR.....                                   | 74       |
| COMPACT SPACE CHAMBER.....               | 14  | CRALONIN.....               | 260      | <i>dalfampridine</i> .....                     | 252      |
| COMPACT SPACE CHAMBER-                   |     | CRENESSITY.....             | 149      | <i>danazol</i> .....                           | 149      |
| LRG MASK.....                            | 14  | CREON.....                  | 300      | <i>dantrolene</i> .....                        | 298      |
| COMPACT SPACE CHAMBER-                   |     | CRESEMBA.....               | 186      | DANZITEN.....                                  | 246      |
| MED MASK.....                            | 14  | CREXONT.....                | 288, 289 | <i>dapaglifloz propaned-metformin</i> ....     | 103      |
| COMPACT SPACE CHAMBER-                   |     | CRINONE.....                | 178      | <i>dapagliflozin propanediol</i> .....         | 99       |
| SM MASK.....                             | 14  | <i>cromolyn</i> .....       | 11, 157  | <i>dapsone</i> .....                           | 68, 187  |
| COMP-AIR NEBULIZER                       |     | CRYODOSE TA MEDIUM          |          | <i>darifenacin</i> .....                       | 306      |
| COMPRESSOR.....                          | 14  | STREAM SPR.....             | 90       | DARTISLA.....                                  | 302      |
| COMPLERA.....                            | 194 | CRYODOSE TA MIST SPRAY..... | 90       | <i>darunavir</i> .....                         | 191      |
| COMPLETE NATAL DHA.....                  | 311 | CRYOSERV.....               | 258      | <i>dasatinib</i> .....                         | 246      |
| COMPLETENATE.....                        | 311 | CRYSSELLE (28).....         | 55       | DASETTA 1/35 (28).....                         | 55       |
| COMPRO.....                              | 6   | CTEXTLI.....                | 207      | DASETTA 7/7/7 (28).....                        | 55       |
| CONCEPTION.....                          | 257 | CUPRIMINE.....              | 195      | DAURISMO.....                                  | 244      |
| CONJUPRI.....                            | 42  | CURAFIL GEL WOUND.....      | 210      | DAVOL IRRIGATION SYRINGE...                    | 224      |
| CONSTULOSE.....                          | 208 | CURITY ALCOHOL SWABS.....   | 85       | DAVOL PISTON IRRIGATION.....                   | 224      |
| CONTOUR METER.....                       | 131 | CURITY AMD.....             | 210      | DAWNZERA.....                                  | 203      |
| CONTOUR NEXT EZ METER.....               | 131 | CURITY AMD (WITH            |          | DAYBUE.....                                    | 253      |
| CONTOUR NEXT GEN METER....               | 131 | POLYHEXAMETH).....          | 210      | DAYSEE.....                                    | 55       |
| CONTOUR NEXT GLUCOSE                     |     | CURITY DRAINAGE BAG.....    | 211      | DAYVIGO.....                                   | 31       |
| METER.....                               | 131 |                             |          | DAZAVEIDAOXIA.....                             | 70       |

|                                            |     |                                             |                  |                                             |          |
|--------------------------------------------|-----|---------------------------------------------|------------------|---------------------------------------------|----------|
| DAZINIA.....                               | 73  | <i>dexamethasone sodium phosphate</i> ..... | 153              | DIOOXIA.....                                | 95       |
| DAZOMON.....                               | 70  | <i>dexlansoprazole</i> .....                | 303              | DIPENTUM.....                               | 204      |
| DEBACTEROL.....                            | 255 | <i>dexmethylphenidate</i> .....             | 32               | DIPHEN.....                                 | 4        |
| DEBLITANE.....                             | 55  | DEXONTO.....                                | 199              | <i>diphenoxylate-atropine</i> .....         | 207      |
| <i>deferasirox</i> .....                   | 261 | DEXTENZA.....                               | 153              | <i>dipyridamole</i> .....                   | 171      |
| <i>deferiprone</i> .....                   | 261 | <i>dextroamphetamine sulfate</i> .....      | 23, 24           | <i>disopyramide phosphate</i> .....         | 36       |
| <i>deferoxamine</i> .....                  | 261 | <i>dextroamphetamine-amphetamine</i> ..     | 24               | <i>disulfiram</i> .....                     | 25       |
| <i>deflazacort</i> .....                   | 199 | DIACOMIT.....                               | 292              | DIURIL.....                                 | 46       |
| DELIBON.....                               | 73  | DIADIMAXIA.....                             | 68               | <i>divalproex</i> .....                     | 292      |
| DELSTRIGO.....                             | 194 | DIAOXIA.....                                | 68               | DIVENDO.....                                | 73       |
| <i>demeclocycline</i> .....                | 185 | DIASAXIATAR.....                            | 68               | DIVINIX.....                                | 79       |
| DEMEROL (PF).....                          | 279 | DIASDIMAXIA.....                            | 69               | DM2.....                                    | 102      |
| DENTA 5000 PLUS.....                       | 308 | DIASOXIA.....                               | 69               | DODEX.....                                  | 315      |
| DENTA 5000 PLUS SENSITIVE...               | 308 | DIASTIX.....                                | 142              | <i>dofetilide</i> .....                     | 36       |
| DENTAGEL.....                              | 308 | DIATRUE PLUS BLOOD                          |                  | DOJOLVI.....                                | 273      |
| DENVITA.....                               | 74  | GLUCOSE MET.....                            | 131              | DOLISHALE.....                              | 55       |
| DEOXIA.....                                | 68  | DIATRUE PLUS TEST STRIP.....                | 109              | DOMELA.....                                 | 79       |
| DEOXIADEMTAR.....                          | 68  | <i>diazepam</i> .....                       | 25, 290          | <i>donepezil</i> .....                      | 18       |
| DEOXIATAR.....                             | 68  | DIAZEPAM INTENSOL.....                      | 25               | DOPTelet (10 TAB PACK).....                 | 172      |
| DEOXIATAR.....                             | 68  | <i>diazoxide</i> .....                      | 137              | DOPTelet (15 TAB PACK).....                 | 172      |
| DEPAKOTE.....                              | 291 | <i>dichlorphenamide</i> .....               | 297              | DOPTelet (30 TAB PACK).....                 | 172      |
| DEPAKOTE ER.....                           | 291 | <i>diclofenac epolamine</i> .....           | 84               | <i>dorzolamide</i> .....                    | 159      |
| DEPAKOTE SPRINKLES.....                    | 291 | <i>diclofenac potassium</i> .....           | 202              | <i>dorzolamide (pf)</i> .....               | 159      |
| DEPO-ESTRADIOL.....                        | 176 | <i>diclofenac sodium</i> .....              | 84, 89, 153, 202 | <i>dorzolamide-timolol</i> .....            | 159      |
| DEPO-SUBQ PROVERA 104.....                 | 53  | <i>diclofenac-misoprostol</i> .....         | 202              | <i>dorzolamide-timolol (pf)</i> .....       | 159      |
| DERMACINRX LIDOCAN.....                    | 90  | <i>dicloxacillin</i> .....                  | 184              | DOTTI.....                                  | 176      |
| DERMACINRX LIDOGEL.....                    | 90  | <i>dicyclomine</i> .....                    | 301              | DOVATO.....                                 | 190      |
| DERMACINRX LIDOREX.....                    | 90  | DIFFERIN.....                               | 71               | DOVER BULB SYRINGE.....                     | 224      |
| DERMAZENE.....                             | 71  | DIFICID.....                                | 183              | DOVER COATED LATEX FOLEY.....               | 211      |
| DESCOVY.....                               | 191 | <i>diflunisal</i> .....                     | 278              | DOVER LATEX FOLEY                           |          |
| <i>desflurane</i> .....                    | 259 | <i>difluprednate</i> .....                  | 153              | CATHETER.....                               | 211      |
| <i>desipramine</i> .....                   | 22  | DIFMETIOXRIME.....                          | 74               | DOVER RED RUBBER                            |          |
| <i>desloratadine</i> .....                 | 5   | DIGITEK.....                                | 36               | ROBINSON CATH.....                          | 212      |
| <i>desmopressin</i> .....                  | 145 | <i>digoxin</i> .....                        | 36, 37           | DOVER UNIVERSAL.....                        | 212      |
| <i>desog-e.estradiol/e.estradiol</i> ..... | 55  | <i>dihydroergotamine</i> .....              | 284              | <i>doxazosin</i> .....                      | 38       |
| <i>desonide</i> .....                      | 79  | DILANTIN.....                               | 292              | <i>doxepin</i> .....                        | 22, 31   |
| <i>desoximetasone</i> .....                | 79  | DILANTIN EXTENDED.....                      | 292              | <i>doxercalciferol</i> .....                | 148      |
| <i>desvenlafaxine</i> .....                | 21  | DILANTIN INFATABS.....                      | 292              | <i>doxycycline hyclate</i> .....            | 185, 255 |
| <i>desvenlafaxine succinate</i> .....      | 21  | DILANTIN-125.....                           | 292              | <i>doxycycline monohydrate</i> .....        | 185, 186 |
| DEVILBISS DISPOSABLE                       |     | DILAUDID (PF).....                          | 279              | <i>doxylamine-pyridoxine (vit b6)</i> ..... | 6        |
| NEBULIZER.....                             | 14  | <i>diltiazem hcl</i> .....                  | 42               | D-PENAMINE.....                             | 195      |
| DEVILBISS PULMO-AIDE                       |     | DILT-XR.....                                | 42               | DRAXACE.....                                | 69       |
| COMPRESSR.....                             | 14  | DILUTING MEDIUM FOR                         |                  | DRAXACEY.....                               | 69       |
| DEVILBISS PULMOMATE                        |     | NOVOLOG.....                                | 258              | DRITHOCREME HP.....                         | 95       |
| COMPRESSOR.....                            | 14  | <i>dimethyl fumarate</i> .....              | 251              | DRIXECE.....                                | 69       |
| DEVILBISS TRAVELER                         |     | DIMOXIA.....                                | 69               | <i>dronabinol</i> .....                     | 6        |
| COMPRESSOR.....                            | 14  | DIOCHLOY.....                               | 97               | DROPLET INSULIN SYR(HALF                    |          |
| <i>dexamethasone</i> .....                 | 199 | DIONARIS.....                               | 73               | UNIT).....                                  | 224      |
| DEXAMETHASONE INTENSOL...                  | 199 |                                             |                  | DROPLET INSULIN SYRINGE.....                | 225      |

|                                             |     |                                 |          |                               |     |
|---------------------------------------------|-----|---------------------------------|----------|-------------------------------|-----|
| DROPLET LANCETS.....                        | 214 | EASY COMFORT LANCETS.....       | 214      | EASY TOUCH INSULIN SAFETY     |     |
| DROPLET MICRON PEN NEEDLE                   |     | EASY COMFORT PEN NEEDLES        | 264      | SYR.....                      | 226 |
| .....                                       | 264 | EASY COMFORT SAFETY PEN         |          | EASY TOUCH INSULIN SYRINGE    |     |
| DROPLET PEN NEEDLE.....                     | 264 | NEEDLE.....                     | 265      | .....                         | 227 |
| DROPSAFE ACTI-LANCE.....                    | 214 | EASY GLIDE CATHETER TIP         |          | EASY TOUCH LANCETS.....       | 214 |
| DROPSAFE ALCOHOL PREP                       |     | SYRINGE.....                    | 225      | EASY TOUCH LUER LOCK          |     |
| PADS.....                                   | 85  | EASY GLIDE INSULIN SYRINGE..... | 225      | INSULIN.....                  | 227 |
| DROPSAFE INSULIN SYRINGE.....               | 225 | EASY GLIDE LUER LOCK            |          | EASY TOUCH LUER LOCK          |     |
| DROPSAFE PEN NEEDLE.....                    | 264 | SYRINGE.....                    | 225      | SYRINGE.....                  | 227 |
| DROPSAFE SICURA SAFETY                      |     | EASY GLIDE LUER SLIP TB         |          | EASY TOUCH PEN NEEDLE.....    | 266 |
| NEEDLE.....                                 | 264 | SYRINGE.....                    | 225      | EASY TOUCH SAFETY LANCETS     |     |
| <i>drospirenone-e.estradiol-lm.fa</i> ..... | 55  | EASY GLIDE PEN NEEDLE.....      | 265      | .....                         | 215 |
| <i>drospirenone-ethinyl estradiol</i> ..... | 55  | EASY NEB COMPRESSOR             |          | EASY TOUCH SAFETY PEN         |     |
| DROXIA.....                                 | 172 | NEBULIZER.....                  | 14       | NEEDLE.....                   | 266 |
| <i>droxidopa</i> .....                      | 51  | EASY PLUS II BLOOD GLUCOSE      |          | EASY TOUCH SHEATHLOCK         |     |
| DRYSOL.....                                 | 84  | MET.....                        | 131      | INSULIN.....                  | 227 |
| DRYSOL DAB-O-MATIC.....                     | 84  | EASY PLUS II TEST.....          | 109      | EASY TOUCH SHEATHLOCK         |     |
| DUAKLIR PRESSAIR.....                       | 9   | EASY STEP.....                  | 109      | SYRG-NDL.....                 | 227 |
| DUAVEE.....                                 | 175 | EASY STEP BLOOD GLUCOSE         |          | EASY TOUCH SHEATHLOCK         |     |
| DULERA.....                                 | 9   | METER.....                      | 131      | SYRINGE.....                  | 227 |
| <i>duloxetine</i> .....                     | 21  | EASY TALK BLOOD GLUCOSE         |          | EASY TOUCH SYR ALLERGY        |     |
| DUOBRII.....                                | 95  | METER.....                      | 131      | TRAY.....                     | 227 |
| DUODOTE.....                                | 257 | EASY TALK GLUCOSE TEST.....     | 110      | EASY TOUCH TEST STRIP.....    | 110 |
| DUOPA.....                                  | 289 | EASY TALK PLUS II TEST STRIP    | 110      | EASY TOUCH TUBERCULIN         |     |
| DUPIXENT PEN.....                           | 11  | EASY TOUCH.....                 | 227, 266 | FLIPLOCK.....                 | 228 |
| DUPIXENT SYRINGE.....                       | 11  | EASY TOUCH ALCOHOL PREP         |          | EASY TOUCH TUBERCULIN         |     |
| DUREX AVANTI BARE REAL                      |     | PADS.....                       | 85       | SHEATHLK.....                 | 228 |
| FEEL.....                                   | 257 | EASY TOUCH BLULINK GLUC         |          | EASY TOUCH TWIST LANCETS..... | 215 |
| DUREX EXTRA SENSITIVE                       |     | SYST.....                       | 131      | EASY TOUCH UNI-SLIP.....      | 228 |
| CONDOM.....                                 | 257 | EASY TOUCH BLULINK TEST         |          | EASY TRAK BLOOD GLUCOSE       |     |
| DUREX TROPICAL CONDOM.....                  | 257 | STRIP.....                      | 110      | METER.....                    | 131 |
| DUROLANE.....                               | 198 | EASY TOUCH FLIPLOCK             |          | EASY TRAK GLUCOSE TEST.....   | 110 |
| <i>dutasteride</i> .....                    | 304 | INSULIN.....                    | 226      | EASY TRAK II BLOOD GLUCOSE    |     |
| <i>dutasteride-tamsulosin</i> .....         | 305 | EASY TOUCH FLIPLOCK             |          | MTR.....                      | 131 |
| DUVYZAT.....                                | 260 | NEEDLE.....                     | 265      | EASY TRAK II TEST STRIP.....  | 111 |
| DYANAVEL XR.....                            | 24  | EASY TOUCH FLIPLOCK             |          | EASY TWIST AND CAP LANCETS    |     |
| DYNAFOAM AG.....                            | 210 | SYRINGE.....                    | 226      | .....                         | 215 |
| DYNAGINATE AG.....                          | 210 | EASY TOUCH FLURINGE.....        | 226      | EASYGLUCO METER.....          | 131 |
| DYNOMA.....                                 | 80  | EASY TOUCH FLURINGE             |          | EASYGLUCO MONITORING          |     |
| E.E.S. 400.....                             | 183 | FLIPLOCK.....                   | 226      | SYSTEM.....                   | 131 |
| EAR POPPER INFLATION                        |     | EASY TOUCH FLURINGE FLU         |          | EASYGLUCO TEST.....           | 111 |
| DEVICE.....                                 | 219 | TRAY.....                       | 226      | EASYMAX.....                  | 111 |
| EASIVENT HOLDING CHAMBER.....               | 14  | EASY TOUCH FLURINGE             |          | EASYMAX 15 TEST STRIPS.....   | 111 |
| EASIVENT MASK LARGE.....                    | 14  | SHEATHLOCK.....                 | 226      | EASYMAX NG.....               | 132 |
| EASIVENT MASK MEDIUM.....                   | 14  | EASY TOUCH GLUCOSE              |          | EASYMAX T1.....               | 132 |
| EASIVENT MASK SMALL.....                    | 14  | MONITOR.....                    | 131      | EASYMAX V SPEAKING            |     |
| EASY COMFORT ALCOHOL PAD.....               | 85  | EASY TOUCH HYPODERMIC           |          | GLUCOSE SYS.....              | 132 |
| EASY COMFORT INSULIN                        |     | NEEDLE.....                     | 265      | EASYPOINT NEEDLE.....         | 266 |
| SYRINGE.....                                | 225 |                                 |          |                               |     |



|                                             |     |                                            |          |                                          |         |
|---------------------------------------------|-----|--------------------------------------------|----------|------------------------------------------|---------|
| EASY-TOUCH BLOOD GLUCOSE<br>METER.....      | 132 | <i>eltrombopag olamine</i> .....           | 172      | ENFIT IRRIGAT SYRINGE-<br>CONTAINR.....  | 219     |
| EBASE CONTROLLER.....                       | 14  | ELURYNG.....                               | 52       | ENFIT MEDICAL STRAW.....                 | 213     |
| EBGLYSS PEN.....                            | 76  | ELYXYB.....                                | 284      | ENFIT MEDICINE BOTTLE<br>ADAPTER.....    | 213     |
| EBGLYSS SYRINGE.....                        | 76  | ELYZIA.....                                | 96       | ENFIT MULTIFIL SYRINGE.....              | 228     |
| ECEOXIA.....                                | 75  | ELYZIA (WITH HYALURONATE)....              | 96       | ENFIT THUMB CONTROL RING<br>SYRIN.....   | 228     |
| ECLIPSE NEEDLE.....                         | 266 | EMBRACE BLOOD GLUCOSE<br>SYSTEM.....       | 112, 132 | ENILLORING.....                          | 52      |
| ECLIPSE SYRINGE.....                        | 228 | EMBRACE EVO BLOOD<br>GLUCOSE KIT.....      | 132      | <i>enoxaparin</i> .....                  | 168     |
| EC-NAPROXEN.....                            | 202 | EMBRACE EVO GLUCOSE<br>MONITOR.....        | 132      | ENPRESSE.....                            | 55      |
| <i>econazole nitrate</i> .....              | 74  | EMBRACE EVO TEST STRIPS....                | 112      | ENSACOVE.....                            | 246     |
| ECONTRA EZ.....                             | 55  | EMBRACE LANCETS.....                       | 215      | ENSKYCE.....                             | 55      |
| ECONTRA ONE-STEP.....                       | 55  | EMBRACE PEN NEEDLE.....                    | 266      | ENSPRYNG.....                            | 201     |
| ECOTRIN.....                                | 278 | EMBRACE PRO GLUCOSE<br>METER.....          | 132      | ENSTILAR.....                            | 97      |
| ECOZA.....                                  | 74  | EMBRACE PRO TEST STRIPS....                | 112      | <i>entacapone</i> .....                  | 289     |
| EDARBI.....                                 | 39  | EMBRACE SAFETY LANCET.....                 | 215      | <i>entecavir</i> .....                   | 195     |
| EDARBYCLOR.....                             | 38  | EMBRACE TALK BLOOD<br>GLUCOSE SYS.....     | 132      | <i>enteral connector, enfit</i> .....    | 219     |
| ED-SPAZ.....                                | 301 | EMBRACE TALK GLUCOSE<br>MONITOR.....       | 132      | ENTERAL GRAVITY BAG SET-<br>ENFIT.....   | 219     |
| EDURANT.....                                | 192 | EMBRACE TALK TEST STRIPS....               | 112      | ENTRESTO.....                            | 51      |
| EDURANT PED.....                            | 192 | EMBRACE WAVE GLUCOSE<br>TEST STRP.....     | 113      | ENTRESTO SPRINKLE.....                   | 51      |
| EEMT.....                                   | 175 | EMBRACE WAVE PLUS<br>GLUCOSE MTR.....      | 132      | ENTYVIO PEN.....                         | 205     |
| EEMT HS.....                                | 175 | EMEND.....                                 | 7        | ENULOSE.....                             | 206     |
| <i>efavirenz</i> .....                      | 192 | EMFLAZA.....                               | 199      | ENVARUS XR.....                          | 180     |
| <i>efavirenz-emtricitabin-tenofov</i> ..... | 194 | EMGALITY PEN.....                          | 284      | ENZNONUTY.....                           | 90      |
| <i>efavirenz-lamivu-tenofov disop</i> ..... | 194 | EMGALITY SYRINGE.....                      | 285, 286 | EOHILIA.....                             | 199     |
| EFFER-K.....                                | 144 | EMPAVELI.....                              | 165      | EPCLUSA.....                             | 195     |
| EGRIFTA SV.....                             | 147 | EMROSI.....                                | 186      | EPIDIOLEX.....                           | 291     |
| EGRIFTA WR.....                             | 147 | EMSAM.....                                 | 20       | EPIFIX AMNIOTIC MEMBRANE...              | 274     |
| EKTERLY.....                                | 203 | <i>emtricitabine</i> .....                 | 192      | EPIFOAM.....                             | 89      |
| ELEMENT COMPACT GLUCOSE<br>METER.....       | 132 | <i>emtricitabine-tenofov (tdf)</i> .....   | 191      | <i>epinastine</i> .....                  | 152     |
| ELEMENT COMPACT TEST<br>STRIPS.....         | 111 | <i>emtricitabine-tenofov df</i> .....      | 194      | <i>epinephrine</i> .....                 | 36, 240 |
| ELEMENT COMPACT V<br>GLUCOSE MTR.....       | 132 | EMTRIVA.....                               | 192      | EPITOL.....                              | 292     |
| ELEMENT PLUS BLOOD<br>GLUCOSE KIT.....      | 132 | EMVERM.....                                | 189      | <i>eplerenone</i> .....                  | 43      |
| ELEMENT TEST STRIPS.....                    | 112 | EMZAHH.....                                | 55       | EPOGEN.....                              | 167     |
| ELESTRIN.....                               | 176 | <i>enalapril maleate</i> .....             | 39       | <i>eprosartan</i> .....                  | 39      |
| <i>eletriptan</i> .....                     | 284 | <i>enalapril-hydrochlorothiazide</i> ..... | 37       | EQUETRO.....                             | 26      |
| ELIGARD.....                                | 146 | ENBREL.....                                | 196, 197 | <i>ergocalciferol (vitamin d2)</i> ..... | 316     |
| ELIGARD (4 MONTH).....                      | 146 | ENBREL MINI.....                           | 196      | <i>ergoloid</i> .....                    | 52      |
| ELINEST.....                                | 55  | ENBREL SURECLICK.....                      | 197      | ERGOMAR.....                             | 285     |
| ELIQUIS.....                                | 166 | ENDARI.....                                | 172      | <i>ergotamine-caffeine</i> .....         | 285     |
| ELIQUIS DVT-PE TREAT 30D<br>START.....      | 166 | ENDO AVITENE.....                          | 173      | ERIVEDGE.....                            | 244     |
| ELIXOPHYLLIN.....                           | 17  | ENDOCET.....                               | 287      | ERLEADA.....                             | 242     |
| ELLA.....                                   | 55  |                                            |          | <i>erlotinib</i> .....                   | 246     |
| ELMIRON.....                                | 306 |                                            |          | ERMEZA.....                              | 150     |
| ELOCTATE.....                               | 164 |                                            |          | ERRIN.....                               | 55      |
|                                             |     |                                            |          | ERY PADS.....                            | 72      |
|                                             |     |                                            |          | ERY-TAB.....                             | 183     |

|                                             |          |                                    |     |                                             |          |
|---------------------------------------------|----------|------------------------------------|-----|---------------------------------------------|----------|
| ERYTHROCIN (AS STEARATE)...                 | 183      | EVOLUTION BLOOD GLUCOSE            |     | <i>fenofibrate micronized</i> .....         | 50       |
| <i>erythromycin</i> .....                   | 156, 183 | METER .....                        | 132 | <i>fenofibrate nanocrystallized</i> .....   | 50       |
| <i>erythromycin ethylsuccinate</i> .....    | 183      | EVOLUTION TEST STRIPS .....        | 114 | <i>fenofibric acid</i> .....                | 50       |
| <i>erythromycin with ethanol</i> .....      | 72       | EVOTAZ .....                       | 193 | <i>fenofibric acid (choline)</i> .....      | 50       |
| <i>erythromycin-benzoyl peroxide</i> .....  | 72       | EVRYSDI .....                      | 241 | FENOVIA .....                               | 74       |
| <i>escitalopram oxalate</i> .....           | 20       | EXCEL SYRINGE .....                | 228 | <i>fentanyl</i> .....                       | 279      |
| <i>eslicarbazepine</i> .....                | 292      | EXEL HYPODERMIC NEEDLES ..         | 266 | <i>fentanyl citrate</i> .....               | 279      |
| <i>esomeprazole magnesium</i> .....         | 303      | EXEL INSULIN .....                 | 228 | <i>fentanyl citrate (pf)</i> .....          | 279      |
| ESPEROCT .....                              | 164      | EXEL SYRINGE .....                 | 228 | <i>fentanyl citrate (pf)-0.9%nacl</i> ..... | 279      |
| ESTARYLLA .....                             | 56       | EXELDERM .....                     | 74  | FEOSOL .....                                | 309      |
| <i>estazolam</i> .....                      | 30       | <i>exemestane</i> .....            | 243 | FEROSUL .....                               | 309      |
| <i>estradiol</i> .....                      | 176, 308 | <i>exenatide</i> .....             | 99  | <i>ferric citrate</i> .....                 | 143      |
| <i>estradiol valerate</i> .....             | 176, 177 | EXODERM .....                      | 74  | FERRIPROX .....                             | 261      |
| <i>estradiol-norethindrone acet</i> .....   | 177      | EXTENDED RESERVOIR .....           | 228 | FERRO-TIME .....                            | 309      |
| ESTRATEST F.S. ....                         | 175      | EYE .....                          | 260 | <i>ferrous sulfate</i> .....                | 309, 310 |
| ESTRING .....                               | 308      | EYSUVIS .....                      | 153 | FERVINA .....                               | 74       |
| <i>estrogens-methyltestosterone</i> .....   | 175      | E-Z JECT LANCETS .....             | 215 | <i>fesoterodine</i> .....                   | 306      |
| <i>eszopiclone</i> .....                    | 31       | E-Z JECT THIN LANCETS .....        | 215 | FETZIMA .....                               | 21       |
| <i>ethacrynic acid</i> .....                | 43       | EZ SMART LANCETS .....             | 215 | FE-VITE .....                               | 310      |
| <i>ethambutol</i> .....                     | 187      | EZ SMART PLUS SYSTEM .....         | 132 | FIASP FLEXTOUCH U-100                       |          |
| <i>ethosuximide</i> .....                   | 292      | EZ SMART PLUS TEST .....           | 114 | INSULIN .....                               | 138      |
| ETHOXIA .....                               | 72       | EZ SMART SYSTEM .....              | 132 | FIASP PENFILL U-100 INSULIN ..              | 138      |
| <i>ethyl chloride</i> .....                 | 90       | EZ SMART TEST .....                | 114 | FIASP PUMPCART .....                        | 138      |
| <i>ethynodiol diac-eth estradiol</i> .....  | 56       | EZALLOR SPRINKLE .....             | 47  | FIASP U-100 INSULIN .....                   | 139      |
| <i>etodolac</i> .....                       | 202      | <i>ezetimibe</i> .....             | 50  | <i>fidaxomicin</i> .....                    | 183      |
| <i>etonogestrel-ethinyl estradiol</i> ..... | 52       | <i>ezetimibe-simvastatin</i> ..... | 46  | FIDILA .....                                | 74       |
| <i>etoposide</i> .....                      | 249      | FA-8 .....                         | 309 | FILOMA .....                                | 74       |
| <i>etravirine</i> .....                     | 192      | FABHALTA .....                     | 169 | FILSPARI .....                              | 305      |
| <i>eua patient assessment</i> .....         | 258      | FALMINA (28) .....                 | 56  | FILSUVEZ .....                              | 276      |
| EUCRISA .....                               | 76       | <i>famciclovir</i> .....           | 190 | <i>filter needles</i> .....                 | 266      |
| EUFLEXXA .....                              | 198      | <i>famotidine</i> .....            | 302 | FINACEA .....                               | 70       |
| EUTHYROX .....                              | 150      | FANAPT .....                       | 27  | <i>finasteride</i> .....                    | 304      |
| EVAMIST .....                               | 177      | FANAPT TITRATION PACK A .....      | 27  | FINGERSTIX LANCETS .....                    | 215      |
| EVENCARE .....                              | 132      | FANAPT TITRATION PACK B .....      | 28  | <i>finlimod</i> .....                       | 251      |
| EVENCARE G2 .....                           | 113, 132 | FANAPT TITRATION PACK C .....      | 28  | FINTEPLA .....                              | 292      |
| EVENCARE G3 GLUCOSE                         |          | FANTASY CONDOM .....               | 257 | FINZALA .....                               | 56       |
| METER .....                                 | 132      | FASENRA PEN .....                  | 11  | FIORICET .....                              | 278      |
| EVENCARE G3 TEST .....                      | 113      | FC2 FEMALE CONDOM .....            | 257 | FIRDAPSE .....                              | 252      |
| EVENCARE MINI GLUCOSE                       |          | <i>febuxostat</i> .....            | 162 | FIRMAGON KIT W DILUENT                      |          |
| TEST STR .....                              | 113      | FEIBA NF .....                     | 164 | SYRINGE .....                               | 245      |
| EVENCARE MINI MONITOR                       |          | FEIRZA .....                       | 56  | FLAREX .....                                | 153      |
| SYSTEM .....                                | 132      | <i>felbamate</i> .....             | 292 | <i>flavoxate</i> .....                      | 306      |
| EVENCARE PROVIEW TEST                       |          | <i>felodipine</i> .....            | 42  | <i>flecainide</i> .....                     | 36       |
| STRIP .....                                 | 113      | FEM PH .....                       | 307 | FLEXICHAMBER .....                          | 14       |
| EVENCARE TEST .....                         | 114      | FEMALE CATHETER .....              | 212 | FLEXICHAMBER-LG CHILD                       |          |
| <i>everolimus (antineoplastic)</i> .....    | 244      | FEMCAP .....                       | 63  | MASK .....                                  | 14       |
| <i>everolimus (immunosuppressive)</i> ..    | 180      | FEMLYV .....                       | 56  | FLEXICHAMBER-SM ADULT                       |          |
| EVICEL .....                                | 173      | FEMRING .....                      | 308 | MASK .....                                  | 14       |
|                                             |          | <i>fenofibrate</i> .....           | 50  |                                             |          |

|                                             |               |                                             |          |                                     |          |
|---------------------------------------------|---------------|---------------------------------------------|----------|-------------------------------------|----------|
| FLEXICHAMBER-SM CHILD MASK.....             | 14            | FORA D40G GLUCOSE-BP MONITOR.....           | 132      | FREESTYLE FREEDOM LITE.....         | 133      |
| FLEXI-SEAL SIGNAL FMS.....                  | 219           | FORA D40-G31 TEST STRIPS.....               | 115      | FREESTYLE INSULINX.....             | 117, 133 |
| FLOLIPID.....                               | 47            | FORA G20.....                               | 115, 132 | FREESTYLE INSULINX TEST STRIPS..... | 117      |
| FLOW-EZE VENTED NEEDLE.....                 | 266           | FORA G30A.....                              | 132      | FREESTYLE LANCETS.....              | 215      |
| <i>fluconazole</i> .....                    | 186           | FORA GD50 BLOOD GLUCOSE SYSTEM.....         | 132      | FREESTYLE LITE METER.....           | 133      |
| <i>flucytosine</i> .....                    | 186           | FORA GD50 TEST STRIPS.....                  | 115      | FREESTYLE LITE STRIPS.....          | 117      |
| <i>fludrocortisone</i> .....                | 202           | FORA GTEL GLUCOSE TEST STRIP.....           | 115      | FREESTYLE PRECISION.....            | 228      |
| <i>flunisolide</i> .....                    | 5             | FORA GTEL MULTI-FUNCTN MONITOR.....         | 132      | FREESTYLE PRECISION NEO METER.....  | 133      |
| <i>fluocinolone</i> .....                   | 80            | FORA GTEL MULTI-FUNCTN MONITOR.....         | 132      | FREESTYLE PRECISION NEO STRIPS..... | 117      |
| <i>fluocinolone acetonide oil</i> .....     | 142           | FORA PREMIUM V10 GLUCOSE METER.....         | 132      | FREESTYLE SIDEKICK II.....          | 133      |
| <i>fluocinolone and shower cap</i> .....    | 80            | FORA TEST N'GO VOICE METER.....             | 133      | FREESTYLE SYSTEM KIT.....           | 133      |
| <i>fluocinonide</i> .....                   | 80            | FORA TEST N'GO VOICE METER.....             | 133      | FREESTYLE TEST.....                 | 118      |
| FLUOCINONIDE-E.....                         | 80            | FORA TEST STRIP.....                        | 116      | FREESTYLE UNISTIK 2.....            | 215      |
| <i>fluocinonide-emollient</i> .....         | 80            | FORA TN'G ADV MOBILE MULTI MTR.....         | 133      | FRIVO.....                          | 74       |
| <i>fluorescein-benoxinate</i> .....         | 155           | FORA TN'G ADVAN PRO TEST STRIP.....         | 116      | <i>frovatriptan</i> .....           | 285      |
| <i>fluorescein-proparacaine</i> .....       | 155           | FORA TN'G ADVANCE PRO MONITOR.....          | 133      | FRUZAQLA.....                       | 246      |
| <i>fluoride (sodium)</i> .....              | 308           | FORA TN'G VOICE METER.....                  | 133      | FULPHILA.....                       | 170      |
| FLUORIDEX DAILY DEFENSE.....                | 308           | FORA TN'G VOICE TEST STRIPS.....            | 116      | FUROSCIX.....                       | 43       |
| FLUORIDEX SENSITIVITY RELIEF.....           | 308           | FORA V10.....                               | 116      | <i>furosemide</i> .....             | 43       |
| FLUORIMAX 5000.....                         | 308           | FORA V10-V12-D10-D20 STRIPS.....            | 116      | FUZEON.....                         | 192      |
| FLUORIMAX 5000 SENSITIVE.....               | 309           | FORA V12 BLOOD GLUCOSE SYSTEM.....          | 133      | FYAVOLV.....                        | 177      |
| <i>fluorometholone</i> .....                | 153           | FORACARE GD20.....                          | 117      | FYCOMPA.....                        | 292      |
| <i>fluorouracil</i> .....                   | 89            | FORACARE GD20 GLUCOSE METER.....            | 133      | FYLNETRA.....                       | 170      |
| <i>fluoxetine</i> .....                     | 20            | FORACARE GD40 TEST STRIPS.....              | 117      | G TUSSIN AC.....                    | 65       |
| FLUOXIA.....                                | 80            | FORACARE GD40B GLUCOSE METER.....           | 133      | <i>gabapentin</i> .....             | 292      |
| <i>fluphenazine hcl</i> .....               | 29            | FORACARE LANCETS.....                       | 215      | GALAFOLD.....                       | 241      |
| <i>flurandrenolide</i> .....                | 80            | <i>formoterol fumarate</i> .....            | 8        | <i>galantamine</i> .....            | 18, 19   |
| <i>flurazepam</i> .....                     | 30            | FOSAMAX PLUS D.....                         | 146      | GALBRIELA.....                      | 56       |
| <i>flurbiprofen</i> .....                   | 202           | <i>fosamprenavir</i> .....                  | 193      | GALLIFREY.....                      | 178      |
| <i>flurbiprofen sodium</i> .....            | 153           | <i>fosfomycin tromethamine</i> .....        | 182      | GALZIN.....                         | 261      |
| <i>fluticasone furoate</i> .....            | 10            | <i>fosinopril</i> .....                     | 39       | GAMMAGARD LIQUID.....               | 178      |
| <i>fluticasone furoate-vilanterol</i> ..... | 9             | <i>fosinopril-hydrochlorothiazide</i> ..... | 37       | GAMMAKED.....                       | 178      |
| <i>fluticasone propionate</i> .....         | 5, 10, 11, 80 | FOSRENOL.....                               | 143      | GAMUNEX-C.....                      | 178      |
| <i>fluticasone propion-salmeterol</i> ..... | 9, 10         | FOTIVDA.....                                | 246      | <i>gatifloxacin</i> .....           | 156      |
| <i>fluvastatin</i> .....                    | 47, 48        | FRAGMIN.....                                | 168, 169 | GATTEX 30-VIAL.....                 | 210      |
| <i>fluvoxamine</i> .....                    | 21            | FRAICHE 5000 PREVI.....                     | 309      | GATTEX ONE-VIAL.....                | 210      |
| FML FORTE.....                              | 153           | FREESTYLE FLASH SYSTEM.....                 | 133      | GAVILYTE-C.....                     | 208      |
| FOLET ONE.....                              | 310           | FREESTYLE FREEDOM.....                      | 133      | GAVILYTE-G.....                     | 208      |
| <i>folic acid</i> .....                     | 309           |                                             |          | GAVILYTE-N.....                     | 208      |
| <i>fondaparinux</i> .....                   | 168           |                                             |          | GAVRETO.....                        | 246      |
| FORA 6 CONNECT GLUCOSE STRIP.....           | 114           |                                             |          | GDRIVE.....                         | 133      |
| FORA 6CONN-GTEL-TN'G ADV STRIP.....         | 115           |                                             |          | GE100 BLOOD GLUCOSE SYSTEM.....     | 133      |
| FORA D40D GLUCOSE-BP MONITOR.....           | 132           |                                             |          | GE100 BLOOD GLUCOSE TEST STRIP..... | 118      |



|                                     |             |                                          |          |                                             |     |
|-------------------------------------|-------------|------------------------------------------|----------|---------------------------------------------|-----|
| GE333 BLOOD GLUCOSE SYSTEM.....     | 133         | GLUCOCARD SHINE METER.....               | 133      | HAILEY 24 FE.....                           | 56  |
| GE333 BLOOD GLUCOSE TEST STRIP..... | 118         | GLUCOCARD SHINE METER KIT                | 133      | HAILEY FE 1.5/30 (28).....                  | 56  |
| <i>gefitinib</i> .....              | 246         | GLUCOCARD SHINE TEST STRIPS.....         | 119      | HAILEY FE 1/20 (28).....                    | 56  |
| GELFILM.....                        | 162, 275    | GLUCOCARD SHINE XL METER.                | 133      | <i>halcinonide</i> .....                    | 81  |
| GELFOAM.....                        | 173         | GLUCOCARD VITAL.....                     | 133      | <i>halobetasol propionate</i> .....         | 81  |
| GELFOAM JMI POWDER.....             | 173         | GLUCOCARD VITAL SENSOR.....              | 119      | HALOETTE.....                               | 53  |
| GELFOAM JMI SPONGE.....             | 173         | GLUCOCARD VITAL TEST STRIPS.....         | 119      | HALOG.....                                  | 81  |
| GELFOAM SPONGE SIZE 200.....        | 173         | GLUCOCOM BLOOD GLUCOSE.                  | 133      | <i>haloperidol</i> .....                    | 29  |
| GEL-ONE.....                        | 198         | GLUCOCOM GLUCOSE.....                    | 119      | <i>haloperidol lactate</i> .....            | 29  |
| GELSYN-3.....                       | 198         | GLUCOCOM LANCETS.....                    | 215      | HARLIKU.....                                | 258 |
| <i>gemfibrozil</i> .....            | 50          | <i>glutamine (sickle cell)</i> .....     | 172      | HARMONY GLUCOSE TEST STRIP.....             | 120 |
| GEMMILY.....                        | 56          | <i>glyburide</i> .....                   | 101      | HARVONI.....                                | 195 |
| GEMTESA.....                        | 305         | <i>glyburide micronized</i> .....        | 101      | HAXCHLO.....                                | 73  |
| GENADUR (WITH LEXINAL).....         | 88          | <i>glyburide-metformin</i> .....         | 102      | HAXCHLODREX.....                            | 73  |
| GENERLAC.....                       | 206         | <i>glycine urologic solution</i> .....   | 187      | HAXDRAX.....                                | 74  |
| GENGRAF.....                        | 180         | <i>glycopyrrolate</i> .....              | 302      | HEALON GV PRO.....                          | 158 |
| GENOTROPIN.....                     | 147         | <i>glycopyrrolate (pf)</i> .....         | 302      | HEALON PRO.....                             | 158 |
| GENOTROPIN MINIQUEL.....            | 147         | GLYDO.....                               | 204      | HEALON5 PRO.....                            | 158 |
| <i>gentamicin</i> .....             | 72, 73, 156 | GLYRX-PF.....                            | 302      | HEALTHPRO GLUCOSE MONITOR.....              | 133 |
| GENTLELAX.....                      | 208         | GLYXAMBI.....                            | 102      | HEALTHPRO TEST STRIPS.....                  | 120 |
| GENVISC 850.....                    | 198         | GM100.....                               | 120, 133 | HEALTHWISE INSULIN SYRINGE.....             | 228 |
| GENVOYA.....                        | 194         | GOJJI BLOOD GLUCOSE TEST STRIP.....      | 120      | HEALTHWISE PEN NEEDLE.....                  | 267 |
| GILENYA.....                        | 251         | GOJJI LANCETS.....                       | 215      | HEATHER.....                                | 56  |
| GILOTRIF.....                       | 246         | GOJJI MULTI-FUNCTIONAL METER.....        | 133      | HEMA-COMBISTIX.....                         | 276 |
| GIMOTI.....                         | 302         | GOMEKLI.....                             | 244      | HEMANGEOL.....                              | 40  |
| GLASSIA.....                        | 241         | GRAFIX CORE.....                         | 274      | HEMICLOR.....                               | 46  |
| <i>glatiramer</i> .....             | 251         | GRAFIX PRIME.....                        | 274      | HEMLIBRA.....                               | 168 |
| GLATOPA.....                        | 251         | GRAFIX XC.....                           | 274      | HEMOFIL M HIGH.....                         | 164 |
| GLEOSTINE.....                      | 242         | <i>granisetron hcl</i> .....             | 7        | HEMOFIL M LOW.....                          | 164 |
| <i>glimepiride</i> .....            | 101         | GRANIX.....                              | 170      | HEMOFIL M MID.....                          | 164 |
| <i>glipizide</i> .....              | 101         | GRASTEK.....                             | 3        | HEMOFIL M SUPER HIGH.....                   | 164 |
| <i>glipizide-metformin</i> .....    | 102         | <i>griseofulvin microsize</i> .....      | 187      | HEP FLUSH-10 (PF).....                      | 169 |
| GLOPERBA.....                       | 162         | <i>griseofulvin ultramicrosize</i> ..... | 187      | <i>heparin (porcine)</i> .....              | 169 |
| GLUCAGON (HCL) EMERGENCY KIT.....   | 137         | <i>guaiaicol</i> .....                   | 86       | <i>heparin (porcine) in 0.9% nacl</i> ..... | 169 |
| GLUCAGON EMERGENCY KIT (HUMAN)..... | 137         | GUAIFENESIN AC.....                      | 65       | <i>heparin (porcine) in 5 % dex</i> .....   | 169 |
| GLUCO NAVII GLUCOSE MONITOR.....    | 133         | GUAIFENESIN DAC.....                     | 65       | <i>heparin lock flush (porcine)</i> .....   | 169 |
| GLUCO NAVII TEST STRIP.....         | 118         | <i>guanfacine</i> .....                  | 32, 40   | HEPARIN LOCKFLUSH(PORCINE)(PF).....         | 169 |
| GLUCOCARD 01 METER.....             | 133         | GVOKE.....                               | 137      | <i>heparin, porcine (pf)</i> .....          | 169 |
| GLUCOCARD 01 SENSOR PLUS            | 118         | GVOKE HYPOPEN 1-PACK.....                | 137      | HER STYLE.....                              | 56  |
| GLUCOCARD EXPRESSION                | 119, 133    | GVOKE HYPOPEN 2-PACK.....                | 137      | HERNEXEOS.....                              | 246 |
| GLUCOCARD SHINE CONNEX METER.....   | 133         | GVOKE PFS 1-PACK SYRINGE...              | 137      | HETLIOZ LQ.....                             | 30  |
| GLUCOCARD SHINE EXPRESS METER.....  | 133         | GVOKE PFS 2-PACK SYRINGE...              | 137      | HEXIOUNYL.....                              | 74  |
|                                     |             | GYNAZOLE-1.....                          | 307      | HIGH POTENCY IRON.....                      | 310 |
|                                     |             | HAEGARDA.....                            | 199      | HISTEX-AC.....                              | 64  |
|                                     |             | HAILEY.....                              | 56       | HIXDEFRIMA.....                             | 74  |

|                                           |              |                                             |          |                               |          |
|-------------------------------------------|--------------|---------------------------------------------|----------|-------------------------------|----------|
| HIZENTRA .....                            | 178          | <i>hydrocortisone-iodoquinol-aloe</i> ..... | 71       | IMKELDI .....                 | 247      |
| HOMATROPAIRE .....                        | 161          | <i>hydrocortisone-pramoxine</i> .....       | 89, 205  | IMPAVIDO .....                | 189      |
| HOME NEBULIZER PLUS                       |              | HYDROMET .....                              | 65       | INBRIJA .....                 | 289      |
| SIDESTREAM .....                          | 14           | <i>hydromorphone</i> .....                  | 280      | INCASSIA .....                | 56       |
| HOVYN .....                               | 97           | <i>hydromorphone (pf)</i> .....             | 280      | INCONTROL ALCOHOL PADS .....  | 85       |
| <i>huber safety needles (disp.)</i> ..... | 267          | <i>hydromorphone (pf)-0.9 % nacl</i> .....  | 280      | INCONTROL PEN NEEDLE .....    | 267      |
| HUMALOG KWIKPEN INSULIN ....              | 139          | <i>hydroquinone</i> .....                   | 91       | INCONTROL SUPER THIN          |          |
| HUMALOG MIX 50-50 KWIKPEN .               | 139          | <i>hydroxocobalamin</i> .....               | 315      | LANCETS .....                 | 215      |
| HUMALOG MIX 75-25(U-                      |              | <i>hydroxychloroquine</i> .....             | 189      | INCONTROL ULTRA THIN          |          |
| 100)INSULN .....                          | 139          | <i>hydroxypropyl cellulose</i> .....        | 275      | LANCETS .....                 | 215      |
| HUMALOG U-100 INSULIN .....               | 139          | <i>hydroxyurea</i> .....                    | 242      | INCRELEX .....                | 148      |
| HUMATE-P .....                            | 164          | <i>hydroxyzine hcl</i> .....                | 4        | INCRUSE ELLIPTA .....         | 7        |
| HUMATROPE .....                           | 147          | <i>hydroxyzine pamoate</i> .....            | 4        | <i>indapamide</i> .....       | 46       |
| HUMIRA .....                              | 197          | HYFTOR .....                                | 97       | <i>indomethacin</i> .....     | 202, 203 |
| HUMIRA PEN .....                          | 197          | HYMOVIS .....                               | 198      | INFASURF .....                | 277      |
| HUMIRA(CF) .....                          | 197          | HYMPAVZI PEN .....                          | 168      | INFINITY METER KIT .....      | 134      |
| HUMIRA(CF) PEN .....                      | 197          | <i>hyoscyamine sulfate</i> .....            | 301      | INFINITY STARTER KIT .....    | 134      |
| HUMIRA(CF) PEN CROHNS-UC-                 |              | HYOSYNE .....                               | 301      | INFINITY TEST STRIPS .....    | 121      |
| HS .....                                  | 197          | HYPER-SAL .....                             | 259      | INGREZZA .....                | 254      |
| HUMIRA(CF) PEN PSOR-UV-                   |              | HYPOCYN ANTIPRURITIC .....                  | 88       | INGREZZA INITIATION           |          |
| ADOL HS .....                             | 197          | HYPODERMIC NEEDLES .....                    | 267      | PK(TARDIV) .....              | 254      |
| HUMULIN 70/30 U-100 INSULIN ..            | 139          | HYQVIA .....                                | 178      | INGREZZA SPRINKLE .....       | 254      |
| HUMULIN 70/30 U-100 KWIKPEN               | 139          | HYSINGLA ER .....                           | 280      | INJECT EASE LANCETS .....     | 215      |
| HUMULIN N NPH INSULIN                     |              | <i>ibandronate</i> .....                    | 146      | INLYTA .....                  | 247      |
| KWIKPEN .....                             | 139          | IBRANCE .....                               | 246      | INNOSPIRE DELUXE .....        | 14       |
| HUMULIN N NPH U-100 INSULIN               | 139          | IBSRELA .....                               | 207      | INNOSPIRE ELEGANCE .....      | 14       |
| HUMULIN R REGULAR U-100                   |              | IBTROZI .....                               | 246      | INNOSPIRE ESSENCE .....       | 14       |
| INSULN .....                              | 139          | IBU .....                                   | 202      | INNOSPIRE GO NEBULIZER .....  | 14       |
| HUMULIN R U-500 (CONC)                    |              | <i>ibuprofen</i> .....                      | 202      | INNOSPIRE MINI .....          | 14       |
| INSULIN .....                             | 139          | <i>icatibant</i> .....                      | 199      | INNOSPIRE REPLACEMENT         |          |
| HUMULIN R U-500 (CONC)                    |              | ICLEVIA .....                               | 56       | FILTER .....                  | 213      |
| KWIKPEN .....                             | 139          | ICLUSIG .....                               | 246      | INPEFA .....                  | 99, 100  |
| HYALGAN .....                             | 198          | <i>icosapent ethyl</i> .....                | 50       | INPEN (FOR HUMALOG) BLUE ..   | 134      |
| HYCANTIN .....                            | 245          | IDARAN .....                                | 70       | INPEN (FOR HUMALOG) GREY ..   | 134      |
| <i>hydralazine</i> .....                  | 40           | IDELVION .....                              | 166      | INPEN (FOR HUMALOG) PINK .... | 134      |
| HYDRO 35 .....                            | 87           | IDHIFA .....                                | 249      | INPEN (NOVOLOG OR FIASP)      |          |
| <i>hydrochlorothiazide</i> .....          | 46           | IDYYXIATAR .....                            | 69       | BLUE .....                    | 134      |
| <i>hydrocodone bitartrate</i> .....       | 279, 280     | IGALMI .....                                | 31       | INPEN (NOVOLOG OR FIASP)      |          |
| <i>hydrocodone-acetaminophen</i> .....    | 287          | IHEALTH GLUCO PLUS METER ..                 | 133      | GREY .....                    | 134      |
| <i>hydrocodone-chlorpheniramine</i> ..... | 65           | IHEALTH GLUCOSE TEST STRIP                  | 120      | INPEN (NOVOLOG OR FIASP)      |          |
| <i>hydrocodone-homatropine</i> .....      | 65           | IHEEZO (PF) .....                           | 155      | PINK .....                    | 134      |
| <i>hydrocodone-ibuprofen</i> .....        | 278          | ILEVRO .....                                | 153      | INQOVI .....                  | 243      |
| <i>hydrocortisone</i> .....               | 82, 200, 206 | ILEXOR .....                                | 83       | INREBIC .....                 | 247      |
| <i>hydrocortisone acetate</i> .....       | 206          | <i>imatinib</i> .....                       | 246      | INSPIRACHAMBER .....          | 15       |
| <i>hydrocortisone butyrate</i> .....      | 81, 82       | IMBRUVICA .....                             | 246, 247 | INSPIRACHAMBER WITH MASK-     |          |
| <i>hydrocortisone sod succinate</i> ..... | 200          | IMIOXIA .....                               | 74       | LARGE .....                   | 15       |
| <i>hydrocortisone valerate</i> .....      | 82           | <i>imipramine hcl</i> .....                 | 22       | INSPIRACHAMBER WITH MASK-     |          |
| <i>hydrocortisone-acetic acid</i> .....   | 142          | <i>imipramine pamoate</i> .....             | 23       | MED .....                     | 15       |
| <i>hydrocortisone-iodoquinol</i> .....    | 71           | <i>imiquimod</i> .....                      | 179      |                               |          |

|                                             |        |                                          |         |                                    |          |
|---------------------------------------------|--------|------------------------------------------|---------|------------------------------------|----------|
| INSPIRACHAMBER WITH MASK-<br>SMALL .....    | 15     | IRON (FERROUS SULFATE) .....             | 310     | JULUCA .....                       | 190      |
| INSPIRATION ELITE FILTER .....              | 213    | IRRIGATION SYRINGE .....                 | 229     | JUNEL 1.5/30 (21) .....            | 57       |
| INSUFLOX .....                              | 220    | ISENTRESS .....                          | 194     | JUNEL 1/20 (21) .....              | 57       |
| <i>insulin asp prt-insulin aspart</i> ..... | 139    | ISENTRESS HD .....                       | 193     | JUNEL FE 1.5/30 (28) .....         | 57       |
| <i>insulin aspart u-100</i> .....           | 140    | ISIBLOOM .....                           | 56      | JUNEL FE 1/20 (28) .....           | 57       |
| <i>insulin degludec</i> .....               | 140    | <i>isoflurane</i> .....                  | 259     | JUNEL FE 24 .....                  | 57       |
| <i>insulin glargine u-300 conc</i> .....    | 140    | <i>isoniazid</i> .....                   | 187     | JUST RIGHT 5000 .....              | 309      |
| <i>insulin glargine-yfgn</i> .....          | 140    | <i>isosorbide dinitrate</i> .....        | 52      | JUXTAPID .....                     | 49       |
| <i>insulin lispro</i> .....                 | 140    | <i>isosorbide mononitrate</i> .....      | 52      | JYLAMVO .....                      | 243      |
| <i>insulin lispro protamin-lispro</i> ..... | 140    | <i>isosorbide-hydralazine</i> .....      | 46      | KAITLIB FE .....                   | 57       |
| <i>insulin syrlndl u100 half mark</i> ..... | 228    | <i>isotretinoin</i> .....                | 66      | KALLIGA .....                      | 57       |
| INSULIN SYRINGE .....                       | 229    | <i>isradipine</i> .....                  | 42      | KALYDECO .....                     | 276      |
| <i>insulin syringe-needle u-100</i> .....   | 229    | ISTURISA .....                           | 145     | KANGAROO 924 SAFETY<br>SCREW ..... | 219      |
| <i>insulin u-500 syringe-needle</i> .....   | 229    | ITHOXIA .....                            | 72      | KANGAROO EPUMP SET .....           | 219      |
| INSUPEN PEN NEEDLE .....                    | 267    | ITOVEBI .....                            | 247     | KANGAROO GRAVITY SET .....         | 219      |
| INSYTE IV CATHETER .....                    | 220    | <i>itraconazole</i> .....                | 186     | KAPSPARGO SPRINKLE .....           | 40       |
| INTEGRA PRECISIONGLIDE<br>NEEDLE .....      | 267    | <i>ivabradine</i> .....                  | 51      | KARBINAL ER .....                  | 4        |
| INTEGRA SYRINGE .....                       | 229    | IVENIX ADMIN SET 2INLET<br>2YSITE .....  | 220     | KARIVA (28) .....                  | 57       |
| INTELENCE .....                             | 192    | IVENIX ADMIN SET 2INLET Y-<br>SITE ..... | 220     | KATARAXAP .....                    | 91       |
| INTERLINK LEVER LOCK<br>CANNULA .....       | 229    | <i>ivermectin</i> .....                  | 70, 189 | KATARVIA .....                     | 91       |
| INTERLINK SYRINGE AND<br>CANNULA .....      | 229    | IWILFIN .....                            | 247     | KATARYA .....                      | 91       |
| INTROVALE .....                             | 56     | IXINITY .....                            | 166     | KATARYAXN .....                    | 91       |
| INVACARE LANCETS .....                      | 215    | IYUZEH (PF) .....                        | 159     | KAXM .....                         | 91       |
| INVELTYS .....                              | 153    | JAIMIESS .....                           | 56      | KAZURI .....                       | 179      |
| INVOKAMET .....                             | 103    | JAKAFI .....                             | 244     | KEFUNOVA .....                     | 91       |
| INVOKAMET XR .....                          | 103    | JANTOVEN .....                           | 163     | KEIDO .....                        | 91       |
| INVOKANA .....                              | 100    | JANUMET .....                            | 98      | KELNOR 1/35 (28) .....             | 57       |
| INZDEAXIATAR .....                          | 69     | JANUMET XR .....                         | 98      | KELNOR 1/50 (28) .....             | 57       |
| INZDEAXIAVAR .....                          | 69     | JANUVIA .....                            | 101     | KENALOG .....                      | 200      |
| INZDEOXIA .....                             | 69     | JARDIANCE .....                          | 100     | KENALOG-80 .....                   | 200      |
| INZIRQO .....                               | 46     | JASMIEL (28) .....                       | 57      | KENDALL DISINFECTANT CAP .....     | 229      |
| IODOFLEX .....                              | 71     | JATENZO .....                            | 174     | KENGUARD FOLEY CATHETER .....      | 212      |
| IODOSORB .....                              | 71     | JAVYGTOR .....                           | 241     | KERAGEL .....                      | 210      |
| IOPIDINE .....                              | 159    | JAYPIRCA .....                           | 247     | KERASTAT .....                     | 86       |
| I-PORT .....                                | 220    | JAYTHARI .....                           | 200     | KERAXA .....                       | 84       |
| I-PORT ADVANCE 6 MM INJEC<br>PORT .....     | 220    | JELMYTO .....                            | 243     | KERENDIA .....                     | 43       |
| I-PORT ADVANCE 9 MM INJEC<br>PORT .....     | 220    | JENCYCLA .....                           | 57      | KERIDA .....                       | 179      |
| <i>ipratropium bromide</i> .....            | 7, 255 | JENTADUETO .....                         | 98      | KERLIX AMD .....                   | 210      |
| <i>ipratropium-albuterol</i> .....          | 9      | JENTADUETO XR .....                      | 98      | KESIMPTA PEN .....                 | 251      |
| IQIRVO .....                                | 210    | JINTELI .....                            | 177     | KETARYA .....                      | 91       |
| <i>irbesartan</i> .....                     | 39     | JIVI .....                               | 164     | <i>ketoconazole</i> .....          | 74, 186  |
| <i>irbesartan-hydrochlorothiazide</i> ..... | 38     | JOENJA .....                             | 241     | KETODAN KIT .....                  | 74       |
| IRON .....                                  | 310    | JOLESSA .....                            | 57      | KETO-DIASTIX .....                 | 142      |
|                                             |        | JORNAY PM .....                          | 33      | KETONE CARE .....                  | 275      |
|                                             |        | JOURNAVX .....                           | 278     | KETONE URINE TEST .....            | 275      |
|                                             |        | JOYEAX .....                             | 57      | <i>ketoprofen</i> .....            | 203      |
|                                             |        | JULEBER .....                            | 57      | <i>ketorolac</i> .....             | 154, 203 |
|                                             |        |                                          |         | KETOSTIX .....                     | 275      |

|                               |     |                                             |          |                                             |               |
|-------------------------------|-----|---------------------------------------------|----------|---------------------------------------------|---------------|
| KEVARAXAP .....               | 91  | KUTEA .....                                 | 92       | LC PLUS .....                               | 15            |
| KEVARTIA .....                | 91  | KUVAN .....                                 | 241      | LC PLUS NEBULIZER-PED MASK .....            | 15            |
| KEVARYA .....                 | 92  | KUVARYA .....                               | 92       | <i>ledipasvir-sofosbuvir</i> .....          | 195           |
| KEVEYIS .....                 | 297 | KUVARYE .....                               | 92       | LEENA 28 .....                              | 58            |
| KEVZARA .....                 | 201 | KUXM .....                                  | 92       | <i>leflunomide</i> .....                    | 197           |
| KEXM .....                    | 92  | KYLEENA .....                               | 64       | <i>lenalidomide</i> .....                   | 245           |
| KEYA .....                    | 92  | KYNARA .....                                | 179      | LENVIMA .....                               | 247           |
| KIMONO LUBRICATED             |     | KYZATREX .....                              | 174      | LEQEMBI IQLIK .....                         | 18            |
| CONDOMS .....                 | 258 | <i>l norgest/e.estradiol-e.estrad</i> ..... | 57       | LEQSELVI .....                              | 201           |
| KIMONO MICROTHIN AQUA         |     | L.E.T. (LIDO-EPINEPH-TETRA) .....           | 90       | LESSINA .....                               | 58            |
| LUBE CON .....                | 258 | L.E.T.(LIDO-EPINEPH BIT-                    |          | <i>letrozole</i> .....                      | 243           |
| KIMONO MICROTHIN CONDOMS      |     | TETRA) .....                                | 90       | <i>leucovorin calcium</i> .....             | 250           |
| .....                         | 258 | <i>labetalol</i> .....                      | 37       | LEUKERAN .....                              | 242           |
| KIMONO MICROTHIN LARGE        |     | LABSTIX REAGENT .....                       | 276      | LEUKINE .....                               | 170           |
| CONDOMS .....                 | 258 | <i>lacosamide</i> .....                     | 292      | <i>leuprolide</i> .....                     | 146           |
| KIMONO TEXTURED CONDOMS       | 258 | <i>lactated ringers</i> .....               | 86       | <i>levalbuterol hcl</i> .....               | 8             |
| KIMONO THIN LUBRICATED        |     | <i>lactulose</i> .....                      | 208      | <i>levalbuterol tartrate</i> .....          | 8             |
| CONDOMS .....                 | 258 | LAGEVRIO (EUA) .....                        | 190      | <i>levamlopin</i> .....                     | 42            |
| KINERET .....                 | 196 | LAMICTAL XR STARTER (BLUE) .....            | 292      | <i>levetiracetam</i> .....                  | 293           |
| KIONEX (WITH SORBITOL) .....  | 143 | LAMICTAL XR STARTER                         |          | <i>levobunolol</i> .....                    | 159           |
| KIPROFEN .....                | 203 | (GREEN) .....                               | 293      | <i>levocarnitine</i> .....                  | 260           |
| KIRSTY .....                  | 140 | LAMICTAL XR STARTER                         |          | <i>levocarnitine (with sugar)</i> .....     | 260           |
| KIRSTY PEN .....              | 140 | (ORANGE) .....                              | 293      | <i>levocetirizine</i> .....                 | 5             |
| KISQALI .....                 | 247 | LAMIOFLUR .....                             | 260      | <i>levofloxacin</i> .....                   | 156, 184, 185 |
| KLARITY (CHONDROITIN) (PF) .. | 162 | <i>lamivudine</i> .....                     | 192, 195 | LEVONEST (28) .....                         | 58            |
| KLAYESTA .....                | 74  | <i>lamivudine-zidovudine</i> .....          | 192      | <i>levonorgest-eth.estradiol-iron</i> ..... | 58            |
| KLISYRI (250 MG) .....        | 89  | <i>lamotrigine</i> .....                    | 293      | <i>levonorgestrel</i> .....                 | 58            |
| KLISYRI (350 MG) .....        | 89  | LAMPIT .....                                | 189      | <i>levonorgestrel-ethinyl estrad</i> .....  | 58            |
| KLOR-CON M10 .....            | 144 | <i>lancets</i> .....                        | 215      | <i>levonorg-eth estrad triphasic</i> .....  | 58            |
| KLOR-CON M15 .....            | 144 | LANCETS, SUPER THIN .....                   | 215      | LEVORA-28 .....                             | 58            |
| KLOR-CON M20 .....            | 144 | LANCETS, THIN .....                         | 215      | <i>levorphanol tartrate</i> .....           | 280           |
| KLOXXADO .....                | 30  | LANCETS, ULTRA THIN .....                   | 215      | <i>levothyroxine</i> .....                  | 150           |
| KOATE .....                   | 164 | LANOXIN .....                               | 37       | LEVULAN .....                               | 250           |
| KOGENATE FS .....             | 164 | <i>lansoprazole</i> .....                   | 303      | LIBERVANT .....                             | 291           |
| KONVOMEPI .....               | 303 | <i>lanthanum</i> .....                      | 143      | LICART .....                                | 84            |
| KORLYM .....                  | 103 | LANTUS SOLOSTAR U-100                       |          | LIDO BDK .....                              | 256           |
| KOSELUGO .....                | 244 | INSULIN .....                               | 141      | <i>lidocaine</i> .....                      | 90            |
| KOTARAXAP .....               | 92  | LANTUS U-100 INSULIN .....                  | 141      | <i>lidocaine hcl</i> .....                  | 90, 204       |
| KOVALTRY .....                | 164 | <i>lapatinib</i> .....                      | 247      | <i>lidocaine hcl-hydrocortison ac</i> ..... | 89, 205       |
| K-PHOS NO 2 .....             | 306 | LARIN 1.5/30 (21) .....                     | 57       | LIDOCAINE VISCOUS .....                     | 204           |
| K-PHOS ORIGINAL .....         | 306 | LARIN 1/20 (21) .....                       | 58       | <i>lidocaine-hydrocortisone-aloe</i> .....  | 205           |
| KPN .....                     | 311 | LARIN 24 FE .....                           | 58       | <i>lidocaine-prilocaine</i> .....           | 90            |
| KRAZATI .....                 | 244 | LARIN FE 1.5/30 (28) .....                  | 58       | <i>lidocaine-racepinep-tetracaine</i> ..... | 90            |
| KRINTAFEL .....               | 189 | LARIN FE 1/20 (28) .....                    | 58       | LIDOCAN III .....                           | 90            |
| KURVELO (28) .....            | 57  | <i>latanoprost</i> .....                    | 159      | LIDOCAN IV .....                            | 90            |
| KUTAR .....                   | 92  | LAXACLEAR .....                             | 208      | LIDOCAN V .....                             | 90            |
| KUTARVIA .....                | 92  | LAXATIVE PEG 3350 .....                     | 208      | LIDOPIN .....                               | 90            |
| KUTARYAXM .....               | 92  | LAYOLIS FE .....                            | 58       | LIDTOPIC .....                              | 91            |
| KUTARYAXMPA .....             | 92  | LAZCLUZE .....                              | 247      | LIDTOPIC MAX .....                          | 91            |

|                                       |                            |                                  |
|---------------------------------------|----------------------------|----------------------------------|
| LIFESHIELD BLUNT CANNULA              | LOUNZDOMDIOXIATAR          | MARVONA SUIK (PF)                |
| 230, 267                              | 69                         | 204                              |
| LIKMEZ                                | <i>lovastatin</i>          | MATERVIA                         |
| 188                                   | 48                         | 315                              |
| LILETTA                               | LOW-OGESTREL (28)          | MATULANE                         |
| 64                                    | 58                         | 249                              |
| <i>linezolid</i>                      | <i>loxapine succinate</i>  | MATZIM LA                        |
| 183                                   | 27                         | 42                               |
| LINZESS                               | LO-ZUMANDIMINE (28)        | MAVENCLAD (10 TABLET PACK)       |
| 205                                   | 58                         | 251                              |
| LIOMNY                                | <i>lubiprostone</i>        | MAVENCLAD (4 TABLET PACK)        |
| 150                                   | 208                        | 251                              |
| <i>liothyronine</i>                   | LUER LOCK SYRINGE          | MAVENCLAD (5 TABLET PACK)        |
| 150                                   | 230                        | 251                              |
| LIQREV                                | LUER SLIP TIP SYRINGE TRAY | MAVENCLAD (6 TABLET PACK)        |
| 44                                    | 230                        | 251                              |
| <i>liraglutide</i>                    | LUER-LOK TIP               | MAVENCLAD (7 TABLET PACK)        |
| 99                                    | 230                        | 251                              |
| <i>lisdexamphetamine</i>              | LUGOLS                     | MAVENCLAD (8 TABLET PACK)        |
| 24                                    | 71, 149                    | 251                              |
| <i>lisinopril</i>                     | <i>luliconazole</i>        | MAVENCLAD (9 TABLET PACK)        |
| 39                                    | 74                         | 251                              |
| <i>lisinopril-hydrochlorothiazide</i> | LUMAKRAS                   | MAVILO                           |
| 37                                    | 244                        | 92                               |
| LITE TOUCH-MEDIUM MASK                | LUMIGAN                    | MAVILO HP                        |
| 15                                    | 159                        | 92                               |
| LITEAIRE MDI CHAMBER                  | LUMRYZ                     | MAVILO LP                        |
| 15                                    | 26                         | 92                               |
| LITETOUCH-LARGE MASK                  | LUMRYZ STARTER PACK        | MAVYRET                          |
| 15                                    | 26                         | 195                              |
| LITETOUCH-SMALL MASK                  | LUPKYNIS                   | MAXICOMFORT II PEN NEEDLE        |
| 15                                    | 180                        | 267                              |
| LITFULO                               | <i>lurasidone</i>          | MAXICOMFORT INSULIN              |
| 201                                   | 28                         | SYRINGE                          |
| <i>lithium carbonate</i>              | LURBIPR                    | 230                              |
| 26                                    | 203                        | MAXI-COMFORT INSULIN             |
| <i>lithium citrate</i>                | LURBIRO                    | SYRINGE                          |
| 26                                    | 203                        | 230                              |
| LITHOSTAT                             | LUTERA (28)                | MAXICOMFORT SAFETY PEN           |
| 206                                   | 59                         | NEEDLE                           |
| LIVDELZI                              | LYBALVI                    | 267                              |
| 210                                   | 28                         | MAXIDEX                          |
| LIVMARLI                              | LYLEQ                      | 154                              |
| 207                                   | 59                         | MAXI-TUSS AC                     |
| LIVTENCITY                            | LYLLANA                    | 65                               |
| 190                                   | 177                        | MAXI-TUSS CD                     |
| L-MESITRAN SOFT                       | LYNPARZA                   | 65                               |
| 96                                    | 247                        | MAYZENT                          |
| LO LOESTRIN FE                        | LYSODREN                   | 252                              |
| 58                                    | 249                        | MAXI-ZENT STARTER(FOR 1MG        |
| <i>lofexidine</i>                     | LYTGOBI                    | MAINT)                           |
| 288                                   | 247                        | 252                              |
| LOFRIC                                | LYUMJEV KWIKPEN U-100      | MAXI-ZENT STARTER(FOR 2MG        |
| 212                                   | INSULIN                    | MAINT)                           |
| LOFRIC ORIGO                          | LYUMJEV KWIKPEN U-200      | 252                              |
| 212                                   | INSULIN                    | MB HYDROGEL                      |
| LOFRIC PRIMO NELATON                  | LYUMJEV TEMPO PEN(U-       | 86                               |
| CATHETER                              | 100)INSULN                 | MC 300 NEBULIZER W-              |
| 212                                   | 141                        | MOUTHPIECE                       |
| LOFRIC SENSE NELATON                  | LYUMJEV U-100 INSULIN      | 15                               |
| CATHETER                              | 141                        | MC 300 NEBULIZER-UNVRSL          |
| 212                                   | LYZA                       | TUBING                           |
| LOJAIMIESS                            | 59                         | 15                               |
| LOKELMA                               | <i>mafenide acetate</i>    | <i>meclizine</i>                 |
| 143                                   | 75                         | 7                                |
| LONSURF                               | MAGELLAN INSULIN SAFETY    | <i>meclofenamate</i>             |
| 243                                   | SYRNG                      | 203                              |
| <i>loperamide</i>                     | MAGELLAN SAFETY SYRINGE    | <i>mecobalamin (vitamin b12)</i> |
| 207                                   | 230                        | 315                              |
| <i>lopinavir-ritonavir</i>            | MAGELLAN SYRINGE           | MECORIX                          |
| 193                                   | 230                        | 92                               |
| LOPRESSOR                             | MAGELLAN TUBERCULIN        | MECORIX HP                       |
| 40                                    | SAFETY SYR                 | 92                               |
| <i>lorazepam</i>                      | 230                        | MECORIX PLUS                     |
| 25                                    | MAGIC3 INTERMITTENT        | 92                               |
| LORAZEPAM INTENSOL                    | CATHETER                   | MEDISENSE THIN LANCETS           |
| 25                                    | 212                        | 216                              |
| LORBRENA                              | <i>malathion</i>           | MEDLANCE PLUS LANCETS            |
| 247                                   | 75                         | 216                              |
| LORYNA (28)                           | <i>maraviroc</i>           | MEDLANCE PLUS SPECIAL            |
| 58                                    | 192                        | BLADE                            |
| <i>losartan</i>                       | MAR-COF BP                 | 216                              |
| 39                                    | 64                         | MEDORFA                          |
| <i>losartan-hydrochlorothiazide</i>   | MAR-COF CG                 | 92                               |
| 38                                    | 65                         | MEDORFA HP                       |
| LOTEMAX                               | MARLISSA (28)              | 92                               |
| 154                                   | 59                         | MEDORFA HP PLUS                  |
| LOTEMAX SM                            | MARPLAN                    | 92                               |
| 154                                   | 19                         | MEDORFA LP                       |
| <i>loteprednol etabonate</i>          |                            | 92                               |
| 154                                   |                            |                                  |
| LOTREXONE                             |                            |                                  |
| 30                                    |                            |                                  |



|                                             |          |                                             |              |                                      |       |
|---------------------------------------------|----------|---------------------------------------------|--------------|--------------------------------------|-------|
| MEDORFA PLUS.....                           | 92       | <i>methscopolamine</i> .....                | 301          | MINI PRENATAL.....                   | 311   |
| MEDROL.....                                 | 200      | <i>methsuximide</i> .....                   | 293          | MINI ULTRA-THIN II.....              | 267   |
| MEDROLOAN II SUIK.....                      | 200      | <i>methyl salicylate</i> .....              | 87           | MINI WRIGHT PEAK FLOW                |       |
| MEDROLOAN SUIK.....                         | 200      | <i>methyldopa</i> .....                     | 40           | METER.....                           | 15    |
| <i>medroxyprogesterone</i> .....            | 53, 178  | <i>methyldopa-hydrochlorothiazide</i> ..... | 40           | <i>minocycline</i> .....             | 186   |
| <i>mefenamic acid</i> .....                 | 203      | <i>methylene blue (bulk-solid)</i> .....    | 257          | <i>minoxidil</i> .....               | 40    |
| <i>mefloquine</i> .....                     | 189      | <i>methylergonovine</i> .....               | 64           | MINZOYA.....                         | 59    |
| <i>megestrol</i> .....                      | 250, 256 | <i>methylphenidate</i> .....                | 34           | MIPLYFFA.....                        | 253   |
| MEKAM.....                                  | 93       | <i>methylphenidate hcl</i> .....            | 33           | <i>mirabegron</i> .....              | 305   |
| MEKAM HP.....                               | 92       | <i>methylprednisolone</i> .....             | 200          | MIRCERA.....                         | 167   |
| MEKINIST.....                               | 244      | <i>methyltestosterone</i> .....             | 174          | MIRENA.....                          | 64    |
| MEKTOVI.....                                | 244      | <i>metoclopramide hcl</i> .....             | 303          | MIRO3D.....                          | 274   |
| MELEYA.....                                 | 59       | <i>metolazone</i> .....                     | 46           | MIRO3D FIBERS.....                   | 274   |
| MELIDU.....                                 | 93       | <i>metoprolol succinate</i> .....           | 41           | MIRODERM FENESTRATED.....            | 274   |
| MELONDIS.....                               | 93       | <i>metoprolol ta-hydrochlorothiaz</i> ..... | 41           | MIRODERM FENESTRATED                 |       |
| MELONDIS PLUS.....                          | 93       | <i>metoprolol tartrate</i> .....            | 41           | PLUS.....                            | 274   |
| <i>meloxicam</i> .....                      | 203      | <i>metronidazole</i> .....                  | 70, 188, 307 | MIRODRY WOUND MATRIX.....            | 274   |
| <i>memantine</i> .....                      | 18       | <i>metyrosine</i> .....                     | 40           | MIROTRACT.....                       | 274   |
| <i>memantine-donepezil</i> .....            | 18       | <i>mexiletine</i> .....                     | 36           | <i>mirtazapine</i> .....             | 19    |
| MENEST.....                                 | 177      | MIBELAS 24 FE.....                          | 59           | <i>misoprostol</i> .....             | 302   |
| MENOSTAR.....                               | 177      | <i>miconazole nitrate-zinc ox-pet</i> ..... | 74           | <i>mitomycin (pf) in water</i> ..... | 161   |
| <i>meperidine</i> .....                     | 280      | MICONAZOLE-3.....                           | 307          | MITOSOL.....                         | 161   |
| <i>meperidine (pf)</i> .....                | 280      | MICRO BLOOD GLUCOSE.....                    | 121          | MIUDELLA.....                        | 64    |
| <i>meprobamate</i> .....                    | 26       | MICRO THIN LANCETS.....                     | 216          | MKO (MIDAZOLAM-KETAMINE-             |       |
| <i>mercaptapurine</i> .....                 | 243      | MICROAIR MESH NEBULIZER.....                | 15           | ONDAN).....                          | 31    |
| MERILOG.....                                | 141      | MICROCHAMBER.....                           | 15           | M-NATAL PLUS.....                    | 311   |
| MERILOG SOLOSTAR.....                       | 141      | MICRODOT BLOOD GLUCOSE                      |              | MOBILE LANCETS.....                  | 216   |
| MERZEE.....                                 | 59       | SYSTEM.....                                 | 121, 134     | <i>modafinil</i> .....               | 30    |
| <i>mesalamine</i> .....                     | 204      | MICRODOT XTRA BLOOD                         |              | MODEYSO.....                         | 245   |
| <i>mesalamine with cleansing wipe</i> ...   | 204      | GLUCOSE.....                                | 121          | <i>moexipril</i> .....               | 39    |
| <i>mesna</i> .....                          | 250      | MICROGESTIN 1.5/30 (21).....                | 59           | MOKURA.....                          | 93    |
| METADATE ER.....                            | 33       | MICROGESTIN 1/20 (21).....                  | 59           | MOKURA LP.....                       | 93    |
| <i>metaxalone</i> .....                     | 298      | MICROGESTIN FE 1.5/30 (28).....             | 59           | MOKURA MOD.....                      | 93    |
| METDRAY.....                                | 87       | MICROGESTIN FE 1/20 (28).....               | 59           | MOKURA PLUS.....                     | 93    |
| <i>metformin</i> .....                      | 102      | MICROLET LANCET.....                        | 216          | MOLEXI.....                          | 93    |
| <i>methadone</i> .....                      | 280, 281 | <i>microplegic solution no. 1</i> .....     | 257          | <i>molindone</i> .....               | 29    |
| METHADONE INTENSOL.....                     | 280      | MICROSPACER.....                            | 15           | <i>mometasone</i> .....              | 5, 83 |
| METHADOSE.....                              | 281      | <i>midazolam</i> .....                      | 30, 259      | MONDOXYNE NL.....                    | 186   |
| <i>methamphetamine</i> .....                | 24       | <i>midazolam (pf)</i> .....                 | 259          | MONO-FLO DRAINAGE BAG.....           | 212   |
| <i>methazolamide</i> .....                  | 158      | <i>midodrine</i> .....                      | 51           | MONOJECT 140CC PISTON                |       |
| <i>methenamine hippurate</i> .....          | 182      | MIEBO (PF).....                             | 162          | SYRINGE.....                         | 230   |
| <i>methenamine mandelate</i> .....          | 182      | MIFEPREX.....                               | 255          | MONOJECT 35CC SYRINGE                |       |
| <i>methen-sod phos-meth blue-hyos</i> ..... | 182      | <i>mifepristone</i> .....                   | 103, 255     | CATH TIP.....                        | 230   |
| <i>methimazole</i> .....                    | 149      | <i>miglitol</i> .....                       | 100          | MONOJECT 3CC SYR 25GX1"....          | 230   |
| METHITEST.....                              | 174      | <i>miglustat</i> .....                      | 259          | MONOJECT ALLERGY TRAY.....           | 230   |
| <i>methocarbamol</i> .....                  | 298      | MILI.....                                   | 59           | MONOJECT ALLERGY TRAY                |       |
| <i>methotrexate sodium</i> .....            | 243      | MIMORA.....                                 | 93           | DETACH.....                          | 230   |
| <i>methotrexate sodium (pf)</i> .....       | 243      | MIMVEY.....                                 | 177          | MONOJECT BLOOD                       |       |
| <i>methoxsalen</i> .....                    | 94       | MINI PLUS NEBULIZER.....                    | 15           | COLLECTION.....                      | 267   |

|                                         |          |                                           |          |                                            |     |
|-----------------------------------------|----------|-------------------------------------------|----------|--------------------------------------------|-----|
| MONOJECT CONTROL SYRINGE<br>LUER.....   | 230      | MONOJECT TB SAFETY<br>SYRINGE.....        | 232      | MYLERAN.....                               | 242 |
| MONOJECT DISPOSABLE<br>SYRINGE.....     | 230      | MONOJECT TUBERCULIN<br>SYRINGE.....       | 233      | MYNATAL.....                               | 311 |
| MONOJECT ECCENTRIC NON-<br>STERILE..... | 230      | MONOJECT ULTRA COMFORT<br>INSULIN.....    | 233      | MYNATAL ADVANCE.....                       | 311 |
| MONOJECT ENFIT STERILE<br>SYRINGE.....  | 230      | MONOLET LANCETS.....                      | 216      | MYNATAL PLUS.....                          | 311 |
| MONOJECT ENFIT SYRINGE.....             | 231      | MONOLET THIN LANCETS.....                 | 216      | MYNATAL-Z.....                             | 311 |
| MONOJECT ENFIT SYRINGE<br>CAP.....      | 231      | MONO-LINYAH.....                          | 59       | MYNATE 90 PLUS.....                        | 311 |
| MONOJECT FILTER ASPIRATOR.....          | 267      | MONOVISC.....                             | 198      | MYRBETRIQ.....                             | 305 |
| MONOJECT FILTER NEEDLE.....             | 267      | MONSEL'S.....                             | 173      | MYTESI.....                                | 206 |
| MONOJECT HYPODERMIC<br>NEEDLES.....     | 268      | <i>montelukast</i> .....                  | 11       | MYTHIUS.....                               | 93  |
| MONOJECT HYPODERMIC<br>POLYPROPYL.....  | 268      | <i>morphine</i> .....                     | 281, 282 | MYVORI.....                                | 93  |
| MONOJECT INSULIN SAFETY<br>SYRING.....  | 231      | <i>morphine (pf)</i> .....                | 281      | <i>nabumetone</i> .....                    | 203 |
| MONOJECT INSULIN SYRINGE..              | 231      | <i>morphine concentrate</i> .....         | 281      | <i>nadolol</i> .....                       | 41  |
| MONOJECT LUER ADAPTER.....              | 220      | <i>morphine in 0.9 % sodium chlor</i> ... | 281      | <i>naftifine</i> .....                     | 74  |
| MONOJECT LUER-LOCK TIP.....             | 231      | MOTPOLY XR.....                           | 293      | <i>nalbuphine</i> .....                    | 282 |
| MONOJECT MAGELLAN<br>SYRINGE.....       | 231      | MOUNJARO.....                             | 100      | <i>naloxone</i> .....                      | 30  |
| MONOJECT MEDICATION<br>TRANSF NDL.....  | 268      | MOVANTIK.....                             | 209      | NALTREX.....                               | 30  |
| MONOJECT PHARMACY TRAY<br>LUER.....     | 231      | MOXATAG.....                              | 184      | <i>naltrexone</i> .....                    | 30  |
| MONOJECT PHARMACY TRAY<br>REG TIP.....  | 231      | <i>moxifloxacin</i> .....                 | 156, 185 | NAMENDA XR.....                            | 18  |
| MONOJECT REG TIP NON-<br>STERILE.....   | 231      | <i>moxifloxacin-bromfenac</i> .....       | 259      | NAMZARIC.....                              | 18  |
| MONOJECT REGULAR LUER<br>.....          | 231, 232 | MULPLETA.....                             | 172      | NANO 2ND GEN PEN NEEDLE ...                | 268 |
| MONOJECT SAFETY LUER LOCK<br>TIP.....   | 232      | MULTAQ.....                               | 36       | NANO PEN NEEDLE.....                       | 269 |
| MONOJECT SAFETY SYRINGES                | 232      | MULTI-DRAW NEEDLE.....                    | 268      | NANRAN.....                                | 73  |
| MONOJECT SMARTIP CANNULA                | 232      | MULTISTIX.....                            | 276      | <i>naproxen</i> .....                      | 203 |
| MONOJECT SYRINGE.....                   | 232      | MULTISTIX 10 SG.....                      | 276      | <i>naproxen sodium</i> .....               | 203 |
| MONOJECT SYRINGE LUER LOK<br>.....      | 232      | MULTISTIX 5.....                          | 276      | <i>naratriptan</i> .....                   | 285 |
| MONOJECT SYRINGE REGULAR<br>LUER.....   | 232      | MULTISTIX 7.....                          | 276      | NATACYN.....                               | 157 |
| MONOJECT SYRINGE TOOMEY<br>TYPE.....    | 232      | MULTISTIX 8 SG.....                       | 276      | NATAZIA.....                               | 59  |
| MONOJECT TB.....                        | 233      | MULTISTIX 9.....                          | 276      | <i>nateglinide</i> .....                   | 101 |
| MONOJECT TB LUER LOK.....               | 232      | MULTISTIX 9 SG.....                       | 276      | NATESTO.....                               | 174 |
| MONOJECT TB REGULAR LUER<br>TIP.....    | 232      | <i>mupirocin</i> .....                    | 73       | NATURA-LAX.....                            | 208 |
|                                         |          | <i>mupirocin calcium</i> .....            | 73       | NAYZILAM.....                              | 291 |
|                                         |          | MURI-LUBE.....                            | 274      | <i>nebivolol</i> .....                     | 41  |
|                                         |          | MUSCUSOLICE.....                          | 96       | <i>nebulizer and compressor</i> .....      | 15  |
|                                         |          | MY CHOICE.....                            | 59       | NEBUSAL.....                               | 259 |
|                                         |          | MY WAY.....                               | 59       | NECON 0.5/35 (28).....                     | 59  |
|                                         |          | MYALEPT.....                              | 148      | <i>needle (disp) 16 g</i> .....            | 269 |
|                                         |          | MYCAPSSA.....                             | 275      | <i>needle (disp) 18 g</i> .....            | 269 |
|                                         |          | <i>mycophenolate mofetil</i> .....        | 180      | <i>needle (disp) 19 g</i> .....            | 269 |
|                                         |          | <i>mycophenolate sodium</i> .....         | 180      | <i>needle (disp) 23 gauge</i> .....        | 269 |
|                                         |          | MYDCOMBI.....                             | 161      | <i>needles, huber disposable</i> .....     | 269 |
|                                         |          | MYDRIATIC4(TROP-PROP-PE-<br>KTRLC).....   | 162      | <i>nefazodone</i> .....                    | 21  |
|                                         |          | MYFEMBREE.....                            | 149      | NEFFY.....                                 | 240 |
|                                         |          | MYGLUCOHEALTH.....                        | 121, 134 | NEMLUVIO.....                              | 76  |
|                                         |          | MYGLUCOHEALTH LANCETS.....                | 216      | NENDRUX.....                               | 87  |
|                                         |          | MYHIBBIN.....                             | 180      | <i>neomycin</i> .....                      | 187 |
|                                         |          |                                           |          | <i>neomycin-bacitracin-poly-hc</i> .....   | 151 |
|                                         |          |                                           |          | <i>neomycin-bacitracin-polymyxin</i> ..... | 156 |
|                                         |          |                                           |          | <i>neomycin-polymyxin b gu</i> .....       | 86  |
|                                         |          |                                           |          | <i>neomycin-polymyxin b-dexameth</i> ..    | 151 |

|                                             |          |                                             |         |                                     |         |
|---------------------------------------------|----------|---------------------------------------------|---------|-------------------------------------|---------|
| <i>neomycin-polymyxin-gramicidin</i> .....  | 156      | <i>nitroglycerin</i> .....                  | 52, 205 | NOVOPEN ECHO.....                   | 134     |
| <i>neomycin-polymyxin-hc</i> .....          | 142, 151 | NITROMIST.....                              | 52      | NOVOSEVEN RT.....                   | 164     |
| NEONATAL PLUS VITAMIN.....                  | 311      | NITRO-TIME.....                             | 52      | NOXAFIL.....                        | 186     |
| NEO-POLYCIN.....                            | 156      | NITYR.....                                  | 259     | NP THYROID.....                     | 150     |
| NEO-POLYCIN HC.....                         | 151      | NIVESTYM.....                               | 170     | NUBEQA.....                         | 242     |
| NEORAL.....                                 | 180      | <i>nizatidine</i> .....                     | 302     | NUCALA.....                         | 12      |
| NEO-SYNALAR.....                            | 77       | NOBELA.....                                 | 91      | NUCORT.....                         | 83      |
| NEO-SYNALAR KIT.....                        | 77       | NOC DURNA (MEN).....                        | 146     | NUCYNTA.....                        | 282     |
| NEO-VITAL RX.....                           | 311      | NOC DURNA (WOMEN).....                      | 146     | NUCYNTA ER.....                     | 282     |
| NERLYNX.....                                | 247      | NOKOR NEEDLE.....                           | 269     | NUEDEXTA.....                       | 254     |
| NEUAC.....                                  | 69       | NOLIRA.....                                 | 91      | NUJO.....                           | 97      |
| NEULASTA.....                               | 170      | NORA-BE.....                                | 59      | NUJU.....                           | 97      |
| NEULASTA ONPRO.....                         | 170      | NORDITROPIN FLEXPOR.....                    | 148     | NULIBRY.....                        | 253     |
| NEUPOGEN.....                               | 170      | <i>norelgestromin-ethin.estradiol</i> ..... | 63      | NUMBONEX.....                       | 91      |
| NEUPRO.....                                 | 289      | <i>noreth-ethinyl estradiol-iron</i> .....  | 60      | NUMBRINO.....                       | 255     |
| NEURAPTINE.....                             | 96       | <i>norethindrone (contraceptive)</i> .....  | 60      | NUMOISYN.....                       | 274     |
| NEUTEK 2TEK TEST STRIPS.....                | 122      | <i>norethindrone acetate</i> .....          | 178     | NUPLAZID.....                       | 32      |
| NEVANAC.....                                | 154      | <i>norethindrone ac-eth estradiol</i> ..... | 60, 177 | NURTEC ODT.....                     | 285     |
| <i>nevirapine</i> .....                     | 192      | <i>norethindrone-e.estradiol-iron</i> ..... | 60      | NUTROPIN AQ NUSPIN.....             | 148     |
| NEW DAY.....                                | 59       | <i>norgestimate-ethinyl estradiol</i> ..... | 60      | NUVESSA.....                        | 307     |
| NEXA PLUS.....                              | 311      | NORLIQVA.....                               | 43      | NUWIQ.....                          | 165     |
| NEXIVA.....                                 | 220      | NORMAL SALINE FLUSH.....                    | 145     | NUZYRA.....                         | 186     |
| NEXLETOL.....                               | 46       | NORM-JECT.....                              | 233     | NYAMYC.....                         | 75      |
| NEXLIZET.....                               | 49       | NORM-JECT TUBERKULIN.....                   | 233     | NYLIA 1/35 (28).....                | 60      |
| NEXOBRID.....                               | 91       | NORMLGEL AG.....                            | 71      | NYLIA 7/7/7 (28).....               | 60      |
| NEXPLANON.....                              | 53       | NORPACE CR.....                             | 36      | NYMALIZE.....                       | 43      |
| NEXTSTELLIS.....                            | 59       | NORTREL 0.5/35 (28).....                    | 60      | NYNUTEY.....                        | 91      |
| NGENLA.....                                 | 147      | NORTREL 1/35 (21).....                      | 60      | NYPOZI.....                         | 170     |
| <i>niacin</i> .....                         | 50       | NORTREL 1/35 (28).....                      | 60      | <i>nystatin</i> .....               | 75, 187 |
| NIACOR.....                                 | 50       | NORTREL 7/7/7 (28).....                     | 60      | <i>nystatin-triamcinolone</i> ..... | 75      |
| <i>nicardipine</i> .....                    | 42       | <i>nortriptyline</i> .....                  | 23      | NYSTOP.....                         | 75      |
| <i>nicotine</i> .....                       | 298, 299 | NORVIR.....                                 | 193     | NYVEPRIA.....                       | 170     |
| <i>nicotine (polacrilex)</i> .....          | 298      | NOSE CLIP.....                              | 213     | OASIS WOUND MATRIX                  |         |
| NICOTROL NS.....                            | 299      | NOURIANZ.....                               | 289     | FENESTRATED.....                    | 211     |
| <i>nifedipine</i> .....                     | 42       | NOVA MAX GLUCOSE TEST.....                  | 122     | OASIS WOUND MATRIX                  |         |
| NIKKI (28).....                             | 59       | NOVA MAX PLUS GLUC-KETON                    |         | MESHED.....                         | 211     |
| <i>nilotinib hcl</i> .....                  | 247      | METER.....                                  | 134     | OBAGI ELASTIDERM.....               | 93      |
| <i>nilutamide</i> .....                     | 242      | NOVA SAFETY LANCETS.....                    | 216     | OBAGI NU-DERM BLENDER.....          | 93      |
| <i>nimodipine</i> .....                     | 42       | NOVA SUREFLEX LANCETS.....                  | 216     | OBAGI NU-DERM CLEAR.....            | 93      |
| NINJACOF-XG.....                            | 66       | NOVOEIGHT.....                              | 164     | OBAGI NU-DERM SUNFADER.....         | 93      |
| NINLARO.....                                | 247      | NOVOFINE 32.....                            | 269     | OBAGI-C CLARIFYING SERUM.....       | 93      |
| <i>nisoldipine</i> .....                    | 42, 43   | NOVOFINE PLUS.....                          | 269     | OBAGI-C THERAPY NIGHT.....          | 93      |
| <i>nitazoxanide</i> .....                   | 189      | NOVOLIN 70/30 U-100 INSULIN...141           |         | OBIZUR.....                         | 165     |
| <i>nitisinone</i> .....                     | 259      | NOVOLIN 70-30 FLEXPEN U-100 141             |         | OBSTETRIX DHA.....                  | 312     |
| NITRO-BID.....                              | 52       | NOVOLIN N FLEXPEN.....                      | 141     | OBSTETRIX DHA PRENATAL              |         |
| NITRO-DUR.....                              | 52       | NOVOLIN N NPH U-100 INSULIN 141             |         | DUO.....                            | 312     |
| <i>nitrofurantoin</i> .....                 | 183      | NOVOLIN R FLEXPEN.....                      | 141     | OBSTETRIX EC.....                   | 312     |
| <i>nitrofurantoin macrocrystal</i> .....    | 183      | NOVOLIN R REGULAR U100                      |         | OBSTETRIX ONE.....                  | 310     |
| <i>nitrofurantoin monohyd/m-cryst</i> ..... | 183      | INSULIN.....                                | 142     | OCALIVA.....                        | 207     |



|                                             |               |                             |     |                                      |          |
|---------------------------------------------|---------------|-----------------------------|-----|--------------------------------------|----------|
| OCELLA.....                                 | 60            | ONE-A-DAY PRENATAL.....     | 315 | ORALONE.....                         | 254      |
| OCM.....                                    | 96            | ONE-A-DAY PRENATAL-1.....   | 312 | ORAMAGICRX.....                      | 273      |
| <i>octreotide acetate</i> .....             | 275           | ONETOUCH DELICA PLUS        |     | ORAVIG.....                          | 186      |
| ODACTRA.....                                | 3             | LANCET.....                 | 216 | ORENCIA.....                         | 199      |
| ODEFSEY.....                                | 194           | ONETOUCH DELICA SAFETY      |     | ORENCIA CLICKJECT.....               | 198      |
| ODOMZO.....                                 | 244           | LANCET.....                 | 216 | ORENITRAM.....                       | 45       |
| OFEV.....                                   | 277           | ONETOUCH ULTRA TEST.....    | 122 | ORENITRAM MONTH 1                    |          |
| <i>ofloxacin</i> .....                      | 142, 156, 185 | ONETOUCH ULTRA2 METER.....  | 134 | TITRATION KT.....                    | 44       |
| OGSIVEO.....                                | 247           | ONETOUCH ULTRASOFT 2        |     | ORENITRAM MONTH 2                    |          |
| OHTUVAYRE.....                              | 12            | LANCET.....                 | 216 | TITRATION KT.....                    | 44       |
| OJEMDA.....                                 | 244           | ONETOUCH VERIO FLEX METER   |     | ORENITRAM MONTH 3                    |          |
| OJJAARA.....                                | 247           | .....                       | 134 | TITRATION KT.....                    | 45       |
| <i>olanzapine</i> .....                     | 28            | ONETOUCH VERIO REFLECT      |     | ORFADIN.....                         | 259      |
| <i>olanzapine-fluoxetine</i> .....          | 32            | METER.....                  | 134 | ORGOVYX.....                         | 245      |
| <i>olmesartan</i> .....                     | 39            | ONETOUCH VERIO TEST         |     | ORIAHNN.....                         | 149      |
| <i>olmesartan-amlodipin-hcthiacid</i> ..... | 38            | STRIPS.....                 | 122 | ORILISSA.....                        | 149      |
| <i>olmesartan-hydrochlorothiazide</i> ..... | 38            | ONGENTYS.....               | 289 | ORKAMBI.....                         | 276      |
| <i>olopatadine</i> .....                    | 5, 152        | ON-THE-GO LANCETS.....      | 216 | ORLADEYO.....                        | 203      |
| OLPRUVA.....                                | 206           | ONUREG.....                 | 243 | ORLYNVAH.....                        | 181      |
| OLUMIANT.....                               | 201           | ONYDA XR.....               | 32  | ORMALVI.....                         | 297      |
| OMBRA COMPRESSOR SYSTEM.....                | 15            | ONZDEAXIADEMTAR.....        | 69  | <i>orphenadrine citrate</i> .....    | 298      |
| OMECLAMOX-PAK.....                          | 302           | ONZDEAXIADEMVAR.....        | 69  | ORQUIDEA.....                        | 60       |
| <i>omega-3 acid ethyl esters</i> .....      | 50            | ONZDEAXIATAR.....           | 69  | ORSERDU.....                         | 250      |
| <i>omeprazole</i> .....                     | 303           | ONZDEAXIAVAR.....           | 69  | ORTHOVISC.....                       | 198      |
| <i>omeprazole-sodium bicarbonate</i> ... .. | 304           | ONZDEAXIAZAR.....           | 69  | OSCIMIN.....                         | 301      |
| OMEZA.....                                  | 96            | ONZDEOXIA.....              | 69  | OSCIMIN SL.....                      | 301      |
| OMNARIS.....                                | 5             | OPCICON ONE-STEP.....       | 60  | <i>oseltamivir</i> .....             | 190      |
| OMNIPOD 5 (G6/LIBRE 2 PLUS) ..              | 134           | OPFOLDA.....                | 259 | OTEZLA.....                          | 197      |
| OMNIPOD 5 G6-G7 INTRO                       |               | OPILL.....                  | 60  | OTEZLA STARTER.....                  | 198      |
| KT(GEN5).....                               | 134           | OPIPZA.....                 | 27  | OVACE PLUS.....                      | 84       |
| OMNIPOD 5 G6-G7 PODS (GEN                   |               | <i>opium tincture</i> ..... | 207 | OVACE PLUS SHAMPOO.....              | 84       |
| 5).....                                     | 134           | OPSUMIT.....                | 44  | <i>oxaprozin</i> .....               | 203      |
| OMNIPOD 5                                   |               | OPSYNVI.....                | 45  | <i>oxazepam</i> .....                | 25       |
| INTRO(G6/LIBRE2PLUS).....                   | 134           | OPTICHAMBER ADULT MASK-     |     | <i>oxcarbazepine</i> .....           | 293, 294 |
| OMNIPOD DASH INTRO KIT                      |               | LARGE.....                  | 15  | OXERVATE.....                        | 157      |
| (GEN 4).....                                | 134           | OPTICHAMBER DIAMOND LG      |     | OXIACE.....                          | 75       |
| OMNIPOD DASH PDM KIT (GEN                   |               | MASK.....                   | 15  | OXIANUJO.....                        | 97       |
| 4).....                                     | 134           | OPTICHAMBER DIAMOND VHC.... | 15  | OXIANUJO (WITH                       |          |
| OMNIPOD DASH PODS (GEN 4) ..                | 134           | OPTICHAMBER DIAMOND-MED     |     | HYALURONATE).....                    | 97       |
| OMNITROPE.....                              | 148           | MSK.....                    | 15  | OXIATAR.....                         | 69       |
| OMVOH.....                                  | 96            | OPTICHAMBER DIAMOND-SML     |     | OXIAVARRY.....                       | 69       |
| OMVOH PEN.....                              | 96            | MASK.....                   | 15  | OXIAVARY.....                        | 69       |
| ON CALL EXPRESS METER.....                  | 134           | OPTION-2.....               | 60  | OXIAZAR.....                         | 69       |
| ON CALL EXPRESS TEST STRIP                  | 122           | OPTIUM EZ.....              | 123 | <i>oxiconazole</i> .....             | 75       |
| ON CALL LANCET.....                         | 216           | OPTIUM TEST.....            | 123 | OXISTAT.....                         | 75       |
| ONAPGO.....                                 | 289           | OPVEE.....                  | 30  | <i>oxybutynin chloride</i> .....     | 306, 307 |
| <i>ondansetron</i> .....                    | 7             | OPZELURA.....               | 84  | <i>oxycodone</i> .....               | 282      |
| <i>ondansetron hcl</i> .....                | 7             | ORACIT.....                 | 306 | <i>oxycodone-acetaminophen</i> ..... | 287      |
| ONE DAILY PRENATAL.....                     | 312           | ORALAIR.....                | 3   | OXYCONTIN.....                       | 282      |

|                                             |          |                                                  |     |                                             |          |
|---------------------------------------------|----------|--------------------------------------------------|-----|---------------------------------------------|----------|
| <i>oxymorphone</i> .....                    | 282, 283 | PAXLOVID.....                                    | 190 | PHASEAL SECONDARY SET .....                 | 220      |
| OXYTROL.....                                | 307      | <i>pazopanib</i> .....                           | 247 | PHASEAL Y-SITE .....                        | 220      |
| OZEMPIC.....                                | 99       | PCCA ACCUPEN-15.....                             | 219 | PHEBURANE.....                              | 206      |
| PACERONE.....                               | 36       | PEDIA IRON.....                                  | 310 | PHEDRAX.....                                | 75       |
| PACNEX HP.....                              | 87       | PEDIATRIC BEAR NEBULIZER.....                    | 16  | <i>phenazopyridine</i> .....                | 306      |
| PACNEX LP.....                              | 87       | PEDIATRIC COMP-AIR                               |     | <i>phenelzine</i> .....                     | 19       |
| PALFORZIA (LEVEL 0).....                    | 3        | COMPRES NEB.....                                 | 16  | <i>phenobarbital</i> .....                  | 29       |
| PALFORZIA (LEVEL 1).....                    | 3        | <i>peg 3350-electrolytes</i> .....               | 208 | <i>phenoxybenzamine</i> .....               | 38       |
| PALFORZIA (LEVEL 2).....                    | 3        | <i>peg3350-sod sul-nacl-kcl-asb-c</i> .....      | 208 | <i>phenylephrine hcl</i> .....              | 155      |
| PALFORZIA (LEVEL 3).....                    | 3        | PEGASYS.....                                     | 195 | <i>phenyleph-tropicamide in water</i> ..... | 161      |
| PALFORZIA (LEVEL 4).....                    | 3        | <i>peg-electrolyte soln</i> .....                | 208 | PHENYTEK.....                               | 294      |
| PALFORZIA (LEVEL 5).....                    | 3        | PEMAZYRE.....                                    | 247 | <i>phenytoin</i> .....                      | 294      |
| PALFORZIA (LEVEL 6).....                    | 3        | PEN NEEDLE.....                                  | 269 | <i>phenytoin sodium extended</i> .....      | 294      |
| PALFORZIA (LEVEL 7).....                    | 3        | <i>pen needle, diabetic</i> .....                | 269 | PHEODOYO.....                               | 73       |
| PALFORZIA (LEVEL 8).....                    | 3        | <i>pen needle, diabetic, safety</i> ... 269, 270 |     | PHEOXIA.....                                | 75       |
| PALFORZIA (LEVEL 9).....                    | 3        | <i>penicillamine</i> .....                       | 195 | PHEXXI.....                                 | 53       |
| PALFORZIA (LEVEL 10).....                   | 3        | <i>penicillin v potassium</i> .....              | 184 | PHEYO.....                                  | 73       |
| PALFORZIA (LEVEL 11 UP-                     |          | <i>pentamidine</i> .....                         | 189 | PHILITH.....                                | 61       |
| DOSE).....                                  | 3        | PENTASA.....                                     | 205 | PHOS-FLUR.....                              | 309      |
| PALFORZIA INITIAL (1-3 YRS).....            | 4        | <i>pentazocine-naloxone</i> .....                | 283 | PHOSPHOLINE IODIDE.....                     | 159      |
| PALFORZIA INITIAL (4-17 YRS).....           | 4        | PENTIPS PEN NEEDLE.....                          | 270 | PHOTREXA CROSS-LINKING KIT                  |          |
| PALFORZIA LEVEL 11                          |          | <i>pentoxifylline</i> .....                      | 168 | .....                                       | 162      |
| MAINTENANCE.....                            | 4        | <i>perampanel</i> .....                          | 294 | PHYSIOLYTE.....                             | 86       |
| <i>paliperidone</i> .....                   | 28       | PERCOCET.....                                    | 287 | PHYSIOSOL IRRIGATION.....                   | 86       |
| PALYNZIQ.....                               | 241      | PERFECT POINT SAFETY                             |     | <i>phytonadione (vitamin k1)</i> .....      | 174      |
| PANCREAZE.....                              | 300      | LANCETS.....                                     | 216 | PIFELTRO.....                               | 192      |
| PANDEL.....                                 | 83       | PERFECT POINT SAFETY                             |     | PILLOW MASK CHILD.....                      | 213      |
| PANRETIN.....                               | 89       | NEEDLE.....                                      | 270 | <i>pilocarpine hcl</i> .....                | 159, 241 |
| <i>pantoprazole</i> .....                   | 304      | <i>perindopril erbumine</i> .....                | 39  | <i>pimecrolimus</i> .....                   | 97       |
| <i>papaverine</i> .....                     | 52       | PERIOGARD.....                                   | 255 | <i>pimozide</i> .....                       | 26       |
| PARADIGM RESERVOIR.....                     | 233      | <i>permethrin</i> .....                          | 75  | PIMTREA (28).....                           | 61       |
| PARAGARD T 380A.....                        | 64       | <i>perphenazine</i> .....                        | 29  | <i>pindolol</i> .....                       | 41       |
| PARAGARD T380A (SINGLE                      |          | <i>perphenazine-amitriptyline</i> .....          | 22  | <i>pioglitazone</i> .....                   | 101      |
| HAND).....                                  | 64       | PERTZYE.....                                     | 300 | <i>pioglitazone-glimepiride</i> .....       | 103      |
| PARI BABY CONV KIT - SIZE 1...213           |          | PETROLEUM GAUZE.....                             | 211 | <i>pioglitazone-metformin</i> .....         | 104      |
| PARI BABY CONV KIT - SIZE 2...213           |          | PFLEX INSPIRATORY TRAINER... 16                  |     | PIP BLOOD GLUCOSE MONITOR                   |          |
| PARI BABY CONV KIT - SIZE 3...213           |          | PHARMABASE BARRIER.....                          | 88  | .....                                       | 134      |
| PARI LC SPRINT NEBULIZER                    |          | PHARMACIST CHOICE.....                           | 123 | PIP BLOOD GLUCOSE TEST                      |          |
| SET.....                                    | 15       | PHARMACIST CHOICE                                |     | STRIP.....                                  | 123      |
| PARI LC SPRINT SINUS.....                   | 15       | GLUCOSE SYS.....                                 | 134 | PIP LANCET.....                             | 216      |
| PARI TREK S COMBO PACK.....                 | 15       | PHASEAL ASSEMBLY FIXTURE. 220                    |     | PIP PEN NEEDLE.....                         | 270      |
| PARI TREK S COMPACT                         |          | PHASEAL CONNECTOR LUER                           |     | PIQRAY.....                                 | 247      |
| COMPRESSOR.....                             | 15       | LOCK.....                                        | 220 | <i>pirfenidone</i> .....                    | 276      |
| PARI TREK S PORTABLE PWR                    |          | PHASEAL INFUSION ADAPTER.. 220                   |     | <i>piroxicam</i> .....                      | 203      |
| KIT.....                                    | 213      | PHASEAL INFUSION CLAMP.....220                   |     | PISTON SYRINGE WITH ENFIT...233             |          |
| <i>paricalcitol</i> .....                   | 148      | PHASEAL INJECTOR LUER.....220                    |     | <i>pitavastatin calcium</i> .....           | 48       |
| <i>paroxetine hcl</i> .....                 | 21       | PHASEAL INJECTOR LUER                            |     | PLANTAGO-HOMACCORD.....                     | 260      |
| <i>paroxetine mesylate(menop.sym)</i> ..177 |          | LOCK.....                                        | 220 | PLATINUM TEST STRIP.....                    | 123      |
| PASER.....                                  | 187      | PHASEAL PROTECTOR.....270                        |     | PLEGRIDY.....                               | 252      |

|                                            |     |                                               |          |                                             |          |
|--------------------------------------------|-----|-----------------------------------------------|----------|---------------------------------------------|----------|
| PLENURA.....                               | 97  | PRECISION XTRA KETONE-<br>GLUCOSE.....        | 135      | PRENATAL COMPLETE.....                      | 313      |
| PLENVU.....                                | 209 | PRECISION XTRA MONITOR.....                   | 135      | PRENATAL ESSENTIALS.....                    | 313      |
| PLEXION NS.....                            | 85  | PRECISION XTRA TEST.....                      | 124      | PRENATAL FORMULA.....                       | 313      |
| <i>pnv no.95-ferrous fumarate-fa</i> ..... | 312 | PRED MILD.....                                | 154      | PRENATAL FORMULA-DHA.....                   | 313      |
| PNV-DHA + DOCUSATE.....                    | 312 | PRED-G S.O.P.....                             | 151      | PRENATAL GUMMIES.....                       | 315      |
| PNV-SELECT.....                            | 312 | <i>prednicarbate</i> .....                    | 83       | PRENATAL GUMMIES(ZINC<br>CHELATE).....      | 315      |
| POCKET CHAMBER.....                        | 16  | <i>prednisoln sp-moxiflox-bromfen</i> .....   | 151      | PRENATAL MULTI.....                         | 313      |
| PODOCON.....                               | 87  | <i>prednisolone</i> .....                     | 200      | PRENATAL MULTI-DHA (ALGAL<br>OIL).....      | 313      |
| <i>podofilox</i> .....                     | 87  | <i>prednisolone acetate</i> .....             | 154      | PRENATAL MULTI-DHA(WITH VIT<br>K).....      | 313      |
| POLY HUB NEEDLE.....                       | 270 | <i>prednisolone acetate (pf)</i> .....        | 154      | PRENATAL MULTIVITAMINS.....                 | 313      |
| POLYCIN.....                               | 156 | <i>prednisolone acetate-bromfenac</i> ...     | 154      | PRENATAL ONE DAILY.....                     | 313      |
| <i>polyethylene glycol 3350</i> .....      | 209 | <i>prednisolone acetate-nepafenac</i> ...     | 155      | PRENATAL PLUS.....                          | 313      |
| <i>polymyxin b sulf-trimethoprim</i> ..... | 157 | <i>prednisolone sod ph-bromfenac</i> ...      | 155      | PRENATAL PLUS (CALCIUM<br>CARB).....        | 313      |
| POLY-TUSSIN AC.....                        | 65  | <i>prednisolone sod ph-moxiflox</i> .....     | 151      | PRENATAL PLUS DHA.....                      | 313      |
| POMALYST.....                              | 245 | <i>prednisolone sodium phosphate</i><br>..... | 155, 200 | PRENATAL PLUS VITAMIN-<br>MINERAL.....      | 313      |
| PONVORY.....                               | 252 | <i>prednisolone-moxiflo-nepafenac</i> ...     | 151      | PRENATAL TABLET.....                        | 313      |
| PONVORY 14-DAY STARTER<br>PACK.....        | 252 | <i>prednisolone-moxifloxacin hcl</i> .....    | 151      | <i>prenatal vit no.179-iron-folic</i> ..... | 313      |
| POPULUS COMPOSITUM.....                    | 260 | <i>prednisolone-moxiflox-bromfen</i> .....    | 151      | PRENATAL VITAMIN.....                       | 313      |
| PORTIA 28.....                             | 61  | <i>prednisolon-moxiflox-ketorolac</i> .....   | 151      | PRENATAL VITAMIN PLUS LOW<br>IRON.....      | 314      |
| <i>posaconazole</i> .....                  | 186 | <i>prednisone</i> .....                       | 200      | PRENATAL VITAMIN WITH<br>MINERALS.....      | 314      |
| <i>potassium chloride</i> .....            | 144 | PREDNISON INTENSOL.....                       | 200      | <i>prenatal vit-iron fum-folic ac</i> ..... | 314      |
| <i>potassium citrate</i> .....             | 306 | <i>pregabalin</i> .....                       | 254, 294 | PRENATAL WITH DHA-FOLIC<br>ACID.....        | 314      |
| <i>potassium iodide</i> .....              | 149 | PREMARIN.....                                 | 177, 308 | PREPIDIL.....                               | 64       |
| <i>povidone-iodine</i> .....               | 86  | PREMIER BLU GLUCOSE METER<br>.....            | 135      | PRESERA.....                                | 86       |
| POWDERLAX.....                             | 209 | PREMIER CLASSIC GLUCOSE<br>METER.....         | 135      | PRESSURE ACTIVATED<br>LANCETS.....          | 216      |
| PR BENZOYL PEROXIDE.....                   | 87  | PREMIER COMPACT GLUCOSE<br>METER.....         | 135      | <i>pretomanid</i> .....                     | 188      |
| PR CREAM.....                              | 88  | PREMIER TEST STRIP.....                       | 125      | PREVALITE.....                              | 50       |
| PR NATAL 400.....                          | 312 | PREMIER VOICE GLUCOSE<br>METER.....           | 135      | PREVENT DROPSAFE PEN<br>NEEDLE.....         | 270      |
| PR NATAL 400 EC.....                       | 312 | PREMIUM BLOOD GLUCOSE<br>MONITOR.....         | 135      | PREVYMIS.....                               | 190, 191 |
| PR NATAL 430.....                          | 312 | PREMIUM V10.....                              | 125, 135 | PREZCOBIX.....                              | 191      |
| PR NATAL 430 EC.....                       | 312 | PREMPHASE.....                                | 177      | PREZISTA.....                               | 191      |
| PRADAXA.....                               | 172 | PREMPRO.....                                  | 177      | PRIFTIN.....                                | 188      |
| PRAKETAMIDE.....                           | 91  | PRENAISSANCE.....                             | 312      | PRIOSEC.....                                | 304      |
| <i>pralidoxime</i> .....                   | 257 | PRENAISSANCE PLUS.....                        | 312      | <i>primaquine</i> .....                     | 189      |
| PRALUENT PEN.....                          | 49  | PRENATA.....                                  | 312      | PRIMEAIRE.....                              | 16       |
| <i>pramipexole</i> .....                   | 289 | PRENATABS FA.....                             | 312      | <i>primidone</i> .....                      | 294      |
| PRAMOSONE.....                             | 89  | PRENATABS RX.....                             | 312      | PRIMSOL.....                                | 182      |
| <i>prasugrel hcl</i> .....                 | 171 | PRENATAL.....                                 | 313, 315 | PRO COMFORT ALCOHOL PADS.....               | 85       |
| <i>pravastatin</i> .....                   | 48  | PRENATAL + DHA.....                           | 312      |                                             |          |
| <i>praziquantel</i> .....                  | 189 | PRENATAL 19.....                              | 313      |                                             |          |
| <i>prazosin</i> .....                      | 38  | PRENATAL 19 (WITH<br>DOCUSATE).....           | 312      |                                             |          |
| PRECISION.....                             | 134 |                                               |          |                                             |          |
| PRECISION PCX PLUS TEST.....               | 124 |                                               |          |                                             |          |
| PRECISION PCX TEST.....                    | 124 |                                               |          |                                             |          |
| PRECISION POINT OF CARE<br>TEST.....       | 124 |                                               |          |                                             |          |
| PRECISION Q-I-D TEST.....                  | 124 |                                               |          |                                             |          |

|                                       |     |                                             |      |                                            |          |
|---------------------------------------|-----|---------------------------------------------|------|--------------------------------------------|----------|
| PRO COMFORT INSULIN SYRINGE .....     | 233 | PROMACTA .....                              | 172  | <i>pyridostigmine bromide</i> .....        | 19       |
| PRO COMFORT LANCET .....              | 216 | <i>promethazine</i> .....                   | 4, 7 | <i>pyridoxine (vitamin b6)</i> .....       | 316      |
| PRO COMFORT PEN NEEDLE ...            | 270 | <i>promethazine-codeine</i> .....           | 65   | <i>pyrimethamine</i> .....                 | 189      |
| PRO COMFORT SAFETY LANCET .....       | 216 | <i>promethazine-dm</i> .....                | 66   | PYRUKYND .....                             | 172      |
| PRO COMFORT TENS ELECTRODE .....      | 213 | <i>promethazine-phenylephrine</i> .....     | 64   | QBRELIS .....                              | 39       |
| PRO COMFORT TENS UNIT .....           | 213 | PROMETHEGAN .....                           | 7    | QBREXZA .....                              | 242      |
| PRO VOICE V8-V9 TEST STRIP ..         | 125 | PRONAL .....                                | 87   | Q-CARE RX Q2 .....                         | 255      |
| PRO VOICE V9 GLUCOSE MONITOR .....    | 135 | PRONEB MAX COMPRESSOR-LC PLUS .....         | 16   | Q-CARE RX Q4 .....                         | 255      |
| <i>probenecid</i> .....               | 162 | PRONEB MAX COMPRESSR-LC SPRINT .....        | 16   | QELBREE .....                              | 35, 36   |
| <i>probenecid-colchicine</i> .....    | 163 | PRONEB ULTRA II FILTER ASSEM .....          | 213  | QFITLIA .....                              | 168      |
| PROCARE COMPRESSOR NEBULIZER .....    | 16  | PROOXIA .....                               | 93   | QFITLIA PEN .....                          | 168      |
| PROCARE PEDIATRIC NEBULIZER .....     | 16  | <i>propafenone</i> .....                    | 36   | QINLOCK .....                              | 247      |
| PROCARE SPACER WITH ADULT MASK .....  | 16  | <i>proparacaine</i> .....                   | 155  | QLOSI .....                                | 159      |
| PROCARE SPACER WITH CHILD MASK .....  | 16  | <i>propranolol</i> .....                    | 41   | QNASL .....                                | 5, 6     |
| PRO-CEPTION .....                     | 213 | <i>propranolol-hydrochlorothiazid</i> ..... | 41   | QTERN .....                                | 102      |
| PROCHAMBER .....                      | 16  | <i>propylthiouracil</i> .....               | 149  | QUAKE VIBRATORY PEP .....                  | 16       |
| <i>prochlorperazine</i> .....         | 7   | <i>protriptyline</i> .....                  | 23   | <i>quazepam</i> .....                      | 31       |
| <i>prochlorperazine maleate</i> ..... | 7   | PROVATE PELVIC ORGAN SUPPORT .....          | 219  | <i>quetiapine</i> .....                    | 28       |
| PROCORT .....                         | 205 | PROVENT .....                               | 16   | QUIDROXZAR .....                           | 179      |
| PROCRT .....                          | 167 | PROVENT STARTER .....                       | 16   | QUIHOXAXIA .....                           | 179      |
| PROCTOFOAM HC .....                   | 205 | PROVIDA OB .....                            | 314  | QUIHOXVAR .....                            | 179      |
| PROCTO-MED HC .....                   | 83  | PROVISC .....                               | 158  | QUILLICHEW ER .....                        | 34       |
| PROCTOSOL HC .....                    | 83  | <i>prucalopride</i> .....                   | 303  | QUILLIVANT XR .....                        | 34, 35   |
| PROCTOZONE-HC .....                   | 83  | PSORINOHEEL .....                           | 260  | <i>quinapril</i> .....                     | 39       |
| PROCYSBI .....                        | 305 | PULMICORT FLEXHALER .....                   | 11   | <i>quinapril-hydrochlorothiazide</i> ..... | 37       |
| PRODIGY AUTOCODE METER... 135         |     | PULMO-AIDE COMPRESSOR .....                 | 16   | <i>quinidine gluconate</i> .....           | 36       |
| PRODIGY AUTOCODE MONITOR SYST .....   | 135 | PULMONEB LT COMPRESSOR NEBUL .....          | 16   | <i>quinidine sulfate</i> .....             | 36       |
| PRODIGY INSULIN SYRINGE .....         | 233 | PULMOZYME .....                             | 277  | <i>quinine sulfate</i> .....               | 189      |
| PRODIGY LANCETS .....                 | 216 | PURAZIL .....                               | 95   | QUINTET AC .....                           | 125, 135 |
| PRODIGY MINI-MIST NEBULIZER ..        | 16  | PURE COMFORT ALCOHOL PADS .....             | 85   | QUINTET BLOOD GLUCOSE METER .....          | 135      |
| PRODIGY NO CODING .....               | 125 | PURE COMFORT LANCETS .....                  | 216  | QUINTET GLUCOSE TEST STRIPS .....          | 126      |
| PRODIGY POCKET METER .....            | 135 | PURE COMFORT PEN NEEDLE ..                  | 270  | QUIT 2 .....                               | 299      |
| PRODIGY TWIST TOP LANCET ..           | 216 | PURE COMFORT SAFETY LANCETS .....           | 216  | QUIT 4 .....                               | 299      |
| PRODIGY VOICE GLUCOSE METER .....     | 135 | PURE COMFORT SAFETY PEN NEEDLE .....        | 270  | QULIPTA .....                              | 285      |
| PROFILNINE .....                      | 166 | PUREAIR MINI NEBULIZER .....                | 16   | QUTENZA .....                              | 87       |
| <i>progesterone</i> .....             | 178 | PURELAX .....                               | 209  | QUVIVIQ .....                              | 31       |
| <i>progesterone micronized</i> .....  | 178 | PUREVITA FOLIC ACID .....                   | 309  | QVAR REDIHALER .....                       | 11       |
| PROGRAF .....                         | 180 | PURIXAN .....                               | 243  | <i>rabeprazole</i> .....                   | 304      |
| PROLASTIN-C .....                     | 241 | PUSH BUTTON SAFETY LANCETS .....            | 217  | RADIAGEL .....                             | 273      |
|                                       |     | <i>pyrazinamide</i> .....                   | 187  | RADICAVA ORS .....                         | 252      |
|                                       |     |                                             |      | RADICAVA ORS STARTER KIT SUSP .....        | 252      |
|                                       |     |                                             |      | RADIOGARDASE .....                         | 261      |
|                                       |     |                                             |      | RAGWITEK .....                             | 4        |
|                                       |     |                                             |      | RALDESY .....                              | 21       |
|                                       |     |                                             |      | <i>raloxifene</i> .....                    | 146      |
|                                       |     |                                             |      | <i>ramelteon</i> .....                     | 30       |

|                               |          |                                    |          |                                   |          |
|-------------------------------|----------|------------------------------------|----------|-----------------------------------|----------|
| <i>ramipril</i> .....         | 39       | RESTASIS MULTIDOSE .....           | 157      | ROBINSON CLEAR VINYL              |          |
| <i>ranolazine</i> .....       | 51       | RESTIMO .....                      | 71       | CATHETER.....                     | 212      |
| RAPPORT VACUUM THERAPY ...    | 274      | RESTORE .....                      | 211      | ROCKLATAN.....                    | 160      |
| <i>rasagiline</i> .....       | 289      | RESTORE CALCIUM ALGINATE ..        | 211      | <i>roflumilast</i> .....          | 12       |
| RASUVO (PF).....              | 196      | RETACRIT .....                     | 167      | ROLVEDON.....                     | 170      |
| RAVICTI.....                  | 206      | RETEVMO .....                      | 248      | ROMVIMZA.....                     | 248      |
| RAYALDEE.....                 | 148      | RETIN-A MICRO PUMP .....           | 71       | <i>ropinirole</i> .....           | 290      |
| REBIF (WITH ALBUMIN).....     | 252      | REUSABLE NEBULIZER KIT .....       | 213      | ROSDAN.....                       | 71       |
| REBIF REBIDOSE.....           | 252      | REVCovi.....                       | 260      | ROSITARA.....                     | 71       |
| REBIF TITRATION PACK.....     | 252      | REVEAL BLOOD GLUCOSE               |          | ROSULA.....                       | 76       |
| REBINYN.....                  | 167      | METER.....                         | 135      | <i>rosuvastatin</i> .....         | 49       |
| REBYOTA.....                  | 182      | REVEAL TEST STRIP .....            | 127      | ROSYRAH.....                      | 61       |
| RECEDO.....                   | 88       | REVLIMID .....                     | 245      | ROTARIX.....                      | 179      |
| RECLIPSEN (28).....           | 61       | REVUFORJ.....                      | 248      | ROTATEQ VACCINE.....              | 179      |
| RECOMBINATE.....              | 165      | REXULTI.....                       | 27       | ROVIS.....                        | 71       |
| RECORLEV.....                 | 145      | REYATAZ.....                       | 193      | ROXYBOND.....                     | 283      |
| RECOTHROM.....                | 173      | REYVOW.....                        | 285      | ROZLYTREK.....                    | 248      |
| RECOTHROM SPRAY KIT .....     | 173      | REZDIFFRA.....                     | 242      | RUBBER MOUTHPIECE .....           | 213      |
| REFUAH PLUS .....             | 126      | REZLIDHIA .....                    | 249      | RUBRACA.....                      | 248      |
| REFUAH PLUS GLUCOSE           |          | REZUROCK.....                      | 180      | RUCONEST .....                    | 199      |
| MONITOR.....                  | 135      | REZVOGLAR KWIKPEN .....            | 142      | <i>rufinamide</i> .....           | 294, 295 |
| REGENECARE .....              | 91       | RHOPRESSA .....                    | 159      | RUKOBIA.....                      | 192      |
| REGRANEX.....                 | 136      | <i>ribavirin</i> .....             | 191, 195 | RUMILO.....                       | 69       |
| RELAGARD.....                 | 307      | RIDAURA.....                       | 201      | RYBELSUS .....                    | 99       |
| RELENZA DISKHALER.....        | 191      | <i>rifabutin</i> .....             | 187      | RYDAPT .....                      | 248      |
| RELEUKO.....                  | 170      | <i>rifampin</i> .....              | 188      | RYDEX.....                        | 65       |
| RELIAMED LANCET .....         | 217      | RIGHTEST GL300 LANCETS .....       | 217      | RYLAZE .....                      | 249      |
| RELIAMED SAFETY SEAL          |          | RIGHTEST GM550 SYSTEM .....        | 135      | RYPLAZIM.....                     | 171      |
| LANCETS.....                  | 217      | RIGHTEST GS550 TEST STRIPS         | 127      | RYTARY.....                       | 290      |
| RELION ALL-IN-ONE METER ..... | 135      | RIGHTEST GT333 GLUCOSE             |          | SABAL-HOMACCORD.....              | 260      |
| RELION CONFIRM.....           | 135      | METER.....                         | 135      | SABRIL.....                       | 295      |
| RELION CONFIRM-MICRO .....    | 126      | RIGHTEST GT333 TEST STRIP ...      | 127      | <i>sacubitril-valsartan</i> ..... | 51       |
| RELION MICRO GLUCOSE          |          | <i>riluzole</i> .....              | 253      | SAFESNAP INSULIN SYRINGE ...      | 233      |
| MONITOR.....                  | 135      | <i>ringer's</i> .....              | 86       | SAFESNAP SYRINGE.....             | 233, 234 |
| RELION PRIME METER.....       | 135      | RINVOQ.....                        | 201      | SAFETY LANCETS .....              | 217      |
| RELION PRIME TEST STRIPS..... | 126      | RINVOQ LQ.....                     | 201      | <i>safety needles</i> .....       | 270      |
| RELION ULTIMA.....            | 126      | <i>risedronate</i> .....           | 146, 147 | SAFETY PEN NEEDLE .....           | 270      |
| RELISTOR.....                 | 209, 210 | <i>risperidone</i> .....           | 28       | SAFETY SEAL LANCETS .....         | 217      |
| RELIZORB.....                 | 219      | RITEFLO AEROCHAMBER.....           | 16       | SAFETY-LET LANCETS.....           | 217      |
| REMODULIN.....                | 45       | <i>ritonavir</i> .....             | 193      | SAIZEN SAIZENPREP .....           | 148      |
| REMYDA.....                   | 70       | <i>rivaroxaban</i> .....           | 166      | SAJAZIR.....                      | 199      |
| RENACIDIN.....                | 306      | <i>rivastigmine</i> .....          | 19       | <i>salicylic acid</i> .....       | 87       |
| RENEEL.....                   | 260      | <i>rivastigmine tartrate</i> ..... | 19       | SALIMEZ FORTE.....                | 88       |
| RENOVAR.....                  | 88       | RIVELSA.....                       | 61       | <i>salsalate</i> .....            | 278      |
| <i>repaglinide</i> .....      | 101      | RIVFLOZA.....                      | 305      | SALVAX.....                       | 88       |
| REPATHA PUSHTRONEX.....       | 49       | RIXUBIS.....                       | 167      | SALVAX DUO PLUS .....             | 88       |
| REPATHA SURECLICK.....        | 49       | <i>rizatriptan</i> .....           | 285      | SAMI THE SEAL.....                | 16       |
| REPATHA SYRINGE .....         | 49       | ROAOXIA.....                       | 84       | SAMI THE SEAL MASK.....           | 213      |
| RESPA-AR.....                 | 64       |                                    |          | SANCUSO.....                      | 7        |



|                                             |     |                                             |        |                                            |                   |
|---------------------------------------------|-----|---------------------------------------------|--------|--------------------------------------------|-------------------|
| SANDIMMUNE .....                            | 180 | <i>silver nitrate</i> .....                 | 71, 88 | <i>sodium chloride</i> .....               | 86, 145, 259, 260 |
| SANTYL .....                                | 91  | <i>silver nitrate applicators</i> .....     | 88     | <i>sodium chloride 0.45 %</i> .....        | 145               |
| <i>sapropterin</i> .....                    | 241 | <i>silver sulfadiazine</i> .....            | 76     | <i>sodium chloride 0.9 %</i> .....         | 145               |
| SAROXIA .....                               | 70  | SIMBRINZA .....                             | 160    | <i>sodium chloride 0.9 % (flush)</i> ..... | 145               |
| SAVAYSA .....                               | 166 | SIMILAC PRENATAL .....                      | 314    | <i>sodium citrate</i> .....                | 165               |
| SAVELLA .....                               | 253 | SIMLANDI(CF) .....                          | 197    | <i>sodium citrate in 0.9 % nacl</i> .....  | 165               |
| <i>saxagliptin</i> .....                    | 101 | SIMLANDI(CF) AUTOINJECTOR ..                | 197    | <i>sodium citrate-citric acid</i> .....    | 306               |
| <i>saxagliptin-metformin</i> .....          | 98  | SIMLIYA (28) .....                          | 61     | SODIUM FLUORIDE 5000 DRY                   |                   |
| SCALACORT DK .....                          | 83  | SIMPESSE .....                              | 61     | MOUTH .....                                | 309               |
| SCSEMBLIX .....                             | 248 | SIMPLI PEN NEEDLE .....                     | 270    | SODIUM FLUORIDE 5000 PLUS ..               | 309               |
| SCLEROSOL INTRAPLEURAL .....                | 250 | SIMPONI .....                               | 197    | <i>sodium fluoride-pot nitrate</i> .....   | 309               |
| <i>scopolamine base</i> .....               | 7   | <i>simvastatin</i> .....                    | 49     | <i>sodium oxybate</i> .....                | 26                |
| SECUADO .....                               | 28  | SINGLE-LET .....                            | 217    | <i>sodium phenylbutyrate</i> .....         | 206               |
| SECURESAFE INSULIN                          |     | SINUSTAR NEBULIZER .....                    | 16     | <i>sodium polystyrene sulfonate</i> .....  | 143               |
| SYRINGE .....                               | 234 | <i>sirolimus</i> .....                      | 180    | <i>sodium,potassium,mag sulfates</i> ....  | 209               |
| SECURESAFE PEN NEEDLE .....                 | 270 | SIRTURO .....                               | 188    | SOFDRA .....                               | 242               |
| SEGLUROMET .....                            | 103 | SIRVANA .....                               | 70     | <i>sofosbuvir-velpatasvir</i> .....        | 195               |
| <i>selegiline hcl</i> .....                 | 290 | <i>sitagliptin</i> .....                    | 101    | SOGROYA .....                              | 148               |
| <i>selenium sulfide</i> .....               | 85  | SIVEXTRO .....                              | 183    | SOHONOS .....                              | 297               |
| SELF-CATHETER, FEMALE .....                 | 212 | SKY SAFETY PEN NEEDLE .....                 | 270    | <i>solifenacin</i> .....                   | 306               |
| SELZENTRY .....                             | 192 | SKYCLARYS .....                             | 254    | SOLQUA 100/33 .....                        | 102               |
| SE-NATAL 19 .....                           | 314 | SKYLA .....                                 | 64     | SOLOSEC .....                              | 188               |
| SE-NATAL 19 CHEWABLE .....                  | 314 | SKYRIZI .....                               | 94, 96 | SOLTAMOX .....                             | 250               |
| SEPHIENCE .....                             | 241 | SKYTROFA .....                              | 148    | SOLU-CORTEF ACT-O-VIAL (PF) 200            |                   |
| SEREVENT DISKUS .....                       | 8   | SLOW FE .....                               | 310    | SOLUS V2 AUDIBLE METER .....               | 136               |
| SERNIVO .....                               | 83  | SLOW RELEASE IRON .....                     | 310    | SOLUS V2 LANCETS .....                     | 217               |
| SEROSTIM .....                              | 148 | SLYND .....                                 | 61     | SOLUS V2 TEST STRIPS .....                 | 128               |
| <i>sertraline</i> .....                     | 21  | SMART SENSE LANCETS .....                   | 217    | SOMAVERT .....                             | 147               |
| SETLAKIN .....                              | 61  | SMART SENSE MONITORING                      |        | SOOTHENEB COMPRESSOR                       |                   |
| <i>sevelamer carbonate</i> .....            | 143 | SYSTEM .....                                | 135    | NEBULIZER .....                            | 17                |
| <i>sevelamer hcl</i> .....                  | 143 | SMART SENSE TEST STRIPS .....               | 127    | SOOTHENEB MESH NEBULIZER ..                | 17                |
| SEVENFACT .....                             | 165 | SMARTEST EJECT .....                        | 135    | <i>sorafenib</i> .....                     | 248               |
| <i>sevoflurane</i> .....                    | 259 | SMARTEST LANCET .....                       | 217    | <i>sorbitol</i> .....                      | 86                |
| SF .....                                    | 309 | SMARTEST PERSONA                            |        | <i>sorbitol-mannitol</i> .....             | 86                |
| SF 5000 PLUS .....                          | 309 | GLUCOSE METER .....                         | 135    | SORILUX .....                              | 95                |
| SHAROBEL .....                              | 61  | SMARTEST PERSONA STARTER                    |        | SORIXIA .....                              | 70                |
| SIDESTREAM .....                            | 16  | .....                                       | 135    | <i>sotalol</i> .....                       | 41                |
| SIDESTREAM MASK .....                       | 213 | SMARTEST PRONTO GLUCOSE                     |        | SOTALOL AF .....                           | 41                |
| SIDESTREAM NEBULIZER .....                  | 16  | METER .....                                 | 135    | SOTYKTU .....                              | 94                |
| SIDESTREAM PLUS .....                       | 16  | SMARTEST PRONTO STARTER ..                  | 135    | SOTYLIZE .....                             | 41                |
| SIGNIFOR .....                              | 275 | SMARTEST PROTEGE .....                      | 135    | SOVALDI .....                              | 195               |
| SIKLOS .....                                | 172 | SMARTEST SMART CODE                         |        | SOVUNA .....                               | 189               |
| SILASTIC FOLEY CATHETER .....               | 212 | METER .....                                 | 135    | SPACE CHAMBER .....                        | 17                |
| <i>sildenafil (pulm.hypertension)</i> ..... | 44  | SMARTEST TALKING METER .....                | 136    | SPACE CHAMBER WITH LARGE                   |                   |
| SILICONE MASK .....                         | 213 | SMARTEST TEST .....                         | 127    | MASK .....                                 | 17                |
| SILICONE MASK - INFANT .....                | 16  | SMARTNEB COMPRESSOR                         |        | SPACE CHAMBER WITH                         |                   |
| SILIGENTLE AG .....                         | 211 | NEBULIZER .....                             | 16     | MEDIUM MASK .....                          | 17                |
| SILIQ .....                                 | 94  | SMOOTHLAX .....                             | 209    | SPACE CHAMBER WITH SMALL                   |                   |
| <i>silodosin</i> .....                      | 304 | <i>sodium chlor 0.9% bacteriostat</i> ..... | 145    | MASK .....                                 | 17                |

|                                             |         |                                            |               |                                              |          |
|---------------------------------------------|---------|--------------------------------------------|---------------|----------------------------------------------|----------|
| SPECTRAGEL .....                            | 211     | <i>sulfacetamide sodium-sulfur</i> .....   | 76            | SYMPROIC .....                               | 210      |
| SPEEDICATH (FEMALE) .....                   | 212     | <i>sulfacetamide sod-sulfur-urea</i> ..... | 76            | SYMTUZA .....                                | 190      |
| SPEVIGO .....                               | 94      | <i>sulfacetamide-prednisolone</i> .....    | 155           | SYNALAR CREAM KIT .....                      | 83       |
| <i>spinosad</i> .....                       | 75      | <i>sulfadiazine</i> .....                  | 181           | SYNALAR OINTMENT KIT .....                   | 83       |
| SPIRIVA RESPIMAT .....                      | 8       | <i>sulfamethoxazole-trimethoprim</i> ..... | 181           | SYNALAR TS .....                             | 83       |
| <i>spironolactone</i> .....                 | 43      | SULFAMYLON .....                           | 76            | SYNAREL .....                                | 149      |
| <i>spironolacton-hydrochlorothiaz</i> ..... | 44      | <i>sulfasalazine</i> .....                 | 205           | SYNDROS .....                                | 6        |
| SPRAVATO .....                              | 19      | SULFATRIM .....                            | 181           | SYNJARDY .....                               | 103      |
| SPRAY AND STRETCH .....                     | 91      | <i>sulindac</i> .....                      | 203           | SYNJARDY XR .....                            | 103      |
| SPRINTEC (28) .....                         | 61      | SUMADAN XLT .....                          | 76            | SYNOJOYNT .....                              | 198      |
| SPS (WITH SORBITOL) .....                   | 143     | <i>sumatriptan</i> .....                   | 285           | SYNVISC .....                                | 198      |
| SRONYX .....                                | 61      | <i>sumatriptan succinate</i> .....         | 285           | SYNVISC-ONE .....                            | 198      |
| SSD .....                                   | 76      | <i>sunitinib malate</i> .....              | 248           | <i>syringe (disposable)</i> .....            | 235      |
| SSKI .....                                  | 149     | SUNLENCA .....                             | 190           | SYRINGE 3CC/20GX1" .....                     | 235      |
| ST JOSEPH ASPIRIN .....                     | 171     | SUNOSI .....                               | 30            | SYRINGE 3CC/21GX1" .....                     | 235      |
| ST. JOSEPH ASPIRIN .....                    | 171     | SUNRISE COMPRESSOR-<br>NEBULIZER .....     | 17            | SYRINGE 3CC/21GX1-1/2" .....                 | 235      |
| <i>stavudine</i> .....                      | 193     | SUPARTZ FX .....                           | 198           | SYRINGE 3CC/22GX1" .....                     | 235      |
| STEGLATRO .....                             | 100     | SUPER THIN LANCETS .....                   | 217           | SYRINGE 3CC/22GX3/4" .....                   | 235      |
| STEGLUJAN .....                             | 102     | SUPRANE .....                              | 259           | SYRINGE 3CC/25GX1" .....                     | 235      |
| STEQEYMA .....                              | 202     | SUPRAX .....                               | 182           | SYRINGE AVITENE .....                        | 173      |
| STERILANCE TL .....                         | 217     | SURE COMFORT ALCOHOL<br>PREP PADS .....    | 85            | <i>syringe cap, enfit, non-sterile</i> ..... | 235      |
| <i>sterile talc</i> .....                   | 250     | SURE COMFORT INS. SYR. U-<br>100 .....     | 234           | <i>syringe with needle</i> .....             | 235      |
| STERITALC .....                             | 250     | SURE COMFORT INSULIN<br>SYRINGE .....      | 234           | SYRINGE WITHOUT NEEDLE .....                 | 235      |
| STIMUFEND .....                             | 170     | SURE COMFORT LANCETS .....                 | 217           | <i>syringe, enfit, non-sterile</i> .....     | 235, 236 |
| STIOLTO RESPIMAT .....                      | 9       | SURE COMFORT PEN NEEDLE .....              | 271           | <i>syringe, enfit, sterile</i> .....         | 236      |
| STIVARGA .....                              | 248     | SURE COMFORT SAFETY PEN<br>NEEDLE .....    | 271           | SYZYGIUM COMPOSITUM .....                    | 260      |
| STOP SMOKING AID .....                      | 299     | SURE-FINE PEN NEEDLES .....                | 271           | T.E.D. ANTI-EMBOLISM<br>STOCKING .....       | 275      |
| STRATACTX .....                             | 211     | SURE-JECT INSULIN SYRINGE .....            | 234           | T.E.D. KNEE LENGTH-M-LONG .....              | 275      |
| STRATAGRT .....                             | 211     | SURE-LANCE .....                           | 217           | T.E.D. KNEE LENGTH-S-<br>REGULAR .....       | 275      |
| STRATAXRT .....                             | 211     | SURE-LANCE ULTRA THIN .....                | 217           | T.R.U.E. TEST ALLERGEN .....                 | 259      |
| STRAVIX .....                               | 274     | SURE-PREP ALCOHOL PREP<br>PADS .....       | 85            | TABLOID .....                                | 243      |
| STRENSIQ .....                              | 260     | SURE-TEST EASYPLUS MINI .....              | 128           | TABRECTA .....                               | 248      |
| STRIBILD .....                              | 194     | SURE-TEST EASYPLUS MINI<br>METER .....     | 136           | <i>tacrolimus</i> .....                      | 97, 180  |
| STRIVERDI RESPIMAT .....                    | 8       | SURE-TOUCH LANCET .....                    | 217           | <i>tadalafil</i> .....                       | 145      |
| STRONG IODINE .....                         | 71, 149 | SURGUARD2 SAFETY .....                     | 234, 235, 271 | <i>tadalafil (pulm. hypertension)</i> .....  | 44       |
| STUART ONE .....                            | 314     | SURVANTA .....                             | 277           | TAFINLAR .....                               | 244      |
| SUBVENITE .....                             | 295     | SUTAB .....                                | 209           | <i>tafluprost (pf)</i> .....                 | 160      |
| SUBVENITE STARTER (BLUE)<br>KIT .....       | 295     | SYEDA .....                                | 61            | TAGRISSO .....                               | 248      |
| SUBVENITE STARTER (GREEN)<br>KIT .....      | 295     | SYMAB DUOTAB .....                         | 301           | TAKE ACTION .....                            | 61       |
| SUBVENITE STARTER<br>(ORANGE) KIT .....     | 295     | SYMDEKO .....                              | 276           | TAKHZYRO .....                               | 204      |
| SUCRAID .....                               | 300     | SYMLINPEN 120 .....                        | 100           | TALICIA .....                                | 302      |
| <i>sucralfate</i> .....                     | 302     | SYMLINPEN 60 .....                         | 100           | TALTZ AUTOINJECTOR .....                     | 94       |
| SUFLAVE .....                               | 209     |                                            |               | TALTZ AUTOINJECTOR (2 PACK) .....            | 94       |
| <i>sulconazole</i> .....                    | 75      |                                            |               | TALTZ AUTOINJECTOR (3 PACK) .....            | 94       |
| <i>sulfacetamide sodium</i> .....           | 85, 155 |                                            |               | TALTZ SYRINGE .....                          | 94       |
| <i>sulfacetamide sodium (acne)</i> .....    | 70      |                                            |               | TALZENNA .....                               | 248      |
|                                             |         |                                            |               | <i>tamoxifen</i> .....                       | 250      |

|                                             |     |                                        |          |                                             |               |
|---------------------------------------------|-----|----------------------------------------|----------|---------------------------------------------|---------------|
| <i>tamsulosin</i> .....                     | 304 | TERRELL.....                           | 259      | TIGLUTIK.....                               | 253           |
| TARDEOXIA.....                              | 70  | TERSI FOAM.....                        | 85       | TILIA FE.....                               | 61            |
| TARDIMAXIA.....                             | 70  | TERUMO ALLERGY SYRINGE ....            | 236      | <i>timol-brimon-dorzol-bimato(pf)</i> ..... | 160           |
| TARINA 24 FE.....                           | 61  | TERUMO HYPODERMIC                      |          | <i>timolol</i> .....                        | 160           |
| TARINA FE 1/20 (28).....                    | 61  | NEEDLE/SYRIN.....                      | 236      | <i>timolol maleate</i> .....                | 41, 160       |
| TARINA FE 1-20 EQ (28).....                 | 61  | TERUMO INSULIN SYRINGE.....            | 236      | <i>timolol maleate (pf)</i> .....           | 160           |
| TARON-PREX PRENATAL-DHA..                   | 310 | TERUMO SYRINGE.....                    | 236      | <i>timolol-bimatoprost</i> .....            | 160           |
| TAROXIA.....                                | 70  | TEST N'GO BLOOD GLUCOSE                |          | <i>timolol-brimon-dorzol-bimatop</i> .....  | 160           |
| TARPEYO.....                                | 200 | SYSTEM.....                            | 136      | <i>timolol-brimonidi-dorzolam(pf)</i> ..... | 160           |
| TASCENSO ODT.....                           | 252 | TEST N'GO TEST.....                    | 128      | <i>timolol-brimonidine-dorzolamid</i> ..... | 160           |
| <i>tasimelteon</i> .....                    | 30  | <i>testosterone</i> .....              | 174, 175 | <i>timolol-dorzolam-bimatopro(pf)</i> ..... | 160           |
| <i>tavaborole</i> .....                     | 75  | <i>testosterone cypionate</i> .....    | 174      | <i>timolol-dorzolamide-bimatopros</i> ..... | 160           |
| TAVALISSE.....                              | 172 | <i>testosterone enanthate</i> .....    | 174      | <i>tinidazole</i> .....                     | 188           |
| TAVNEOS.....                                | 169 | TETOXIA.....                           | 83       | <i>tiopronin</i> .....                      | 305           |
| <i>tazarotene</i> .....                     | 95  | <i>tetrabenazine</i> .....             | 254      | <i>tiotropium bromide</i> .....             | 8             |
| TAZVERIK.....                               | 245 | <i>tetracaine hcl</i> .....            | 155      | TIROSINT.....                               | 150           |
| TECHLITE INSULIN SYRINGE.....               | 236 | <i>tetracaine hcl (pf)</i> .....       | 155      | TIROSINT-SOL.....                           | 150           |
| TECHLITE INSULN SYR(HALF                    |     | <i>tetracycline</i> .....              | 186      | TISSEEL VHSD (APROTININ,                    |               |
| UNIT).....                                  | 236 | TEXACORT.....                          | 83       | SYN).....                                   | 275           |
| TECHLITE LANCETS.....                       | 217 | TEZRULY.....                           | 38       | TIVICAY.....                                | 194           |
| TECHLITE PEN NEEDLE.....                    | 271 | TEZSPIRE.....                          | 17       | TIVICAY PD.....                             | 194           |
| TECHLITE PLUS PEN NEEDLE..                  | 271 | THALITONE.....                         | 46       | <i>tizanidine</i> .....                     | 298           |
| TEGLUTIK.....                               | 253 | THALOMID.....                          | 187      | TLANDO.....                                 | 175           |
| TEGRETOL.....                               | 295 | THEO-24.....                           | 17       | TOBI PODHALER.....                          | 187           |
| TEGRETOL XR.....                            | 295 | <i>theophylline</i> .....              | 17       | TOBRADEX.....                               | 151           |
| TELCARE LANCETS.....                        | 217 | THERAHONEY.....                        | 211      | TOBRADEX ST.....                            | 151           |
| TELCARE TEST STRIPS.....                    | 128 | THERANATAL.....                        | 314      | <i>tobramycin</i> .....                     | 157, 187      |
| TELIORA.....                                | 83  | THERANATAL COMPLETE.....               | 314      | <i>tobramycin in 0.225 % nacl</i> .....     | 187           |
| <i>telmisartan</i> .....                    | 39  | THERANATAL ONE.....                    | 314      | <i>tobramycin with nebulizer</i> .....      | 187           |
| <i>telmisartan-amlodipine</i> .....         | 39  | THERANATAL OVAVITE.....                | 315      | <i>tobramycin-dexamethasone</i> .....       | 151           |
| <i>telmisartan-hydrochlorothiazid</i> ..... | 38  | THERANATAL PLUS.....                   | 314      | <i>tobramycin-vancomycin</i> .....          | 157           |
| <i>temazepam</i> .....                      | 31  | <i>thiamine hcl (vitamin b1)</i> ..... | 315      | TOBREX.....                                 | 157           |
| TEMBEXA.....                                | 191 | THIN LANCETS.....                      | 217      | TOLAK.....                                  | 89            |
| <i>temozolomide</i> .....                   | 242 | THINPRO INSULIN SYRINGE ....           | 236      | <i>tolcapone</i> .....                      | 290           |
| TEMPO REFILL KIT WITH GAUZE                 |     | THIOLA EC.....                         | 305      | <i>tolmetin</i> .....                       | 203           |
| .....                                       | 217 | <i>thioridazine</i> .....              | 29       | <i>tolterodine</i> .....                    | 307           |
| TEMPO SMART BUTTON.....                     | 136 | <i>thiothixene</i> .....               | 29       | <i>tolvaptan</i> .....                      | 143           |
| TENCON.....                                 | 277 | THRESHOLD IMT TRAINER.....             | 17       | <i>tolvaptan (polycys kidney dis)</i>       |               |
| <i>tenofovir disoproxil fumarate</i> .....  | 193 | THRESHOLD PEP DEVICE.....              | 17       | .....                                       | 143, 144, 306 |
| TENS 502.....                               | 213 | THRIVITE RX.....                       | 314      | TOOMEY SYRINGE.....                         | 236           |
| TENS 504.....                               | 213 | THROMBI-GEL.....                       | 173      | TOPCARE CLICKFINE.....                      | 271           |
| TENSCARE ITOUCH SURE.....                   | 219 | THROMBIN-JMI.....                      | 173      | TOPCARE ULTRA COMFORT ....                  | 237           |
| TEPMETKO.....                               | 248 | THROMBI-PAD.....                       | 173      | TOPCARE UNIVERSAL1 LANCET                   |               |
| <i>terazosin</i> .....                      | 38  | THYQUIDITY.....                        | 150      | .....                                       | 217           |
| <i>terbinafine hcl</i> .....                | 187 | <i>thyroid (pork)</i> .....            | 150      | <i>topiramate</i> .....                     | 296           |
| <i>terbutaline</i> .....                    | 8   | TIADYLT ER.....                        | 43       | <i>toremifene</i> .....                     | 250           |
| <i>terconazole</i> .....                    | 307 | <i>tiagabine</i> .....                 | 295      | TORONOVA II SUIK.....                       | 203           |
| <i>teriflunomide</i> .....                  | 252 | TIBSOVO.....                           | 249      | TORONOVA SUIK.....                          | 203           |
| <i>teriparatide</i> .....                   | 146 | <i>ticagrelor</i> .....                | 171      | TORPENZ.....                                | 245           |



|                                                |        |                                |     |                                          |     |
|------------------------------------------------|--------|--------------------------------|-----|------------------------------------------|-----|
| <i>torsemide</i> .....                         | 43     | TRI-LO-MARZIA.....             | 62  | TRUE2GO BLOOD GLUCOSE                    |     |
| TOTALVISC.....                                 | 158    | TRI-LO-MILI.....               | 62  | SYSTEM.....                              | 136 |
| TOUCH-TROL.....                                | 212    | TRI-LO-SPRINTEC.....           | 62  | TRUEPLUS INSULIN.....                    | 237 |
| TPOXX (NATIONAL STOCKPILE).....                | 191    | TRI-LUMA.....                  | 93  | TRUEPLUS KETONE.....                     | 275 |
| TRACLEER.....                                  | 44     | TRILURON.....                  | 198 | TRUEPLUS LANCETS.....                    | 217 |
| TRADJENTA.....                                 | 101    | <i>trimethobenzamide</i> ..... | 7   | TRUEPLUS PEN NEEDLE.....                 | 271 |
| <i>tramadol</i> .....                          | 283    | <i>trimethoprim</i> .....      | 182 | TRUERESULT BLOOD GLUCOSE                 |     |
| <i>tramadol-acetaminophen</i> .....            | 287    | TRI-MILI.....                  | 62  | SYSTEM.....                              | 136 |
| <i>trandolapril</i> .....                      | 39     | <i>trimipramine</i> .....      | 23  | TRUETEST TEST STRIPS.....                | 129 |
| <i>trandolapril-verapamil</i> .....            | 37     | TRIMO-SAN JELLY.....           | 307 | TRUETRACK BLOOD GLUCOSE                  |     |
| <i>tranexamic acid</i> .....                   | 163    | TRINATAL RX 1.....             | 314 | SYSTEM.....                              | 136 |
| <i>tranylcypromine</i> .....                   | 19     | TRINATE.....                   | 314 | TRUETRACK SMART SYSTEM...                | 136 |
| TRANZAREL.....                                 | 91     | TRINTELLIX.....                | 22  | TRUETRACK TEST.....                      | 129 |
| <i>travoprost</i> .....                        | 160    | TRI-SPRINTEC (28).....         | 62  | TRULANCE.....                            | 205 |
| <i>trazodone</i> .....                         | 21     | TRIUMEQ.....                   | 194 | TRULICITY.....                           | 99  |
| TRECTOR.....                                   | 187    | TRIUMEQ PD.....                | 194 | TRUQAP.....                              | 248 |
| TRELEGY ELLIPTA.....                           | 10     | TRIVISC.....                   | 198 | TRUSKIN.....                             | 274 |
| TREMFYA.....                                   | 96     | TRIVORA (28).....              | 62  | TRUSTEX LATEX CONDOM.....                | 258 |
| TREMFYA ONE-PRESS.....                         | 96     | TRI-VYLIBRA.....               | 62  | TRUSTEX LUBRICATED                       |     |
| TREMFYA PEN.....                               | 96     | TRI-VYLIBRA LO.....            | 62  | CONDOMS.....                             | 258 |
| TREMFYA PEN INDUCTION PK-                      |        | TROJAN ULTRA RIBBED            |     | TRUSTEX NON-LUB CONDOMS.....             | 258 |
| CROHN.....                                     | 96     | CONDOM.....                    | 258 | TRUSTEX-RIA LUB/SPERMICIDE.....          | 258 |
| <i>treprostinil sodium</i> .....               | 45     | <i>tropicamide</i> .....       | 161 | TRUSTEX-RIA LUBRICATED                   |     |
| <i>tretinoin</i> .....                         | 72     | <i>trospium</i> .....          | 307 | CONDOMS.....                             | 258 |
| <i>tretinoin (antineoplastic)</i> .....        | 249    | TRUDHESA.....                  | 285 | TRUSTEX-RIA NON-LUB                      |     |
| <i>tretinoin microspheres</i> .....            | 71, 72 | TRUE COMFORT ALCOHOL           |     | CONDOMS.....                             | 258 |
| TRETTEN.....                                   | 167    | PADS.....                      | 85  | TRUZONE PEAK FLOW METER...               | 17  |
| TREXALL.....                                   | 243    | TRUE COMFORT INSULIN           |     | TRYNGOLZA.....                           | 46  |
| <i>triamcinolone acetonide</i> ...84, 200, 255 |        | SYRINGE.....                   | 237 | TRYPTIR.....                             | 273 |
| <i>triamterene</i> .....                       | 43     | TRUE COMFORT LANCET.....       | 217 | TRYVIO.....                              | 40  |
| <i>triamterene-hydrochlorothiazid</i> .....    | 44     | TRUE COMFORT PEN NEEDLE..      | 271 | TUBERCULIN SYRINGE.....                  | 237 |
| <i>triazolam</i> .....                         | 31     | TRUE COMFORT PRO ALCOHOL       |     | <i>tuberculin-allergy syringes</i> ..... | 237 |
| TRICARE.....                                   | 314    | PADS.....                      | 86  | TUDORZA PRESSAIR.....                    | 8   |
| TRI-CHLOR.....                                 | 256    | TRUE COMFORT PRO INS           |     | TUKYSA.....                              | 248 |
| <i>trichloroacetic acid</i> .....              | 256    | SYRINGE.....                   | 237 | TULANA.....                              | 62  |
| TRIDERM.....                                   | 84     | TRUE COMFORT SAFE INSULIN      |     | TURALIO.....                             | 248 |
| <i>trientine</i> .....                         | 261    | SYRG.....                      | 237 | TURQOZ (28).....                         | 62  |
| TRI-ESTARYLLA.....                             | 61     | TRUE COMFORT SAFETY PEN        |     | TUXARIN ER.....                          | 65  |
| TRIFERIC.....                                  | 310    | NEEDLE.....                    | 271 | TWIIST REFILL KT(CSST-NDL-               |     |
| <i>trifluoperazine</i> .....                   | 29     | TRUE COVER CONDOM.....         | 258 | SYR).....                                | 136 |
| <i>trifluridine</i> .....                      | 155    | TRUE METRIX AIR GLUCOSE        |     | TWIRLA.....                              | 63  |
| <i>trihexyphenidyl</i> .....                   | 288    | METER.....                     | 136 | TWIST LANCETS.....                       | 217 |
| TRIJARDY XR.....                               | 104    | TRUE METRIX GLUCOSE METER      |     | TYBLUME.....                             | 62  |
| TRIKAFTA.....                                  | 277    | .....                          | 136 | TYBOST.....                              | 194 |
| TRI-LEGEST FE.....                             | 61     | TRUE METRIX GLUCOSE TEST       |     | TYDEMY.....                              | 62  |
| TRI-LINYAH.....                                | 62     | STRIP.....                     | 128 | TYENNE.....                              | 201 |
| TRILOAN II SUIK.....                           | 201    | TRUE METRIX GO GLUCOSE         |     | TYENNE AUTOINJECTOR.....                 | 201 |
| TRILOAN SUIK.....                              | 201    | METER.....                     | 136 | TYMLOS.....                              | 146 |
| TRI-LO-ESTARYLLA.....                          | 62     |                                |     | TYRVAYA.....                             | 156 |

|                                         |     |                                         |          |                                             |        |
|-----------------------------------------|-----|-----------------------------------------|----------|---------------------------------------------|--------|
| TYVASO .....                            | 45  | ULTRACARE INSULIN SYRINGE .....         | 239      | UNISTIK PRO LANCET .....                    | 218    |
| TYVASO DPI .....                        | 45  | ULTRA-CARE LANCETS .....                | 218      | UNISTIK SAFETY .....                        | 218    |
| TYVASO INSTITUTIONAL START<br>KIT ..... | 45  | ULTRACARE PEN NEEDLE .....              | 272      | UNISTIK TOUCH LANCETS .....                 | 218    |
| TYVASO REFILL KIT .....                 | 45  | ULTRA-FINE INS SYR (HALF<br>UNIT) ..... | 239      | UNISTIP1 TEST STRIP .....                   | 130    |
| TYVASO STARTER KIT .....                | 45  | ULTRA-FINE INSULIN SYRINGE .....        | 239      | UNIVERSAL 1 LANCETS .....                   | 219    |
| UBRELVY .....                           | 285 | ULTRA-FINE PEN NEEDLE .....             | 272      | UNZDOMDIOXIAZAR .....                       | 70     |
| UDENYCA .....                           | 171 | ULTRAFOAM .....                         | 174      | UPNEEQ (PF) .....                           | 156    |
| UDENYCA AUTOINJECTOR .....              | 170 | ULTRALANCE LANCETS .....                | 218      | UPTRAVI .....                               | 45     |
| UDENYCA ONBODY .....                    | 170 | ULTRASAL-ER .....                       | 88       | URAMAXIN .....                              | 88     |
| ULESFIA .....                           | 75  | ULTRA-THIN II (SHORT) INS SYR<br>.....  | 239      | URAMAXIN GT .....                           | 88     |
| ULTICARE .....                          | 238 | ULTRA-THIN II (SHORT) PEN<br>NDL .....  | 272      | <i>urea</i> .....                           | 88, 96 |
| ULTICARE INSULIN SYRINGE .....          | 237 | ULTRA-THIN II INS PEN<br>NEEDLES .....  | 272      | UREA NAIL STICK .....                       | 88     |
| ULTICARE INSULN SYR(HALF<br>UNIT) ..... | 237 | ULTRA-THIN II INSULIN<br>SYRINGE .....  | 240      | URELLE .....                                | 182    |
| ULTICARE LOW DEAD SPACE<br>SYRING ..... | 238 | ULTRA-THIN II LANCETS .....             | 218      | URETRON D-S .....                           | 182    |
| ULTICARE PEN NEEDLE .....               | 272 | ULTRATRAK .....                         | 129      | URIBEL TABS .....                           | 182    |
| ULTICARE SAFETY PEN NEEDLE<br>.....     | 272 | ULTRATRAK GLUCOSE METER .....           | 136      | URIMAR-T .....                              | 182    |
| ULTICARE SAFETY SYRINGE .....           | 238 | ULTRATRAK ULTIMATE .....                | 129, 136 | URISTIX 4 .....                             | 276    |
| ULTICARE TB SAFETY SYRINGE .....        | 238 | <i>umeclidinium-vilanterol</i> .....    | 9        | URISTIX REAGENT .....                       | 276    |
| ULTIGUARD SAFEPACK-INSULIN<br>SYR ..... | 238 | UNIFINE OTC PEN NEEDLE .....            | 272      | UROGESIC-BLUE .....                         | 182    |
| ULTIGUARD SAFEPACK-PEN<br>NEEDLE .....  | 272 | UNIFINE PENTIPS .....                   | 272      | URO-MP .....                                | 182    |
| ULTILET ALCOHOL SWAB .....              | 86  | UNIFINE PENTIPS MAXFLOW .....           | 272      | UROQID-ACID NO.2 .....                      | 306    |
| ULTILET BASIC LANCETS .....             | 217 | UNIFINE PENTIPS PLUS .....              | 273      | <i>ursodiol</i> .....                       | 207    |
| ULTILET CLASSIC LANCETS .....           | 218 | UNIFINE PENTIPS PLUS<br>MAXFLOW .....   | 272      | VAFSEO .....                                | 170    |
| ULTILET INSULIN SYRINGE .....           | 238 | UNIFINE PROTECT .....                   | 273      | VAGINAL CONTRACEPTIVE FILM .....            | 53     |
| ULTILET LANCETS .....                   | 218 | UNIFINE SAFECONTROL PEN<br>NEEDLE ..... | 273      | <i>valacyclovir</i> .....                   | 191    |
| ULTILET PEN NEEDLE .....                | 272 | UNIFINE ULTRA PEN NEEDLE .....          | 273      | VALCHLOR .....                              | 89     |
| ULTILET SAFETY LANCETS .....            | 218 | UNILET COMFORTOUCH<br>LANCET .....      | 218      | <i>valganciclovir</i> .....                 | 191    |
| ULTIMA MONITOR .....                    | 136 | UNILET GP LANCET .....                  | 218      | <i>valproic acid</i> .....                  | 296    |
| ULTIMA TEST STRIPS .....                | 129 | UNILET LANCET .....                     | 218      | <i>valproic acid (as sodium salt)</i> ..... | 296    |
| ULTRA CMFT INS SYR (HALF<br>UNIT) ..... | 238 | UNILET LANCETS .....                    | 218      | <i>valsartan</i> .....                      | 40     |
| ULTRA COMFORT INSULIN<br>SYRINGE .....  | 239 | UNILET SUPER THIN LANCETS .....         | 218      | <i>valsartan-hydrochlorothiazide</i> .....  | 38     |
| ULTRA FLO INSUL SYR(HALF<br>UNIT) ..... | 239 | UNISTIK 2 EXTRA LANCET .....            | 136      | VALTOCO .....                               | 291    |
| ULTRA FLO INSULIN SYRINGE .....         | 239 | UNISTIK 2 NORMAL LANCET .....           | 136      | VALTYA .....                                | 62     |
| ULTRA FLO PEN NEEDLE .....              | 272 | UNISTIK 3 COMFORT LANCET .....          | 212      | <i>vancomycin</i> .....                     | 188    |
| ULTRA PRENATAL PLUS DHA .....           | 314 | UNISTIK 3 EXTRA LANCET .....            | 218      | VANFLYTA .....                              | 248    |
| ULTRA THIN II LANCETS .....             | 218 | UNISTIK 3 GENTLE .....                  | 218      | VANISHPOINT INSULIN<br>SYRINGE .....        | 240    |
| ULTRA THIN LANCETS .....                | 218 | UNISTIK 3 NORMAL LANCET .....           | 218      | VANISHPOINT SYRINGE .....                   | 240    |
| ULTRA THIN PEN NEEDLE .....             | 272 | UNISTIK COMFORT LANCETS .....           | 218      | VANISHPOINT TUBERCULIN<br>SYRINGE .....     | 240    |
| ULTRA THIN PLUS LANCETS .....           | 218 | UNISTIK CZT LANCET .....                | 218      | VANOXIDE-HC .....                           | 70     |
| ULTRA TLC LANCETS .....                 | 218 | UNISTIK EXTRA LANCETS .....             | 218      | VANRAFIA .....                              | 40     |
|                                         |     | UNISTIK NORMAL LANCETS .....            | 218      | VAPRO PLUS INTERMITT<br>CATHETER .....      | 212    |

|                                |          |                               |     |                                            |          |
|--------------------------------|----------|-------------------------------|-----|--------------------------------------------|----------|
| VARUBI.....                    | 7        | VIOKACE.....                  | 300 | VYNDAMAX.....                              | 51       |
| VASELINE WHITE PETROLEUM... 88 |          | VIORELE (28).....             | 62  | VYNDAQEL.....                              | 52       |
| VASHE.....                     | 86       | VIOS AEROSOL DELIVERY         |     | VYVGART HYTRULO.....                       | 19       |
| VAXCHORA VACCINE.....          | 179      | SYSTEM.....                   | 17  | VYZULTA.....                               | 160      |
| VCF CONTRACEPTIVE FILM.....    | 53       | VIRACEPT.....                 | 193 | WAINUA.....                                | 240      |
| VCF CONTRACEPTIVE GEL.....     | 53       | VIREAD.....                   | 193 | WAKIX.....                                 | 30       |
| VECAMYL.....                   | 40       | VISCO-3.....                  | 198 | <i>warfarin</i> .....                      | 163      |
| VELIVET TRIPHASIC REGIMEN      |          | VISTASEAL-FIBRIN SEALANT .... | 174 | <i>water for irrigation, sterile</i> ..... | 86       |
| (28).....                      | 62       | VISTOGARD.....                | 250 | WAYRILZ.....                               | 248      |
| VELPHORO.....                  | 144      | VITAFOL FE+ (WITH DOCUSATE)   |     | WAYZEN.....                                | 88       |
| VELSIPITY.....                 | 254      | .....                         | 314 | WEBCOL.....                                | 86       |
| VELTASSA.....                  | 144      | VITAFOL GUMMIES.....          | 315 | WEGOVY.....                                | 316      |
| VEMLIDY.....                   | 195      | VITAMIN D2.....               | 316 | WELERIS.....                               | 88       |
| VENCLEXTA.....                 | 249      | VITAMIN K.....                | 174 | WELIREG.....                               | 249      |
| VENCLEXTA STARTING PACK... 249 |          | VITAMIN K1.....               | 174 | WERA (28).....                             | 63       |
| <i>venlafaxine</i> .....       | 22       | VITRAKVI.....                 | 248 | WESNATAL DHA COMPLETE.....                 | 315      |
| VENTAVIS.....                  | 45       | VIVAGUARD INO GLUCOSE         |     | WESTAB PLUS.....                           | 315      |
| VENXXIVA.....                  | 305      | METER.....                    | 136 | WIDE-SEAL DIAPHRAGM 60.....                | 63       |
| VEOZAH.....                    | 177      | VIVAGUARD INO SMART GLUC      |     | WIDE-SEAL DIAPHRAGM 65.....                | 63       |
| <i>verapamil</i> .....         | 43       | METER.....                    | 136 | WIDE-SEAL DIAPHRAGM 70.....                | 63       |
| VERIFINE INSULIN SYRINGE ....  | 240      | VIVAGUARD INO TEST STRIP ...  | 130 | WIDE-SEAL DIAPHRAGM 75.....                | 63       |
| VERIFINE PEN NEEDLE.....       | 273      | VIVAGUARD LANCET.....         | 219 | WIDE-SEAL DIAPHRAGM 80.....                | 63       |
| VERIFINE PLUS PEN NEEDLE ...   | 273      | VIVAGUARD SAFETY LANCET ...   | 219 | WIDE-SEAL DIAPHRAGM 85.....                | 63       |
| VERIFINE PLUS PEN NEEDLE-      |          | VIVJOA.....                   | 187 | WIDE-SEAL DIAPHRAGM 90.....                | 63       |
| SHARP.....                     | 273      | VIVOTIF.....                  | 179 | WIDE-SEAL DIAPHRAGM 95.....                | 63       |
| VERIFINE SAFETY LANCET MINI    | 219      | VIZIMPRO.....                 | 248 | WILATE.....                                | 165      |
| VERIFINE UNIVERSAL LANCET ..   | 219      | VIZZ.....                     | 160 | WILLIS THE WHALE                           |          |
| VERKAZIA.....                  | 157      | VOLNEA (28).....              | 62  | COMPRESSR NEB.....                         | 17       |
| VERQUVO.....                   | 52       | VONJO.....                    | 248 | WINLEVI.....                               | 71       |
| VERSACLOZ.....                 | 29       | VONVENDI.....                 | 165 | WINREVAIR.....                             | 44       |
| VERTIGOHEEL.....               | 260      | VOQUEZNA.....                 | 303 | WINTERGREEN OIL.....                       | 87       |
| VERZENIO.....                  | 248      | VOQUEZNA DUAL PAK.....        | 302 | WIXELA INHUB.....                          | 10       |
| VESICARE LS.....               | 306      | VOQUEZNA TRIPLE PAK.....      | 302 | WOMEN'S PRENATAL PLUS DHA                  |          |
| VESTURA (28).....              | 62       | VORANIGO.....                 | 249 | .....                                      | 315      |
| VEVEN.....                     | 97       | <i>voriconazole</i> .....     | 187 | WOUNDGELHA MATRIX.....                     | 89       |
| VEVYE.....                     | 157      | VORTEX HOLDING CHAMBER ....   | 17  | WYMZYA FE.....                             | 63       |
| V-GO 20.....                   | 136      | VORTEX VHC PEDIATRIC MASK..   | 17  | WYNZORA.....                               | 98       |
| V-GO 30.....                   | 136      | VOSEVI.....                   | 194 | XADAGO.....                                | 290      |
| V-GO 40.....                   | 136      | VOWST.....                    | 182 | XALIX.....                                 | 88       |
| VIBERZI.....                   | 205      | VOXZOGO.....                  | 149 | XALKORI.....                               | 248, 249 |
| VIBRANT.....                   | 219      | VOYDEYA.....                  | 169 | XARAH FE.....                              | 63       |
| VIBRANT STARTER KIT.....       | 219      | VP-CH-PNV.....                | 314 | XARELTO.....                               | 166      |
| VIENVA.....                    | 62       | VRAYLAR.....                  | 26  | XARELTO DVT-PE TREAT 30D                   |          |
| <i>vigabatrin</i> .....        | 296      | VTAMA.....                    | 95  | START.....                                 | 166      |
| VIGADRONE.....                 | 296      | VUMERITY.....                 | 252 | XATMEP.....                                | 243      |
| VIGAFYDE.....                  | 297      | VYALEV.....                   | 290 | XCLAIR.....                                | 86       |
| VIGPODER.....                  | 297      | VYFEMLA (28).....             | 62  | XCOPRI.....                                | 297      |
| VIJOICE.....                   | 241, 242 | VYKAT XR.....                 | 275 | XCOPRI MAINTENANCE PACK... 297             |          |
| <i>vilazodone</i> .....        | 22       | VYLIBRA.....                  | 62  | XCOPRI TITRATION PACK.....                 | 297      |

|                             |          |                              |            |                |     |
|-----------------------------|----------|------------------------------|------------|----------------|-----|
| XDEMVY.....                 | 156      | ZARAH.....                   | 63         | ZYMFENTRA..... | 197 |
| XELJANZ.....                | 201      | ZARXIO.....                  | 171        | ZYPRAM.....    | 205 |
| XELJANZ XR.....             | 201      | ZAVZPRET.....                | 286        |                |     |
| XELPROS.....                | 161      | ZEGALOGUE AUTOINJECTOR...    | 137        |                |     |
| XELRIA FE.....              | 63       | ZEGALOGUE SYRINGE.....       | 138        |                |     |
| XELSTRYM.....               | 25       | ZEJULA.....                  | 249        |                |     |
| XEMBIFY.....                | 178      | ZELAPAR.....                 | 290        |                |     |
| XENLETA.....                | 184      | ZELBORAF.....                | 244        |                |     |
| XEPI.....                   | 73       | ZELSUVMI.....                | 275        |                |     |
| XERMELO.....                | 206      | ZEMAIRA.....                 | 242        |                |     |
| XEROFORM PETROLATUM         |          | ZENATANE.....                | 66         |                |     |
| DRESSING.....               | 211      | ZENPEP.....                  | 301        |                |     |
| XHANCE.....                 | 6        | ZENPHOR.....                 | 211        |                |     |
| XIFAXAN.....                | 188      | ZENZEDI.....                 | 25         |                |     |
| XIGDUO XR.....              | 103, 104 | ZEPATIER.....                | 195        |                |     |
| XIIDRA.....                 | 157      | ZEPBOUND.....                | 316        |                |     |
| XIRUN.....                  | 88       | ZEPOSIA.....                 | 254        |                |     |
| XOFLUZA.....                | 191      | ZEPOSIA STARTER KIT (28-DAY) |            |                |     |
| XOLAIR.....                 | 11, 12   | .....                        | 254        |                |     |
| XOLREMDI.....               | 240      | ZEPOSIA STARTER PACK (7-     |            |                |     |
| XOSPATA.....                | 249      | DAY).....                    | 254        |                |     |
| XPHOZAH.....                | 144      | ZETONNA.....                 | 6          |                |     |
| XPOVIO.....                 | 250      | <i>zidovudine</i> .....      | 193        |                |     |
| XROMI.....                  | 172      | ZIEXTENZO.....               | 171        |                |     |
| XTAMPZA ER.....             | 284      | ZILBRYSQ.....                | 169        |                |     |
| XTANDI.....                 | 242      | ZIMHI.....                   | 30         |                |     |
| XULANE.....                 | 63       | <i>zinc oxide</i> .....      | 89         |                |     |
| XULTOPHY 100/3.6.....       | 102      | <i>ziprasidone hcl</i> ..... | 29         |                |     |
| XURIDEN.....                | 162      | ZIRGAN.....                  | 155        |                |     |
| XYNTHA.....                 | 165      | ZITHRANOL.....               | 96         |                |     |
| XYNTHA SOLOFUSE.....        | 165      | ZOKINVY.....                 | 242        |                |     |
| XYOSTED.....                | 175      | ZOLINZA.....                 | 249        |                |     |
| XYWAV.....                  | 26       | <i>zolmitriptan</i> .....    | 286        |                |     |
| YALE DISPOSABLE NEEDLES...  | 273      | <i>zolpidem</i> .....        | 31         |                |     |
| YARGESA.....                | 259      | ZOMACTON.....                | 148        |                |     |
| YAXATARXYN.....             | 93       | ZOMIG.....                   | 286        |                |     |
| YCANTH.....                 | 87       | ZONISADE.....                | 297        |                |     |
| YESINTEK.....               | 202      | <i>zonisamide</i> .....      | 297        |                |     |
| YEZTUGO.....                | 190      | ZONTIVITY.....               | 171        |                |     |
| YOKATAR.....                | 93       | ZORYVE.....                  | 76, 77, 96 |                |     |
| YONI FIT BLADDER SUPPORT... | 219      | ZOVIA 1-35 (28).....         | 63         |                |     |
| YONSA.....                  | 242      | ZTALMY.....                  | 297        |                |     |
| YORVIPATH.....              | 149      | ZUBSOLV.....                 | 287, 288   |                |     |
| YUPELRI.....                | 8        | ZUMANDIMINE (28).....        | 63         |                |     |
| YUTREPIA.....               | 45       | ZUNVEYL.....                 | 19         |                |     |
| YUVAFEM.....                | 308      | ZURZUVAE.....                | 19         |                |     |
| ZAFEMY.....                 | 63       | ZYDELIG.....                 | 249        |                |     |
| <i>zafirlukast</i> .....    | 11       | ZYKADIA.....                 | 249        |                |     |
| <i>zaleplon</i> .....       | 31       | ZYLET.....                   | 151        |                |     |