

**Kaiser Permanente Insurance Company (KPIC)**  
**Point of Service (POS)**  
**Preferred Provider Organization (PPO) Plans**  
**Choice Preferred Provider Organization (PPO) Plans**  
**Choice Out of Area (OOA) 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 Upon revision, all previous versions of the drug formulary are no longer in effect.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 are receiving this document because you are currently enrolled in a Kaiser Permanente POS, PPO, Choice PPO or Choice OOA Plan. Kaiser Foundation Health Plan of Colorado, Inc., is the health plan provider for the coverage comprising the Kaiser Permanente network and Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan, Inc., is the health plan provider for the coverage comprising of the MedImpact network tier and/or the Non-Participating Provider tier of the POS Plan. The PPO, Choice PPO or Choice OOA Plans are products offered solely through KPIC.

This document contains information regarding the outpatient prescription drugs that are covered under these plans. KPIC's outpatient prescription drug benefit is administered by our contracted Pharmacy Benefit Manager, MedImpact.

**NOTE:** The information in this Formulary does not apply to the Kaiser Permanente network tier drug benefits offered in a POS plan only.

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-colorado>. For help in your preferred language, please see page 6 in this document.

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

This document is a list of the prescription medications covered under your Choice PPO, Choice OOA, PPO, and POS (MedImpact and Non-Participating Pharmacies only). All drugs are listed by their generic names and the most common proprietary (brand) name. The Formulary may be accessed by using the index; either by the generic name (in *italics*) or the proprietary name (in CAPITAL letters) or by the therapeutic drug category. This document applies only to outpatient prescription drugs provided to the insured through the retail pharmacies. This document does not apply to medications obtained in the doctor's office or in the hospital.

The drugs in the Formulary are grouped into categories depending on the type of medical condition that they are used to treat. Look under the category name in alphabetical order by generic name for your drug. For all drugs within the Formulary table, the tier level is denoted throughout the document using the following symbols (*refer to the Formulary Tier Definition table below*).

## Formulary Tier Definition:

| Symbol | Guideline | Description                                     |
|--------|-----------|-------------------------------------------------|
| T1     | Tier 1    | Preventive Drugs under the Affordable Care Act. |
| T2     | Tier 2    | Preferred Generic Medications                   |
| T3     | Tier 3    | Preferred Brand Medications                     |
| T4     | Tier 4    | Non-Preferred Generic and Brand Medications     |
| T5     | Tier 5    | Specialty Pharmaceutical Drugs                  |
| T6     | Tier 6    | Diabetic Supplies                               |

### 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 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 BENEFITS/COVERAGE (What is Covered) and SCHEDULE OF BENEFITS (Who Pays What) sections of your Certificate of Insurance.

### 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.

Durable medical equipment (DME) prescribed by a physician include:

- Inhaler spacers

### **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 or POS 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 Choice PPO, PPO, POS or Choice OOA 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* for details.

### **What are specialty drugs?**

Specialty drugs are high-cost prescription medications that include some 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. **Preventive Drugs are labeled under Tier 1 in the Formulary.**

### **Contraceptives**

All prescribed FDA-approved contraceptive methods for women with reproductive capacity, including all eighteen (18) forms of emergency and preventive contraception approved by FDA and included in the Health Resources and Service Administration (HRSA) Women's Preventive Services Guidelines are covered at no-cost. Through your pharmacy benefit this includes oral contraceptives (sometimes known as "the pill"), patches, vaginal rings, diaphragms, sponges, cervical caps, female condoms, spermicide, and emergency contraceptives (sometimes known as "Plan B").

The pharmacy benefit covers twelve (12) months of a prescription oral contraceptive or three (3) months of a prescribed vaginal ring at one time.

If you require a different type of contraception, we will defer to your provider for medical necessity determination, and it will be covered at no cost. The exceptions process is used to request a different type of contraception that may not be available on the formulary, such as brand name medications. Upon receipt of your exception 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 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.
- Medications which require administration by a clinician unless otherwise specified in the Formulary listing.
- Foreign-sourced drugs or drugs not approved by the U.S. Food & Drug Administration, except in certain cases of drug shortage, when allowed under the individual's pharmacy benefit.
- See your Certificate of Insurance 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. <i>See “What is a Prior Authorization?” below for additional information.</i>                                                                                                                                               |
| 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.<br><i>See “What is Step Therapy?” below for additional information.</i>                                                                                                                                  |
| MO     | Maintenance Medication | Maintenance medications are required to be filled at a Kaiser pharmacy or the Kaiser Mail Order Pharmacy after the first fill of this maintenance medication. This doesn’t apply to pharmacies that are greater than 30 miles from a Kaiser pharmacy. This applies only to the Choice PPO plan. |

### 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. The following outpatient prescription drugs shall not be subject to Prior Authorization (1) FDA-approved medications for the treatment of substance use disorder; and (2) FDA-approved medications for the prevention of HIV infection when prescribed and dispensed by a pharmacist.



### **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 high-cost medications. This means that to receive coverage you may need to first try a proven, cost-effective medication before using a more costly treatment. The following outpatient prescription drugs shall not be subject to Step Therapy: (1) FDA-approved medications for the treatment of substance use disorder; (2) FDA-approved medications for the treatment of Stage four (4) advanced metastatic cancer; and (3) FDA-approved medications for the prevention of HIV infection when prescribed and dispensed by a pharmacist.

**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. Refer to Step Therapy in the Index section at the end of the Formulary for a complete list of medications requiring step therapy and its criteria.

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). 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 one of our mail-order pharmacies. Drugs eligible for mail order, however, cannot be mailed outside the United States.

- If you are enrolled in the PPO plan or Choice OOA plan you may order refills through the mail-order service online at [walgreens.com/mailservice](https://www.walgreens.com/mailservice).

- If you are enrolled in the Choice PPO plan or Choice OOA plan, you may order refills through our Kaiser Permanente mail-order service online at [www.kp.org](http://www.kp.org) or by phone, **1-866-523-6059** or 711 (TTY), Monday through Friday, 8 a.m. to 6 p.m.
- If you are a POS member, you may order refills:
  - For your Tier 1 benefit from our Kaiser Permanente mail-order service online at [www.kp.org](http://www.kp.org) or by phone, 1-866-523-6059 or 711 (TTY) Monday through Friday, 8 a.m. to 6 p.m. Drugs ordered through this service will *not* follow this formulary, rather the [Colorado Commercial HMO Formulary](#).
  - For your Tier 2 benefit from the Walgreens mail-order service online at [walgreens.com/mailservice](http://walgreens.com/mailservice). Drugs ordered through this service will follow this formulary.

There is no extra charge for mail order. The appropriate out-of-pocket cost according to your prescription drug benefit will apply. See your Certificate of Insurance Schedule of Benefits to determine if mail order is available in your plan.

## NONDISCRIMINATION NOTICE

Kaiser Permanente Insurance Company (KPIC) complies with applicable federal and state civil rights law and does not discriminate, exclude people or treat them less favorably on the basis of race, color, national origin (including limited English proficiency and primary language), ancestry, age, disability, sex (including sex characteristics, intersex traits; pregnancy or related conditions; sexual orientation; gender identity, gender expressions, and sex stereotypes), religion, creed or marital status. KPIC:

- Provides no cost auxiliary 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 **1-855-364-3184** (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, ancestry, age, disability, sex, religion, creed, or marital status, you can file a grievance by mail at: KPIC Civil Rights Coordinator, PO Box 378066, Denver, CO 80237, or by phone at Member Services: 1-855-364-3184.

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 **1-855-364-3184** (TTY: 711).

**አማርኛ (Amharic) ማሳሰቢያ፦** አማርኛ የሚናገሩ ከሆነ፣ ተገቢ የሆኑ ረዳት መርጃዎች እና አገልግሎቶችን ጨምሮ የቋንቋ እርዳታ አገልግሎቶች በነጻ ለእርስዎ ይገኛሉ። ወደ **1-855-364-3184** (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 **1-855-364-3184** (TTY: 711).

**Bàsɔ-Wùdù (Bassa) DYÉDÉ-GBO-DÈ-DÈ:** ɔ jũ ké m̃ d̃yi Bàsɔ-Wùdù po-nyò jũin, wuɖu-xwíníín mú zàz bè kè gbo-kpá-kpá ɔ kè kùà tɔ̀ò bè se wíqí. péè-péè d̃ò kòèè nì bó m̃ bìì. Dá **1-855-364-3184** (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**1-855-364-3184 (TTY: 711)**。

**فارسی (Farsi) توجه:** اگر به زبان فارسی صحبت میکنید خدمات کمکسانی زبانی, شالی کمکها و خدمات جانبی مناسب, به صورت رایگان و دسترسیاتان قرار میگردد. به شماره **1-855-364-3184** 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 **1-855-364-3184 (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 **1-855-364-3184 (TTY: 711)**.

**Igbo (Igbo) Gee nti:** O bụrụ na ịna-asụ asụsụ Igbo, ọrụ enyemaka asụsụ gunyere ọrụ na enyemaka kwesiri ekwesị, dị n'efu, dị maka gị. Kpọọ **1-855-364-3184 (TTY: 711)**.

**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 : **1-855-364-3184 (TTY: 711)**。

**한국어 (Korean) 참고:** 한국어를 구사하시는 경우, 필요한 보조 기기와 서비스가 포함된 언어 지원 서비스가 무료로 제공됩니다. **1-855-364-3184(TTY: 711)**번으로 전화하십시오.

**Naabeehó (Navajo) BEE ADIIT'ÁNÍ:** T'áa shoodí éí Diné bizaad bee yáníłt'i, t'áa iiyisí dóó ch'iyáán yáhoot'éét nihá shikaadééł dah naashá. Doo baa akót'éego nihá baqah daniidłjį'. Háálá **1-855-364-3184 (TTY: : 711)**.

**नेपाल (Nepali) ध्यान दिनुहोस्:** यदि तपाईं नेपाली बोल्नुहुन्छ भने उपयुक्त सहायक साधनहरू र सेवाहरू सदहतको भाषा सहायता सेवा तपाईंको लागि निःशुल्क उपलब्ध छ। **1-855-364-3184 (TTY: 711)** मा फोन िनुहोस्।

**Afaan Oromoo (Oromo) FUULEFFANNAA:** Afaan Oromoo dubbattu yoo ta'e, tajaajiloonni afaanii meeshaalee fi tajaajiloota qaama miidhamtootaaf mijaa'oo ta'an dabalatee, kaffaltii irraa bilisa karaa ta'een, ni argamu. Bilbilaa **1-855-364-3184 irratti (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 **1-855-364-3184 (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 **1-855-364-3184 (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 **1-855-364-3184 (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 **1-855-364-3184 (TTY: 711)**.

**Yorùbá (Yoruba) ÀKÍYÈSÍ:** Bí o bá lè sọ èdè Yorùbá, àwọn ètò ìrànlọ́wọ́ èdè, tíítí kan àwọn ohun èlò àtí ìṣẹ́ ìrànlọ́wọ́ tó yẹ wà fún ọ lọfẹ́. Pe **1-855-364-3184 (TTY: 711)**.

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



| Drug                                                                                     | Status | Notes                                                                                                                                                  |
|------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| PALFORZIA INITIAL (1-3 YRS) ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3 MG                        | Tier 4 | PA                                                                                                                                                     |
| PALFORZIA INITIAL (4-17 YRS) ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG                     | Tier 4 | PA                                                                                                                                                     |
| PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG                              | Tier 4 | PA; MO                                                                                                                                                 |
| RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT                                               | Tier 3 | PA; MO                                                                                                                                                 |
| <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: 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)                                                                                                                                      |
| <i>carbinoxamine maleate oral tablet 6 mg</i> (RyVent)                                   | Tier 2 | ST: Must meet the following requirements: Carbinoxamine 4mg and IR solution in 365 days; QL (4 EA per 1 day); Age (Min 2 Years)                        |
| CARBZAH ORAL LIQUID 4 MG/5 ML (carbinoxamine maleate)                                    | Tier 2 | Age (Min 2 Years)                                                                                                                                      |
| <i>clemastine oral syrup 0.5 mg/5 ml</i>                                                 | Tier 2 |                                                                                                                                                        |
| <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 |                                                                                                                                                        |
| <i>dexchlorpheniramine maleate oral solution 2 mg/5 ml</i> (Ryclora)                     | Tier 2 | QL (236 ML per 1 FILL)                                                                                                                                 |
| 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 |                                                                                                                                                        |

| Drug                                                                                   | Status | Notes                                                                                                                                                     |
|----------------------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| KARBINAL ER ORAL (carbinoxamine maleate)<br>SUSPENSION,EXTENDED REL 12 HR<br>4 MG/5 ML | 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) |
| PHENERGAN INJECTION SOLUTION (promethazine)<br>25 MG/ML, 50 MG/ML                      | Tier 4 |                                                                                                                                                           |
| <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 |                                                                                                                                                           |
| CLARINEX ORAL TABLET 5 MG (desloratadine)                                              | Tier 4 | MO                                                                                                                                                        |
| <i>desloratadine oral tablet 5 mg</i> (Clarinx)                                        | Tier 2 | MO                                                                                                                                                        |
| <i>desloratadine oral tablet,disintegrating 2.5 mg, 5 mg</i>                           | Tier 2 | MO; ST: Must meet any of the following requirements:<br>Desloratadine or Levocetirizine tablets in 120 days                                               |
| <i>levocetirizine oral solution 2.5 mg/5 ml</i> (Xyzal)                                | Tier 2 | MO; ST: Must meet any of the following requirements:<br>Desloratadine or Levocetirizine tablets in 120 days                                               |
| <i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief)                           | Tier 2 | MO                                                                                                                                                        |
| <b>Nasal Antihistamine</b>                                                             |        |                                                                                                                                                           |
| <i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i>                              | Tier 2 | MO                                                                                                                                                        |
| <i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i> (Astepro Allergy)         | Tier 2 | MO                                                                                                                                                        |
| <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)                            |

| Drug                                                                                            | Status | Notes                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DYMISTA NASAL SPRAY, NON-AEROSOL 137-50 MCG/SPRAY (azelastine-fluticasone)                      | Tier 4 | ST: Must meet the following requirement: Fluticasone or Flunisolide (nasal formulation) in 120 days; QL (23 GM per 30 days)                                                             |
| RYALTRIS NASAL SPRAY, NON-AEROSOL 665-25 MCG/SPRAY                                              | Tier 4 | QL (29 GM per 30 days)                                                                                                                                                                  |
| <b>Nasal Anti-Inflammatory Steroids</b>                                                         |        |                                                                                                                                                                                         |
| <i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>                                    | Tier 2 | MO; QL (25 ML per 30 days)                                                                                                                                                              |
| <i>fluticasone propionate nasal spray, suspension 50 mcg/actuation</i> (24 Hour Allergy Relief) | Tier 2 | MO                                                                                                                                                                                      |
| <i>mometasone nasal spray, non-aerosol 50 mcg/actuation</i> (Allergy Nasal (mometasone))        | Tier 2 | MO                                                                                                                                                                                      |
| OMNARIS NASAL SPRAY, NON-AEROSOL 50 MCG                                                         | Tier 4 | MO; ST: Must meet the following requirement: Flunisolide or Fluticasone in 120 days; QL (5 GM per 12 days)                                                                              |
| QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION                                                | Tier 3 | MO; ST: Must meet any of the following requirements: nasal Flunisolide or Fluticasone in 120 days; QL (6.8 GM per 30 days)                                                              |
| QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION                                                | Tier 3 | MO; ST: Must meet any of the following requirements: nasal Flunisolide or Fluticasone in 120 days; QL (10.6 GM per 30 days)                                                             |
| TICANASE NASAL KIT, SPRAY SUSPENSION AND SPRAY 50 MCG-0.9 %                                     | Tier 4 | MO                                                                                                                                                                                      |
| XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION                                          | Tier 3 | MO; 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 | MO; ST: Must meet the following requirement: Flunisolide or Fluticasone in 120 days; QL (6.1 GM per 30 days)                                                                            |

| Drug                                                                                           | Status | Notes                                                                                                                                                 |
|------------------------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Antiemesis/Antivertigo</b>                                                                  |        |                                                                                                                                                       |
| <b>Antiemetic, Cannabinoid-Type</b>                                                            |        |                                                                                                                                                       |
| <i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)                                   | Tier 2 | ST: Must meet any of the following requirements:<br>5HT3 Antagonist, Corticosteroids, Emend, or Megestrol suspension in 120 days; QL (2 EA per 1 day) |
| MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG (dronabinol)                                          | Tier 4 | ST: Must meet any of the following requirements:<br>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:<br>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)                                                                                                                                 |
| <i>aprepitant oral capsule 125 mg</i>                                                          | Tier 2 | QL (1 EA per 21 days)                                                                                                                                 |
| <i>aprepitant oral capsule 40 mg</i>                                                           | Tier 2 | QL (1 EA per 28 days)                                                                                                                                 |
| <i>aprepitant oral capsule 80 mg</i> (Emend)                                                   | Tier 2 | QL (2 EA per 21 days)                                                                                                                                 |
| <i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend)                        | Tier 2 | QL (3 EA per 21 days)                                                                                                                                 |
| BONJESTA ORAL TABLET, IR, DELAYED REL, BIPHASIC 20-20 MG                                       | Tier 4 | QL (60 EA per 30 days)                                                                                                                                |
| COMPAZINE ORAL TABLET 10 MG, 5 MG (prochlorperazine maleate)                                   | Tier 4 |                                                                                                                                                       |
| COMPAZINE RECTAL SUPPOSITORY 25 MG (prochlorperazine)                                          | Tier 4 |                                                                                                                                                       |
| COMPRO RECTAL SUPPOSITORY 25 MG (prochlorperazine)                                             | Tier 2 |                                                                                                                                                       |
| DICLEGIS ORAL TABLET, DELAYED RELEASE (DR/EC) 10-10 MG (doxylamine-pyridoxine (vit b6))        | Tier 4 | QL (120 EA per 30 days)                                                                                                                               |
| <i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (dr/ec) 10-10 mg</i> (Diclegis) | Tier 2 | QL (120 EA per 30 days)                                                                                                                               |
| EMEND ORAL CAPSULE 80 MG (aprepitant)                                                          | Tier 4 | QL (2 EA per 21 days)                                                                                                                                 |
| EMEND ORAL CAPSULE, DOSE PACK 125 MG (1)- 80 MG (2) (aprepitant)                               | Tier 4 | QL (3 EA per 21 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>meclizine oral tablet 50 mg</i> (Antivert)                                     | Tier 2 | QL (2 EA per 1 day)                                                                                        |
| <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 16 mg, 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 |                                                                                                            |
| TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS (scopolamine base)        | Tier 4 |                                                                                                            |
| <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>5-Lipoxygenase Inhibitors</b>                                                  |        |                                                                                                            |
| <i>zileuton oral tablet, er multiphase 12 hr 600 mg</i>                           | Tier 2 | MO; ST: Must meet the following requirements: Montelukast and Zafirlukast in 365 days; QL (2 EA per 1 day) |

| Drug                                                                                                                                     | Status | Notes                                                                                                                       |
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| ZYFLO ORAL TABLET 600 MG                                                                                                                 | Tier 4 | MO; ST: Must meet the following requirements: Montelukast and Zafirlukast in 365 days; QL (4 EA per 1 day)                  |
| <b>Anticholinergic, Orally Inhaled Short Acting</b>                                                                                      |        |                                                                                                                             |
| ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION                                                                             | Tier 3 | MO; QL (25.8 GM per 30 days)                                                                                                |
| <i>ipratropium bromide inhalation solution 0.02 %</i>                                                                                    | Tier 2 | MO                                                                                                                          |
| <b>Anticholinergics, Orally Inhaled Long Acting</b>                                                                                      |        |                                                                                                                             |
| INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION                                                                        | Tier 3 | MO; QL (30 EA per 30 days)                                                                                                  |
| SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION                                                                   | Tier 3 | MO; QL (4 GM per 30 days)                                                                                                   |
| SPIRIVA WITH HANDIHALER (tiotropium bromide) INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG                                              | Tier 4 | MO; QL (30 EA per 30 days)                                                                                                  |
| <i>tiotropium bromide inhalation capsule, w/inhalation device 18 mcg</i> (Spiriva with HandiHaler)                                       | Tier 2 | MO; QL (30 EA per 30 days)                                                                                                  |
| TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION                                                             | Tier 4 | MO; 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 | MO; QL (90 ML per 30 days)                                                                                                  |
| <b>Beta-Adrenergic Agents</b>                                                                                                            |        |                                                                                                                             |
| <i>albuterol sulfate oral syrup 2 mg/5 ml</i>                                                                                            | Tier 2 | MO                                                                                                                          |
| <i>albuterol sulfate oral tablet 2 mg, 4 mg</i>                                                                                          | Tier 2 | MO                                                                                                                          |
| <i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>                                                                   | Tier 2 | MO                                                                                                                          |
| <i>terbutaline oral tablet 2.5 mg, 5 mg</i>                                                                                              | Tier 2 | MO                                                                                                                          |
| <b>Beta-Adrenergic Agents, Inhaled, Short Acting</b>                                                                                     |        |                                                                                                                             |
| <i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i> (Ventolin HFA)                                                  | Tier 2 | MO                                                                                                                          |
| <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 | MO                                                                                                                          |

| Drug                                                                                                                  | Status | Notes                                                                                                                 |
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| <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 | MO                                                                                                                    |
| <i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i> (Xopenex HFA)                            | Tier 2 | MO                                                                                                                    |
| PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION                                          | Tier 4 | MO; ST: Must meet the following requirement: generic Albuterol Sulfate 90mcg HFA inhaler in 120 days                  |
| VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (albuterol sulfate)                                      | Tier 4 | MO; ST: Must meet the following requirement: generic Albuterol Sulfate 90mcg HFA inhaler in 120 days                  |
| XOPENEX HFA INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION (levalbuterol tartrate)                                   | Tier 4 | MO                                                                                                                    |
| <b>Beta-Adrenergic Agents, Inhaled, Ultra-Long Acting</b>                                                             |        |                                                                                                                       |
| STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION                                                                  | Tier 3 | MO; 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 | MO; ST: Must meet the following requirement: Perforomist, Serevent, or Striverdi in 120 days; QL (120 ML per 30 days) |
| BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML (arformoterol)                                               | Tier 4 | MO; ST: Must meet the following requirement: Perforomist, Serevent, or Striverdi in 120 days; QL (120 ML per 30 days) |
| <i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i> (Perforomist)                             | Tier 2 | MO; QL (120 ML per 30 days)                                                                                           |
| PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML (formoterol fumarate)                                    | Tier 4 | MO; QL (120 ML per 30 days)                                                                                           |
| SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE                                                            | Tier 3 | MO; QL (60 EA per 30 days)                                                                                            |
| <b>Beta-Adrenergic And Anticholinergic Combinations</b>                                                               |        |                                                                                                                       |
| ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION (umeclidinium-vilanterol)                          | Tier 3 | MO; QL (60 EA per 30 days)                                                                                            |

| Drug                                                                                                                                    |                                      | Status | Notes                                                                                                                     |
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| BEVESPI AEROSPHERE INHALATION<br>HFA AEROSOL INHALER 9-4.8 MCG                                                                          |                                      | Tier 4 | MO; ST: Must meet the following requirements:<br>Anoro Ellipta and Stiolto Respimat in 365 days; QL (10.7 GM per 30 days) |
| COMBIVENT RESPIMAT INHALATION<br>MIST 20-100 MCG/ACTUATION                                                                              |                                      | Tier 3 | MO                                                                                                                        |
| DUAKLIR PRESSAIR INHALATION<br>AEROSOL POWDR BREATH<br>ACTIVATED 400-12 MCG/ACTUATION                                                   |                                      | Tier 4 | MO; ST: Must meet the following requirements:<br>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 | MO                                                                                                                        |
| STIOLTO RESPIMAT INHALATION<br>MIST 2.5-2.5 MCG/ACTUATION                                                                               |                                      | Tier 3 | MO; QL (4 GM per 30 days)                                                                                                 |
| <b>Beta-Adrenergic And Glucocorticoid Combinations</b>                                                                                  |                                      |        |                                                                                                                           |
| ADVAIR DISKUS INHALATION<br>BLISTER WITH DEVICE 100-50<br>MCG/DOSE, 250-50 MCG/DOSE, 500-<br>50 MCG/DOSE                                | (fluticasone propion-<br>salmeterol) | Tier 4 | MO; QL (60 EA per 30 days)                                                                                                |
| ADVAIR HFA INHALATION HFA<br>AEROSOL INHALER 115-21<br>MCG/ACTUATION, 230-21<br>MCG/ACTUATION, 45-21<br>MCG/ACTUATION                   | (fluticasone propion-<br>salmeterol) | Tier 3 | MO; QL (12 GM per 30 days)                                                                                                |
| AIRDUO RESPICLICK INHALATION<br>AEROSOL POWDR BREATH<br>ACTIVATED 113-14 MCG/ACTUATION,<br>232-14 MCG/ACTUATION, 55-14<br>MCG/ACTUATION | (fluticasone propion-<br>salmeterol) | Tier 4 | MO; QL (1 EA per 30 days)                                                                                                 |
| AIRSUPRA INHALATION HFA<br>AEROSOL INHALER 90-80<br>MCG/ACTUATION                                                                       |                                      | Tier 3 | MO; QL (32.1 GM per 30 days)                                                                                              |
| BREO ELLIPTA INHALATION BLISTER<br>WITH DEVICE 100-25 MCG/DOSE,<br>200-25 MCG/DOSE                                                      | (fluticasone furoate-<br>vilanterol) | Tier 3 | MO; QL (60 EA per 30 days)                                                                                                |
| BREO ELLIPTA INHALATION BLISTER<br>WITH DEVICE 50-25 MCG/DOSE                                                                           |                                      | Tier 3 | MO; QL (60 EA per 30 days)                                                                                                |
| BREYNA INHALATION HFA AEROSOL<br>INHALER 160-4.5 MCG/ACTUATION,<br>80-4.5 MCG/ACTUATION                                                 | (budesonide-formoterol)              | Tier 2 | MO; 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 | MO; QL (30.9 GM per 30 days)                                                                                              |



| Drug                                                                                                                                            | Status | Notes                                                                                                                      |
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| DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 50-5 MCG/ACTUATION                                                                   | Tier 3 | MO; QL (39 GM per 30 days)                                                                                                 |
| DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION                                                                                       | Tier 3 | MO; QL (13 GM 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 | MO; QL (1 EA per 30 days)                                                                                                  |
| <i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i> (Wixela Inhub)           | Tier 2 | MO; QL (60 EA per 30 days)                                                                                                 |
| SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION (budesonide-formoterol)                                    | Tier 4 | MO; QL (30.9 GM per 30 days)                                                                                               |
| WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE (fluticasone propion-salmeterol)                  | Tier 2 | MO; QL (60 EA per 30 days)                                                                                                 |
| <b>Beta-Adrenergic-Anticholinergic-Glucocort, Inhaled</b>                                                                                       |        |                                                                                                                            |
| BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION                                                                       | Tier 3 | MO; QL (10.7 GM per 30 days)                                                                                               |
| TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG                                                                                  | Tier 3 | MO; QL (60 EA per 30 days)                                                                                                 |
| TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG                                                                                  | Tier 3 | MO; QL (2 EA per 1 day)                                                                                                    |
| <b>Glucocorticoids, Orally Inhaled</b>                                                                                                          |        |                                                                                                                            |
| ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION                                                                      | Tier 4 | MO; ST: Must meet 2 of the following requirements: Asmanex, Qvar, or Arnuity Ellipta in 365 days; QL (12.2 GM per 30 days) |
| ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION (fluticasone furoate)                     | Tier 4 | MO; QL (30 EA per 30 days)                                                                                                 |
| ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION                                               | Tier 3 | MO; QL (13 GM per 30 days)                                                                                                 |

| Drug                                                                                                                                                             | Status | Notes                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------|
| ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60) | Tier 3 | MO; QL (1 EA per 30 days)                                                                                               |
| <i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i> (Pulmicort)                                                        | Tier 2 | MO; QL (120 ML per 30 days)                                                                                             |
| <i>fluticasone propionate inhalation blister with device 100 mcg/actuation, 50 mcg/actuation</i>                                                                 | Tier 2 | MO; QL (60 EA per 30 days)                                                                                              |
| <i>fluticasone propionate inhalation blister with device 250 mcg/actuation</i>                                                                                   | Tier 2 | MO; QL (120 EA per 30 days)                                                                                             |
| <i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>                                                                                   | Tier 2 | MO; QL (12 GM per 30 days)                                                                                              |
| <i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>                                                                                   | Tier 2 | MO; QL (24 GM per 30 days)                                                                                              |
| <i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>                                                                                    | Tier 2 | MO; QL (21.2 GM per 30 days)                                                                                            |
| PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION                                                                | Tier 4 | MO; ST: Must meet 2 of the following requirements: Asmanex, Qvar, or Arnuity Ellipta in 365 days; QL (1 EA per 30 days) |
| PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML, 1 MG/2 ML (budesonide)                                                               | Tier 4 | MO; QL (120 ML per 30 days)                                                                                             |
| QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION                                                                         | Tier 3 | MO; QL (21.2 GM per 30 days)                                                                                            |
| <b>Interleukin-4(IL-4) Receptor Alpha Antagonist, Mab</b>                                                                                                        |        |                                                                                                                         |
| DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML                                                                                               | Tier 4 | PA; MO                                                                                                                  |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML                                                                                                | Tier 4 | PA; MO                                                                                                                  |
| <b>Interleukin-5(IL-5) Receptor Alpha Antagonist, Mab</b>                                                                                                        |        |                                                                                                                         |
| FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML                                                                                                                  | Tier 4 | PA; MO                                                                                                                  |
| <b>Leukotriene Receptor Antagonists</b>                                                                                                                          |        |                                                                                                                         |
| ACCOLATE ORAL TABLET 10 MG, 20 MG (zafirlukast)                                                                                                                  | Tier 4 | MO                                                                                                                      |

| Drug                                                                   | Status | Notes                   |
|------------------------------------------------------------------------|--------|-------------------------|
| montelukast oral granules in packet 4 mg (Singulair)                   | Tier 2 | MO                      |
| montelukast oral tablet 10 mg (Singulair)                              | Tier 2 | MO                      |
| montelukast oral tablet, chewable 4 mg, 5 mg (Singulair)               | Tier 2 | MO                      |
| SINGULAIR ORAL GRANULES IN PACKET 4 MG (montelukast)                   | Tier 4 | MO                      |
| SINGULAIR ORAL TABLET 10 MG (montelukast)                              | Tier 4 | MO                      |
| SINGULAIR ORAL TABLET, CHEWABLE 4 MG, 5 MG (montelukast)               | Tier 4 | MO                      |
| zafirlukast oral tablet 10 mg, 20 mg (Accolate)                        | Tier 2 | MO                      |
| <b>Mast Cell Stabilizers</b>                                           |        |                         |
| cromolyn oral concentrate 100 mg/5 ml (Gastrocrom)                     | Tier 2 |                         |
| GASTROCROM ORAL CONCENTRATE 100 MG/5 ML (cromolyn)                     | Tier 4 |                         |
| <b>Mast Cell Stabilizers, Orally Inhaled</b>                           |        |                         |
| cromolyn inhalation solution for nebulization 20 mg/2 ml               | Tier 2 | MO                      |
| <b>Monoclonal Antibodies To Immunoglobulin E(Ige)</b>                  |        |                         |
| XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML | Tier 4 | PA; MO                  |
| XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML       | Tier 4 | PA; MO                  |
| <b>Monoclonal Antibody - Interleukin-5 Antagonists</b>                 |        |                         |
| NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML                            | Tier 4 | PA; MO                  |
| NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML                    | Tier 4 | PA; MO                  |
| <b>Phosphodiesterase-4 (Pde4) Inhibitors</b>                           |        |                         |
| DALIRESP ORAL TABLET 250 MCG, 500 MCG (roflumilast)                    | Tier 4 | MO; QL (1 EA per 1 day) |
| OHTUVAYRE INHALATION SUSPENSION FOR NEBULIZATION 3 MG/2.5 ML           | Tier 5 | PA; MO                  |
| roflumilast oral tablet 250 mcg, 500 mcg (Daliresp)                    | Tier 2 | MO; QL (1 EA per 1 day) |
| <b>Thymic Stromal Lymphopoietin (Tslp) Inhibitors</b>                  |        |                         |
| TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML)          | Tier 4 | PA; MO                  |

| Drug                                                                                  | Status | Notes                                                                                                                |
|---------------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------------|
| <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 | MO                                                                                                                   |
| THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG             | Tier 3 | MO                                                                                                                   |
| <i>theophylline oral elixir 80 mg/15 ml</i>                                           | Tier 2 | MO                                                                                                                   |
| <i>theophylline oral solution 80 mg/15 ml</i>                                         | Tier 2 | MO                                                                                                                   |
| <i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i> | Tier 2 | MO                                                                                                                   |
| <i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>                 | Tier 2 | MO                                                                                                                   |
| <b>Autonomic Nervous System Disorders</b>                                             |        |                                                                                                                      |
| <b>Alzheimer's Therapy, Nmda Receptor Antagonists</b>                                 |        |                                                                                                                      |
| <i>memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg</i>                    | Tier 2 | MO; ST: Must meet the following requirement: Memantine immediate release tablets in 120 days; QL (30 EA per 30 days) |
| <i>memantine oral capsule,sprinkle,er 24hr 7 mg</i> (Namenda XR)                      | Tier 2 | MO; ST: Must meet the following requirement: Memantine immediate release tablets in 120 days; QL (30 EA per 30 days) |
| <i>memantine oral solution 2 mg/ml</i>                                                | Tier 2 | MO; QL (300 ML per 30 days)                                                                                          |
| <i>memantine oral tablet 10 mg, 5 mg</i>                                              | Tier 2 | MO; QL (60 EA per 30 days)                                                                                           |
| <i>memantine oral tablets,dose pack 5-10 mg</i> (Namenda Titration Pak)               | Tier 2 | QL (49 EA per 28 days)                                                                                               |
| NAMENDA TITRATION PAK ORAL TABLETS,DOSE PACK 5-10 MG (memantine)                      | Tier 4 | QL (49 EA per 28 days)                                                                                               |
| NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7-14-21-28 MG                          | Tier 3 | ST: Must meet the following requirement: Memantine immediate release tablets in 120 days; QL (28 EA per 28 days)     |
| NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR 7 MG (memantine)                             | Tier 4 | MO; ST: Must meet the following requirement: Memantine immediate release tablets in 120 days; QL (30 EA per 30 days) |

| Drug                                                                                                  | Status | Notes                                                                                                  |
|-------------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------|
| <b>Alzheimer's Thx,Nmda Recept Antag &amp; Cholines Inhib</b>                                         |        |                                                                                                        |
| <i>memantine-donepezil oral capsule,sprinkle,er 24hr 14-10 mg, 21-10 mg, 28-10 mg</i> (Namzaric)      | Tier 2 | MO; ST: Must meet the following requirements: Donepezil and Memantine in 365 days; QL (1 EA per 1 day) |
| NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG (memantine-donepezil)             | Tier 4 | MO; ST: Must meet the following requirements: Donepezil and Memantine in 365 days; QL (1 EA per 1 day) |
| NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 7-10 MG                                                        | Tier 3 | MO; ST: Must meet the following requirements: Donepezil and Memantine in 365 days; QL (1 EA per 1 day) |
| <b>Amyloid Directed Monoclonal Antibody</b>                                                           |        |                                                                                                        |
| LEQEMBI IQLIK SUBCUTANEOUS AUTO-INJECTOR 360 MG/1.8 ML                                                | Tier 5 | MO                                                                                                     |
| <b>Cholinesterase Inhibitors</b>                                                                      |        |                                                                                                        |
| ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/24 HOUR, 5 MG/24 HOUR                                         | Tier 4 | PA; MO                                                                                                 |
| ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG (donepezil)                                                    | Tier 4 | MO                                                                                                     |
| <i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i> (Aricept)                                             | Tier 2 | MO                                                                                                     |
| <i>donepezil oral tablet,disintegrating 10 mg, 5 mg</i>                                               | Tier 2 | MO                                                                                                     |
| EXELON PATCH TRANSDERMAL PATCH 24 HOUR 13.3 MG/24 HOUR, 4.6 MG/24 HOUR, 9.5 MG/24 HOUR (rivastigmine) | Tier 4 | MO; QL (30 EA per 30 days)                                                                             |
| <i>galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>                             | Tier 2 | MO; QL (30 EA per 30 days)                                                                             |
| <i>galantamine oral solution 4 mg/ml</i>                                                              | Tier 2 | MO; QL (200 ML per 30 days)                                                                            |
| <i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>                                                      | Tier 2 | MO; QL (60 EA per 30 days)                                                                             |
| MESTINON ORAL SYRUP 60 MG/5 ML (pyridostigmine bromide)                                               | Tier 4 | MO                                                                                                     |
| MESTINON ORAL TABLET 60 MG (pyridostigmine bromide)                                                   | Tier 4 | MO                                                                                                     |
| MESTINON TIMESPAN ORAL TABLET EXTENDED RELEASE 180 MG (pyridostigmine bromide)                        | Tier 4 | MO                                                                                                     |
| <i>pyridostigmine bromide oral syrup 60 mg/5 ml</i> (Mestinon)                                        | Tier 2 | MO                                                                                                     |
| <i>pyridostigmine bromide oral tablet 30 mg</i>                                                       | Tier 2 | MO                                                                                                     |
| <i>pyridostigmine bromide oral tablet 60 mg</i> (Mestinon)                                            | Tier 2 | MO                                                                                                     |

| Drug                                                                                                         | Status | Notes                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------------------------------------|
| <i>pyridostigmine bromide oral tablet extended release 105 mg</i>                                            | Tier 4 |                                                                                                                                      |
| <i>pyridostigmine bromide oral tablet extended release 180 mg</i> (Mestinon Timespan)                        | Tier 2 | MO                                                                                                                                   |
| <i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>                                         | Tier 2 | MO                                                                                                                                   |
| <i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i> (Exelon Patch) | Tier 2 | MO; QL (30 EA per 30 days)                                                                                                           |
| ZUNVEYL ORAL TABLET, DELAYED RELEASE (DR/EC) 10 MG, 15 MG, 5 MG                                              | Tier 4 | MO; ST: Must meet the following requirement: 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 | MO                                                                                                                                   |
| <b>Behavioral Health - Antidepressants</b>                                                                   |        |                                                                                                                                      |
| <b>Alpha-2 Receptor Antagonist Antidepressants</b>                                                           |        |                                                                                                                                      |
| <i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)                                                        | Tier 2 | MO                                                                                                                                   |
| <i>mirtazapine oral tablet 45 mg, 7.5 mg</i>                                                                 | Tier 2 | MO                                                                                                                                   |
| <i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab)                          | Tier 2 | MO                                                                                                                                   |
| REMERON ORAL TABLET 15 MG, 30 MG (mirtazapine)                                                               | Tier 4 | MO                                                                                                                                   |
| REMERON SOLTAB ORAL TABLET, DISINTEGRATING 15 MG, 30 MG, 45 MG (mirtazapine)                                 | Tier 4 | MO                                                                                                                                   |
| <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; MO                                                                                                                               |
| <b>Antidepressant - Postpartum Depression (Ppd)</b>                                                          |        |                                                                                                                                      |
| ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG                                                                    | Tier 4 | PA                                                                                                                                   |
| <b>Maois - Non-Selective &amp; Irreversible</b>                                                              |        |                                                                                                                                      |
| MARPLAN ORAL TABLET 10 MG                                                                                    | Tier 4 | MO                                                                                                                                   |
| NARDIL ORAL TABLET 15 MG (phenelzine)                                                                        | Tier 4 | MO                                                                                                                                   |
| PARNATE ORAL TABLET 10 MG (tranylcypromine)                                                                  | Tier 4 | MO                                                                                                                                   |
| <i>phenelzine oral tablet 15 mg</i> (Nardil)                                                                 | Tier 2 | MO                                                                                                                                   |
| <i>tranylcypromine oral tablet 10 mg</i> (Parnate)                                                           | Tier 2 | MO                                                                                                                                   |

| 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 | MO; ST: Must meet any of the following requirements: Marplan, Phenelzine, or Tranylcypromine 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 | MO; ST: Must meet any of the following requirements: Bupropion, Citalopram, Desvenlafaxine, Duloxetine, Escitalopram, Fluoxetine, Fluvoxamine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine in 120 days |
| <b>Norepinephrine And Dopamine Reuptake Inhib (Ndris)</b>                                       |        |                                                                                                                                                                                                                |
| APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG                              | Tier 4 | MO; ST: Must meet the following requirement: Bupropion HCL in 120 days; QL (1 EA per 1 day)                                                                                                                    |
| <i>bupropion hcl oral tablet 100 mg, 75 mg</i>                                                  | Tier 2 | MO                                                                                                                                                                                                             |
| <i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL)          | Tier 2 | MO                                                                                                                                                                                                             |
| <i>bupropion hcl oral tablet extended release 24 hr 450 mg</i> (Forfivo XL)                     | Tier 2 | MO; ST: Must meet the following requirement: Bupropion HCL in 120 days; QL (1 EA per 1 day)                                                                                                                    |
| <i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR) | Tier 2 | MO                                                                                                                                                                                                             |
| WELLBUTRIN SR ORAL TABLET SUSTAINED-RELEASE 12 HR 100 MG, 150 MG, 200 MG (bupropion hcl)        | Tier 4 | MO                                                                                                                                                                                                             |
| WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG (bupropion hcl)                 | Tier 4 | MO                                                                                                                                                                                                             |
| <b>Selective Serotonin Reuptake Inhibitor (Ssris)</b>                                           |        |                                                                                                                                                                                                                |
| CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG (citalopram)                                             | Tier 4 | MO                                                                                                                                                                                                             |
| <i>citalopram oral capsule 30 mg</i>                                                            | Tier 2 | MO                                                                                                                                                                                                             |
| <i>citalopram oral solution 10 mg/5 ml</i>                                                      | Tier 2 | MO                                                                                                                                                                                                             |
| <i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i> (Celexa)                                      | Tier 2 | MO                                                                                                                                                                                                             |

| Drug                                                                                 | Status | Notes                                                                                                                                                                                                       |
|--------------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| escitalopram 10 mg/10 ml cup inner 5 mg/5 ml                                         | Tier 2 | MO                                                                                                                                                                                                          |
| escitalopram 10 mg/10 ml cup outer 5 mg/5 ml                                         | Tier 2 | MO                                                                                                                                                                                                          |
| escitalopram oxalate 5 mg/5 ml                                                       | Tier 2 | MO                                                                                                                                                                                                          |
| escitalopram oxalate 5 mg/5 ml oral solution                                         | Tier 2 | MO                                                                                                                                                                                                          |
| escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg (Lexapro)                        | Tier 2 | MO                                                                                                                                                                                                          |
| fluoxetine oral capsule 10 mg, 20 mg (Prozac)                                        | Tier 2 | MO                                                                                                                                                                                                          |
| fluoxetine oral capsule 40 mg                                                        | Tier 2 | MO                                                                                                                                                                                                          |
| fluoxetine oral capsule, delayed release(dr/ec) 90 mg                                | Tier 2 | MO                                                                                                                                                                                                          |
| fluoxetine oral solution 20 mg/5 ml (4 mg/ml)                                        | Tier 2 | MO                                                                                                                                                                                                          |
| fluoxetine oral tablet 10 mg, 20 mg, 60 mg                                           | Tier 2 | MO                                                                                                                                                                                                          |
| fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg                       | Tier 2 | MO; ST: Must meet any of the following requirements: Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Fluvoxamine Maleate, Paroxetine HCL, or Sertraline HCL in 120 days; QL (2 EA per 1 day) |
| fluvoxamine oral tablet 100 mg, 25 mg, 50 mg                                         | Tier 2 | MO                                                                                                                                                                                                          |
| LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG (escitalopram oxalate)                        | Tier 4 | MO                                                                                                                                                                                                          |
| paroxetine hcl oral suspension 10 mg/5 ml (Paxil)                                    | Tier 2 | MO                                                                                                                                                                                                          |
| paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg (Paxil)                        | Tier 2 | MO                                                                                                                                                                                                          |
| paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg (Paxil CR) | Tier 2 | MO                                                                                                                                                                                                          |
| PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG, 25 MG, 37.5 MG (paroxetine hcl) | Tier 4 | MO                                                                                                                                                                                                          |
| PAXIL ORAL SUSPENSION 10 MG/5 ML (paroxetine hcl)                                    | Tier 4 | MO                                                                                                                                                                                                          |
| PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG (paroxetine hcl)                        | Tier 4 | MO                                                                                                                                                                                                          |
| PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG (fluoxetine)                                 | Tier 4 | MO                                                                                                                                                                                                          |
| sertraline oral capsule 150 mg, 200 mg                                               | Tier 4 | MO; QL (1 EA per 1 day)                                                                                                                                                                                     |



| Drug                                                                                              | Status | Notes                                                                                                            |
|---------------------------------------------------------------------------------------------------|--------|------------------------------------------------------------------------------------------------------------------|
| <i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)                                              | Tier 2 | MO                                                                                                               |
| <i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)                                       | Tier 2 | MO                                                                                                               |
| ZOLOFT ORAL CONCENTRATE 20 MG/ML (sertraline)                                                     | Tier 4 | MO                                                                                                               |
| ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG (sertraline)                                              | Tier 4 | MO                                                                                                               |
| <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 | MO                                                                                                               |
| RALDESY ORAL SOLUTION 10 MG/ML                                                                    | Tier 4 | PA; MO                                                                                                           |
| <i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>                                        | Tier 2 | MO                                                                                                               |
| <b>Serotonin-Norepinephrine Reuptake-Inhib (Snris)</b>                                            |        |                                                                                                                  |
| CYMBALTA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 20 MG, 30 MG, 60 MG (duloxetine)                   | Tier 4 | MO                                                                                                               |
| <i>desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg</i>                            | Tier 2 | MO; 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 | MO                                                                                                               |
| DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG                   | Tier 4 | MO                                                                                                               |
| <i>duloxetine oral capsule, delayed release (dr/ec) 20 mg, 30 mg, 60 mg</i>                       | Tier 2 | MO                                                                                                               |
| <i>duloxetine oral capsule, delayed release (dr/ec) 40 mg</i>                                     | Tier 2 | MO; ST: Must meet the following requirement: 2-20mg generic Duloxetine capsules in 120 days; QL (1 EA per 1 day) |
| DULOXICaine KIT 30 MG- 4%                                                                         | Tier 4 |                                                                                                                  |
| EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR 150 MG, 37.5 MG, 75 MG (venlafaxine)               | Tier 4 | MO                                                                                                               |
| 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 | MO; QL (1 EA per 1 day)                                                                                          |

| Drug                                                                                               | Status | Notes                                                                                                                                                                                         |
|----------------------------------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PRISTIQ ORAL TABLET EXTENDED (desvenlafaxine succinate)<br>RELEASE 24 HR 100 MG, 25 MG, 50<br>MG   | Tier 4 | MO                                                                                                                                                                                            |
| <i>venlafaxine besylate oral tablet extended<br/>release 24hr 112.5 mg</i>                         | Tier 2 | MO; ST: Must meet the<br>following requirement:<br>Venlafaxine HCL ER<br>capsules in 120 days; QL<br>(1 EA per 1 day)                                                                         |
| <i>venlafaxine oral capsule,extended (Effexor XR)<br/>release 24hr 150 mg, 37.5 mg, 75 mg</i>      | Tier 2 | MO                                                                                                                                                                                            |
| <i>venlafaxine oral tablet 100 mg, 25 mg,<br/>37.5 mg, 50 mg, 75 mg</i>                            | Tier 2 | MO                                                                                                                                                                                            |
| <i>venlafaxine oral tablet extended release<br/>24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>            | Tier 2 | MO                                                                                                                                                                                            |
| <b>Ssri &amp; 5HT1a Partial Agonist<br/>Antidepressant</b>                                         |        |                                                                                                                                                                                               |
| VIIBRYD ORAL TABLET 10 MG, 20 MG, (vilazodone)<br>40 MG                                            | Tier 4 | MO; ST: Must meet any of<br>the following requirements:<br>Bupropion, Citalopram,<br>Escitalopram, Fluoxetine,<br>Mirtazapine, Paroxetine,<br>Sertraline, or Venlafaxine<br>IR/ER in 120 days |
| <i>vilazodone oral tablet 10 mg, 20 mg, 40 (Viibryd)<br/>mg</i>                                    | Tier 2 | MO; ST: Must meet any of<br>the following requirements:<br>Bupropion, Citalopram,<br>Escitalopram, Fluoxetine,<br>Mirtazapine, Paroxetine,<br>Sertraline, or Venlafaxine<br>IR/ER in 120 days |
| <b>Ssri &amp; Serotonin Receptor Modulator<br/>Antidepressant</b>                                  |        |                                                                                                                                                                                               |
| TRINTELLIX ORAL TABLET 10 MG, 20<br>MG, 5 MG                                                       | Tier 3 | MO; QL (1 EA per 1 day)                                                                                                                                                                       |
| <b>Tricyclic<br/>Antidepressant/Benzodiazepine<br/>Combinatns</b>                                  |        |                                                                                                                                                                                               |
| <i>amitriptyline-chlordiazepoxide oral tablet<br/>12.5-5 mg, 25-10 mg</i>                          | Tier 2 | MO                                                                                                                                                                                            |
| <b>Tricyclic Antidepressant/Phenothiazine<br/>Combinatns</b>                                       |        |                                                                                                                                                                                               |
| <i>perphenazine-amitriptyline oral tablet 2-<br/>10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50<br/>mg</i> | Tier 2 | MO                                                                                                                                                                                            |
| <b>Tricyclic Antidepressants &amp; Rel. Non-<br/>Sel. Ru-Inhib</b>                                 |        |                                                                                                                                                                                               |
| <i>amitriptyline oral tablet 10 mg, 100 mg,<br/>150 mg, 25 mg, 50 mg, 75 mg</i>                    | Tier 2 | MO                                                                                                                                                                                            |

| Drug                                                                                                               | Status | Notes                                                                                               |
|--------------------------------------------------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------|
| <i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>                                                          | Tier 2 | MO                                                                                                  |
| ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG (clomipramine)                                                          | Tier 4 | MO                                                                                                  |
| <i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil)                                                   | Tier 2 | MO                                                                                                  |
| <i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)                                                            | Tier 2 | MO                                                                                                  |
| <i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>                                                        | Tier 2 | MO                                                                                                  |
| <i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>                                             | Tier 2 | MO                                                                                                  |
| <i>doxepin oral concentrate 10 mg/ml</i>                                                                           | Tier 2 | MO                                                                                                  |
| <i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>                                                              | Tier 2 | MO                                                                                                  |
| <i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>                                               | Tier 2 | MO                                                                                                  |
| NORPRAMIN ORAL TABLET 10 MG, 25 MG (desipramine)                                                                   | Tier 4 | MO                                                                                                  |
| <i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor)                                             | Tier 2 | MO                                                                                                  |
| <i>nortriptyline oral solution 10 mg/5 ml</i>                                                                      | Tier 2 | MO                                                                                                  |
| PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG (nortriptyline)                                                    | Tier 4 | MO                                                                                                  |
| <i>protriptyline oral tablet 10 mg, 5 mg</i>                                                                       | Tier 2 | MO                                                                                                  |
| <i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>                                                              | Tier 2 | MO                                                                                                  |
| <b>Behavioral Health - Other</b>                                                                                   |        |                                                                                                     |
| <b>Adrenergics, Aromatic, Non-Catecholamine</b>                                                                    |        |                                                                                                     |
| ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG (dextroamphetamine-amphetamine)             | Tier 4 | MO; QL (2 EA per 1 day)                                                                             |
| ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 10 MG, 15 MG, 5 MG (dextroamphetamine-amphetamine)                  | Tier 4 | MO; QL (1 EA per 1 day)                                                                             |
| ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 20 MG, 25 MG, 30 MG (dextroamphetamine-amphetamine)                 | Tier 4 | MO; QL (2 EA per 1 day)                                                                             |
| ADZENYS XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG (amphetamine) | Tier 4 | MO; ST: Must meet the following requirement: Azstarys or Jornay PM in 120 days; QL (1 EA per 1 day) |

| Drug                                                                                                                                             | Status | Notes                                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>amphetamine oral tablet,disintegrating</i> (Adzenys XR-ODT)<br><i>biphase 24h 12.5 mg, 15.7 mg, 18.8 mg,</i><br><i>3.1 mg, 6.3 mg, 9.4 mg</i> | Tier 4 | MO; 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 | MO; QL (4 EA per 1 day)                                                                                                                                              |
| DESOXYN ORAL TABLET 5 MG (methamphetamine)                                                                                                       | Tier 4 | MO; QL (150 EA per 30 days)                                                                                                                                          |
| DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG (dextroamphetamine sulfate)                                                              | Tier 4 | MO; QL (4 EA per 1 day)                                                                                                                                              |
| DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 15 MG (dextroamphetamine sulfate)                                                              | Tier 4 | MO; QL (120 EA per 30 days)                                                                                                                                          |
| <i>dextroamphetamine sulfate oral capsule, extended release 10 mg</i> (Dexedrine Spansule)                                                       | Tier 2 | MO; QL (4 EA per 1 day)                                                                                                                                              |
| <i>dextroamphetamine sulfate oral capsule, extended release 15 mg</i> (Dexedrine Spansule)                                                       | Tier 2 | MO; QL (120 EA per 30 days)                                                                                                                                          |
| <i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>                                                                             | Tier 2 | MO; QL (60 EA per 30 days)                                                                                                                                           |
| <i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i> (ProCentra)                                                                             | Tier 2 | MO; QL (1800 ML per 30 days)                                                                                                                                         |
| <i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i> (Zenzedi)                                                                               | Tier 2 | MO; QL (4 EA per 1 day)                                                                                                                                              |
| <i>dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 7.5 mg</i> (Zenzedi)                                                                     | Tier 2 | MO; 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) |
| <i>dextroamphetamine sulfate oral tablet 20 mg</i> (Zenzedi)                                                                                     | Tier 2 | MO; 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) |

| Drug                                                                                                           | Status | Notes                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>dextroamphetamine sulfate oral tablet 30 mg</i> (Zenzedi)                                                   | Tier 2 | MO; 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 | MO; 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 | MO; 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 | MO; 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 | MO; QL (2 EA per 1 day)                                                                                                                                              |
| DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML                                                      | Tier 4 | MO; 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 | MO; ST: Must meet the following requirement:<br>Azstarys or Jornay PM in 120 days; QL (1 EA per 1 day)                                                               |
| EVEKEO ORAL TABLET 10 MG, 5 MG (amphetamine sulfate)                                                           | Tier 4 | MO; QL (4 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 | MO; 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 | MO; QL (1 EA per 1 day)                                                                                                                                              |
| <i>methamphetamine oral tablet 5 mg</i> (Desoxyn)                                                              | Tier 2 | MO; QL (150 EA per 30 days)                                                                                                                                          |
| MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG (dextroamphetamine-amphetamine)        | Tier 4 | MO; QL (1 EA per 1 day)                                                                                                                                              |
| PROCENTRA ORAL SOLUTION 5 MG/5 ML (dextroamphetamine sulfate)                                                  | Tier 4 | MO; QL (1800 ML per 30 days)                                                                                                                                         |
| VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (lisdexamfetamine)                        | Tier 4 | MO; QL (1 EA per 1 day)                                                                                                                                              |

| Drug                                                                                           | Status | Notes                                                                                                                                                                |
|------------------------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| VYVANSE ORAL TABLET,CHEWABLE (lisdexamfetamine)<br>10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG    | Tier 4 | MO; QL (1 EA per 1 day)                                                                                                                                              |
| XELSTRYM TRANSDERMAL PATCH<br>24 HOUR 13.5 MG/9 HOUR, 18 MG/9 HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR | Tier 4 | MO; ST: Must meet the following requirement:<br>Azstarys or Jornay PM in 120 days; QL (1 EA per 1 day)                                                               |
| ZENZEDI ORAL TABLET 10 MG, 5 MG (dextroamphetamine sulfate)                                    | Tier 4 | MO; QL (4 EA per 1 day)                                                                                                                                              |
| ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 7.5 MG (dextroamphetamine sulfate)                          | Tier 4 | MO; 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) |
| ZENZEDI ORAL TABLET 20 MG (dextroamphetamine sulfate)                                          | Tier 4 | MO; 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) |
| ZENZEDI ORAL TABLET 30 MG (dextroamphetamine sulfate)                                          | Tier 4 | MO; 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) |
| <b>Anti-Alcoholic Preparations</b>                                                             |        |                                                                                                                                                                      |
| acamprosate oral tablet, delayed release (drlec) 333 mg                                        | Tier 2 | MO                                                                                                                                                                   |
| disulfiram oral tablet 250 mg, 500 mg                                                          | Tier 2 | MO                                                                                                                                                                   |
| <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 |                                                                                                                                                                      |

| Drug                                                                              | Status | Notes                                                                  |
|-----------------------------------------------------------------------------------|--------|------------------------------------------------------------------------|
| ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG (lorazepam)                                 | Tier 4 |                                                                        |
| <i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>                       | Tier 2 |                                                                        |
| <i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>                 | Tier 2 |                                                                        |
| DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML (diazepam)                             | Tier 2 |                                                                        |
| <i>diazepam oral concentrate 5 mg/ml</i> (Diazepam Intensol)                      | Tier 2 |                                                                        |
| <i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>                                 | Tier 2 |                                                                        |
| <i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)                            | Tier 2 |                                                                        |
| LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML (lorazepam)                           | Tier 2 |                                                                        |
| <i>lorazepam oral concentrate 2 mg/ml</i> (Lorazepam Intensol)                    | Tier 2 |                                                                        |
| <i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Ativan)                          | Tier 2 |                                                                        |
| LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 1 MG, 2 MG, 3 MG                     | Tier 4 |                                                                        |
| LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 1.5 MG                               | Tier 4 | ST: Must meet the following requirement: Lorazepam tablets in 120 days |
| <i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>                                  | Tier 2 |                                                                        |
| VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG (diazepam)                                   | Tier 4 |                                                                        |
| XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG (alprazolam)                        | Tier 4 |                                                                        |
| XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR 0.5 MG, 1 MG, 2 MG, 3 MG (alprazolam) | Tier 4 |                                                                        |
| <b>Anti-Anxiety Drugs</b>                                                         |        |                                                                        |
| BUCAPSOL ORAL CAPSULE 10 MG, 15 MG, 7.5 MG                                        | Tier 2 | MO                                                                     |
| <i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>                    | Tier 2 | MO                                                                     |
| <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 | MO                                                                     |
| <i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>                      | Tier 2 | MO                                                                     |

| Drug                                                                           | Status | Notes                       |
|--------------------------------------------------------------------------------|--------|-----------------------------|
| <i>lithium carbonate oral tablet 300 mg</i>                                    | Tier 2 | MO                          |
| <i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid)        | Tier 2 | MO                          |
| <i>lithium carbonate oral tablet extended release 450 mg</i>                   | Tier 2 | MO                          |
| <i>lithium citrate oral solution 8 meq/5 ml</i>                                | Tier 2 | MO                          |
| LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG (lithium carbonate)               | Tier 4 | MO                          |
| <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; MO                      |
| 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; MO                      |
| XYREM ORAL SOLUTION 500 MG/ML (sodium oxybate)                                 | Tier 5 | PA; MO                      |
| XYWAV ORAL SOLUTION 0.5 GRAM/ML                                                | Tier 5 | PA; MO                      |
| <b>Antipsych, Dopamine Antag., Diphenylbutylpiperidines</b>                    |        |                             |
| <i>pimozide oral tablet 1 mg, 2 mg</i>                                         | Tier 2 | MO                          |
| <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 | MO; QL (1 EA per 1 day)     |
| <b>Antipsychotics, Atyp, D2 Partial Agonist/5Ht Mixed</b>                      |        |                             |
| ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 720 MG/2.4 ML  | Tier 3 | MO; QL (2.4 ML per 42 days) |
| ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 960 MG/3.2 ML  | Tier 3 | MO; QL (3.2 ML per 42 days) |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 300 MG           | Tier 4 | MO; QL (1 EA per 26 days)   |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 400 MG           | Tier 4 | MO; QL (2 EA per 26 days)   |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 300 MG          | Tier 4 | MO; QL (1 EA per 26 days)   |



| Drug                                                                                 | Status | Notes                                                                                          |
|--------------------------------------------------------------------------------------|--------|------------------------------------------------------------------------------------------------|
| ABILIFY MAINTENA INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL<br>SYRING 400 MG           | Tier 4 | MO; QL (2 EA per 26 days)                                                                      |
| ABILIFY ORAL TABLET 10 MG, 15 MG, (aripiprazole)<br>2 MG, 20 MG, 30 MG, 5 MG         | Tier 4 | MO                                                                                             |
| <i>aripiprazole oral solution 1 mg/ml</i>                                            | Tier 2 | MO                                                                                             |
| <i>aripiprazole oral tablet 10 mg, 15 mg, 2 (Abilify)<br/>mg, 20 mg, 30 mg, 5 mg</i> | Tier 2 | MO                                                                                             |
| <i>aripiprazole oral tablet,disintegrating 10<br/>mg</i>                             | Tier 2 | MO; QL (3 EA per 1 day)                                                                        |
| <i>aripiprazole oral tablet,disintegrating 15<br/>mg</i>                             | Tier 2 | MO; QL (2 EA per 1 day)                                                                        |
| ARISTADA INITIO INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL<br>SYRING 675 MG/2.4 ML     | Tier 4 |                                                                                                |
| ARISTADA INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL<br>SYRING 1,064 MG/3.9 ML          | Tier 3 | MO; QL (3.9 ML per 14<br>days)                                                                 |
| ARISTADA INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL<br>SYRING 441 MG/1.6 ML            | Tier 3 | MO; QL (1.6 ML per 14<br>days)                                                                 |
| ARISTADA INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL<br>SYRING 662 MG/2.4 ML            | Tier 3 | MO; QL (2.4 ML per 14<br>days)                                                                 |
| ARISTADA INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL<br>SYRING 882 MG/3.2 ML            | Tier 3 | MO; QL (3.2 ML per 14<br>days)                                                                 |
| OPIPZA ORAL FILM 10 MG, 2 MG, 5<br>MG                                                | Tier 4 | MO; ST: Must meet the<br>following requirement:<br>generic Aripiprazole tablets<br>in 120 days |
| REXULTI ORAL TABLET 0.25 MG, 0.5<br>MG, 1 MG, 2 MG, 3 MG, 4 MG                       | Tier 3 | MO; QL (1 EA per 1 day)                                                                        |
| <b>Antipsychotics, Dopamine &amp; Serotonin<br/>Antagonists</b>                      |        |                                                                                                |
| ADASUVE INHALATION AEROSOL<br>POWDR BREATH ACTIVATED 10 MG                           | Tier 4 |                                                                                                |
| <i>loxapine succinate oral capsule 10 mg,<br/>25 mg, 5 mg, 50 mg</i>                 | Tier 2 | MO                                                                                             |
| <b>Antipsychotics,Atypical,Dopamine,&amp;<br/>Serotonin Antag</b>                    |        |                                                                                                |
| <i>asenapine maleate sublingual tablet 10 (Saphris)<br/>mg, 2.5 mg, 5 mg</i>         | Tier 2 | MO; QL (2 EA per 1 day)                                                                        |
| CAPLYTA ORAL CAPSULE 10.5 MG,<br>21 MG, 42 MG                                        | Tier 3 | MO; QL (1 EA per 1 day)                                                                        |

| Drug                                                                               | Status | Notes                                                                                                                |
|------------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------------|
| <i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Clozaril)               | Tier 2 | MO                                                                                                                   |
| <i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i> | Tier 2 | MO; QL (3 EA per 1 day)                                                                                              |
| CLOZARIL ORAL TABLET 100 MG, 25 MG (clozapine)                                     | Tier 4 | MO                                                                                                                   |
| ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML                                       | Tier 4 | MO; QL (0.75 ML per 21 days)                                                                                         |
| ERZOFRI INTRAMUSCULAR SYRINGE 156 MG/ML                                            | Tier 4 | MO; QL (1 ML per 21 days)                                                                                            |
| ERZOFRI INTRAMUSCULAR SYRINGE 234 MG/1.5 ML                                        | Tier 4 | MO; QL (1.5 ML per 21 days)                                                                                          |
| ERZOFRI INTRAMUSCULAR SYRINGE 39 MG/0.25 ML                                        | Tier 4 | MO; QL (0.25 ML per 21 days)                                                                                         |
| ERZOFRI INTRAMUSCULAR SYRINGE 78 MG/0.5 ML                                         | Tier 4 | MO; QL (0.5 ML per 21 days)                                                                                          |
| FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG                      | Tier 4 | MO; QL (2 EA per 1 day)                                                                                              |
| FANAPT TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)        | Tier 4 | QL (8 EA per 28 days)                                                                                                |
| 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: 2 generic atypical antipsychotics 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: 2 generic atypical antipsychotics in 365 DAYS; QL (8 EA per 28 days)  |
| GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG (ziprasidone hcl)                   | Tier 4 | MO                                                                                                                   |
| INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML                               | Tier 3 | MO; QL (3.5 ML per 166 days)                                                                                         |
| INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML                                 | Tier 3 | MO; QL (5 ML per 166 days)                                                                                           |
| INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 9 MG (paliperidone)                 | Tier 4 | MO; QL (1 EA per 1 day)                                                                                              |
| INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG (paliperidone)                       | Tier 4 | MO; QL (2 EA per 1 day)                                                                                              |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML                               | Tier 3 | MO; QL (0.75 ML per 21 days)                                                                                         |

| Drug                                                                          | Status | Notes                                                                                                                    |
|-------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------------------------|
| INVEGA SUSTENNA<br>INTRAMUSCULAR SYRINGE 156<br>MG/ML                         | Tier 3 | MO; QL (1 ML per 21 days)                                                                                                |
| INVEGA SUSTENNA<br>INTRAMUSCULAR SYRINGE 234<br>MG/1.5 ML                     | Tier 3 | MO; QL (1.5 ML per 21<br>days)                                                                                           |
| INVEGA SUSTENNA<br>INTRAMUSCULAR SYRINGE 39<br>MG/0.25 ML                     | Tier 3 | MO; QL (0.25 ML per 21<br>days)                                                                                          |
| INVEGA SUSTENNA<br>INTRAMUSCULAR SYRINGE 78<br>MG/0.5 ML                      | Tier 3 | MO; QL (0.5 ML per 21<br>days)                                                                                           |
| INVEGA TRINZA INTRAMUSCULAR<br>SYRINGE 273 MG/0.88 ML                         | Tier 3 | MO; QL (0.88 ML per 70<br>days)                                                                                          |
| INVEGA TRINZA INTRAMUSCULAR<br>SYRINGE 410 MG/1.32 ML                         | Tier 3 | MO; QL (1.32 ML per 70<br>days)                                                                                          |
| INVEGA TRINZA INTRAMUSCULAR<br>SYRINGE 546 MG/1.75 ML                         | Tier 3 | MO; QL (1.75 ML per 70<br>days)                                                                                          |
| INVEGA TRINZA INTRAMUSCULAR<br>SYRINGE 819 MG/2.63 ML                         | Tier 3 | MO; QL (2.63 ML per 70<br>days)                                                                                          |
| LATUDA ORAL TABLET 120 MG, 20 (lurasidone)<br>MG, 40 MG, 60 MG                | Tier 4 | MO; QL (30 EA per 30<br>days)                                                                                            |
| LATUDA ORAL TABLET 80 MG (lurasidone)                                         | Tier 4 | MO; QL (60 EA per 30<br>days)                                                                                            |
| <i>lurasidone oral tablet 120 mg, 20 mg, 40 (Latuda)<br/>mg, 60 mg</i>        | Tier 2 | MO; QL (30 EA per 30<br>days)                                                                                            |
| <i>lurasidone oral tablet 80 mg (Latuda)</i>                                  | Tier 2 | MO; QL (60 EA per 30<br>days)                                                                                            |
| LYBALVI ORAL TABLET 10-10 MG, 15-<br>10 MG, 20-10 MG, 5-10 MG                 | Tier 4 | MO; ST: Must meet the<br>following requirement:<br>generic atypical<br>antipsychotic in 365 days;<br>QL (1 EA per 1 day) |
| <i>olanzapine oral tablet 10 mg, 15 mg, 7.5<br/>mg</i>                        | Tier 2 | MO                                                                                                                       |
| <i>olanzapine oral tablet 2.5 mg, 20 mg, 5 (Zyprexa)<br/>mg</i>               | Tier 2 | MO                                                                                                                       |
| <i>olanzapine oral tablet, disintegrating 10<br/>mg, 15 mg, 20 mg, 5 mg</i>   | Tier 2 | MO                                                                                                                       |
| <i>paliperidone oral tablet extended release<br/>24hr 1.5 mg</i>              | Tier 2 | MO; QL (1 EA per 1 day)                                                                                                  |
| <i>paliperidone oral tablet extended release (Invega)<br/>24hr 3 mg, 9 mg</i> | Tier 2 | MO; QL (1 EA per 1 day)                                                                                                  |
| <i>paliperidone oral tablet extended release (Invega)<br/>24hr 6 mg</i>       | Tier 2 | MO; QL (2 EA per 1 day)                                                                                                  |

| Drug                                                                                                                                                | Status | Notes                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------------------------|
| PERSERIS SUBCUTANEOUS<br>SUSPENSION,EXTENDED REL<br>SYRING 120 MG, 90 MG                                                                            | Tier 4 | MO; QL (1 EA per 28 days) |
| <i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel)                                                               | Tier 2 | MO                        |
| <i>quetiapine oral tablet 150 mg</i>                                                                                                                | Tier 2 | MO; 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 | MO                        |
| RISPERDAL CONSTA (risperidone microspheres)<br>INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL<br>RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML | Tier 4 | MO; QL (1 EA per 14 days) |
| RISPERDAL ORAL SOLUTION 1 (risperidone)<br>MG/ML                                                                                                    | Tier 4 | MO                        |
| RISPERDAL ORAL TABLET 0.5 MG, 1 (risperidone)<br>MG, 2 MG, 3 MG, 4 MG                                                                               | Tier 4 | MO                        |
| <i>risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml</i> (Risperdal Consta)                                         | Tier 2 | MO; QL (1 EA per 14 days) |
| <i>risperidone microspheres intramuscular suspension,extended rel recon 25 mg/2 ml, 37.5 mg/2 ml, 50 mg/2 ml</i> (Rykindo)                          | Tier 2 | MO; QL (1 EA per 14 days) |
| <i>risperidone oral solution 1 mg/ml</i> (Risperdal)                                                                                                | Tier 2 | MO                        |
| <i>risperidone oral tablet 0.25 mg</i>                                                                                                              | Tier 2 | MO                        |
| <i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)                                                                           | Tier 2 | MO                        |
| <i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>                                                               | Tier 2 | MO                        |
| RYKINDO INTRAMUSCULAR (risperidone microspheres)<br>SUSPENSION,EXTENDED REL<br>RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML                           | Tier 3 | MO; QL (1 EA per 14 days) |
| SAPHRIS SUBLINGUAL TABLET 10 (asenapine maleate)<br>MG, 2.5 MG, 5 MG                                                                                | Tier 4 | MO; QL (2 EA per 1 day)   |
| SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR                                                                    | Tier 4 | MO; QL (1 EA per 1 day)   |
| SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG (quetiapine)                                                                      | Tier 4 | MO                        |
| SEROQUEL XR ORAL TABLET (quetiapine)<br>EXTENDED RELEASE 24 HR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG                                                | Tier 4 | MO                        |

| Drug                                                                                      | Status | Notes                        |
|-------------------------------------------------------------------------------------------|--------|------------------------------|
| UZEDY SUBCUTANEOUS<br>SUSPENSION,EXTENDED REL<br>SYRING 100 MG/0.28 ML                    | Tier 3 | MO; QL (0.28 ML per 28 days) |
| UZEDY SUBCUTANEOUS<br>SUSPENSION,EXTENDED REL<br>SYRING 125 MG/0.35 ML                    | Tier 3 | MO; QL (0.32 ML per 28 days) |
| UZEDY SUBCUTANEOUS<br>SUSPENSION,EXTENDED REL<br>SYRING 150 MG/0.42 ML                    | Tier 3 | MO; QL (0.42 ML per 56 days) |
| UZEDY SUBCUTANEOUS<br>SUSPENSION,EXTENDED REL<br>SYRING 200 MG/0.56 ML                    | Tier 3 | MO; QL (0.56 ML per 56 days) |
| UZEDY SUBCUTANEOUS<br>SUSPENSION,EXTENDED REL<br>SYRING 250 MG/0.7 ML                     | Tier 3 | MO; QL (0.7 ML per 56 days)  |
| UZEDY SUBCUTANEOUS<br>SUSPENSION,EXTENDED REL<br>SYRING 50 MG/0.14 ML                     | Tier 3 | MO; QL (0.14 ML per 28 days) |
| UZEDY SUBCUTANEOUS<br>SUSPENSION,EXTENDED REL<br>SYRING 75 MG/0.21 ML                     | Tier 3 | MO; QL (0.21 ML per 28 days) |
| VERSACLOZ ORAL SUSPENSION 50<br>MG/ML                                                     | Tier 4 | MO; QL (18 ML per 1 day)     |
| <i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon)                   | Tier 2 | MO                           |
| ZYPREXA ORAL TABLET 2.5 MG, 20 MG, 5 MG (olanzapine)                                      | Tier 4 | MO                           |
| ZYPREXA RELPREVV<br>INTRAMUSCULAR SUSPENSION FOR<br>RECONSTITUTION 210 MG, 300 MG         | Tier 4 | MO; QL (1 EA per 14 days)    |
| ZYPREXA RELPREVV<br>INTRAMUSCULAR SUSPENSION FOR<br>RECONSTITUTION 405 MG                 | Tier 4 | MO; QL (1 EA per 28 days)    |
| <b>Antipsychotics,Dopamine Antagonists,<br/>Thioxanthenes</b>                             |        |                              |
| <i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>                                   | Tier 2 | MO                           |
| <b>Antipsychotics,Dopamine Antagonists,Butyrophenones</b>                                 |        |                              |
| HALDOL DECANOATE (haloperidol decanoate)<br>INTRAMUSCULAR SOLUTION 100<br>MG/ML, 50 MG/ML | Tier 4 | MO                           |
| <i>haloperidol decanoate intramuscular<br/>solution 100 mg/ml, 50 mg/ml</i>               | Tier 2 | MO                           |
| <i>haloperidol lactate oral concentrate 2<br/>mg/ml</i>                                   | Tier 2 | MO                           |

| Drug                                                           | Status | Notes                                                                                                                          |
|----------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------------------------------|
| haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg | Tier 2 | MO                                                                                                                             |
| <b>Antipsychotics,Dopamine Antagonist,Dihydroindolones</b>     |        |                                                                                                                                |
| molindone oral tablet 10 mg                                    | Tier 2 | MO; QL (8 EA per 1 day)                                                                                                        |
| molindone oral tablet 25 mg                                    | Tier 2 | MO; QL (9 EA per 1 day)                                                                                                        |
| molindone oral tablet 5 mg                                     | Tier 2 | MO                                                                                                                             |
| <b>Anti-Psychotics,Phenothiazines</b>                          |        |                                                                                                                                |
| chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml            | Tier 2 | MO                                                                                                                             |
| chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg | Tier 2 | MO                                                                                                                             |
| fluphenazine decanoate injection solution 25 mg/ml             | Tier 2 | MO                                                                                                                             |
| fluphenazine hcl oral concentrate 5 mg/ml                      | Tier 2 | MO                                                                                                                             |
| fluphenazine hcl oral elixir 2.5 mg/5 ml                       | Tier 2 | MO                                                                                                                             |
| fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg         | Tier 2 | MO                                                                                                                             |
| perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg               | Tier 2 | MO                                                                                                                             |
| thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg           | Tier 2 | MO                                                                                                                             |
| trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg            | Tier 2 | MO                                                                                                                             |
| <b>Barbiturates</b>                                            |        |                                                                                                                                |
| phenobarbital 32.4 mg tablet                                   | Tier 2 | MO                                                                                                                             |
| phenobarbital 64.8 mg tablet                                   | Tier 2 | MO                                                                                                                             |
| phenobarbital 97.2 mg tablet                                   | Tier 2 | MO                                                                                                                             |
| phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)                 | Tier 2 | MO                                                                                                                             |
| phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 60 mg | Tier 2 | MO                                                                                                                             |
| <b>Hypnotics, Melatonin Mt1/Mt2 Receptor Agonists</b>          |        |                                                                                                                                |
| HETLIOZ LQ ORAL SUSPENSION 4 MG/ML                             | Tier 5 | PA; MO                                                                                                                         |
| HETLIOZ ORAL CAPSULE 20 MG (tasimelteon)                       | Tier 5 | PA; MO                                                                                                                         |
| ramelteon oral tablet 8 mg (Rozerem)                           | Tier 2 | ST: Must meet any of the following requirements: Eszopiclone (Lunesta), Zaleplon (Sonata), or Zolpidem IR (Ambien) in 120 days |

| Drug                                                      |               | Status | Notes                                                                                                                          |
|-----------------------------------------------------------|---------------|--------|--------------------------------------------------------------------------------------------------------------------------------|
| ROZEREM ORAL TABLET 8 MG                                  | (ramelteon)   | Tier 4 | ST: Must meet any of the following requirements: Eszopiclone (Lunesta), Zaleplon (Sonata), or Zolpidem IR (Ambien) in 120 days |
| <i>tasimelteon oral capsule 20 mg</i>                     | (Hetlioz)     | Tier 4 | PA; MO                                                                                                                         |
| <b>Narcolepsy And Sleep Disorder Therapy Agents</b>       |               |        |                                                                                                                                |
| <i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>     | (Nuvigil)     | Tier 2 | MO; QL (1 EA per 1 day)                                                                                                        |
| <i>armodafinil oral tablet 50 mg</i>                      | (Nuvigil)     | Tier 2 | MO; QL (3 EA per 1 day)                                                                                                        |
| <i>modafinil oral tablet 100 mg, 200 mg</i>               | (Provigil)    | Tier 2 | MO; QL (2 EA per 1 day)                                                                                                        |
| NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG                | (armodafinil) | Tier 4 | MO; QL (1 EA per 1 day)                                                                                                        |
| NUVIGIL ORAL TABLET 50 MG                                 | (armodafinil) | Tier 4 | MO; QL (3 EA per 1 day)                                                                                                        |
| PROVIGIL ORAL TABLET 100 MG, 200 MG                       | (modafinil)   | Tier 4 | MO; QL (2 EA per 1 day)                                                                                                        |
| SUNOSI ORAL TABLET 150 MG, 75 MG                          |               | Tier 3 | PA; MO                                                                                                                         |
| <b>Narcolepsy Tx-H3-Recept.Antagonist/Inverse Agonist</b> |               |        |                                                                                                                                |
| WAKIX ORAL TABLET 17.8 MG, 4.45 MG                        |               | Tier 5 | PA; MO                                                                                                                         |
| <b>Narcotic Antagonists</b>                               |               |        |                                                                                                                                |
| KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION          |               | Tier 3 |                                                                                                                                |
| 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 |                                                                                                                                |
| NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG                       |               | Tier 4 |                                                                                                                                |
| <i>naltrexone oral tablet 50 mg</i>                       |               | Tier 2 | MO                                                                                                                             |
| NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION            | (naloxone)    | Tier 4 |                                                                                                                                |
| OPVEE NASAL SPRAY, NON-AEROSOL 2.7 MG/ACTUATION           |               | Tier 4 |                                                                                                                                |
| REXTOVY NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION           | (naloxone)    | Tier 4 |                                                                                                                                |
| ZIMHI INJECTION SYRINGE 5 MG/0.5 ML                       |               | Tier 4 |                                                                                                                                |

| Drug                                                                      | Status | Notes                                                                                                                                                  |
|---------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Sedative-Hypnotics - Benzodiazepines</b>                               |        |                                                                                                                                                        |
| DORAL ORAL TABLET 15 MG (quazepam)                                        | Tier 4 | ST: Must meet any of the following oral generic requirements: Eszopiclone, Flurazepam, Temazepam, Zaleplon, or Zolpidem tablets in 120 days            |
| <i>estazolam oral tablet 1 mg, 2 mg</i>                                   | Tier 2 |                                                                                                                                                        |
| <i>flurazepam oral capsule 15 mg, 30 mg</i>                               | Tier 2 |                                                                                                                                                        |
| HALCION ORAL TABLET 0.25 MG (triazolam)                                   | Tier 4 |                                                                                                                                                        |
| <i>midazolam oral syrup 2 mg/ml</i>                                       | Tier 2 |                                                                                                                                                        |
| <i>quazepam oral tablet 15 mg</i> (Doral)                                 | Tier 2 | ST: Must meet any of the following oral generic requirements: Eszopiclone, Flurazepam, Temazepam, Zaleplon, or Zolpidem tablets in 120 days            |
| RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG (temazepam)           | Tier 4 |                                                                                                                                                        |
| <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>                                |        |                                                                                                                                                        |
| AMBIEN CR ORAL TABLET, EXT RELEASE MULTIPHASE 12.5 MG, 6.25 MG (zolpidem) | Tier 4 | QL (1 EA per 1 day)                                                                                                                                    |
| AMBIEN ORAL TABLET 10 MG, 5 MG (zolpidem)                                 | Tier 4 | QL (1 EA per 1 day)                                                                                                                                    |
| BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG                            | Tier 3 | ST: Must meet any of the following requirements: Eszopiclone, Zaleplon, or Zolpidem Tartrate in 120 days; QL (1 EA per 1 day)                          |
| DAYVIGO ORAL TABLET 10 MG, 5 MG                                           | Tier 3 | ST: Must meet any of the following requirements: Eszopiclone, Zaleplon, or Zolpidem Tartrate in 120 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: Doxepin solution or 10mg capsule, Eszopiclone, Zaleplon, or Zolpidem in 120 days; QL (1 EA per 1 day) |



| Drug                                                                                    | Status | Notes                                                                                                                                                  |
|-----------------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG                                                    | Tier 4 | ST: Must meet the following requirement: Edluar or Zolpidem Tartrate in 180 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                                                                                                                                                     |
| LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG (eszopiclone)                                      | Tier 4 | QL (1 EA per 1 day)                                                                                                                                    |
| 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: Zolpidem Tartrate, Eszopiclone, or Zaleplon in 130 days; QL (1 EA per 1 day)                          |
| SILENOR ORAL TABLET 3 MG, 6 MG (doxepin)                                                | Tier 4 | ST: Must meet any of the following requirements: Doxepin solution or 10mg capsule, Eszopiclone, Zaleplon, or Zolpidem in 120 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 capsule 7.5 mg</i>                                                     | Tier 2 |                                                                                                                                                        |
| <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)                                                                                                                                    |
| <b>Selective Serotonin 5-Ht2a Inverse Agonists (Ssia)</b>                               |        |                                                                                                                                                        |
| NUPLAZID ORAL CAPSULE 34 MG                                                             | Tier 5 | PA; MO                                                                                                                                                 |
| NUPLAZID ORAL TABLET 10 MG                                                              | Tier 5 | PA; MO                                                                                                                                                 |
| <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 | MO; 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 | MO                                                                                                                                                     |

| Drug                                                                                                                     | Status | Notes                                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>guanfacine oral tablet extended release</i> (Intuniv ER)<br>24 hr 1 mg, 2 mg, 3 mg, 4 mg                              | Tier 2 | MO                                                                                                                                                                               |
| INTUNIV ER ORAL TABLET (guanfacine)<br>EXTENDED RELEASE 24 HR 1 MG, 2 MG, 3 MG, 4 MG                                     | Tier 4 | MO                                                                                                                                                                               |
| ONYDA XR ORAL<br>SUSPENSION,EXTEND RELEASE<br>24HR 0.1 MG/ML                                                             | Tier 4 | MO; ST: Must meet the following requirement:<br>Clonidine 0.1mg ER tablets in 120 days; QL (4 ML per 1 day)                                                                      |
| <b>Tx For Attention Deficit-Hyperact(Adhd)/Narcolepsy</b>                                                                |        |                                                                                                                                                                                  |
| APTENSIO XR ORAL CAP,ER (methylphenidate hcl)<br>SPRINKLE,BIPHASIC 40-60 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG | Tier 4 | MO; ST: Must meet the following requirement of one generic of: Concerta, Metadate CD, Ritalin LA, Methylin ER, or Ritalin-SR in 120 days; QL (1 EA per 1 day)                    |
| AZSTARYS ORAL CAPSULE 26.1 MG-5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG-10.4 MG                                                   | Tier 3 | MO; 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) |
| CONCERTA ORAL TABLET (methylphenidate hcl)<br>EXTENDED RELEASE 24HR 18 MG, 27 MG, 54 MG                                  | Tier 4 | MO; QL (1 EA per 1 day)                                                                                                                                                          |
| CONCERTA ORAL TABLET (methylphenidate hcl)<br>EXTENDED RELEASE 24HR 36 MG                                                | Tier 4 | MO; QL (2 EA per 1 day)                                                                                                                                                          |
| COTEMPLA XR-ODT ORAL<br>TABLET,DISINTEG ER BIPHASE 24H<br>17.3 MG, 8.6 MG                                                | Tier 4 | MO; ST: Must meet the following requirement:<br>Azstarys or Jornay PM in 120 days; QL (1 EA per 1 day)                                                                           |
| COTEMPLA XR-ODT ORAL<br>TABLET,DISINTEG ER BIPHASE 24H<br>25.9 MG                                                        | Tier 4 | MO; ST: Must meet the following requirement:<br>Azstarys or Jornay PM in 120 days; QL (2 EA per 1 day)                                                                           |
| DAYTRANA TRANSDERMAL PATCH (methylphenidate)<br>24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR                   | Tier 4 | MO; ST: Must meet the following requirement: oral Methylphenidate CD/ER/LA or Methylphenidate suspension/solution in 120 days; QL (1 EA per 1 day)                               |

| Drug                                                                                                           |                       | Status | Notes                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------|-----------------------|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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 | MO; QL (1 EA per 1 day)                                                                                                                                                          |
| <i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>                                                      | (Focalin)             | Tier 2 | MO; QL (2 EA per 1 day)                                                                                                                                                          |
| FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG                                                                        | (dexmethylphenidate)  | Tier 4 | MO; QL (2 EA per 1 day)                                                                                                                                                          |
| FOCALIN XR ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG                | (dexmethylphenidate)  | Tier 4 | MO; QL (1 EA per 1 day)                                                                                                                                                          |
| JORNAY PM ORAL CAPSULE,DEL REL,EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG                               |                       | Tier 3 | MO; 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) |
| METADATE CD ORAL CAPSULE, ER BIPHASIC 30-70 10 MG, 20 MG, 40 MG, 50 MG, 60 MG                                  | (methylphenidate hcl) | Tier 4 | MO; QL (1 EA per 1 day)                                                                                                                                                          |
| METADATE CD ORAL CAPSULE, ER BIPHASIC 30-70 30 MG                                                              | (methylphenidate hcl) | Tier 4 | MO; QL (2 EA per 1 day)                                                                                                                                                          |
| METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG                                                                 | (methylphenidate hcl) | Tier 2 | MO; QL (90 EA per 30 days)                                                                                                                                                       |
| METHYLIN ORAL SOLUTION 10 MG/5 ML, 5 MG/5 ML                                                                   | (methylphenidate hcl) | Tier 4 | MO                                                                                                                                                                               |
| <i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i> | (Aptensio XR)         | Tier 4 | MO; ST: Must meet the following requirement of one generic of: Concerta, Metadate CD, Ritalin LA, Methylin ER, or Ritalin-SR in 120 days; QL (1 EA per 1 day)                    |
| <i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i>                   | (Metadate CD)         | Tier 2 | MO; QL (1 EA per 1 day)                                                                                                                                                          |
| <i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg</i>                                               | (Metadate CD)         | Tier 2 | MO; QL (2 EA per 1 day)                                                                                                                                                          |
| <i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg</i>                                  | (Ritalin LA)          | Tier 2 | MO; QL (1 EA per 1 day)                                                                                                                                                          |
| <i>methylphenidate hcl oral capsule,er biphasic 50-50 30 mg</i>                                                | (Ritalin LA)          | Tier 2 | MO; QL (2 EA per 1 day)                                                                                                                                                          |
| <i>methylphenidate hcl oral capsule,er biphasic 50-50 60 mg</i>                                                |                       | Tier 2 | MO; QL (1 EA per 1 day)                                                                                                                                                          |
| <i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>                                                 | (Methylin)            | Tier 2 | MO                                                                                                                                                                               |

| Drug                                                                                                       | Status | Notes                                                                                                                                                                            |
|------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin)                                        | Tier 2 | MO; QL (90 EA per 30 days)                                                                                                                                                       |
| <i>methylphenidate hcl oral tablet extended release 10 mg</i>                                              | Tier 2 | MO; QL (3 EA per 1 day)                                                                                                                                                          |
| <i>methylphenidate hcl oral tablet extended release 20 mg</i> (Metadate ER)                                | Tier 2 | MO; QL (90 EA per 30 days)                                                                                                                                                       |
| <i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i> (Concerta)                | Tier 2 | MO; QL (1 EA per 1 day)                                                                                                                                                          |
| <i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i> (Concerta)                              | Tier 2 | MO; QL (2 EA per 1 day)                                                                                                                                                          |
| <i>methylphenidate hcl oral tablet extended release 24hr 45 mg, 63 mg</i> (Relexxii)                       | Tier 2 | MO; QL (1 EA per 1 day)                                                                                                                                                          |
| <i>methylphenidate hcl oral tablet extended release 24hr 72 mg</i> (Relexxii)                              | Tier 2 | MO; ST: Must meet 2 of the following requirements: Adderall XR, Concerta, generic Lisdexamfetamine, or Methylphenidate ER/LA/CD in 365 days; QL (1 EA per 1 day)                 |
| <i>methylphenidate hcl oral tablet, chewable 10 mg</i>                                                     | Tier 2 | MO; QL (6 EA per 1 day)                                                                                                                                                          |
| <i>methylphenidate hcl oral tablet, chewable 2.5 mg, 5 mg</i>                                              | Tier 2 | MO; QL (90 EA per 30 days)                                                                                                                                                       |
| <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 | MO; 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 | MO; 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 | MO; 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) |

| Drug                                                                                 | Status | Notes                                                                                                                                                                                              |
|--------------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)                                   | Tier 4 | MO; 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 MG/ML (25 MG/5 ML)                                   | Tier 4 | MO; 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) |
| QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)                                   | Tier 4 | MO; 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 | MO; 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)   |
| RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 54 MG (methylphenidate hcl) | Tier 4 | MO; QL (1 EA per 1 day)                                                                                                                                                                            |
| RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 36 MG (methylphenidate hcl)               | Tier 4 | MO; QL (2 EA per 1 day)                                                                                                                                                                            |

| Drug                                                                                   | Status | Notes                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| RELEXXII ORAL TABLET EXTENDED (methylphenidate hcl)<br>RELEASE 24HR 72 MG              | Tier 4 | MO; ST: Must meet 2 of the following requirements: Adderall XR, Concerta, generic Lisdexamfetamine, or Methylphenidate ER/LA/CD in 365 days; QL (1 EA per 1 day)                                                                     |
| RITALIN LA ORAL CAPSULE,ER (methylphenidate hcl)<br>BIPHASIC 50-50 10 MG, 20 MG, 40 MG | Tier 4 | MO; QL (1 EA per 1 day)                                                                                                                                                                                                              |
| RITALIN LA ORAL CAPSULE,ER (methylphenidate hcl)<br>BIPHASIC 50-50 30 MG               | Tier 4 | MO; QL (2 EA per 1 day)                                                                                                                                                                                                              |
| RITALIN ORAL TABLET 10 MG, 20 MG, (methylphenidate hcl)<br>5 MG                        | Tier 4 | MO; QL (90 EA 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 | MO                                                                                                                                                                                                                                   |
| QELBREE ORAL<br>CAPSULE,EXTENDED RELEASE 24HR<br>100 MG                                | Tier 4 | MO; ST: Must meet any of the following requirements: Atomoxetine, Clonidine ER (Kapvay), Dexamethylphenidate, Dextroamphetamine/Amphetamine, Guanfacine ER (intuniv), or generic Methylphenidate IR in 120 days; QL (1 EA per 1 day) |
| QELBREE ORAL<br>CAPSULE,EXTENDED RELEASE 24HR<br>150 MG                                | Tier 4 | MO; ST: Must meet any of the following requirements: Atomoxetine, Clonidine ER (Kapvay), Dexamethylphenidate, Dextroamphetamine/Amphetamine, Guanfacine ER (intuniv), or generic Methylphenidate IR in 120 days; QL (2 EA per 1 day) |
| QELBREE ORAL<br>CAPSULE,EXTENDED RELEASE 24HR<br>200 MG                                | Tier 4 | MO; ST: Must meet any of the following requirements: Atomoxetine, Clonidine ER (Kapvay), Dexamethylphenidate, Dextroamphetamine/Amphetamine, Guanfacine ER (intuniv), or generic Methylphenidate IR in 120 days; QL (3 EA per 1 day) |

| Drug                                                                                        | Status | Notes |
|---------------------------------------------------------------------------------------------|--------|-------|
| STRATTERA ORAL CAPSULE 10 MG, (atomoxetine)<br>100 MG, 18 MG, 25 MG, 40 MG, 60 MG,<br>80 MG | Tier 4 | MO    |
| <b>Cardiovascular Disease - Arrhythmia</b>                                                  |        |       |
| <b>Antiarrhythmics</b>                                                                      |        |       |
| amiodarone oral tablet 100 mg, 200 mg (Pacerone)                                            | Tier 2 | MO    |
| amiodarone oral tablet 400 mg                                                               | Tier 2 | MO    |
| disopyramide phosphate oral capsule (Norpace)<br>100 mg, 150 mg                             | Tier 2 | MO    |
| dofetilide oral capsule 125 mcg, 250 (Tikosyn)<br>mcg, 500 mcg                              | Tier 2 | MO    |
| flecainide oral tablet 100 mg, 150 mg, 50<br>mg                                             | Tier 2 | MO    |
| mexiletine oral capsule 150 mg, 200 mg,<br>250 mg                                           | Tier 2 | MO    |
| MULTAQ ORAL TABLET 400 MG                                                                   | Tier 3 | MO    |
| NORPACE CR ORAL CAPSULE,<br>EXTENDED RELEASE 100 MG                                         | Tier 3 | MO    |
| NORPACE CR ORAL CAPSULE, (disopyramide phosphate)<br>EXTENDED RELEASE 150 MG                | Tier 3 | MO    |
| NORPACE ORAL CAPSULE 100 MG, (disopyramide phosphate)<br>150 MG                             | Tier 4 | MO    |
| PACERONE ORAL TABLET 100 MG, (amiodarone)<br>200 MG, 400 MG                                 | Tier 2 | MO    |
| propafenone oral capsule,extended<br>release 12 hr 225 mg, 325 mg, 425 mg                   | Tier 2 | MO    |
| propafenone oral tablet 150 mg, 225 mg,<br>300 mg                                           | Tier 2 | MO    |
| quinidine gluconate oral tablet extended<br>release 324 mg                                  | Tier 2 | MO    |
| quinidine sulfate oral tablet 200 mg, 300<br>mg                                             | Tier 2 | MO    |
| TIKOSYN ORAL CAPSULE 125 MCG, (dofetilide)<br>250 MCG, 500 MCG                              | Tier 4 | MO    |
| <b>Cardiovascular Disease - Cardiac<br/>Stimulant</b>                                       |        |       |
| <b>Adrenergic Agents,Catecholamines</b>                                                     |        |       |
| epinephrine injection syringe 0.1 mg/ml                                                     | Tier 2 |       |
| <b>Digitalis Glycosides</b>                                                                 |        |       |
| DIGITEK ORAL TABLET 125 MCG (digoxin)<br>(0.125 MG), 250 MCG (0.25 MG)                      | Tier 2 | MO    |
| digoxin oral solution 50 mcg/ml (0.05<br>mg/ml)                                             | Tier 4 | MO    |
| digoxin oral tablet 125 mcg (0.125 mg), (Digitek)<br>250 mcg (0.25 mg)                      | Tier 2 | MO    |

| Drug                                                                                                     | Status | Notes                                                                                                          |
|----------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------|
| <i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i> (Lanoxin)                                                | Tier 2 | PA; MO                                                                                                         |
| LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) (digoxin)                                      | Tier 4 | MO                                                                                                             |
| LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG) (digoxin)                                                       | Tier 4 | PA; MO                                                                                                         |
| <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 2 | MO                                                                                                             |
| <i>amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg</i>                                             | Tier 2 | MO                                                                                                             |
| LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG (amlodipine-benazepril)                         | Tier 4 | MO                                                                                                             |
| PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG                                                       | Tier 4 | MO; ST: Must meet the following requirements: Amlodipine and an ACE Inhibitor in 365 days; QL (1 EA per 1 day) |
| <i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i> | Tier 2 | MO                                                                                                             |
| <b>Ace Inhibitor/Thiazide &amp; Thiazide-Like Diuretic</b>                                               |        |                                                                                                                |
| ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (quinapril-hydrochlorothiazide)                   | Tier 4 | MO                                                                                                             |
| <i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Lotensin HCT)        | Tier 2 | MO                                                                                                             |
| <i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>                                              | Tier 2 | MO                                                                                                             |
| <i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>                  | Tier 2 | MO                                                                                                             |
| <i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic)                                    | Tier 2 | MO                                                                                                             |
| <i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>                                               | Tier 2 | MO                                                                                                             |
| <i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>                                 | Tier 2 | MO                                                                                                             |
| <i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)          | Tier 2 | MO                                                                                                             |
| LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (benazepril-hydrochlorothiazide)               | Tier 4 | MO                                                                                                             |
| <i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Accuretic)            | Tier 2 | MO                                                                                                             |



| Drug                                                                                                                      |                                   | Status | Notes                   |
|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------|-------------------------|
| VASERETIC ORAL TABLET 10-25 MG                                                                                            | (enalapril-hydrochlorothiazide)   | Tier 4 | MO                      |
| ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG                                                                   | (lisinopril-hydrochlorothiazide)  | Tier 4 | MO                      |
| <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 | MO                      |
| <i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i>                                  | (Coreg CR)                        | Tier 2 | MO; QL (1 EA per 1 day) |
| COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG, 20 MG, 40 MG, 80 MG                                                     | (carvedilol phosphate)            | Tier 4 | MO; QL (1 EA per 1 day) |
| COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG                                                                       | (carvedilol)                      | Tier 4 | MO                      |
| <i>labetalol oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>                                                               |                                   | Tier 2 | MO                      |
| <b>Alpha-Adrenergic Blocking Agents</b>                                                                                   |                                   |        |                         |
| CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG                                                                                | (doxazosin)                       | Tier 4 | MO                      |
| CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG                                                                   |                                   | Tier 4 | MO                      |
| DIBENZYLINE ORAL CAPSULE 10 MG                                                                                            | (phenoxybenzamine)                | Tier 5 | PA                      |
| <i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>                                                                       | (Cardura)                         | Tier 2 | MO                      |
| <i>phenoxybenzamine oral capsule 10 mg</i>                                                                                | (Dibenzyliline)                   | Tier 4 | PA                      |
| <i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>                                                                             |                                   | Tier 2 | MO                      |
| <i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>                                                                     |                                   | Tier 2 | MO                      |
| TEZRULY ORAL SOLUTION 1 MG/ML                                                                                             |                                   | Tier 4 | PA; MO                  |
| <b>Angioten.Receptr Antag./Cal.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 | MO                      |
| EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG                            | (amlodipine-valsartan-hcthiiazid) | Tier 4 | MO                      |
| <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 | MO                      |
| TRIBENZOR 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                                  | (olmesartan-amlodipin-hcthiiazid) | Tier 4 | MO                      |

| Drug                                                                                                                     | Status | Notes                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------|--------|---------------------------------------------------------------------------------------------------------------------------------------|
| <b>Angiotensin Receptor Antag./Thiazide Diuretic Comb</b>                                                                |        |                                                                                                                                       |
| ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG (candesartan-hydrochlorothiazid)                                | Tier 4 | MO                                                                                                                                    |
| AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG (irbesartan-hydrochlorothiazide)                                            | Tier 4 | MO                                                                                                                                    |
| BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG (olmesartan-hydrochlorothiazide)                                | Tier 4 | MO                                                                                                                                    |
| <i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> (Atacand HCT)                         | Tier 2 | MO                                                                                                                                    |
| DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG (valsartan-hydrochlorothiazide)        | Tier 4 | MO                                                                                                                                    |
| EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG                                                                              | Tier 4 | MO; ST: Must meet any of the following requirements: An ACE-Inhibitor, ACE-Inhibitor combination, ARB, or ARB combination in 120 days |
| HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG (losartan-hydrochlorothiazide)                                     | Tier 4 | MO                                                                                                                                    |
| <i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)                                     | Tier 2 | MO                                                                                                                                    |
| <i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar)                              | Tier 2 | MO                                                                                                                                    |
| MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG (telmisartan-hydrochlorothiazid)                               | Tier 4 | MO                                                                                                                                    |
| <i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> (Benicar HCT)                         | Tier 2 | MO                                                                                                                                    |
| <i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> (Micardis HCT)                        | Tier 2 | MO                                                                                                                                    |
| <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 2 | MO                                                                                                                                    |
| <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 | MO                                                                                                                                    |
| <i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> (Exforge)                               | Tier 2 | MO                                                                                                                                    |
| AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG (amlodipine-olmesartan)                                            | Tier 4 | MO                                                                                                                                    |
| EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG (amlodipine-valsartan)                                      | Tier 4 | MO                                                                                                                                    |
| <i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>                                           | Tier 2 | MO                                                                                                                                    |

| Drug                                                                      | Status | Notes  |
|---------------------------------------------------------------------------|--------|--------|
| <b>Antihypertensives, Ace Inhibitors</b>                                  |        |        |
| ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (quinapril)                | Tier 4 | MO     |
| ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG (ramipril)               | Tier 4 | MO     |
| benazepril oral tablet 10 mg, 20 mg, 40 mg (Lotensin)                     | Tier 2 | MO     |
| benazepril oral tablet 5 mg                                               | Tier 2 | MO     |
| captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg                       | Tier 2 | MO     |
| enalapril maleate oral solution 1 mg/ml (Epaned)                          | Tier 2 | PA; MO |
| enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg (Vasotec)        | Tier 2 | MO     |
| EPANED ORAL SOLUTION 1 MG/ML (enalapril maleate)                          | Tier 4 | PA; MO |
| fosinopril oral tablet 10 mg, 20 mg, 40 mg                                | Tier 2 | MO     |
| lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg (Zestril) | Tier 2 | MO     |
| LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG (benazepril)                     | Tier 4 | MO     |
| moexipril oral tablet 15 mg, 7.5 mg                                       | Tier 2 | MO     |
| perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg                         | Tier 2 | MO     |
| QBRELIS ORAL SOLUTION 1 MG/ML                                             | Tier 4 | PA; MO |
| quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg (Accupril)                | Tier 2 | MO     |
| ramipril oral capsule 1.25 mg, 2.5 mg, 5 mg (Altace)                      | Tier 2 | MO     |
| ramipril oral capsule 10 mg                                               | Tier 2 | MO     |
| trandolapril oral tablet 1 mg, 2 mg, 4 mg                                 | Tier 2 | MO     |
| VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (enalapril maleate)        | Tier 4 | MO     |
| ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG (lisinopril) | Tier 4 | MO     |
| <b>Antihypertensives, Angiotensin Receptor Antagonist</b>                 |        |        |
| ARBLI ORAL SUSPENSION 10 MG/ML                                            | Tier 4 | PA; MO |
| ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG (candesartan)                | Tier 4 | MO     |
| AVAPRO ORAL TABLET 150 MG, 300 MG, 75 MG (irbesartan)                     | Tier 4 | MO     |
| BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG (olmesartan)                       | Tier 4 | MO     |
| candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg (Atacand)                | Tier 2 | MO     |

| Drug                                                                          | Status | Notes                                                                                                                                 |
|-------------------------------------------------------------------------------|--------|---------------------------------------------------------------------------------------------------------------------------------------|
| COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG (losartan)                            | Tier 4 | MO                                                                                                                                    |
| DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG (valsartan)                   | Tier 4 | MO                                                                                                                                    |
| EDARBI ORAL TABLET 40 MG, 80 MG                                               | Tier 4 | MO; ST: Must meet any of the following requirements: An ACE-Inhibitor, ACE-Inhibitor combination, ARB, or ARB combination in 120 days |
| <i>eprosartan oral tablet 600 mg</i>                                          | Tier 2 | MO                                                                                                                                    |
| <i>irbesartan oral tablet 150 mg, 300 mg</i> (Avapro)                         | Tier 2 | MO                                                                                                                                    |
| <i>irbesartan oral tablet 75 mg</i>                                           | Tier 2 | MO                                                                                                                                    |
| <i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)                     | Tier 2 | MO                                                                                                                                    |
| MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG (telmisartan)                        | Tier 4 | MO                                                                                                                                    |
| <i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)                    | Tier 2 | MO                                                                                                                                    |
| <i>telmisartan oral tablet 20 mg</i>                                          | Tier 2 | MO                                                                                                                                    |
| <i>telmisartan oral tablet 40 mg, 80 mg</i> (Micardis)                        | Tier 2 | MO                                                                                                                                    |
| <i>valsartan oral solution 4 mg/ml</i>                                        | Tier 2 | MO; ST: Must meet the following requirement: Valsartan tablets in 120 days                                                            |
| <i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)            | Tier 2 | MO                                                                                                                                    |
| <b>Antihypertensives, Ganglionic Blockers</b>                                 |        |                                                                                                                                       |
| VECAMEYL ORAL TABLET 2.5 MG                                                   | Tier 5 | PA                                                                                                                                    |
| <b>Antihypertensives, Miscellaneous</b>                                       |        |                                                                                                                                       |
| DEMSEER ORAL CAPSULE 250 MG (metyrosine)                                      | Tier 5 | PA                                                                                                                                    |
| <i>metyrosine oral capsule 250 mg</i> (Demser)                                | Tier 4 | PA                                                                                                                                    |
| <b>Antihypertensives, Sympatholytic</b>                                       |        |                                                                                                                                       |
| CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24 HR (clonidine)              | Tier 4 | MO                                                                                                                                    |
| CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24 HR (clonidine)              | Tier 4 | MO                                                                                                                                    |
| CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24 HR (clonidine)              | Tier 4 | MO                                                                                                                                    |
| <i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>                       | Tier 2 | MO                                                                                                                                    |
| <i>clonidine hcl oral tablet extended release 24 hr 0.17 mg</i> (Nexiclon XR) | Tier 2 | MO                                                                                                                                    |
| <i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-TTS-1)       | Tier 2 | MO                                                                                                                                    |

| Drug                                                                                       | Status | Notes                                                                                                                         |
|--------------------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------|
| clonidine transdermal patch weekly 0.2 mg/24 hr (Catapres-TTS-2)                           | Tier 2 | MO                                                                                                                            |
| clonidine transdermal patch weekly 0.3 mg/24 hr (Catapres-TTS-3)                           | Tier 2 | MO                                                                                                                            |
| guanfacine oral tablet 1 mg, 2 mg                                                          | Tier 2 | MO                                                                                                                            |
| methyldopa oral tablet 250 mg, 500 mg                                                      | Tier 2 | MO                                                                                                                            |
| methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg                            | Tier 2 | MO                                                                                                                            |
| <b>Antihypertensives, Vasodilators</b>                                                     |        |                                                                                                                               |
| hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg                                        | Tier 2 | MO                                                                                                                            |
| minoxidil oral tablet 10 mg, 2.5 mg                                                        | Tier 2 | MO                                                                                                                            |
| <b>Antihypertensives, Endothelin Receptor Antagonists</b>                                  |        |                                                                                                                               |
| TRYVIO ORAL TABLET 12.5 MG                                                                 | Tier 5 | PA; MO                                                                                                                        |
| VANRAFIA ORAL TABLET 0.75 MG                                                               | Tier 5 | PA; MO                                                                                                                        |
| <b>Beta-Adrenergic Blocking Agents</b>                                                     |        |                                                                                                                               |
| acebutolol oral capsule 200 mg, 400 mg                                                     | Tier 2 | MO                                                                                                                            |
| atenolol oral tablet 100 mg, 25 mg, 50 mg (Tenormin)                                       | Tier 2 | MO                                                                                                                            |
| BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (sotalol)                                    | Tier 4 | MO                                                                                                                            |
| BETAPACE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG (sotalol)                               | Tier 4 | MO                                                                                                                            |
| betaxolol oral tablet 10 mg, 20 mg                                                         | Tier 2 | MO                                                                                                                            |
| bisoprolol fumarate oral tablet 10 mg, 2.5 mg, 5 mg                                        | Tier 2 | MO                                                                                                                            |
| BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (nebivolol)                                | Tier 4 | MO                                                                                                                            |
| 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) |
| INDERAL LA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 160 MG, 60 MG, 80 MG (propranolol) | Tier 4 | MO                                                                                                                            |
| INDERAL XL ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG, 80 MG                               | Tier 4 | MO; ST: Must meet the following requirement: Inderal LA in 120 days                                                           |
| INNOPRAN XL ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG, 80 MG                              | Tier 4 | MO; ST: Must meet the following requirement: Inderal LA in 120 days                                                           |

| Drug                                                                                                    | Status | Notes                                                                    |
|---------------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------|
| KAPSPARGO SPRINKLE ORAL CAPSULE, SPRINKLE, ER 24HR 100 MG, 200 MG, 25 MG, 50 MG                         | Tier 4 | MO                                                                       |
| LOPRESSOR ORAL SOLUTION 10 MG/ML                                                                        | Tier 4 | PA; MO                                                                   |
| LOPRESSOR ORAL TABLET 100 MG, 50 MG (metoprolol tartrate)                                               | Tier 4 | MO                                                                       |
| <i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> (Toprol XL) | Tier 2 | MO                                                                       |
| <i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor)                                        | Tier 2 | MO                                                                       |
| <i>metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg</i>                                            | Tier 2 | MO                                                                       |
| <i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>                                                          | Tier 2 | MO                                                                       |
| <i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Bystolic)                                      | Tier 2 | MO                                                                       |
| <i>pindolol oral tablet 10 mg, 5 mg</i>                                                                 | Tier 2 | MO                                                                       |
| <i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA)       | Tier 2 | MO                                                                       |
| <i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>                             | Tier 2 | MO                                                                       |
| <i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>                                        | Tier 2 | MO                                                                       |
| SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG (sotalol)                                                  | Tier 2 | MO                                                                       |
| <i>sotalol oral tablet 120 mg, 160 mg, 80 mg</i> (Sotalol AF)                                           | Tier 2 | MO                                                                       |
| <i>sotalol oral tablet 240 mg</i> (Betapace)                                                            | Tier 2 | MO                                                                       |
| SOTYLIZE ORAL SOLUTION 5 MG/ML                                                                          | Tier 4 | MO; ST: Must meet the following requirement: Sotalol tablets in 120 days |
| TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG (atenolol)                                                    | Tier 4 | MO                                                                       |
| <i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>                                                   | Tier 2 | MO                                                                       |
| TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 200 MG, 25 MG, 50 MG (metoprolol succinate)        | Tier 4 | MO                                                                       |
| <b>Beta-Adrenergic Blocking Agents/Thiazide &amp; Related</b>                                           |        |                                                                          |
| <i>atenolol-chlorthalidone oral tablet 100-25 mg</i> (Tenoretic 100)                                    | Tier 2 | MO                                                                       |
| <i>atenolol-chlorthalidone oral tablet 50-25 mg</i> (Tenoretic 50)                                      | Tier 2 | MO                                                                       |

| Drug                                                                                                                                    | Status | Notes  |
|-----------------------------------------------------------------------------------------------------------------------------------------|--------|--------|
| <i>bisoprolol-hydrochlorothiazide oral tablet</i><br>10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg                                                 | Tier 2 | MO     |
| <i>metoprolol ta-hydrochlorothiaz oral tablet</i><br>100-25 mg, 100-50 mg, 50-25 mg                                                     | Tier 2 | MO     |
| <i>propranolol-hydrochlorothiazid oral tablet</i><br>40-25 mg, 80-25 mg                                                                 | Tier 2 | MO     |
| TENORETIC 100 ORAL TABLET 100-25 (atenolol-chlorthalidone)<br>MG                                                                        | Tier 4 | MO     |
| TENORETIC 50 ORAL TABLET 50-25 (atenolol-chlorthalidone)<br>MG                                                                          | Tier 4 | MO     |
| <b>Calcium Channel Blocking Agents</b>                                                                                                  |        |        |
| <i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)                                                                             | Tier 2 | MO     |
| CARDIZEM CD ORAL (diltiazem hcl)<br>CAPSULE,EXTENDED RELEASE 24HR<br>120 MG, 180 MG, 240 MG, 300 MG, 360<br>MG                          | Tier 4 | MO     |
| CARDIZEM LA ORAL TABLET (diltiazem hcl)<br>EXTENDED RELEASE 24 HR 120 MG,<br>180 MG, 240 MG, 300 MG, 360 MG, 420<br>MG                  | Tier 4 | MO     |
| CARDIZEM ORAL TABLET 120 MG, 30 (diltiazem hcl)<br>MG, 60 MG                                                                            | Tier 4 | MO     |
| CARTIA XT ORAL (diltiazem hcl)<br>CAPSULE,EXTENDED RELEASE 24HR<br>120 MG, 180 MG, 240 MG, 300 MG                                       | Tier 2 | MO     |
| CONJUPRI ORAL TABLET 2.5 MG, 5 (levamlodipine)<br>MG                                                                                    | Tier 4 | PA; MO |
| <i>diltiazem hcl oral capsule,ext.rel 24h</i> (DILT-XR)<br><i>degradable 120 mg, 180 mg, 240 mg</i>                                     | Tier 2 | MO     |
| <i>diltiazem hcl oral capsule,extended</i><br><i>release 12 hr 120 mg, 60 mg, 90 mg</i>                                                 | Tier 2 | MO     |
| <i>diltiazem hcl oral capsule,extended</i> (Tiadyt ER)<br><i>release 24 hr 120 mg, 180 mg, 240 mg,</i><br><i>300 mg, 360 mg, 420 mg</i> | Tier 2 | MO     |
| <i>diltiazem hcl oral capsule,extended</i> (Cartia XT)<br><i>release 24hr 120 mg, 180 mg, 240 mg,</i><br><i>300 mg</i>                  | Tier 2 | MO     |
| <i>diltiazem hcl oral capsule,extended</i> (Cardizem CD)<br><i>release 24hr 360 mg</i>                                                  | Tier 2 | MO     |
| <i>diltiazem hcl oral tablet 120 mg, 30 mg,</i> (Cardizem)<br><i>60 mg</i>                                                              | Tier 2 | MO     |
| <i>diltiazem hcl oral tablet 90 mg</i>                                                                                                  | Tier 2 | MO     |
| <i>diltiazem hcl oral tablet extended release</i> (Cardizem LA)<br><i>24 hr 120 mg</i>                                                  | Tier 2 | MO     |

| Drug                                                                                                                   | Status | Notes  |
|------------------------------------------------------------------------------------------------------------------------|--------|--------|
| <i>diltiazem hcl oral tablet extended release</i> (Matzim LA)<br>24 hr 180 mg, 240 mg, 300 mg, 360 mg,<br>420 mg       | Tier 2 | MO     |
| DILT-XR ORAL CAPSULE,EXT.REL (diltiazem hcl)<br>24H DEGRADABLE 120 MG, 180 MG,<br>240 MG                               | Tier 2 | MO     |
| <i>felodipine oral tablet extended release</i><br>24 hr 10 mg, 2.5 mg, 5 mg                                            | Tier 2 | MO     |
| <i>isradipine oral capsule</i> 2.5 mg, 5 mg                                                                            | Tier 2 | MO     |
| KATERZIA ORAL SUSPENSION 1<br>MG/ML                                                                                    | Tier 4 | PA; MO |
| <i>levamlodipine oral tablet</i> 2.5 mg, 5 mg (Conjupri)                                                               | Tier 2 | PA; MO |
| MATZIM LA ORAL TABLET EXTENDED (diltiazem hcl)<br>RELEASE 24 HR 180 MG, 240 MG, 300<br>MG, 360 MG, 420 MG              | Tier 2 | MO     |
| <i>nicardipine oral capsule</i> 20 mg, 30 mg                                                                           | Tier 2 | MO     |
| <i>nifedipine oral capsule</i> 10 mg, 20 mg                                                                            | Tier 2 | MO     |
| <i>nifedipine oral tablet extended release</i> (Procardia XL)<br>24hr 30 mg, 60 mg, 90 mg                              | Tier 2 | MO     |
| <i>nifedipine oral tablet extended release</i><br>30 mg, 60 mg, 90 mg                                                  | Tier 2 | MO     |
| <i>nimodipine oral capsule</i> 30 mg                                                                                   | Tier 2 |        |
| <i>nimodipine oral solution</i> 60 mg/20 ml                                                                            | Tier 4 | PA     |
| <i>nisoldipine oral tablet extended release</i> (Sular)<br>24 hr 17 mg, 34 mg, 8.5 mg                                  | Tier 2 | MO     |
| <i>nisoldipine oral tablet extended release</i><br>24 hr 20 mg, 25.5 mg, 30 mg, 40 mg                                  | Tier 2 | MO     |
| NORLIQVA ORAL SOLUTION 1 MG/ML                                                                                         | Tier 4 | PA; MO |
| NORVASC ORAL TABLET 10 MG, 2.5 (amlodipine)<br>MG, 5 MG                                                                | Tier 4 | MO     |
| NYMALIZE ORAL SOLUTION, 60 MG/10<br>ML                                                                                 | Tier 4 | PA     |
| NYMALIZE ORAL SYRINGE 30 MG/5<br>ML, 60 MG/10 ML                                                                       | Tier 4 | PA     |
| PROCARDIA XL ORAL TABLET (nifedipine)<br>EXTENDED RELEASE 24HR 30 MG, 60<br>MG, 90 MG                                  | Tier 4 | MO     |
| SULAR ORAL TABLET EXTENDED (nisoldipine)<br>RELEASE 24 HR 17 MG, 34 MG, 8.5<br>MG                                      | Tier 4 | MO     |
| TIADYLT ER ORAL (diltiazem hcl)<br>CAPSULE,EXTENDED RELEASE 24<br>HR 120 MG, 180 MG, 240 MG, 300 MG,<br>360 MG, 420 MG | Tier 2 | MO     |



| Drug                                                                                                            | Status | Notes  |
|-----------------------------------------------------------------------------------------------------------------|--------|--------|
| TIAZAC ORAL CAPSULE,EXTENDED (diltiazem hcl)<br>RELEASE 24 HR 120 MG, 180 MG, 240<br>MG, 300 MG, 360 MG, 420 MG | Tier 4 | MO     |
| <i>verapamil oral capsule, 24 hr er pellet ct</i><br><i>100 mg, 200 mg, 300 mg</i>                              | Tier 2 | MO     |
| <i>verapamil oral capsule,ext rel. pellets 24</i><br><i>hr 120 mg, 180 mg, 240 mg, 360 mg</i>                   | Tier 2 | MO     |
| <i>verapamil oral tablet 120 mg, 40 mg, 80</i><br><i>mg</i>                                                     | Tier 2 | MO     |
| <i>verapamil oral tablet extended release</i><br><i>120 mg, 180 mg, 240 mg</i>                                  | Tier 2 | MO     |
| <b>Loop Diuretics</b>                                                                                           |        |        |
| <i>bumetanide oral tablet 0.5 mg, 1 mg, 2</i><br><i>mg</i>                                                      | Tier 2 | MO     |
| EDECIN ORAL TABLET 25 MG (ethacrynic acid)                                                                      | Tier 4 | PA; MO |
| <i>ethacrynic acid oral tablet 25 mg</i> (Edecin)                                                               | Tier 2 | PA; MO |
| FUROSCIX SUBCUTANEOUS KIT 80<br>MG/10 ML                                                                        | Tier 5 | PA     |
| <i>furosemide oral solution 10 mg/ml, 40</i><br><i>mg/5 ml (8 mg/ml)</i>                                        | Tier 2 | MO     |
| <i>furosemide oral tablet 20 mg, 40 mg, 80</i> (Lasix)<br><i>mg</i>                                             | Tier 2 | MO     |
| LASIX ORAL TABLET 20 MG, 40 MG, (furosemide)<br>80 MG                                                           | Tier 4 | MO     |
| SOAANZ ORAL TABLET 40 MG                                                                                        | Tier 4 | PA; MO |
| <i>torsemide oral tablet 10 mg, 100 mg, 20</i><br><i>mg, 5 mg</i>                                               | Tier 2 | MO     |
| <b>Potassium Sparing Diuretics</b>                                                                              |        |        |
| ALDACTONE ORAL TABLET 100 MG, (spironolactone)<br>25 MG, 50 MG                                                  | Tier 4 | MO     |
| <i>amiloride oral tablet 5 mg</i>                                                                               | Tier 2 | MO     |
| CAROSPIR ORAL SUSPENSION 25 (spironolactone)<br>MG/5 ML                                                         | Tier 4 | PA; MO |
| DYRENIUM ORAL CAPSULE 100 MG, (triamterene)<br>50 MG                                                            | Tier 4 | MO     |
| <i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)                                                             | Tier 2 | MO     |
| INSPIRA ORAL TABLET 25 MG, 50 MG (eplerenone)                                                                   | Tier 4 | MO     |
| KERENDIA ORAL TABLET 10 MG, 20<br>MG, 40 MG                                                                     | Tier 4 | PA; MO |
| <i>spironolactone oral suspension 25 mg/5</i> (CaroSpir)<br><i>ml</i>                                           | Tier 2 | PA; MO |
| <i>spironolactone oral tablet 100 mg, 25</i> (Aldactone)<br><i>mg, 50 mg</i>                                    | Tier 2 | MO     |
| <i>triamterene oral capsule 100 mg, 50 mg</i> (Dyrenium)                                                        | Tier 2 | MO     |

| Drug                                                                              |                                  | Status | Notes                       |
|-----------------------------------------------------------------------------------|----------------------------------|--------|-----------------------------|
| <b>Potassium Sparing Diuretics In Combination</b>                                 |                                  |        |                             |
| <i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>                          |                                  | Tier 2 | MO                          |
| <i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>                        |                                  | Tier 2 | MO                          |
| <i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>                     |                                  | Tier 2 | MO                          |
| <i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>            |                                  | Tier 2 | MO                          |
| <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 4 | PA; MO                      |
| <b>Pulm.Anti-Htn,Sel.C-Gmp Phosphodiesterase T5 Inhib</b>                         |                                  |        |                             |
| ADCIRCA ORAL TABLET 20 MG                                                         | (tadalafil (pulm. hypertension)) | Tier 5 | PA; MO; QL (2 EA per 1 day) |
| ALYQ ORAL TABLET 20 MG                                                            | (tadalafil (pulm. hypertension)) | Tier 4 | PA; MO; QL (2 EA per 1 day) |
| LIQREV ORAL SUSPENSION 10 MG/ML                                                   |                                  | Tier 5 | PA; MO                      |
| REVATIO ORAL TABLET 20 MG                                                         | (sildenafil (pulm.hypertension)) | Tier 4 | PA; MO                      |
| <i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i> |                                  | Tier 2 | PA; MO                      |
| <i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>                           | (Revatio)                        | Tier 2 | PA; MO                      |
| <i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>                           | (Alyq)                           | Tier 4 | PA; MO; QL (2 EA per 1 day) |
| TADLIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)                                       |                                  | Tier 5 | PA; MO                      |
| <b>Pulmonary Anti-Htn, Endothelin Receptor Antagonist</b>                         |                                  |        |                             |
| <i>ambrisentan oral tablet 10 mg, 5 mg</i>                                        | (Letairis)                       | Tier 4 | PA; MO                      |
| <i>bosentan oral tablet 125 mg, 62.5 mg</i>                                       | (Tracleer)                       | Tier 4 | PA; MO                      |
| <i>bosentan oral tablet for suspension 32 mg</i>                                  | (Tracleer)                       | Tier 4 | PA; MO                      |
| LETAIRIS ORAL TABLET 10 MG, 5 MG                                                  | (ambrisentan)                    | Tier 5 | PA; MO                      |
| OPSUMIT ORAL TABLET 10 MG                                                         |                                  | Tier 4 | PA; MO                      |
| TRACLEER ORAL TABLET 125 MG, 62.5 MG                                              | (bosentan)                       | Tier 5 | PA; MO                      |
| TRACLEER ORAL TABLET FOR SUSPENSION 32 MG                                         | (bosentan)                       | Tier 4 | PA; MO                      |

| Drug                                                                                               | Status | Notes  |
|----------------------------------------------------------------------------------------------------|--------|--------|
| <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 4 | MO     |
| <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 4 | PA     |
| ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210)    | Tier 4 | PA     |
| ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)- 1MG | Tier 4 | PA     |
| ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG                       | Tier 4 | PA; MO |
| REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML (treprostinil sodium)           | Tier 5 | PA     |
| <i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i> (Remodulin)    | Tier 4 | PA     |
| TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 32 MCG, 48 MCG, 64 MCG                        | Tier 4 | PA; MO |
| TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16(112)- 32(112) -48(28) MCG                          | Tier 4 | PA     |
| TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)                             | Tier 4 | PA; MO |
| TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML                 | Tier 4 | PA     |
| TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)                  | Tier 4 | PA; MO |
| TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML                             | Tier 4 | PA     |
| UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG | Tier 4 | PA; MO |

| Drug                                                                                         | Status | Notes                                                                                                                            |
|----------------------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------------------------|
| UPTRAVI ORAL TABLETS,DOSE PACK<br>200 MCG (140)- 800 MCG (60)                                | Tier 4 | PA                                                                                                                               |
| VENTAVIS INHALATION SOLUTION<br>FOR NEBULIZATION 10 MCG/ML, 20<br>MCG/ML                     | Tier 5 | PA; MO                                                                                                                           |
| YUTREPIA INHALATION CAPSULE,<br>W/INHALATION DEVICE 106 MCG,<br>26.5 MCG, 53 MCG, 79.5 MCG   | Tier 5 | PA; MO                                                                                                                           |
| <b>Pulmonary Htn-Endothelin Recept<br/>Antg-Cgmp Pde5 Inh</b>                                |        |                                                                                                                                  |
| OPSYNVI ORAL TABLET 10-20 MG,<br>10-40 MG                                                    | Tier 4 | PA; MO                                                                                                                           |
| <b>Renin Inhibitor, Direct</b>                                                               |        |                                                                                                                                  |
| <i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)                                       | Tier 2 | MO                                                                                                                               |
| TEKTURNA ORAL TABLET 150 MG,<br>300 MG (aliskiren)                                           | Tier 4 | MO                                                                                                                               |
| <b>Thiazide And Related Diuretics</b>                                                        |        |                                                                                                                                  |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i>                                               | Tier 2 | MO                                                                                                                               |
| DIURIL ORAL SUSPENSION 250 MG/5<br>ML                                                        | Tier 4 | MO                                                                                                                               |
| HEMICLOR ORAL TABLET 12.5 MG                                                                 | Tier 4 | MO                                                                                                                               |
| <i>hydrochlorothiazide oral capsule 12.5<br/>mg</i>                                          | Tier 2 | MO                                                                                                                               |
| <i>hydrochlorothiazide oral tablet 12.5 mg,<br/>25 mg, 50 mg</i>                             | Tier 2 | MO                                                                                                                               |
| <i>indapamide oral tablet 1.25 mg, 2.5 mg</i>                                                | Tier 2 | MO                                                                                                                               |
| INZIRQO ORAL SUSPENSION FOR<br>RECONSTITUTION 10 MG/ML                                       | Tier 4 | PA; MO                                                                                                                           |
| <i>metolazone oral tablet 10 mg, 2.5 mg, 5<br/>mg</i>                                        | Tier 2 | MO                                                                                                                               |
| THALITONE ORAL TABLET 15 MG                                                                  | Tier 4 | MO                                                                                                                               |
| <b>Vasodilators, Combination</b>                                                             |        |                                                                                                                                  |
| BIDIL ORAL TABLET 20-37.5 MG (isosorbide-hydralazine)                                        | Tier 4 | MO                                                                                                                               |
| <i>isosorbide-hydralazine oral tablet 20-<br/>37.5 mg</i> (BiDil)                            | Tier 2 | MO                                                                                                                               |
| <b>Cardiovascular Disease - Lipid<br/>Irregularity</b>                                       |        |                                                                                                                                  |
| <b>Antihyperlip.Hmg Coa Reduct<br/>Inhib&amp;Cholest.Ab.Inhib</b>                            |        |                                                                                                                                  |
| <i>ezetimibe-rosuvastatin oral tablet 10-10<br/>mg, 10-20 mg, 10-40 mg, 10-5 mg</i> (Roszet) | Tier 2 | MO; ST: Must meet the<br>following requirements:<br>Atorvastatin and<br>Rosuvastatin tablets in 365<br>days; QL (1 EA per 1 day) |

| Drug                                                            |                          | Status | Notes                                                                                                                                     |
|-----------------------------------------------------------------|--------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------|
| ezetimibe-simvastatin oral tablet 10-10 mg                      | (Vytorin 10-10)          | Tier 2 | MO; QL (1 EA per 1 day)                                                                                                                   |
| ezetimibe-simvastatin oral tablet 10-20 mg                      | (Vytorin 10-20)          | Tier 2 | MO; QL (1 EA per 1 day)                                                                                                                   |
| ezetimibe-simvastatin oral tablet 10-40 mg                      | (Vytorin 10-40)          | Tier 2 | MO; QL (1 EA per 1 day)                                                                                                                   |
| ezetimibe-simvastatin oral tablet 10-80 mg                      | (Vytorin 10-80)          | Tier 2 | PA; MO; QL (1 EA per 1 day)                                                                                                               |
| ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG        | (ezetimibe-rosuvastatin) | Tier 4 | MO; ST: Must meet the following requirements: Atorvastatin and Rosuvastatin tablets in 365 days; QL (1 EA per 1 day)                      |
| VYTORIN 10-10 ORAL TABLET 10-10 MG                              | (ezetimibe-simvastatin)  | Tier 4 | MO; QL (1 EA per 1 day)                                                                                                                   |
| VYTORIN 10-20 ORAL TABLET 10-20 MG                              | (ezetimibe-simvastatin)  | Tier 4 | MO; QL (1 EA per 1 day)                                                                                                                   |
| VYTORIN 10-40 ORAL TABLET 10-40 MG                              | (ezetimibe-simvastatin)  | Tier 4 | MO; QL (1 EA per 1 day)                                                                                                                   |
| VYTORIN 10-80 ORAL TABLET 10-80 MG                              | (ezetimibe-simvastatin)  | Tier 4 | PA; MO; 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; MO                                                                                                                                    |
| <b>Antihyperlipidemic - Atp Citrate Lyase Inhibitor</b>         |                          |        |                                                                                                                                           |
| NEXLETOL ORAL TABLET 180 MG                                     |                          | Tier 3 | MO; ST: Must meet the following requirement: generic statin in 120 days                                                                   |
| <b>Antihyperlipidemic - Hmg Coa Reductase Inhibitors</b>        |                          |        |                                                                                                                                           |
| ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG |                          | Tier 4 | MO; 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; MO                                                                                                                                    |

| Drug                                                              | Status | Notes                                                                                                                                                                                                                                                                     |
|-------------------------------------------------------------------|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>atorvastatin oral tablet 10 mg, 20 mg</i> (Lipitor)            | Tier 1 | MO; \$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 2 | MO; QL (1 EA per 1 day)                                                                                                                                                                                                                                                   |
| CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (rosuvastatin)      | Tier 4 | MO; QL (1 EA per 1 day)                                                                                                                                                                                                                                                   |
| EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG | Tier 4 | MO; ST: Must meet the following requirement: 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; MO                                                                                                                                                                                                                                                                    |
| FLOLIPID ORAL SUSPENSION 40 MG/5 ML (8 MG/ML)                     | Tier 4 | PA; MO                                                                                                                                                                                                                                                                    |
| <i>fluvastatin oral capsule 20 mg</i>                             | Tier 1 | MO; 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) |
| <i>fluvastatin oral capsule 40 mg</i>                             | Tier 1 | MO; 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) |

| Drug                                                                       | Status | Notes                                                                                                                                                                                                                                                                     |
|----------------------------------------------------------------------------|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>fluvastatin oral tablet extended release</i> (Lescol XL)<br>24 hr 80 mg | Tier 1 | MO; 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) |
| LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG (atorvastatin)              | Tier 4 | MO; QL (1 EA per 1 day)                                                                                                                                                                                                                                                   |
| LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (pitavastatin calcium)                 | Tier 4 | MO; QL (1 EA per 1 day)                                                                                                                                                                                                                                                   |
| <i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>                          | Tier 1 | MO; \$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)          | Tier 1 | MO; \$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>                  | Tier 1 | MO; \$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 10 mg, 5 mg</i> (Crestor)                      | Tier 1 | MO; \$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 2 | MO; QL (1 EA per 1 day)                                                                                                                                                                                                                                                   |

| Drug                                                             | Status | Notes                                                                                                                                                   |
|------------------------------------------------------------------|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor)       | Tier 1 | MO; \$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>                              | Tier 1 | MO; \$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 2 | PA; MO; QL (1 EA per 1 day)                                                                                                                             |
| ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG (simvastatin)              | Tier 4 | MO; QL (1 EA per 1 day)                                                                                                                                 |
| ZYPITAMAG ORAL TABLET 2 MG, 4 MG                                 | Tier 4 | MO; ST: Must meet the following requirement: Livalo in 120 days; QL (1 EA per 1 day)                                                                    |
| <b>Antihyperlipidemic - Mtp Inhibitor</b>                        |        |                                                                                                                                                         |
| JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG                  | Tier 4 | PA; MO                                                                                                                                                  |
| <b>Antihyperlipidemic - Pcsk9 Inhibitors</b>                     |        |                                                                                                                                                         |
| PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML       | Tier 4 | MO; ST: Must meet the following requirement: Repatha in 120 days                                                                                        |
| REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML  | Tier 3 | MO; ST: Must meet the following requirement: generic statin in 120 days                                                                                 |
| REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML            | Tier 3 | MO; ST: Must meet the following requirement: generic statin in 120 days                                                                                 |
| REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML                   | Tier 3 | MO; ST: Must meet the following requirement: generic statin in 120 days                                                                                 |
| <b>Antihyperlipidemic-Acly And Choles Absorp Inhib</b>           |        |                                                                                                                                                         |
| NEXLIZET ORAL TABLET 180-10 MG                                   | Tier 3 | MO; ST: Must meet the following requirement: generic statin in 120 days                                                                                 |
| <b>Bile Salt Sequestrants</b>                                    |        |                                                                                                                                                         |
| <i>cholestyramine (with sugar) oral powder</i> (Questran) 4 gram | Tier 2 | MO                                                                                                                                                      |



| Drug                                                                                   | Status | Notes                                                                                       |
|----------------------------------------------------------------------------------------|--------|---------------------------------------------------------------------------------------------|
| <i>cholestyramine (with sugar) oral powder in packet 4 gram</i> (Questran)             | Tier 2 | MO                                                                                          |
| CHOLESTYRAMINE LIGHT ORAL POWDER 4 GRAM                                                | Tier 2 | MO                                                                                          |
| CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM                                      | Tier 2 | MO                                                                                          |
| <i>colesevelam oral powder in packet 3.75 gram</i> (WelChol)                           | Tier 2 | MO                                                                                          |
| <i>colesevelam oral tablet 625 mg</i> (WelChol)                                        | Tier 2 | MO                                                                                          |
| COLESTID ORAL GRANULES 5 GRAM (colestipol)                                             | Tier 4 | MO                                                                                          |
| COLESTID ORAL TABLET 1 GRAM (colestipol)                                               | Tier 4 | MO                                                                                          |
| <i>colestipol oral granules 5 gram</i> (Colestid)                                      | Tier 2 | MO                                                                                          |
| <i>colestipol oral packet 5 gram</i>                                                   | Tier 2 | MO                                                                                          |
| <i>colestipol oral tablet 1 gram</i> (Colestid)                                        | Tier 2 | MO                                                                                          |
| PREVALITE ORAL POWDER 4 GRAM                                                           | Tier 2 | MO                                                                                          |
| PREVALITE ORAL POWDER IN PACKET 4 GRAM                                                 | Tier 2 | MO                                                                                          |
| QUESTRAN LIGHT ORAL POWDER 4 GRAM                                                      | Tier 4 | MO                                                                                          |
| QUESTRAN ORAL POWDER 4 GRAM (cholestyramine (with sugar))                              | Tier 4 | MO                                                                                          |
| QUESTRAN ORAL POWDER IN PACKET 4 GRAM (cholestyramine (with sugar))                    | Tier 4 | MO                                                                                          |
| WELCHOL ORAL POWDER IN PACKET 3.75 GRAM (colesevelam)                                  | Tier 4 | MO                                                                                          |
| WELCHOL ORAL TABLET 625 MG (colesevelam)                                               | Tier 4 | MO                                                                                          |
| <b>Lipotropics</b>                                                                     |        |                                                                                             |
| <i>ezetimibe oral tablet 10 mg</i> (Zetia)                                             | Tier 2 | MO; QL (1 EA per 1 day)                                                                     |
| <i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg, 90 mg</i> | Tier 2 | MO                                                                                          |
| <i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i> (Tricor)                 | Tier 2 | MO                                                                                          |
| <i>fenofibrate oral capsule 150 mg, 50 mg</i> (Lipofen)                                | Tier 2 | MO                                                                                          |
| <i>fenofibrate oral tablet 120 mg, 160 mg, 40 mg, 54 mg</i>                            | Tier 2 | MO                                                                                          |
| <i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i>    | Tier 2 | MO                                                                                          |
| <i>fenofibric acid oral tablet 105 mg, 35 mg</i> (Fibricor)                            | Tier 2 | MO                                                                                          |
| FENOGLIDE ORAL TABLET 120 MG, 40 MG (fenofibrate)                                      | Tier 4 | MO; ST: Must meet the following requirement: generic Fenofibrate or Gemfibrozil IN 120 DAYS |

| Drug                                                               | Status | Notes                                                                                                     |
|--------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------|
| FIBRICOR ORAL TABLET 105 MG, 35 MG (fenofibric acid)               | Tier 4 | MO                                                                                                        |
| gemfibrozil oral tablet 600 mg (Lopid)                             | Tier 2 | MO                                                                                                        |
| icosapent ethyl oral capsule 0.5 gram (Vascepa)                    | Tier 2 | MO; QL (8 EA per 1 day)                                                                                   |
| icosapent ethyl oral capsule 1 gram (Vascepa)                      | Tier 2 | MO; QL (4 EA per 1 day)                                                                                   |
| LIPOFEN ORAL CAPSULE 150 MG, 50 MG (fenofibrate)                   | Tier 4 | MO; ST: Must meet the following requirement: generic Fenofibrate or Gemfibrozil IN 120 DAYS               |
| LOPID ORAL TABLET 600 MG (gemfibrozil)                             | Tier 4 | MO                                                                                                        |
| LOVAZA ORAL CAPSULE 1 GRAM (omega-3 acid ethyl esters)             | Tier 4 | MO; ST: Must meet any of the following requirements: generic Fenofibrate in 120 days; QL (4 EA per 1 day) |
| niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg | Tier 2 | MO                                                                                                        |
| NIACOR ORAL TABLET 500 MG (niacin)                                 | Tier 2 | MO                                                                                                        |
| omega-3 acid ethyl esters oral capsule 1 gram (Lovaza)             | Tier 2 | MO; ST: Must meet any of the following requirements: generic Fenofibrate in 120 days; QL (4 EA per 1 day) |
| TRICOR ORAL TABLET 145 MG, 48 MG (fenofibrate nanocrystallized)    | Tier 4 | MO                                                                                                        |
| VASCEPA ORAL CAPSULE 0.5 GRAM (icosapent ethyl)                    | Tier 4 | MO; QL (8 EA per 1 day)                                                                                   |
| VASCEPA ORAL CAPSULE 1 GRAM (icosapent ethyl)                      | Tier 4 | MO; QL (4 EA per 1 day)                                                                                   |
| ZETIA ORAL TABLET 10 MG (ezetimibe)                                | Tier 4 | MO; QL (1 EA per 1 day)                                                                                   |
| <b>Niacin Preparations</b>                                         |        |                                                                                                           |
| niacin oral tablet 500 mg (Niacor)                                 | Tier 2 | MO                                                                                                        |
| <b>Cardiovascular Disease - Miscellaneous Agents</b>               |        |                                                                                                           |
| <b>Adrenergic Vasopressor Agents</b>                               |        |                                                                                                           |
| droxidopa oral capsule 100 mg, 200 mg, 300 mg (Northera)           | Tier 4 | PA; MO                                                                                                    |
| midodrine oral tablet 10 mg, 2.5 mg, 5 mg                          | Tier 2 |                                                                                                           |
| NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG (droxidopa)           | Tier 5 | PA; MO                                                                                                    |
| <b>Angiotensin Recept-Neprilysin Inhibitor Comb(Arni)</b>          |        |                                                                                                           |
| ENTRESTO ORAL TABLET 24-26 MG (sacubitril-valsartan)               | Tier 3 | MO; QL (6 EA per 1 day)                                                                                   |
| ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG (sacubitril-valsartan)    | Tier 3 | MO; QL (2 EA per 1 day)                                                                                   |
| ENTRESTO SPRINKLE ORAL PELLET 15-16 MG, 6-6 MG                     | Tier 4 | MO; QL (8 EA per 1 day)                                                                                   |
| sacubitril-valsartan oral tablet 24-26 mg (Entresto)               | Tier 2 | MO; QL (6 EA per 1 day)                                                                                   |

| Drug                                                                                                                           | Status | Notes                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------|--------|---------------------------------------------------------------------------------------------------------------------------------------|
| <i>sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg</i> (Entresto)                                                         | Tier 2 | MO; QL (2 EA per 1 day)                                                                                                               |
| <b>Antianginal &amp; Anti-Ischemic Agents, Non-Hemodynamic</b>                                                                 |        |                                                                                                                                       |
| ASPRUZYO SPRINKLE ORAL EXTEND RELEASE GRANULES, PACKET 1,000 MG, 500 MG                                                        | Tier 4 | PA; MO                                                                                                                                |
| <i>ranolazine oral tablet extended release 12 hr 1,000 mg</i>                                                                  | Tier 2 | MO; QL (60 EA per 30 days)                                                                                                            |
| <i>ranolazine oral tablet extended release 12 hr 500 mg</i>                                                                    | Tier 2 | MO; QL (120 EA per 30 days)                                                                                                           |
| <b>Antianginal, Heart Rate Reducing, I(F) Inhibitor</b>                                                                        |        |                                                                                                                                       |
| CORLANOR ORAL SOLUTION 5 MG/5 ML                                                                                               | Tier 3 | MO; QL (20 ML per 1 day)                                                                                                              |
| CORLANOR ORAL TABLET 5 MG, 7.5 MG (ivabradine)                                                                                 | Tier 4 | MO; ST: Must meet any of the following requirements: Bisoprolol, Carvedilol, or Metoprolol Succinate in 120 days; QL (2 EA per 1 day) |
| <i>ivabradine oral tablet 5 mg, 7.5 mg</i> (Corlanor)                                                                          | Tier 2 | MO; ST: Must meet any of the following requirements: Bisoprolol, Carvedilol, or Metoprolol Succinate 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 | MO; 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 | MO; QL (1 EA per 1 day)                                                                                                               |
| CADUET 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 (amlodipine-atorvastatin)        | Tier 4 | MO; QL (1 EA per 1 day)                                                                                                               |
| <b>Anti-Inflammatory - Antimitotics</b>                                                                                        |        |                                                                                                                                       |
| LODOCO ORAL TABLET 0.5 MG                                                                                                      | Tier 4 | MO                                                                                                                                    |
| <b>Cardiac Myosin Inhibitor</b>                                                                                                |        |                                                                                                                                       |
| CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG                                                                                | Tier 5 | PA; MO                                                                                                                                |
| <b>Protein Stabilizers</b>                                                                                                     |        |                                                                                                                                       |
| ATTRUBY ORAL TABLET 356 MG                                                                                                     | Tier 5 | PA; MO                                                                                                                                |
| VYNDAMAX ORAL CAPSULE 61 MG                                                                                                    | Tier 5 | PA; MO                                                                                                                                |
| VYNDALIN ORAL CAPSULE 20 MG                                                                                                    | Tier 5 | PA; MO                                                                                                                                |

| Drug                                                                                                  | Status | Notes                                                                                                      |
|-------------------------------------------------------------------------------------------------------|--------|------------------------------------------------------------------------------------------------------------|
| <b>Soluble Guanylate Cyclase (Sgc) Stimulator</b>                                                     |        |                                                                                                            |
| VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG                                                               | Tier 4 | PA; MO                                                                                                     |
| <b>Cardiovascular Disease - Vasodilation</b>                                                          |        |                                                                                                            |
| <b>Cardiovascular Diagnostics- Radiopaque</b>                                                         |        |                                                                                                            |
| OMNIPAQUE ORAL SOLUTION 12 MG IODINE/ML, 9 MG IODINE/ML                                               | Tier 4 |                                                                                                            |
| <b>Vasodilators, Coronary</b>                                                                         |        |                                                                                                            |
| GONITRO SUBLINGUAL POWDER IN PACKET 400 MCG                                                           | Tier 4 | MO; ST: Must meet the following requirements:<br>Two generic sublingual Nitroglycerin products in 365 days |
| ISORDIL ORAL TABLET 40 MG (isosorbide dinitrate)                                                      | Tier 4 | MO                                                                                                         |
| ISORDIL TITRADOSE ORAL TABLET 5 MG (isosorbide dinitrate)                                             | Tier 4 | MO                                                                                                         |
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>                                           | Tier 2 | MO                                                                                                         |
| <i>isosorbide dinitrate oral tablet 40 mg</i> (Isordil)                                               | Tier 2 | MO                                                                                                         |
| <i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titrados)                                       | Tier 2 | MO                                                                                                         |
| <i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>                                                | Tier 2 | MO                                                                                                         |
| <i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>                 | Tier 2 | MO                                                                                                         |
| NITRO-BID TRANSDERMAL OINTMENT 2 % (nitroglycerin)                                                    | Tier 3 | MO                                                                                                         |
| NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR (nitroglycerin)        | Tier 4 | MO                                                                                                         |
| NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR                                              | Tier 3 | MO                                                                                                         |
| <i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)                             | Tier 2 | MO                                                                                                         |
| <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 | MO                                                                                                         |
| <i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i> (Nitrolingual)                     | Tier 2 | MO                                                                                                         |
| NITROLINGUAL TRANSLINGUAL SPRAY, NON-AEROSOL 400 MCG/SPRAY (nitroglycerin)                            | Tier 4 | MO                                                                                                         |
| NITROMIST TRANSLINGUAL AEROSOL, SPRAY 400 MCG/SPRAY (nitroglycerin)                                   | Tier 4 | MO                                                                                                         |

| Drug                                                                                       | Status | Notes                                                |
|--------------------------------------------------------------------------------------------|--------|------------------------------------------------------|
| NITROSTAT SUBLINGUAL TABLET 0.3 (nitroglycerin)<br>MG, 0.4 MG, 0.6 MG                      | Tier 4 | MO                                                   |
| NITRO-TIME ORAL CAPSULE,<br>EXTENDED RELEASE 2.5 MG, 6.5 MG,<br>9 MG (nitroglycerin)       | Tier 2 | MO                                                   |
| <b>Vasodilators,Peripheral</b>                                                             |        |                                                      |
| <i>ergoloid oral tablet 1 mg</i>                                                           | Tier 2 | MO                                                   |
| <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<br>MG/24 HOUR                                             | Tier 1 | MO                                                   |
| ELURYNG VAGINAL RING 0.12-0.015 (etonogestrel-ethinyl<br>MG/24 HR estradiol)               | Tier 1 | MO                                                   |
| ENILLORING VAGINAL RING 0.12- (etonogestrel-ethinyl<br>0.015 MG/24 HR estradiol)           | Tier 1 | MO                                                   |
| <i>etonogestrel-ethinyl estradiol vaginal ring (EluRyng)</i><br><i>0.12-0.015 mg/24 hr</i> | Tier 1 | MO                                                   |
| HALOETTE VAGINAL RING 0.12-0.015 (etonogestrel-ethinyl<br>MG/24 HR estradiol)              | Tier 1 | MO                                                   |
| NUVARING VAGINAL RING 0.12-0.015 (etonogestrel-ethinyl<br>MG/24 HR estradiol)              | Tier 1 | MO                                                   |
| <b>Contraceptives,Implantable</b>                                                          |        |                                                      |
| NEXPLANON SUBDERMAL IMPLANT<br>68 MG                                                       | Tier 1 | \$0 COPAY IF QUANTITY<br>LIMITED TO 1 IN 365<br>DAYS |
| <b>Contraceptives,Injectable</b>                                                           |        |                                                      |
| DEPO-PROVERA INTRAMUSCULAR (medroxyprogesterone)<br>SUSPENSION 150 MG/ML                   | Tier 1 | MO                                                   |
| DEPO-PROVERA INTRAMUSCULAR (medroxyprogesterone)<br>SYRINGE 150 MG/ML                      | Tier 1 | MO                                                   |
| DEPO-SUBQ PROVERA 104<br>SUBCUTANEOUS SYRINGE 104<br>MG/0.65 ML                            | Tier 1 | MO                                                   |
| <i>medroxyprogesterone intramuscular (Depo-Provera)</i><br><i>suspension 150 mg/ml</i>     | Tier 1 | MO                                                   |
| <i>medroxyprogesterone intramuscular (Depo-Provera)</i><br><i>syringe 150 mg/ml</i>        | Tier 1 | MO                                                   |
| <b>Contraceptives,Intravaginal</b>                                                         |        |                                                      |
| PHEXXI VAGINAL GEL 1.8-1-0.4 %                                                             | Tier 1 |                                                      |
| VAGINAL CONTRACEPTIVE FILM<br>VAGINAL FILM 28 %                                            | Tier 1 |                                                      |
| VCF CONTRACEPTIVE FILM VAGINAL<br>FILM 28 %                                                | Tier 1 |                                                      |

| Drug                                                                                                   | Status | Notes                                   |
|--------------------------------------------------------------------------------------------------------|--------|-----------------------------------------|
| VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %                                                                  | Tier 1 |                                         |
| <b>Contraceptives, Oral</b>                                                                            |        |                                         |
| AFIRMELLE ORAL TABLET 0.1-20 MG-MCG (levonorgestrel-ethinyl estrad)                                    | Tier 1 | MO                                      |
| AFTER PILL ORAL TABLET 1.5 MG (levonorgestrel)                                                         | Tier 1 |                                         |
| AFTERA ORAL TABLET 1.5 MG (levonorgestrel)                                                             | Tier 1 |                                         |
| ALTAVERA (28) ORAL TABLET 0.15-0.03 MG (levonorgestrel-ethinyl estrad)                                 | Tier 1 | MO                                      |
| ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG (norethindrone-ethin estradiol)                              | Tier 1 | MO                                      |
| ALYACEN 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG                                                   | Tier 1 | MO                                      |
| AMETHIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) (l norgest/e.estradiol-e.estrad) | Tier 1 | MO                                      |
| AMETHYST (28) ORAL TABLET 90-20 MCG (28) (levonorgestrel-ethinyl estrad)                               | Tier 1 | MO                                      |
| APRI ORAL TABLET 0.15-0.03 MG (desogestrel-ethinyl estradiol)                                          | Tier 1 | MO                                      |
| ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG                                                          | Tier 1 | MO                                      |
| ASHLYNA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) (l norgest/e.estradiol-e.estrad) | Tier 1 | MO                                      |
| AUBRA EQ ORAL TABLET 0.1-20 MG-MCG (levonorgestrel-ethinyl estrad)                                     | Tier 1 | MO                                      |
| AUBRA ORAL TABLET 0.1-20 MG-MCG (levonorgestrel-ethinyl estrad)                                        | Tier 1 | MO                                      |
| AUROVELA 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG (norethindrone ac-eth estradiol)                        | Tier 1 | MO                                      |
| AUROVELA 1/20 (21) ORAL TABLET 1-20 MG-MCG (norethindrone ac-eth estradiol)                            | Tier 1 | MO                                      |
| AUROVELA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4) (norethindrone-e.estradiol-iron)                 | Tier 1 | MO                                      |
| AUROVELA FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7) (norethindrone-e.estradiol-iron)      | Tier 1 | MO                                      |
| AUROVELA FE 1-20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) (norethindrone-e.estradiol-iron)          | Tier 1 | MO                                      |
| AVERI ORAL TABLET 0.15 MG-0.03 MG (21)/36.5 MG(7)                                                      | Tier 1 | MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY |
| AVIANE ORAL TABLET 0.1-20 MG-MCG (levonorgestrel-ethinyl estrad)                                       | Tier 1 | MO                                      |
| AYUNA ORAL TABLET 0.15-0.03 MG (levonorgestrel-ethinyl estrad)                                         | Tier 1 | MO                                      |

| Drug                                                                    |                                  | Status | Notes |
|-------------------------------------------------------------------------|----------------------------------|--------|-------|
| AZURETTE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5                  | (desog-e.estradiol/e.estradiol)  | Tier 1 | MO    |
| BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)                      | (levonorgest-eth.estradiol-iron) | Tier 1 | MO    |
| BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG                                  |                                  | Tier 1 | MO    |
| BEYAZ ORAL TABLET 3-0.02-0.451 MG (24) (4)                              | (drospirenone-e.estradiol-lm.fa) | Tier 1 | MO    |
| BLISOVI 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)                    | (norethindrone-e.estradiol-iron) | Tier 1 | MO    |
| BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)         | (norethindrone-e.estradiol-iron) | Tier 1 | MO    |
| BLISOVI FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)             | (norethindrone-e.estradiol-iron) | Tier 1 | MO    |
| BRIELLYN ORAL TABLET 0.4-35 MG-MCG                                      |                                  | Tier 1 | MO    |
| CAMILA ORAL TABLET 0.35 MG                                              | (norethindrone (contraceptive))  | Tier 1 | MO    |
| CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7) | (l norgest/e.estradiol-e.estrad) | Tier 1 | MO    |
| CAMRESE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)   | (l norgest/e.estradiol-e.estrad) | Tier 1 | MO    |
| CAZIAN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG                          |                                  | Tier 1 | MO    |
| CHARLOTTE 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)         | (norethindrone-e.estradiol-iron) | Tier 1 | MO    |
| CHATEAL EQ (28) ORAL TABLET 0.15-0.03 MG                                | (levonorgestrel-ethinyl estrad)  | Tier 1 | MO    |
| CRYSSELLE (28) ORAL TABLET 0.3-30 MG-MCG                                | (norgestrel-ethinyl estradiol)   | Tier 1 | MO    |
| CURAE ORAL TABLET 1.5 MG                                                | (levonorgestrel)                 | Tier 1 |       |
| CYRED EQ ORAL TABLET 0.15-0.03 MG                                       | (desogestrel-ethinyl estradiol)  | Tier 1 | MO    |
| CYRED ORAL TABLET 0.15-0.03 MG                                          | (desogestrel-ethinyl estradiol)  | Tier 1 | MO    |
| DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG                               | (norethindrone-ethin estradiol)  | Tier 1 | MO    |
| DASETTA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG                    |                                  | Tier 1 | MO    |
| DAYSEE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)    | (l norgest/e.estradiol-e.estrad) | Tier 1 | MO    |

| Drug                                                                                                         | Status | Notes |
|--------------------------------------------------------------------------------------------------------------|--------|-------|
| DEBLITANE ORAL TABLET 0.35 MG (norethindrone (contraceptive))                                                | Tier 1 | MO    |
| <i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (Azurette (28))                | Tier 1 | MO    |
| DOLISHALE ORAL TABLET 90-20 MCG (28) (levonorgestrel-ethinyl estrad)                                         | Tier 1 | MO    |
| <i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i> (Beyaz)                           | Tier 1 | MO    |
| <i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)</i> (Safyral)                         | Tier 1 | MO    |
| <i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i> (Jasmiel (28))                                   | Tier 1 | MO    |
| <i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i> (Ocella)                                         | Tier 1 | MO    |
| ECONTRA EZ ORAL TABLET 1.5 MG (levonorgestrel)                                                               | Tier 1 |       |
| ECONTRA ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)                                                         | Tier 1 |       |
| ELINEST ORAL TABLET 0.3-30 MG-MCG (norgestrel-ethinyl estradiol)                                             | Tier 1 | MO    |
| ELLA ORAL TABLET 30 MG                                                                                       | Tier 1 |       |
| EMZAHH ORAL TABLET 0.35 MG (norethindrone (contraceptive))                                                   | Tier 1 | MO    |
| ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10) (levonorg-eth estrad triphasic)                          | Tier 1 | MO    |
| ENSKYCE ORAL TABLET 0.15-0.03 MG (desogestrel-ethinyl estradiol)                                             | Tier 1 | MO    |
| ERRIN ORAL TABLET 0.35 MG (norethindrone (contraceptive))                                                    | Tier 1 | MO    |
| ESTARYLLA ORAL TABLET 0.25-0.035 MG (norgestimate-ethinyl estradiol)                                         | Tier 1 | MO    |
| <i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i> (Kelnor 1/35 (28))                              | Tier 1 | MO    |
| <i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i> (Valtya)                                        | Tier 1 | MO    |
| FALMINA (28) ORAL TABLET 0.1-20 MG-MCG (levonorgestrel-ethinyl estrad)                                       | Tier 1 | MO    |
| FEIRZA ORAL TABLET 1 MG-20 MCG (21)/75 MG (7), 1.5 MG-30 MCG (21)/75 MG (7) (norethindrone-e.estradiol-iron) | Tier 1 | MO    |
| FEMLYV ORAL TABLET,DISINTEGRATING 1 MG- 20 MCG                                                               | Tier 1 | MO    |
| FINZALA ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4) (norethindrone-e.estradiol-iron)                     | Tier 1 | MO    |



| Drug                                                                        |                                         | Status | Notes |
|-----------------------------------------------------------------------------|-----------------------------------------|--------|-------|
| GALBRIELA ORAL<br>TABLET,CHEWABLE 0.8MG-<br>25MCG(24) AND 75 MG (4)         | (noreth-ethinyl estradiol-<br>iron)     | Tier 1 | MO    |
| GEMMILY ORAL CAPSULE 1 MG-20<br>MCG (24)/75 MG (4)                          | (norethindrone-e.estradiol-<br>iron)    | Tier 1 | MO    |
| HAILEY 24 FE ORAL TABLET 1 MG-20<br>MCG (24)/75 MG (4)                      | (norethindrone-e.estradiol-<br>iron)    | Tier 1 | MO    |
| HAILEY FE 1.5/30 (28) ORAL TABLET<br>1.5 MG-30 MCG (21)/75 MG (7)           | (norethindrone-e.estradiol-<br>iron)    | Tier 1 | MO    |
| HAILEY FE 1/20 (28) ORAL TABLET 1<br>MG-20 MCG (21)/75 MG (7)               | (norethindrone-e.estradiol-<br>iron)    | Tier 1 | MO    |
| HAILEY ORAL TABLET 1.5-30 MG-<br>MCG                                        | (norethindrone ac-eth<br>estradiol)     | Tier 1 | MO    |
| HEATHER ORAL TABLET 0.35 MG                                                 | (norethindrone<br>(contraceptive))      | Tier 1 | MO    |
| HER STYLE ORAL TABLET 1.5 MG                                                | (levonorgestrel)                        | Tier 1 |       |
| ICLEVIA ORAL TABLETS,DOSE<br>PACK,3 MONTH 0.15 MG-30 MCG (91)               | (levonorgestrel-ethinyl<br>estradiol)   | Tier 1 | MO    |
| INCASSIA ORAL TABLET 0.35 MG                                                | (norethindrone<br>(contraceptive))      | Tier 1 | MO    |
| INTROVALE ORAL TABLETS,DOSE<br>PACK,3 MONTH 0.15 MG-30 MCG (91)             | (levonorgestrel-ethinyl<br>estradiol)   | Tier 1 | MO    |
| ISIBLOOM ORAL TABLET 0.15-0.03<br>MG                                        | (desogestrel-ethinyl<br>estradiol)      | Tier 1 | MO    |
| JAIMESS ORAL TABLETS,DOSE<br>PACK,3 MONTH 0.15 MG-30 MCG<br>(84)/10 MCG (7) | (l norgest/e.estradiol-<br>e.estradiol) | Tier 1 | MO    |
| JASMIEL (28) ORAL TABLET 3-0.02<br>MG                                       | (drospirenone-ethinyl<br>estradiol)     | Tier 1 | MO    |
| JENCYCLA ORAL TABLET 0.35 MG                                                | (norethindrone<br>(contraceptive))      | Tier 1 | MO    |
| JOLESSA ORAL TABLETS,DOSE<br>PACK,3 MONTH 0.15 MG-30 MCG (91)               | (levonorgestrel-ethinyl<br>estradiol)   | Tier 1 | MO    |
| JOYEUX ORAL TABLET 0.1 MG-0.02<br>MG (21)/IRON (7)                          | (levonorgest-eth.estradiol-<br>iron)    | Tier 1 | MO    |
| JULEBER ORAL TABLET 0.15-0.03 MG                                            | (desogestrel-ethinyl<br>estradiol)      | Tier 1 | MO    |
| JUNEL 1.5/30 (21) ORAL TABLET 1.5-<br>30 MG-MCG                             | (norethindrone ac-eth<br>estradiol)     | Tier 1 | MO    |
| JUNEL 1/20 (21) ORAL TABLET 1-20<br>MG-MCG                                  | (norethindrone ac-eth<br>estradiol)     | Tier 1 | MO    |
| JUNEL FE 1.5/30 (28) ORAL TABLET<br>1.5 MG-30 MCG (21)/75 MG (7)            | (norethindrone-e.estradiol-<br>iron)    | Tier 1 | MO    |
| JUNEL FE 1/20 (28) ORAL TABLET 1<br>MG-20 MCG (21)/75 MG (7)                | (norethindrone-e.estradiol-<br>iron)    | Tier 1 | MO    |

| Drug                                                                                                   |                                  | Status | Notes |
|--------------------------------------------------------------------------------------------------------|----------------------------------|--------|-------|
| JUNEL FE 24 ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)                                                     | (norethindrone-e.estradiol-iron) | Tier 1 | MO    |
| KAITLIB FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)                                          | (noreth-ethinyl estradiol-iron)  | Tier 1 | MO    |
| KALLIGA ORAL TABLET 0.15-0.03 MG                                                                       | (desogestrel-ethinyl estradiol)  | Tier 1 | MO    |
| KARIVA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5                                                   | (desog-e.estradiol/e.estradiol)  | Tier 1 | MO    |
| KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG                                                               | (ethynodiol diac-eth estradiol)  | Tier 1 | MO    |
| KELNOR 1/50 (28) ORAL TABLET 1-50 MG-MCG                                                               | (ethynodiol diac-eth estradiol)  | Tier 1 | MO    |
| KURVELO (28) ORAL TABLET 0.15-0.03 MG                                                                  | (levonorgestrel-ethinyl estrad)  | Tier 1 | MO    |
| <i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>  | (Camrese Lo)                     | Tier 1 | MO    |
| <i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i> | (Rivelsa)                        | Tier 1 | MO    |
| <i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> | (Amethia)                        | Tier 1 | MO    |
| LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG                                                            | (norethindrone ac-eth estradiol) | Tier 1 | MO    |
| LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG                                                                | (norethindrone ac-eth estradiol) | Tier 1 | MO    |
| LARIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)                                                     | (norethindrone-e.estradiol-iron) | Tier 1 | MO    |
| LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)                                          | (norethindrone-e.estradiol-iron) | Tier 1 | MO    |
| LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)                                              | (norethindrone-e.estradiol-iron) | Tier 1 | MO    |
| LAYOLIS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)                                          | (noreth-ethinyl estradiol-iron)  | Tier 1 | MO    |
| LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG                                                               |                                  | Tier 1 | MO    |
| LESSINA ORAL TABLET 0.1-20 MG-MCG                                                                      | (levonorgestrel-ethinyl estrad)  | Tier 1 | MO    |
| LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)                                               | (levonorg-eth estrad triphasic)  | Tier 1 | MO    |
| <i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>                         | (Balcoltra)                      | Tier 1 | MO    |
| <i>levonorgestrel oral tablet 1.5 mg</i>                                                               | (After Pill)                     | Tier 1 |       |

| Drug                                                                             |                                  | Status | Notes |
|----------------------------------------------------------------------------------|----------------------------------|--------|-------|
| levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg                          | (Afirmelle)                      | Tier 1 | MO    |
| levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg                           | (Altavera (28))                  | Tier 1 | MO    |
| levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)                         | (Amethyst (28))                  | Tier 1 | MO    |
| levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91) | (Iclevia)                        | Tier 1 | MO    |
| levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)         | (Enpresse)                       | Tier 1 | MO    |
| LEVORA-28 ORAL TABLET 0.15-0.03 MG                                               | (levonorgestrel-ethinyl estrad)  | Tier 1 | MO    |
| LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)                           |                                  | Tier 1 | MO    |
| LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG                                   | (norethindrone ac-eth estradiol) | Tier 1 | MO    |
| LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG                                       | (norethindrone ac-eth estradiol) | Tier 1 | MO    |
| LOESTRIN FE 1.5/30 (28-DAY) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)             | (norethindrone-e.estradiol-iron) | Tier 1 | MO    |
| LOESTRIN FE 1/20 (28-DAY) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)                 | (norethindrone-e.estradiol-iron) | Tier 1 | MO    |
| LOJAIMI ESS ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7)         | (l norgest/e.estradiol-e.estrad) | Tier 1 | MO    |
| LORYNA (28) ORAL TABLET 3-0.02 MG                                                | (drospirenone-ethinyl estradiol) | Tier 1 | MO    |
| LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG                                      | (norgestrel-ethinyl estradiol)   | Tier 1 | MO    |
| LO-ZUMANDIMINE (28) ORAL TABLET 3-0.02 MG                                        | (drospirenone-ethinyl estradiol) | Tier 1 | MO    |
| LUTERA (28) ORAL TABLET 0.1-20 MG-MCG                                            | (levonorgestrel-ethinyl estrad)  | Tier 1 | MO    |
| LYLEQ ORAL TABLET 0.35 MG                                                        | (norethindrone (contraceptive))  | Tier 1 | MO    |
| LYZA ORAL TABLET 0.35 MG                                                         | (norethindrone (contraceptive))  | Tier 1 | MO    |
| MARLISSA (28) ORAL TABLET 0.15-0.03 MG                                           | (levonorgestrel-ethinyl estrad)  | Tier 1 | MO    |
| MELEYA ORAL TABLET 0.35 MG                                                       | (norethindrone (contraceptive))  | Tier 1 | MO    |
| MERZEE ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)                                   | (norethindrone-e.estradiol-iron) | Tier 1 | MO    |

| Drug                                                                                            |                                      | Status | Notes |
|-------------------------------------------------------------------------------------------------|--------------------------------------|--------|-------|
| MIBELAS 24 FE ORAL<br>TABLET,CHEWABLE 1 MG-20<br>MCG(24) /75 MG (4)                             | (norethindrone-e.estradiol-<br>iron) | Tier 1 | MO    |
| MICROGESTIN 1.5/30 (21) ORAL<br>TABLET 1.5-30 MG-MCG                                            | (norethindrone ac-eth<br>estradiol)  | Tier 1 | MO    |
| MICROGESTIN 1/20 (21) ORAL<br>TABLET 1-20 MG-MCG                                                | (norethindrone ac-eth<br>estradiol)  | Tier 1 | MO    |
| MICROGESTIN FE 1.5/30 (28) ORAL<br>TABLET 1.5 MG-30 MCG (21)/75 MG<br>(7)                       | (norethindrone-e.estradiol-<br>iron) | Tier 1 | MO    |
| MICROGESTIN FE 1/20 (28) ORAL<br>TABLET 1 MG-20 MCG (21)/75 MG (7)                              | (norethindrone-e.estradiol-<br>iron) | Tier 1 | MO    |
| MILI ORAL TABLET 0.25-0.035 MG                                                                  | (norgestimate-ethinyl<br>estradiol)  | Tier 1 | MO    |
| MINZOYA ORAL TABLET 0.1 MG-0.02<br>MG (21)/IRON (7)                                             | (levonorgest-eth.estradiol-<br>iron) | Tier 1 | MO    |
| MONO-LINYAH ORAL TABLET 0.25-<br>0.035 MG                                                       | (norgestimate-ethinyl<br>estradiol)  | Tier 1 | MO    |
| MY CHOICE ORAL TABLET 1.5 MG                                                                    | (levonorgestrel)                     | Tier 1 |       |
| MY WAY ORAL TABLET 1.5 MG                                                                       | (levonorgestrel)                     | Tier 1 |       |
| NATAZIA ORAL TABLET 3 MG/2 MG-2<br>MG/ 2 MG-3 MG/1 MG                                           |                                      | Tier 1 | MO    |
| NECON 0.5/35 (28) ORAL TABLET 0.5-<br>35 MG-MCG                                                 |                                      | Tier 1 | MO    |
| NEW DAY ORAL TABLET 1.5 MG                                                                      | (levonorgestrel)                     | Tier 1 |       |
| NEXTSTELLIS ORAL TABLET 3 MG-<br>14.2 MG (28)                                                   |                                      | Tier 1 | MO    |
| NIKKI (28) ORAL TABLET 3-0.02 MG                                                                | (drospirenone-ethinyl<br>estradiol)  | Tier 1 | MO    |
| NORA-BE ORAL TABLET 0.35 MG                                                                     | (norethindrone<br>(contraceptive))   | Tier 1 | MO    |
| <i>noreth-ethinyl estradiol-iron oral<br/>tablet,chewable 0.4mg-35mcg(21) and<br/>75 mg (7)</i> | (Wymzya Fe)                          | Tier 1 | MO    |
| <i>noreth-ethinyl estradiol-iron oral<br/>tablet,chewable 0.8mg-25mcg(24) and<br/>75 mg (4)</i> | (Galbriela)                          | Tier 1 | MO    |
| <i>norethindrone (contraceptive) oral tablet<br/>0.35 mg</i>                                    | (Camila)                             | Tier 1 | MO    |
| <i>norethindrone ac-eth estradiol oral tablet<br/>1.5-30 mg-mcg</i>                             | (Aurovela 1.5/30 (21))               | Tier 1 | MO    |
| <i>norethindrone ac-eth estradiol oral tablet<br/>1-20 mg-mcg</i>                               | (Aurovela 1/20 (21))                 | Tier 1 | MO    |
| <i>norethindrone-e.estradiol-iron oral<br/>capsule 1 mg-20 mcg (24)/75 mg (4)</i>               | (Gemmily)                            | Tier 1 | MO    |

| Drug                                                                                                   | Status | Notes |
|--------------------------------------------------------------------------------------------------------|--------|-------|
| norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7) (Aurovela Fe 1.5/30 (28))      | Tier 1 | MO    |
| norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4) (Charlotte 24 Fe)       | Tier 1 | MO    |
| norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg (Tri-Lo-Estarylla)              | Tier 1 | MO    |
| norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.035mg (28) (Tri-Estarylla)             | Tier 1 | MO    |
| norgestimate-ethinyl estradiol oral tablet 0.25-0.035 mg (Estarylla)                                   | Tier 1 | MO    |
| NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG                                                          | Tier 1 | MO    |
| NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)                                                         | Tier 1 | MO    |
| NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG (norethindrone-ethin estradiol)                              | Tier 1 | MO    |
| NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG                                                   | Tier 1 | MO    |
| NYLIA 1/35 (28) ORAL TABLET 1-35 MG-MCG (norethindrone-ethin estradiol)                                | Tier 1 | MO    |
| NYLIA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG                                                     | Tier 1 | MO    |
| OCELLA ORAL TABLET 3-0.03 MG (drospirenone-ethinyl estradiol)                                          | Tier 1 | MO    |
| OPCICON ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)                                                   | Tier 1 |       |
| OPILL ORAL TABLET 0.075 MG                                                                             | Tier 1 | MO    |
| OPTION-2 ORAL TABLET 1.5 MG (levonorgestrel)                                                           | Tier 1 |       |
| ORQUIDEA ORAL TABLET 0.35 MG (norethindrone (contraceptive))                                           | Tier 1 | MO    |
| PHILITH ORAL TABLET 0.4-35 MG-MCG                                                                      | Tier 1 | MO    |
| PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5 (desog-e.estradiol/e.estradiol)                  | Tier 1 | MO    |
| PLAN B ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)                                                    | Tier 1 |       |
| PORTIA 28 ORAL TABLET 0.15-0.03 MG (levonorgestrel-ethinyl estrad)                                     | Tier 1 | MO    |
| RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG (desogestrel-ethinyl estradiol)                                | Tier 1 | MO    |
| RIVELSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG (l norgest/e.estradiol-e.estrad) | Tier 1 | MO    |

| Drug                                                                   |                                  | Status | Notes |
|------------------------------------------------------------------------|----------------------------------|--------|-------|
| ROSYRAH ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG  | (l norgest/e.estradiol-e.estrad) | Tier 1 | MO    |
| SAFYRAL ORAL TABLET 3-0.03-0.451 MG (21) (7)                           | (drospirenone-e.estradiol-lm.fa) | Tier 1 | MO    |
| SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)            | (levonorgestrel-ethinyl estrad)  | Tier 1 | MO    |
| SHAROBEL ORAL TABLET 0.35 MG                                           | (norethindrone (contraceptive))  | Tier 1 | MO    |
| SIMLIYA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5                  | (desog-e.estradiol/e.estradiol)  | Tier 1 | MO    |
| SIMPESSE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) | (l norgest/e.estradiol-e.estrad) | Tier 1 | MO    |
| SLYND ORAL TABLET 4 MG (28)                                            |                                  | Tier 1 | MO    |
| SPRINTEC (28) ORAL TABLET 0.25-0.035 MG                                | (norgestimate-ethinyl estradiol) | Tier 1 | MO    |
| SRONYX ORAL TABLET 0.1-20 MG-MCG                                       | (levonorgestrel-ethinyl estrad)  | Tier 1 | MO    |
| SYEDA ORAL TABLET 3-0.03 MG                                            | (drospirenone-ethinyl estradiol) | Tier 1 | MO    |
| TAKE ACTION ORAL TABLET 1.5 MG                                         | (levonorgestrel)                 | Tier 1 |       |
| TARINA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)                    | (norethindrone-e.estradiol-iron) | Tier 1 | MO    |
| TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)             | (norethindrone-e.estradiol-iron) | Tier 1 | MO    |
| TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)          | (norethindrone-e.estradiol-iron) | Tier 1 | MO    |
| TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)                       | (norethindrone-e.estradiol-iron) | Tier 1 | MO    |
| TILIA FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)                    | (norethindrone-e.estradiol-iron) | Tier 1 | MO    |
| TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)              | (norgestimate-ethinyl estradiol) | Tier 1 | MO    |
| TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)               | (norethindrone-e.estradiol-iron) | Tier 1 | MO    |
| TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)                 | (norgestimate-ethinyl estradiol) | Tier 1 | MO    |
| TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG               | (norgestimate-ethinyl estradiol) | Tier 1 | MO    |
| TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG                  | (norgestimate-ethinyl estradiol) | Tier 1 | MO    |
| TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG                    | (norgestimate-ethinyl estradiol) | Tier 1 | MO    |
| TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG                | (norgestimate-ethinyl estradiol) | Tier 1 | MO    |

| Drug                                                                                           | Status | Notes |
|------------------------------------------------------------------------------------------------|--------|-------|
| TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28) (norgestimate-ethinyl estradiol)          | Tier 1 | MO    |
| TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28) (norgestimate-ethinyl estradiol) | Tier 1 | MO    |
| TRIVORA (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10) (levonorg-eth estrad triphasic)        | Tier 1 | MO    |
| TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG (norgestimate-ethinyl estradiol)        | Tier 1 | MO    |
| TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28) (norgestimate-ethinyl estradiol)       | Tier 1 | MO    |
| TULANA ORAL TABLET 0.35 MG (norethindrone (contraceptive))                                     | Tier 1 | MO    |
| TURQOZ (28) ORAL TABLET 0.3-30 MG-MCG (norgestrel-ethinyl estradiol)                           | Tier 1 | MO    |
| TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG                                                    | Tier 1 | MO    |
| TYDEMY ORAL TABLET 3-0.03-0.451 MG (21) (7) (drospirenone-e.estradiol-lm.fa)                   | Tier 1 | MO    |
| VALTYA ORAL TABLET 1-50 MG-MCG (ethynodiol diac-eth estradiol)                                 | Tier 1 | MO    |
| VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG                              | Tier 1 | MO    |
| VESTURA (28) ORAL TABLET 3-0.02 MG (drospirenone-ethinyl estradiol)                            | Tier 1 | MO    |
| VIENVA ORAL TABLET 0.1-20 MG-MCG (levonorgestrel-ethinyl estrad)                               | Tier 1 | MO    |
| VIORELE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5 (desog-e.estradiol/e.estradiol)          | Tier 1 | MO    |
| VOLNEA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5 (desog-e.estradiol/e.estradiol)           | Tier 1 | MO    |
| VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG                                                         | Tier 1 | MO    |
| VYLIBRA ORAL TABLET 0.25-0.035 MG (norgestimate-ethinyl estradiol)                             | Tier 1 | MO    |
| WERA (28) ORAL TABLET 0.5-35 MG-MCG                                                            | Tier 1 | MO    |
| WYMZYA FE ORAL TABLET,CHEWABLE 0.4MG-35MCG(21) AND 75 MG (7) (noreth-ethinyl estradiol-iron)   | Tier 1 | MO    |
| XARAH FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9) (norethindrone-e.estradiol-iron)           | Tier 1 | MO    |
| XELRIA FE ORAL TABLET,CHEWABLE 0.4MG-35MCG(21) AND 75 MG (7) (noreth-ethinyl estradiol-iron)   | Tier 1 | MO    |
| YASMIN (28) ORAL TABLET 3-0.03 MG (drospirenone-ethinyl estradiol)                             | Tier 1 | MO    |



| Drug                                                                            |                                  | Status | Notes |
|---------------------------------------------------------------------------------|----------------------------------|--------|-------|
| YAZ (28) ORAL TABLET 3-0.02 MG                                                  | (drospirenone-ethinyl estradiol) | Tier 1 | MO    |
| ZARAH ORAL TABLET 3-0.03 MG                                                     | (drospirenone-ethinyl estradiol) | Tier 1 | MO    |
| ZOVIA 1-35 (28) ORAL TABLET 1-35 MG-MCG                                         | (ethynodiol diac-eth estradiol)  | Tier 1 | MO    |
| ZUMANDIMINE (28) ORAL TABLET 3-0.03 MG                                          | (drospirenone-ethinyl estradiol) | Tier 1 | MO    |
| <b>Contraceptives, Transdermal</b>                                              |                                  |        |       |
| <i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i> | (Xulane)                         | Tier 1 | MO    |
| TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR                                |                                  | Tier 1 | MO    |
| XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR                                | (norelgestromin-ethin.estradiol) | Tier 1 | MO    |
| ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR                                | (norelgestromin-ethin.estradiol) | Tier 1 | MO    |
| <b>Diaphragms/Cervical Cap</b>                                                  |                                  |        |       |
| CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM                                       |                                  | Tier 1 |       |
| FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM                                       |                                  | Tier 1 |       |
| WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM                                  |                                  | Tier 1 |       |
| WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM                                  |                                  | Tier 1 |       |
| WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM                                  |                                  | Tier 1 |       |
| WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM                                  |                                  | Tier 1 |       |
| WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM                                  |                                  | Tier 1 |       |
| WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM                                  |                                  | Tier 1 |       |
| WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM                                  |                                  | Tier 1 |       |
| WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM                                  |                                  | Tier 1 |       |
| <b>Intra-Uterine Devices (IUD's)</b>                                            |                                  |        |       |
| KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG         |                                  | Tier 1 | MO    |
| LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG           |                                  | Tier 1 | MO    |



| Drug                                                                                        | Status | Notes                                                                                                                          |
|---------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------------------------------|
| MIRENA INTRAUTERINE<br>INTRAUTERINE DEVICE 21<br>MCG/24HR (UP TO 8 YRS) 52 MG               | Tier 1 | MO                                                                                                                             |
| MIUDELLA INTRAUTERINE<br>INTRAUTERINE DEVICE 175 SQUARE<br>MM                               | Tier 1 | MO                                                                                                                             |
| PARAGARD T 380A INTRAUTERINE<br>INTRAUTERINE DEVICE 380 SQUARE<br>MM                        | Tier 1 | MO                                                                                                                             |
| PARAGARD T380A (SINGLE HAND)<br>INTRAUTERINE INTRAUTERINE<br>DEVICE 380 SQUARE MM           | Tier 1 | MO                                                                                                                             |
| SKYLA INTRAUTERINE<br>INTRAUTERINE DEVICE 14 MCG/24<br>HR (3 YRS) 13.5 MG                   | Tier 1 | MO                                                                                                                             |
| <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<br/>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-<br/>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 Antitussive-1St Generation<br/>Antihistamine</b>                                |        |                                                                                                                                |
| <i>hydrocodone-chlorpheniramine oral<br/>suspension,extended rel 12 hr 10-8 mg/5<br/>ml</i> | Tier 2 | QL (10 ML per 1 day); Age<br>(Min 18 Years)                                                                                    |
| <i>promethazine-codeine oral syrup 6.25-<br/>10 mg/5 ml</i>                                 | Tier 2 | QL (30 ML per 1 day); Age<br>(Min 18 Years)                                                                                    |
| TUXARIN ER ORAL TABLET<br>EXTENDED RELEASE 12 HR 8-54.3<br>MG                               | Tier 4 | ST: Must meet the<br>following requirement:<br>Promethazine/Codeine in<br>120 days; QL (2 EA per 1<br>day); Age (Min 18 Years) |

| Drug                                                           |                                | Status | Notes                                                                                         |
|----------------------------------------------------------------|--------------------------------|--------|-----------------------------------------------------------------------------------------------|
| <b>Narcotic Antitussive-Anticholinergic Comb.</b>              |                                |        |                                                                                               |
| HYCODAN (WITH HOMATROPINE) ORAL TABLET 5-1.5 MG                | (hydrocodone-homatropine)      | Tier 4 | QL (6 EA per 1 day); Age (Min 18 Years)                                                       |
| <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>Non-Narc Antituss-1St Gen. 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 Antihistamine Comb.</b>        |                                |        |                                                                                               |
| <i>promethazine-dm 6.25-15 mg/5 ml</i>                         |                                | Tier 2 |                                                                                               |
| <b>Dermatology - Acne</b>                                      |                                |        |                                                                                               |
| <b>Acne Agents, Systemic</b>                                   |                                |        |                                                                                               |
| ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG             |                                | Tier 4 | ST: Must meet the following requirement: Preferred generic Isotretinoin in 120 days           |
| 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 |                                                                                               |
| <i>isotretinoin oral capsule 25 mg, 35 mg</i>                  | (Absorica)                     | Tier 2 | ST: Must meet the following requirement: Preferred generic Isotretinoin in 120 days           |
| ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG               | (isotretinoin)                 | Tier 2 |                                                                                               |
| <b>Acne Agents, Topical</b>                                    |                                |        |                                                                                               |
| ACANYA TOPICAL GEL WITH PUMP 1.2-2.5 %                         | (clindamycin-benzoyl peroxide) | Tier 4 | ST: Must meet the following requirement: generic Clindamycin/Benzoyl Peroxide gel in 120 days |
| ACIOXIAY TOPICAL CREAM 15-4 %                                  | (azelaic acid-niacinamide)     | Tier 4 |                                                                                               |

| Drug                                                              |                                  | Status | Notes |
|-------------------------------------------------------------------|----------------------------------|--------|-------|
| ACZONE TOPICAL GEL 5 %                                            | (dapsons)                        | Tier 4 |       |
| ACZONE TOPICAL GEL WITH PUMP 7.5 %                                | (dapsons)                        | 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 |       |
| ALOMIRA HP TOPICAL GEL 0.1-5-1-2 %                                |                                  | Tier 4 |       |
| ALOMIRA LP TOPICAL GEL 0.025-5-1-2 %                              | (tretinoin-benzoyl-clinda-niac)  | Tier 4 |       |
| ALOMIRA TOPICAL GEL 0.05-5-1-2 %                                  | (tretinoin-benzoyl-clinda-niac)  | 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 |       |

| Drug                                                                                           |                                  | Status | Notes                                                                                                                                                                                                                    |
|------------------------------------------------------------------------------------------------|----------------------------------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| APEXOL TOPICAL SUSPENSION 2-8 %                                                                | (salicylic acid-sulfacetamide)   | Tier 4 |                                                                                                                                                                                                                          |
| APHORIA TOPICAL GEL 0.3-2.5-4 %                                                                | (adapalene-benzoyl perox-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 per-clindamycin-niacin) | Tier 4 |                                                                                                                                                                                                                          |
| ARTILIS TOPICAL GEL 2.5-1-4 %                                                                  | (benzoyl per-clindamycin-niacin) | Tier 2 |                                                                                                                                                                                                                          |
| AUGUSTIL TOPICAL GEL 0.025-1-2-4 %                                                             | (tretinoin-clinda-spiron-niacin) | 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-spironolact-niacin)   | Tier 4 |                                                                                                                                                                                                                          |
| AZALTA TOPICAL GEL 0.025-5-2 %                                                                 | (tretinoin-spironolact-niacin)   | Tier 4 |                                                                                                                                                                                                                          |
| AZELEX TOPICAL CREAM 20 %                                                                      |                                  | Tier 4 | ST: Must meet any of the following requirements:<br>generic topicals:<br>Adapalene+/-Benzoyl Peroxide, Clindamycin+/-Benzoyl Peroxide, Erythromycin+/-Benzoyl Peroxide, Sulfacetamide+/-Sulfur, or Tretinoin in 120 days |
| CABTREO TOPICAL GEL 0.15-3.1-1.2 %                                                             |                                  | Tier 4 | PA                                                                                                                                                                                                                       |
| <i>clindamycin-benzoyl peroxide topical gel</i> (Neuac)<br>1.2 %(1 % base) -5 %                |                                  | Tier 2 |                                                                                                                                                                                                                          |
| <i>clindamycin-benzoyl peroxide topical gel</i><br>1-5 %                                       |                                  | Tier 2 |                                                                                                                                                                                                                          |
| <i>clindamycin-benzoyl peroxide topical gel with pump</i> (Onexton)<br>1.2 %(1 % base) -3.75 % |                                  | Tier 2 |                                                                                                                                                                                                                          |
| <i>clindamycin-benzoyl peroxide topical gel with pump</i> (Acanya)<br>1.2-2.5 %                |                                  | Tier 2 | ST: Must meet the following requirement:<br>generic<br>Clindamycin/Benzoyl Peroxide gel in 120 days                                                                                                                      |

| Drug                                                                      | Status | Notes                                                                                        |
|---------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------|
| <i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>           | Tier 2 |                                                                                              |
| <i>clindamycin-tretinoin topical gel 1.2-0.025 %</i> (Veltin)             | Tier 2 | ST: Must meet the following requirement: Clindamycin gel or Tretinoin 0.025% gel in 120 days |
| <i>dapsone topical gel 5 %</i> (Aczone)                                   | Tier 2 |                                                                                              |
| <i>dapsone topical gel 7.5 %</i>                                          | Tier 2 |                                                                                              |
| <i>dapsone topical gel with pump 7.5 %</i> (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-spiron-niacin)   | Tier 4 |                                                                                              |
| DEOXIATAR TOPICAL SOLUTION 0.025-1-4 %                                    | Tier 4 |                                                                                              |
| DEOXIAVAR TOPICAL CREAM 0.05-1-4 %                                        | Tier 4 |                                                                                              |
| DIADIMAXIA TOPICAL CREAM 6-5-2 %                                          | Tier 4 |                                                                                              |
| DIADIMAXIA TOPICAL GEL 6-5-2 % (dapsone-spironolactone-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 |                                                                                              |
| DIASDIMAXIA TOPICAL CREAM 8.5-5-2 %                                       | Tier 4 |                                                                                              |
| DIASDIMAXIA TOPICAL GEL 8.5-5-2 % (dapsone-spironolactone-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 |                                                                                              |
| EPIDUO FORTE TOPICAL GEL WITH PUMP 0.3-2.5 % (adapalene-benzoyl peroxide) | Tier 4 |                                                                                              |
| EPIDUO TOPICAL GEL WITH PUMP 0.1-2.5 % (adapalene-benzoyl peroxide)       | Tier 4 |                                                                                              |

| Drug                                                       |                                  | Status | Notes |
|------------------------------------------------------------|----------------------------------|--------|-------|
| 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 |       |
| KLARON TOPICAL SUSPENSION 10 %                             | (sulfacetamide sodium (acne))    | Tier 4 |       |
| LOUNZDOMDIOXIATAR TOPICAL GEL 0.05-10-2-4-4 %              |                                  | Tier 4 |       |
| NEUAC KIT TOPICAL COMBO PACK, CREAM AND GEL 1.2-5 %        |                                  | Tier 4 |       |
| NEUAC TOPICAL GEL 1.2 % (1 % BASE) -5 %                    | (clindamycin-benzoyl peroxide)   | Tier 2 |       |
| ONEXTON TOPICAL GEL WITH PUMP 1.2 % (1 % BASE) -3.75 %     | (clindamycin-benzoyl peroxide)   | Tier 4 |       |
| 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 |       |
| 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 |       |

| Drug                                            |                                   | Status | Notes                                                                                                                          |
|-------------------------------------------------|-----------------------------------|--------|--------------------------------------------------------------------------------------------------------------------------------|
| TARDIMAXIA TOPICAL GEL 0.025-5-2 %              | (tretinoin-spiro-nolact-niacin)   | Tier 4 |                                                                                                                                |
| TAROXIA TOPICAL CREAM 0.025-4 %                 | (tretinoin-niacinamide)           | Tier 4 |                                                                                                                                |
| TAROXIA TOPICAL GEL 0.025-4 %                   | (tretinoin-niacinamide)           | Tier 4 |                                                                                                                                |
| TWYNEO TOPICAL CREAM 0.1-3 %                    |                                   | Tier 4 |                                                                                                                                |
| UNZDOMDIOXIAZAR TOPICAL GEL 0.1-10-2-4-4 %      |                                   | Tier 4 |                                                                                                                                |
| VARDIMAXIA TOPICAL GEL 0.05-5-2 %               | (tretinoin-spiro-nolact-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-metronidazole-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 |                                                                                                                                |
| EPSOLAY TOPICAL CREAM 5 %                       |                                   | Tier 4 | ST: Must meet the following requirement: generic topical Metronidazole in 120 days; QL (30 GM per 30 days); Age (Min 18 Years) |
| 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                                                       |
| METROCREAM TOPICAL CREAM 0.75 %                 | (metronidazole)                   | Tier 4 |                                                                                                                                |
| METROGEL TOPICAL GEL 1 %                        | (metronidazole)                   | Tier 4 |                                                                                                                                |
| METROLOTION TOPICAL LOTION 0.75 %               | (metronidazole)                   | Tier 4 |                                                                                                                                |
| <i>metronidazole topical cream 0.75 %</i>       | (Rosadan)                         | Tier 2 |                                                                                                                                |
| <i>metronidazole topical gel 0.75 %</i>         | (Rosadan)                         | Tier 2 |                                                                                                                                |

| Drug                                                                           | Status | Notes                                                                                                 |
|--------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------|
| <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 |                                                                                                       |
| MIRVASO TOPICAL GEL WITH PUMP 0.33 % (brimonidine)                             | Tier 4 |                                                                                                       |
| NORITATE TOPICAL CREAM 1 %                                                     | Tier 4 | ST: Must meet the following requirement: generic Metronidazole 0.75% gel, lotion or cream in 120 days |
| REMYDA TOPICAL GEL 0.25 %                                                      | Tier 4 |                                                                                                       |
| RESTIMO TOPICAL GEL 1-1 %                                                      | Tier 4 |                                                                                                       |
| RHOFADE TOPICAL CREAM 1 %                                                      | Tier 4 |                                                                                                       |
| ROSDAN TOPICAL CREAM 0.75 % (metronidazole)                                    | Tier 2 |                                                                                                       |
| ROSDAN TOPICAL GEL 0.75 % (metronidazole)                                      | Tier 4 |                                                                                                       |
| ROSDAN TOPICAL KIT, CLEANSER AND GEL 0.75 %                                    | Tier 4 |                                                                                                       |
| ROSDAN TOPICAL KIT,CLEANSER AND CREAM 0.75 %                                   | Tier 4 |                                                                                                       |
| ROSITARA TOPICAL GEL 1-1-4 % (ivermectin-metronidazol-niacin)                  | Tier 4 |                                                                                                       |
| ROVIS TOPICAL GEL 0.25-1-1-4 %                                                 | Tier 4 |                                                                                                       |
| SOOLANTRA TOPICAL CREAM 1 % (ivermectin)                                       | Tier 4 | ST: Must meet the following requirement: Finacea gel or foam in 120 days                              |
| <b>Topical Antiandrogenic Agents</b>                                           |        |                                                                                                       |
| WINLEVI TOPICAL CREAM 1 %                                                      | Tier 4 | PA; QL (60 GM per 30 days)                                                                            |
| <b>Topical Preparations,Antibacterials</b>                                     |        |                                                                                                       |
| ALCORTIN A TOPICAL GEL IN PACKET 2-1-1 %                                       | Tier 4 |                                                                                                       |
| BASADROX TOPICAL GEL IN PACKET                                                 | Tier 4 |                                                                                                       |
| DERMAZENE TOPICAL CREAM IN PACKET 1-1 %                                        | Tier 4 |                                                                                                       |
| <i>hydrocortisone-iodoquinol-aloe2 topical gel 2-1-1 %</i> (Alcortin A)        | Tier 2 |                                                                                                       |
| <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 |                                                                                                       |



| Drug                                                                            | Status | Notes                                                                                                                       |
|---------------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------|
| NORMLGEL AG TOPICAL GEL 0.11 %                                                  | Tier 4 |                                                                                                                             |
| QUINJA TOPICAL GEL 1.25-1 %                                                     | Tier 4 |                                                                                                                             |
| <i>silver nitrate topical solution 0.5 %, 25 %</i> , 50 %                       | Tier 2 |                                                                                                                             |
| SILVRSTAT TOPICAL GEL 32 PPM                                                    | Tier 4 |                                                                                                                             |
| SOLOX GEL TOPICAL GEL 55 PPM (silver nitrate)                                   | Tier 4 |                                                                                                                             |
| STRONG IODINE TOPICAL SOLUTION 5-10 % (iodine-potassium iodide)                 | Tier 2 |                                                                                                                             |
| VYTONA TOPICAL CREAM IN PACKET 1.9-1 % (hydrocortisone-iodoquinol-aloe)         | Tier 4 |                                                                                                                             |
| <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)                                                                                                          |
| <i>adapalene topical solution 0.1 %</i>                                         | Tier 2 | ST: Must meet the following requirement:<br>Adapalene 0.1% gel in 120 days                                                  |
| <i>adapalene topical swab 0.1 %</i>                                             | Tier 2 | ST: Must meet the following requirement:<br>Adapalene 0.1% gel in 120 days; QL (1 EA per 1 day)                             |
| ALTRENO TOPICAL LOTION 0.05 %                                                   | Tier 4 |                                                                                                                             |
| ATRALIN TOPICAL GEL 0.05 % (tretinoin)                                          | Tier 4 |                                                                                                                             |
| AVITA TOPICAL CREAM 0.025 % (tretinoin)                                         | Tier 2 |                                                                                                                             |
| AVITA TOPICAL GEL 0.025 % (tretinoin)                                           | Tier 2 |                                                                                                                             |
| DIFFERIN TOPICAL CREAM 0.1 % (adapalene)                                        | Tier 4 |                                                                                                                             |
| DIFFERIN TOPICAL GEL WITH PUMP 0.3 % (adapalene)                                | Tier 4 |                                                                                                                             |
| DIFFERIN TOPICAL LOTION 0.1 % (adapalene)                                       | Tier 4 | Age (Max 39 Years)                                                                                                          |
| RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.04 %, 0.1 % (tretinoin microspheres) | Tier 4 | Age (Max 39 Years)                                                                                                          |
| RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %                                 | Tier 4 | ST: Must meet the following requirements:<br>Generic Tretinoin Microspheres 0.04% and 0.10% in 365 days; Age (Max 39 Years) |
| RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.08 % (tretinoin microspheres)        | Tier 4 | ST: Must meet the following requirements:<br>Generic Tretinoin Microspheres 0.04% and 0.10% in 365 days; Age (Max 39 Years) |

| Drug                                                                                   | Status | Notes                                                                                                                                                                    |
|----------------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| RETIN-A MICRO TOPICAL GEL 0.04 %, (tretinoin microspheres) 0.1 %                       | Tier 4 | Age (Max 39 Years)                                                                                                                                                       |
| RETIN-A TOPICAL CREAM 0.025 %, (tretinoin) 0.05 %, 0.1 %                               | Tier 4 |                                                                                                                                                                          |
| RETIN-A TOPICAL GEL 0.01 %, 0.025 % (tretinoin)                                        | Tier 4 |                                                                                                                                                                          |
| <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)                                                                                                                                                       |
| <i>tretinoin microspheres topical gel with pump 0.08 %</i> (Retin-A Micro Pump)        | Tier 2 | ST: Must meet 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: generic topicals: Adapalene (gel, cream, lotion, or solution), Tazarotene, or Tretinoin 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 |                                                                                                                                                                          |
| ARAZLO TOPICAL LOTION 0.045 %                                                          | Tier 4 | ST: Must meet any of the following requirements: generic topicals: Adapalene (gel, cream, lotion, or solution), Tazarotene, or Tretinoin in 120 days                     |
| ETHOXIA TOPICAL CREAM 0.05-4 % (tazarotene-niacinamide)                                | Tier 4 |                                                                                                                                                                          |
| ITHOXIA TOPICAL CREAM 0.1-4 % (tazarotene-niacinamide)                                 | Tier 4 |                                                                                                                                                                          |
| <i>tazarotene topical foam 0.1 %</i> (Fabior)                                          | Tier 2 | ST: Must meet any of the following requirements: generic topicals: Adapalene (gel, cream, lotion, or solution), Tazarotene, or Tretinoin in 120 days                     |

| Drug                                                     |                                 | Status | Notes                                                                                                                                                                                                                                     |
|----------------------------------------------------------|---------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Dermatology - Antiinfective</b>                       |                                 |        |                                                                                                                                                                                                                                           |
| <b>Topical Antibiotics</b>                               |                                 |        |                                                                                                                                                                                                                                           |
| AMZEEQ TOPICAL FOAM 4 %                                  |                                 | Tier 4 | ST: Must meet 2 of the following requirements:<br>generic topicals:<br>Adapalene+/-Benzoyl Peroxide, Clindamycin+/-Benzoyl Peroxide, Erythromycin+/-Benzoyl Peroxide, Sulfacetamide+/-Sulfur, or Tretinoin in 365 days; Age (Min 9 Years) |
| BATIZIA TOPICAL OINTMENT 2-2 %                           | (mupirocin-lidocaine)           | Tier 4 |                                                                                                                                                                                                                                           |
| BENZAMYCIN TOPICAL GEL 3-5 %                             | (erythromycin-benzoyl peroxide) | Tier 4 |                                                                                                                                                                                                                                           |
| CENTANY AT TOPICAL OINTMENT KIT 2 %                      |                                 | Tier 4 |                                                                                                                                                                                                                                           |
| CENTANY TOPICAL OINTMENT 2 %                             | (mupirocin)                     | Tier 4 | QL (90 GM per 1 FILL)                                                                                                                                                                                                                     |
| CLEOCIN T TOPICAL LOTION 1 %                             | (clindamycin phosphate)         | Tier 4 |                                                                                                                                                                                                                                           |
| CLEOCIN T TOPICAL SOLUTION 1 %                           | (clindamycin phosphate)         | Tier 4 | QL (180 ML per 1 FILL)                                                                                                                                                                                                                    |
| CLINDACIN ETZ TOPICAL KIT 1 %                            |                                 | Tier 4 |                                                                                                                                                                                                                                           |
| CLINDACIN ETZ TOPICAL SWAB 1 %                           | (clindamycin phosphate)         | Tier 4 |                                                                                                                                                                                                                                           |
| CLINDACIN P TOPICAL SWAB 1 %                             | (clindamycin phosphate)         | Tier 4 |                                                                                                                                                                                                                                           |
| CLINDACIN PAC TOPICAL KIT 1 %                            |                                 | Tier 4 |                                                                                                                                                                                                                                           |
| CLINDACIN TOPICAL FOAM 1 %                               | (clindamycin phosphate)         | Tier 4 |                                                                                                                                                                                                                                           |
| CLINDAGEL TOPICAL GEL, ONCE DAILY 1 %                    | (clindamycin phosphate)         | Tier 4 | ST: Must meet the following requirement:<br>Clindamycin Phosphate 1% gel in 120 days                                                                                                                                                      |
| <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:<br>Clindamycin Phosphate 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 |                                                                                                                                                                                                                                           |
| ERYGEL TOPICAL GEL 2 %                                   | (erythromycin with ethanol)     | Tier 4 |                                                                                                                                                                                                                                           |
| <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)                                                                                                                                                                                                                    |

| Drug                                                       |                                 | Status | Notes                                                                                                            |
|------------------------------------------------------------|---------------------------------|--------|------------------------------------------------------------------------------------------------------------------|
| <i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>     | (Benzamycin)                    | Tier 2 |                                                                                                                  |
| EVOCLIN TOPICAL FOAM 1 %                                   | (clindamycin phosphate)         | Tier 4 |                                                                                                                  |
| <i>gentamicin topical cream 0.1 %</i>                      |                                 | Tier 2 | QL (90 GM per 1 FILL)                                                                                            |
| <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                                       |
| ZILXI TOPICAL FOAM 1.5 %                                   |                                 | Tier 4 | ST: Must meet the following requirement:<br>generic topical Metronidazole in 120 days;<br>QL (30 GM per 30 days) |
| <b>Topical Antifungal/Anti-inflammatory, Steroid Agent</b> |                                 |        |                                                                                                                  |
| CLOBEZIN TOPICAL COMBO PACK 1-0.05-0.44 %                  |                                 | Tier 4 |                                                                                                                  |
| <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 |                                                                                                                  |
| DERMACINRX THERAZOLE PAK TOPICAL COMBO PACK 1-0.05-20 %    |                                 | 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 |                                                                                                                  |

| Drug                                                                      | Status | Notes                   |
|---------------------------------------------------------------------------|--------|-------------------------|
| <b>Topical Antifungals</b>                                                |        |                         |
| CICLODAN KIT TOPICAL COMBO PACK 0.77 %                                    | Tier 4 |                         |
| CICLODAN KIT TOPICAL SOLUTION 8 % (ciclopirox-ure-camph-menth-euc)        | Tier 4 | QL (19.8 ML per 1 FILL) |
| CICLODAN TOPICAL CREAM 0.77 % (ciclopirox)                                | Tier 4 | QL (180 GM per 1 FILL)  |
| CICLODAN TOPICAL SOLUTION 8 % (ciclopirox)                                | Tier 4 | QL (19.8 ML per 1 FILL) |
| <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 |                         |
| <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 |                         |
| ERTACZO TOPICAL CREAM 2 %                                                 | 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 |                         |

| Drug                                                                            | Status | Notes                                                                                                            |
|---------------------------------------------------------------------------------|--------|------------------------------------------------------------------------------------------------------------------|
| JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 %                                    | Tier 4 | PA                                                                                                               |
| <i>ketoconazole topical cream 2 %</i>                                           | Tier 2 | QL (180 GM per 1 FILL)                                                                                           |
| <i>ketoconazole topical foam 2 %</i> (Ketodan)                                  | Tier 2 | ST: Must meet the following requirement: Ketoconazole 2% cream or shampoo in 120 days                            |
| <i>ketoconazole topical shampoo 2 %</i>                                         | Tier 2 | QL (360 ML per 1 FILL)                                                                                           |
| KETODAN KIT TOPICAL COMBO PACK 2 %                                              | Tier 4 |                                                                                                                  |
| KETODAN TOPICAL FOAM 2 % (ketoconazole)                                         | Tier 2 | ST: Must meet the following requirement: Ketoconazole 2% cream or shampoo in 120 days                            |
| KLAYESTA TOPICAL POWDER 100,000 UNIT/GRAM (nystatin)                            | Tier 2 |                                                                                                                  |
| LOPROX (AS OLAMINE) TOPICAL CREAM 0.77 % (ciclopirox)                           | Tier 4 | QL (180 GM per 1 FILL)                                                                                           |
| LOPROX (AS OLAMINE) TOPICAL SUSPENSION 0.77 % (ciclopirox)                      | Tier 4 | QL (180 ML per 1 FILL)                                                                                           |
| LOPROX KIT TOPICAL COMBO PACK 0.77 %                                            | Tier 4 |                                                                                                                  |
| LOPROX KIT TOPICAL KIT, SUSPENSION AND CLEANSER 0.77 %                          | Tier 4 |                                                                                                                  |
| <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) |
| LUZU TOPICAL CREAM 1 % (luliconazole)                                           | Tier 4 | 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 |                                                                                                                  |
| NAFTIN TOPICAL GEL 2 % (naftifine)                                              | Tier 4 |                                                                                                                  |
| NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM (nystatin)                              | Tier 2 |                                                                                                                  |
| <i>nystatin topical cream 100,000 unit/gram</i>                                 | Tier 2 |                                                                                                                  |

| Drug                                                                     | Status | Notes                                                                                                  |
|--------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------|
| <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                                                                                                     |
| VUSION TOPICAL OINTMENT 0.25-15-81.35 % (miconazole nitrate-zinc ox-pet) | Tier 4 |                                                                                                        |
| XOLEGEL TOPICAL GEL 2 %                                                  | Tier 4 | ST: Must meet the following requirement: Ketoconazole 2% cream or shampoo in 120 days                  |
| <b>Topical Antiparasitics</b>                                            |        |                                                                                                        |
| CROTAN TOPICAL LOTION 10 %                                               | Tier 4 |                                                                                                        |
| ELIMITE TOPICAL CREAM 5 % (permethrin)                                   | Tier 4 |                                                                                                        |
| EURAX TOPICAL CREAM 10 %                                                 | Tier 4 |                                                                                                        |
| EURAX TOPICAL LOTION 10 %                                                | Tier 4 |                                                                                                        |
| <i>malathion topical lotion 0.5 %</i> (Ovide)                            | Tier 2 |                                                                                                        |
| NATROBA TOPICAL SUSPENSION 0.9 % (spinosad)                              | Tier 4 |                                                                                                        |
| OVIDE TOPICAL LOTION 0.5 % (malathion)                                   | Tier 4 |                                                                                                        |
| <i>permethrin topical cream 5 %</i> (Elimite)                            | Tier 2 |                                                                                                        |
| PRURADIK TOPICAL LOTION 10 %                                             | Tier 4 |                                                                                                        |
| <i>spinosad topical suspension 0.9 %</i> (Natroba)                       | Tier 2 |                                                                                                        |
| ULESFIA TOPICAL LOTION 5 %                                               | Tier 4 |                                                                                                        |
| <b>Topical Antivirals</b>                                                |        |                                                                                                        |
| <i>acyclovir topical cream 5 %</i> (Zovirax)                             | Tier 2 | ST: Must meet 2 of the following requirements: Acyclovir, Famciclovir, or Valacyclovir HCL in 365 days |

| Drug                                                       |                                 | Status | Notes                                                                                                                               |
|------------------------------------------------------------|---------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------|
| <i>acyclovir topical ointment 5 %</i>                      | (Zovirax)                       | Tier 2 |                                                                                                                                     |
| <i>penciclovir topical cream 1 %</i>                       | (Denavir)                       | Tier 2 |                                                                                                                                     |
| ZOVIRAX TOPICAL OINTMENT 5 %                               | (acyclovir)                     | Tier 4 |                                                                                                                                     |
| <b>Topical Antivirals/Anti-inflammatory, Steroid Agent</b> |                                 |        |                                                                                                                                     |
| XERESE TOPICAL CREAM 5-1 %                                 |                                 | Tier 4 | ST: Must meet any of the following requirements: oral Acyclovir, Famciclovir, or Valacyclovir in 120 days; QL (10 GM per 365 days)  |
| <b>Topical Genital Wart-Hpv Treatment Agents</b>           |                                 |        |                                                                                                                                     |
| VEREGEN TOPICAL OINTMENT 15 %                              |                                 | Tier 4 | ST: Must meet the following requirements: Imiquimod 5% cream packets and Podofilox 0.5% solution in 365 days; QL (30 GM per 1 FILL) |
| <b>Topical Pleuromutilin Derivatives</b>                   |                                 |        |                                                                                                                                     |
| ALTABAX TOPICAL OINTMENT 1 %                               |                                 | Tier 4 | ST: Must meet the following requirement: 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 |                                                                                                                                     |
| AVAR LS TOPICAL CLEANSER 10-2 %                            | (sulfacetamide sodium-sulfur)   | Tier 4 |                                                                                                                                     |
| AVAR TOPICAL CLEANSER 10-5 % (W/W)                         | (sulfacetamide sodium-sulfur)   | Tier 4 | QL (1419 GM per 1 FILL)                                                                                                             |
| BP 10-1 TOPICAL CLEANSER 10-1 %                            | (sulfacetamide sodium-sulfur)   | Tier 2 |                                                                                                                                     |
| 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 |                                                                                                                                     |
| PLEXION CLEANSING CLOTHS TOPICAL PADS, MEDICATED 9.8-4.8 % | (sulfacetamide sodium-sulfur)   | Tier 4 |                                                                                                                                     |
| PLEXION TOPICAL CLEANSER 9.8-4.8 %                         | (sulfacetamide sodium-sulfur)   | Tier 4 |                                                                                                                                     |
| ROSULA CLEANSING CLOTHS TOPICAL PADS, MEDICATED 10-5 %     | (sulfacetamide sodium-sulfur)   | Tier 2 |                                                                                                                                     |



| Drug                                                                         |                               | Status | Notes                   |
|------------------------------------------------------------------------------|-------------------------------|--------|-------------------------|
| ROSULA TOPICAL CLEANSER 10-4.5 %                                             |                               | Tier 4 |                         |
| SILVADENE TOPICAL CREAM 1 %                                                  | (silver sulfadiazine)         | Tier 4 |                         |
| <i>silver sulfadiazine topical cream 1 %</i>                                 | (SSD)                         | Tier 2 |                         |
| SSD TOPICAL CREAM 1 %                                                        | (silver sulfadiazine)         | Tier 2 |                         |
| SSS 10-5 TOPICAL CREAM 10-5 % (W/W)                                          | (sulfacetamide sodium-sulfur) | Tier 2 |                         |
| SSS 10-5 TOPICAL FOAM 10-5 %                                                 | (sulfacetamide sodium-sulfur) | Tier 2 |                         |
| <i>sulfacetamide sodium-sulfur topical cleanser 10-2 %</i>                   | (Avar LS)                     | Tier 2 |                         |
| <i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i>             | (Avar)                        | Tier 2 | QL (1419 GM per 1 FILL) |
| <i>sulfacetamide sodium-sulfur topical cleanser 8-4 %</i>                    |                               | Tier 2 |                         |
| <i>sulfacetamide sodium-sulfur topical cleanser 9.8-4.8 %</i>                | (Plexion)                     | Tier 2 |                         |
| <i>sulfacetamide sodium-sulfur topical cleanser 9-4 %</i>                    | (Sumaxin)                     | Tier 2 |                         |
| <i>sulfacetamide sodium-sulfur topical cleanser 9-4.5 %</i>                  | (Sumadan)                     | Tier 2 |                         |
| <i>sulfacetamide sodium-sulfur topical cream 10-2 %</i>                      |                               | Tier 2 |                         |
| <i>sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)</i>                | (SSS 10-5)                    | Tier 2 |                         |
| <i>sulfacetamide sodium-sulfur topical cream 9.8-4.8 %</i>                   | (Plexion)                     | Tier 2 |                         |
| <i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w)</i> |                               | Tier 2 |                         |
| <i>sulfacetamide sodium-sulfur topical lotion 9.8-4.8 %</i>                  | (Plexion)                     | Tier 2 |                         |
| <i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i>            | (Sumaxin)                     | Tier 2 |                         |
| <i>sulfacetamide sodium-sulfur topical suspension 10-5 %</i>                 |                               | Tier 2 |                         |
| <i>sulfacetamide sodium-sulfur topical suspension 8-4 %</i>                  | (SulfaCleanse 8-4)            | Tier 2 |                         |
| <i>sulfacetamide sodium-sulfur topical suspension 9-4.25 %</i>               | (Clenia Plus)                 | Tier 2 |                         |
| <i>sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %</i>              |                               | Tier 2 | QL (1419 ML per 1 FILL) |
| SULFACLEANSE 8-4 TOPICAL SUSPENSION 8-4 %                                    | (sulfacetamide sodium-sulfur) | Tier 2 |                         |
| SULFAMYLON TOPICAL CREAM 85 MG/G                                             |                               | Tier 4 |                         |

| Drug                                                                                                 | Status | Notes                                                                                                           |
|------------------------------------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------|
| SULFAMYLDON TOPICAL PACKET 50 GRAM (mafenide acetate)                                                | Tier 4 |                                                                                                                 |
| SUMADAN TOPICAL CLEANSER 9-4.5 % (sulfacetamide sodium-sulfur)                                       | Tier 4 |                                                                                                                 |
| SUMADAN TOPICAL KIT 9-4.5 % (sulfacetamide-sulfur-cleansr23)                                         | Tier 4 |                                                                                                                 |
| SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM 9 %-4.5 % -SPF 25 (sulfact na-sul-avobnz-otn-ocsa) | Tier 4 |                                                                                                                 |
| SUMAXIN CP TOPICAL KIT 10-4 %                                                                        | Tier 4 |                                                                                                                 |
| SUMAXIN TOPICAL CLEANSER 9-4 % (sulfacetamide sodium-sulfur)                                         | Tier 4 |                                                                                                                 |
| ZMA CLEAR TOPICAL SUSPENSION 9-4.5 %                                                                 | Tier 2 |                                                                                                                 |
| <b>Dermatology - Antiinflammatory</b>                                                                |        |                                                                                                                 |
| <b>Interleukin-13 (Il-13) Inhibitors, Mab</b>                                                        |        |                                                                                                                 |
| ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML                                                         | Tier 4 | PA; MO                                                                                                          |
| ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML                                                                 | Tier 4 | PA; MO                                                                                                          |
| EBGLYSS PEN SUBCUTANEOUS PEN INJECTOR 250 MG/2 ML                                                    | Tier 4 | PA; MO                                                                                                          |
| EBGLYSS SYRINGE SUBCUTANEOUS SYRINGE 250 MG/2 ML                                                     | Tier 4 | PA; MO                                                                                                          |
| <b>Interleukin-31(II-31)Receptor Alpha Antagonist,Mab</b>                                            |        |                                                                                                                 |
| NEMLUVIO SUBCUTANEOUS PEN INJECTOR 30 MG                                                             | Tier 5 | PA; MO                                                                                                          |
| <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)                                                                                      |
| ZORYVE TOPICAL FOAM 0.3 %                                                                            | Tier 3 | PA; QL (60 GM per 30 days)                                                                                      |
| <b>Topical Antibiotics/Antiinflammatory,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 |

| Drug                                                                    | Status | Notes                                                                                                                                                                                                                                |
|-------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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>amcinonide topical ointment 0.1 %</i>                                | Tier 2 |                                                                                                                                                                                                                                      |
| ANUSOL-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % (hydrocortisone) | Tier 4 |                                                                                                                                                                                                                                      |
| APEXICON E TOPICAL CREAM 0.05 %                                         | 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; QL (180 GM per 30 days) |
| BESER KIT TOPICAL KIT, LOTION AND CREAM, EMOLLIENT 0.05 %               | Tier 4 |                                                                                                                                                                                                                                      |
| BESER TOPICAL LOTION 0.05 % (fluticasone propionate)                    | Tier 4 |                                                                                                                                                                                                                                      |
| <i>betamethasone dipropionate topical cream 0.05 %</i>                  | Tier 2 |                                                                                                                                                                                                                                      |
| <i>betamethasone dipropionate topical lotion 0.05 %</i>                 | Tier 2 |                                                                                                                                                                                                                                      |

| Drug                                                                            | Status | Notes                                                                                                                                                                                                                                                                                       |
|---------------------------------------------------------------------------------|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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</i> (Luxiq)<br>0.12 %                    | Tier 2 |                                                                                                                                                                                                                                                                                             |
| <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 |                                                                                                                                                                                                                                                                                             |
| BRYHALI TOPICAL LOTION 0.01 %                                                   | 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 (400 GM per 1 FILL) |
| 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 |                                                                                                                                                                                                                                                                                             |

| Drug                                                        | Status | Notes                                                                                                                                                                                                                                                           |
|-------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>clobetasol topical cream 0.025 %</i> (Impoyz)            | 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; QL (200 GM per 30 days)                            |
| <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 |                                                                                                                                                                                                                                                                 |
| CLOBEX TOPICAL LOTION 0.05 % (clobetasol)                   | Tier 4 |                                                                                                                                                                                                                                                                 |
| CLOBEX TOPICAL SHAMPOO 0.05 % (clobetasol)                  | Tier 4 |                                                                                                                                                                                                                                                                 |
| CLOBEX TOPICAL SPRAY, NON-AEROSOL 0.05 % (clobetasol)       | Tier 4 |                                                                                                                                                                                                                                                                 |
| <i>clocortolone pivalate topical cream 0.1 %</i>            | Tier 2 | ST: Must meet any of the following requirements: Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment in 120 days                                                                                                                               |
| CLODAN KIT TOPICAL KIT, SHAMPOO AND CLEANSER 0.05 %         | Tier 4 |                                                                                                                                                                                                                                                                 |
| CLODAN TOPICAL SHAMPOO 0.05 % (clobetasol)                  | Tier 4 |                                                                                                                                                                                                                                                                 |
| CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2              | Tier 4 | ST: Must meet any of the following requirements: Betamethasone augmented (ointment, gel, lotion), Fluocinonide 0.1% cream, Clobetasol (spray, lotion, gel, ointment, cream, solution) or Halobetasol 0.05% (cream, ointment) in 120 days; QL (2 EA per 30 days) |

| Drug                                                  |                               | Status | Notes                                                                                                                                                                                                                               |
|-------------------------------------------------------|-------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CORDRAN TOPICAL CREAM 0.025 %                         |                               | Tier 4 | ST: Must meet the following requirement: Topical Corticosteroid in 120 days                                                                                                                                                         |
| CORDRAN TOPICAL CREAM 0.05 %                          | (flurandrenolide)             | 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 |
| CORDRAN TOPICAL LOTION 0.05 %                         | (flurandrenolide)             | Tier 4 |                                                                                                                                                                                                                                     |
| CORDRAN TOPICAL OINTMENT 0.05 %                       | (flurandrenolide)             | Tier 4 | 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)                                                                          |
| DERMA-SMOOTH/FS BODY OIL TOPICAL OIL 0.01 %           | (fluocinolone)                | Tier 4 |                                                                                                                                                                                                                                     |
| DERMA-SMOOTH/FS SCALP OIL SCALP OIL 0.01 %            | (fluocinolone and shower cap) | Tier 4 |                                                                                                                                                                                                                                     |
| <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: 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>desonide topical lotion 0.05 %</i>                 |                               | Tier 2 |                                                                                                                                                                                                                                     |
| <i>desonide topical ointment 0.05 %</i>               |                               | Tier 2 |                                                                                                                                                                                                                                     |
| DESOWEN TOPICAL CREAM 0.05 %                          | (desonide)                    | Tier 4 |                                                                                                                                                                                                                                     |
| <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 |                                                                                                                                                                                                                                     |

| Drug                                                   |                              | Status | Notes                                                                                                                                                                                                                                                                                     |
|--------------------------------------------------------|------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>desoximetasone topical spray,non-aerosol 0.25 %</i> | (Topicort)                   | Tier 2 | ST: Must meet any of the following requirements: 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                          |
| <i>diflorasone topical cream 0.05 %</i>                |                              | 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; QL (180 GM per 30 days)                                                      |
| <i>diflorasone topical ointment 0.05 %</i>             |                              | Tier 2 | ST: Must meet any of the following requirements: 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 (180 GM per 30 days) |
| DIPROLENE (AUGMENTED) TOPICAL OINTMENT 0.05 %          | (betamethasone, augmented)   | Tier 4 |                                                                                                                                                                                                                                                                                           |
| 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 |                                                                                                                                                                                                                                                                                           |
| DYNOMA TOPICAL CREAM 0.05-4 %                          |                              | Tier 4 |                                                                                                                                                                                                                                                                                           |
| ELLZIA PAK TOPICAL KIT,OINTMENT AND CREAM 0.1-5 %      |                              | Tier 2 |                                                                                                                                                                                                                                                                                           |
| <i>fluocinolone and shower cap scalp oil 0.01 %</i>    | (Derma-Smoothe/FS Scalp Oil) | Tier 2 |                                                                                                                                                                                                                                                                                           |
| <i>fluocinolone topical cream 0.01 %</i>               |                              | Tier 2 |                                                                                                                                                                                                                                                                                           |
| <i>fluocinolone topical cream 0.025 %</i>              | (Synalar)                    | Tier 2 |                                                                                                                                                                                                                                                                                           |
| <i>fluocinolone topical oil 0.01 %</i>                 | (Derma-Smoothe/FS Body Oil)  | Tier 2 |                                                                                                                                                                                                                                                                                           |

| Drug                                                                | Status | Notes                                                                                                                                                                                                                               |
|---------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>fluocinolone topical ointment 0.025 %</i> (Synalar)              | Tier 2 |                                                                                                                                                                                                                                     |
| <i>fluocinolone topical solution 0.01 %</i> (Synalar)               | Tier 2 |                                                                                                                                                                                                                                     |
| <i>fluocinonide topical cream 0.05 %</i>                            | Tier 2 |                                                                                                                                                                                                                                     |
| <i>fluocinonide topical cream 0.1 %</i> (Vanos)                     | Tier 2 |                                                                                                                                                                                                                                     |
| <i>fluocinonide topical gel 0.05 %</i>                              | Tier 2 |                                                                                                                                                                                                                                     |
| <i>fluocinonide topical ointment 0.05 %</i>                         | Tier 2 |                                                                                                                                                                                                                                     |
| <i>fluocinonide topical solution 0.05 %</i>                         | Tier 2 |                                                                                                                                                                                                                                     |
| FLUOCINONIDE-E TOPICAL CREAM 0.05 % (fluocinonide-emollient)        | Tier 2 |                                                                                                                                                                                                                                     |
| <i>fluocinonide-emollient topical cream 0.05 %</i> (Fluocinonide-E) | Tier 2 |                                                                                                                                                                                                                                     |
| FLUOPAR TOPICAL KIT 0.1-5 %                                         | Tier 4 |                                                                                                                                                                                                                                     |
| FLUOVIX PLUS TOPICAL KIT 0.1 %                                      | Tier 4 |                                                                                                                                                                                                                                     |
| FLUOVIX TOPICAL KIT 0.1 %                                           | Tier 4 |                                                                                                                                                                                                                                     |
| FLUOXIA TOPICAL CREAM 0.05-4 %                                      | Tier 4 |                                                                                                                                                                                                                                     |
| <i>flurandrenolide topical cream 0.05 %</i>                         | 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 0.05 %</i>                        | Tier 2 |                                                                                                                                                                                                                                     |
| <i>flurandrenolide topical ointment 0.05 %</i>                      | 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 0.05 %</i>                  | Tier 2 |                                                                                                                                                                                                                                     |
| <i>fluticasone propionate topical lotion 0.05 %</i> (Beser)         | Tier 2 |                                                                                                                                                                                                                                     |
| <i>fluticasone propionate topical ointment 0.005 %</i>              | 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>                   | 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 foam 0.05 %</i> (Lexette) | Tier 2 | ST: Must meet the following requirement: Clobetasol foam or generic Halobetasol cream/ointment in 120 days; QL (100 GM per 1 FILL)                                                                          |
| <i>halobetasol propionate topical ointment 0.05 %</i>       | Tier 2 |                                                                                                                                                                                                             |
| HALOG TOPICAL CREAM 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 |
| 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 |

| Drug                                                                                   | Status | Notes                                                                                                                                                                                                                                                        |
|----------------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 acetate topical cream with perineal applicator 2.5 %</i> (MiCort-HC) | Tier 2 |                                                                                                                                                                                                                                                              |
| <i>hydrocortisone butyrate topical cream 0.1 %</i>                                     | Tier 2 |                                                                                                                                                                                                                                                              |
| <i>hydrocortisone butyrate topical lotion 0.1 %</i>                                    | 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; QL (236 ML per 30 days) |
| <i>hydrocortisone butyrate topical ointment 0.1 %</i>                                  | 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>hydrocortisone butyrate topical solution 0.1 %</i>                                  | Tier 2 |                                                                                                                                                                                                                                                              |
| HYDROCORTISONE LOTION COMPLETE TOPICAL COMBO PACK 2 %                                  | Tier 4 |                                                                                                                                                                                                                                                              |
| <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 |                                                                                                                                                                                                                                                              |

| Drug                                                            | Status | Notes                                                                                                                                                                                                                                   |
|-----------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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                                                                                                 |
| HYDROXYM TOPICAL GEL 2 %                                        | Tier 4 |                                                                                                                                                                                                                                         |
| ILEXOR TOPICAL SHAMPOO 0.05-2 % (clobetasol-levocetirizine)     | Tier 4 |                                                                                                                                                                                                                                         |
| IMPOYZ TOPICAL CREAM 0.025 % (clobetasol)                       | Tier 4 | ST: Must meet any of the following requirements:<br>Betamethasone 0.05% ointment or augmented cream, Desoximetasone (cream, gel, ointment), or Fluocinonide 0.05% (gel, ointment, solution, cream) in 120 days; QL (200 GM per 30 days) |
| KENALOG TOPICAL AEROSOL 0.147 MG/GRAM (triamcinolone acetonide) | Tier 4 |                                                                                                                                                                                                                                         |
| LEXETTE TOPICAL FOAM 0.05 % (halobetasol propionate)            | Tier 4 | ST: Must meet any of the following requirements:<br>Generic Halobetasol Cream/Ointment or Clobetasol Foam in 120 days; QL (100 GM per 1 FILL)                                                                                           |
| LOCOID LIPOCREAM TOPICAL CREAM 0.1 %                            | Tier 4 |                                                                                                                                                                                                                                         |

| Drug                                                       |                                 | Status | Notes                                                                                                                                                                                                                                                        |
|------------------------------------------------------------|---------------------------------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LOCOID TOPICAL LOTION 0.1 %                                | (hydrocortisone butyrate)       | 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 (236 ML per 30 days) |
| LUXIQ TOPICAL FOAM 0.12 %                                  | (betamethasone valerate)        | Tier 4 |                                                                                                                                                                                                                                                              |
| MICORT-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %     | (hydrocortisone acetate)        | Tier 2 |                                                                                                                                                                                                                                                              |
| <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 |                                                                                                                                                                                                                                                              |
| NOXIPAK TOPICAL KIT 0.01-20 %                              |                                 | Tier 4 |                                                                                                                                                                                                                                                              |
| NUCORT TOPICAL LOTION 2 %                                  | (hydrocortisone acet-aloe vera) | Tier 4 |                                                                                                                                                                                                                                                              |
| OLUX TOPICAL FOAM 0.05 %                                   | (clobetasol)                    | Tier 4 |                                                                                                                                                                                                                                                              |
| OLUX-E TOPICAL FOAM 0.05 %                                 | (clobetasol-emollient)          | 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 |                                                                                                                                                                                                                                                              |
| PROCTOCORT TOPICAL CREAM 1 %                               | (hydrocortisone)                | Tier 4 |                                                                                                                                                                                                                                                              |
| 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 |                                                                                                                                                                                                                                                              |
| QUINIXIL TOPICAL CREAM 0.1-5 %                             |                                 | Tier 4 |                                                                                                                                                                                                                                                              |
| SANADERMRX TOPICAL KIT 0.1-5 %                             |                                 | Tier 2 | QL (1 EA per 30 days)                                                                                                                                                                                                                                        |
| SCALACORT DK TOPICAL COMBO PACK 2-2-2 %                    |                                 | Tier 3 |                                                                                                                                                                                                                                                              |

| Drug                                                               | Status | Notes                                                                                                                                                                                                                                                               |
|--------------------------------------------------------------------|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SCALACORT TOPICAL LOTION 2 % (hydrocortisone)                      | Tier 4 | ST: Must meet the following requirement:<br>Generic Hydrocortisone 2.5% lotion in 120 days                                                                                                                                                                          |
| SERNIVO TOPICAL SPRAY WITH PUMP 0.05 %                             | Tier 4 | ST: Must meet any of the following requirements:<br>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 TOPICAL CREAM 0.025 % (fluocinolone)                       | Tier 4 |                                                                                                                                                                                                                                                                     |
| SYNALAR TOPICAL OINTMENT 0.025 % (fluocinolone)                    | Tier 4 |                                                                                                                                                                                                                                                                     |
| SYNALAR TOPICAL SOLUTION 0.01 % (fluocinolone)                     | Tier 4 |                                                                                                                                                                                                                                                                     |
| 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:<br>Generic Hydrocortisone 2.5% lotion in 120 days                                                                                                                                                                          |
| TOPICORT TOPICAL CREAM 0.05 %, 0.25 % (desoximetasone)             | Tier 4 |                                                                                                                                                                                                                                                                     |
| TOPICORT TOPICAL GEL 0.05 % (desoximetasone)                       | Tier 4 |                                                                                                                                                                                                                                                                     |
| TOPICORT TOPICAL OINTMENT 0.05 %, 0.25 % (desoximetasone)          | Tier 4 |                                                                                                                                                                                                                                                                     |
| TOPICORT TOPICAL SPRAY,NON-AEROSOL 0.25 % (desoximetasone)         | 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 |
| TOVET EMOLLIENT TOPICAL FOAM 0.05 % (clobetasol-emollient)         | Tier 4 |                                                                                                                                                                                                                                                                     |
| TOVET KIT TOPICAL COMBO PACK 0.05 %                                | Tier 4 |                                                                                                                                                                                                                                                                     |

| 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 |                                                                                                                                                                                                                                                                            |
| <i>triamcinolone acetonide topical ointment</i> (Trianex)<br>0.05 %       | Tier 2 | QL (430 GM per 30 days)                                                                                                                                                                                                                                                    |
| TRIANEX TOPICAL OINTMENT 0.05 % (triamcinolone acetonide)                 | Tier 2 | QL (430 GM per 30 days)                                                                                                                                                                                                                                                    |
| TRIASIL TOPICAL KIT 0.1 %- 4" X 4"                                        | Tier 4 |                                                                                                                                                                                                                                                                            |
| TRIDERM TOPICAL CREAM 0.5 % (triamcinolone acetonide)                     | Tier 2 | QL (454 GM per 30 days)                                                                                                                                                                                                                                                    |
| ULTRAVATE TOPICAL LOTION 0.05 %                                           | 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 (120 ML per 30 days) |
| VANOS TOPICAL CREAM 0.1 % (fluocinonide)                                  | Tier 4 |                                                                                                                                                                                                                                                                            |
| VERDESO TOPICAL FOAM 0.05 %                                               | Tier 4 | ST: Must meet the following requirement:<br>Fluocinolone Acetonide 0.01% body oil in 120 days                                                                                                                                                                              |
| WHYTEDERM TDKIT TOPICAL KIT 0.1-2 %                                       | Tier 4 |                                                                                                                                                                                                                                                                            |
| WHYTEDERM TRILASIL PAK TOPICAL KIT 0.1-2 %                                | Tier 4 |                                                                                                                                                                                                                                                                            |
| XILAPAK TOPICAL KIT 0.01 %                                                | Tier 4 |                                                                                                                                                                                                                                                                            |
| <b>Topical Anti-Inflammatory, Nsaids</b>                                  |        |                                                                                                                                                                                                                                                                            |
| CAPSFENAC PAK TOPICAL KIT, CREAM AND SOLUTION 1.5-0.025 %                 | Tier 4 |                                                                                                                                                                                                                                                                            |
| CAPSINAC TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %                | Tier 4 |                                                                                                                                                                                                                                                                            |
| DERMACINRX LEXITRAL TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %     | Tier 4 |                                                                                                                                                                                                                                                                            |

| Drug                                                                                                 | Status | Notes                                                                                           |
|------------------------------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------|
| <i>diclofenac epolamine transdermal patch</i> (Flector)<br>12 hour 1.3 %                             | Tier 2 |                                                                                                 |
| <i>diclofenac sodium topical drops</i> 1.5 %                                                         | Tier 2 | MO                                                                                              |
| <i>diclofenac sodium topical gel</i> 1 % (Arthritis Pain (diclofenac))                               | Tier 2 | MO                                                                                              |
| <i>diclofenac sodium topical solution in metered-dose pump</i> 20 mg/gram /actuation(2 %) (Pennsaid) | Tier 2 |                                                                                                 |
| DICLOFEX DC TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %                                        | Tier 4 |                                                                                                 |
| DICLOFONO TOPICAL GEL IN PACKET 1.6 %                                                                | Tier 4 |                                                                                                 |
| DICLOGEN TOPICAL KIT 1.5-10-4 %                                                                      | Tier 4 |                                                                                                 |
| DICLOPR TOPICAL COMBO PACK,CREAM AND GEL 1-30-10 %                                                   | Tier 4 |                                                                                                 |
| DICLOSAICIN TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %                                        | Tier 4 |                                                                                                 |
| DICLOTRAL TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %                                          | Tier 4 |                                                                                                 |
| DICLOTREX TOPICAL KIT 1.5-10-4 %                                                                     | Tier 4 |                                                                                                 |
| DIMENTHO TOPICAL KIT 1.5-10 %                                                                        | Tier 4 |                                                                                                 |
| DITHOL TOPICAL COMBO PACK 1.5-10 %                                                                   | Tier 4 |                                                                                                 |
| FENOVAR TOPICAL KIT, CREAM AND SOLUTION 1.5-15-10 %                                                  | Tier 4 |                                                                                                 |
| FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 % (diclofenac epolamine)                                       | Tier 4 |                                                                                                 |
| FROTEK TOPICAL CREAM IN PACKET 10 %                                                                  | Tier 4 |                                                                                                 |
| FROTEK TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %                                                   | Tier 4 |                                                                                                 |
| ICLOFENAC CP TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %                                       | Tier 4 |                                                                                                 |
| INFLAMMA-K TOPICAL KIT, PATCH, SOLUTION DROPS 1.5-10-6-3.1 %                                         | Tier 4 |                                                                                                 |
| 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) |

| Drug                                                                           | Status | Notes                                                                       |
|--------------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------|
| ORTHAPHEN TOPICAL KIT, CREAM AND SOLUTION 1.5-15-10 %                          | Tier 4 |                                                                             |
| PROFINAC TOPICAL KIT 1.5 %                                                     | Tier 4 |                                                                             |
| ROAOXIA TOPICAL GEL 3-2-4 % (diclofenac-hyaluronate-niacin)                    | Tier 4 |                                                                             |
| SURE RESULT DSS PREMIUM PACK TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 % | Tier 4 |                                                                             |
| VAROPHEN (DICLOFENAC) TOPICAL KIT, CREAM AND SOLUTION 1.5-15-10 %              | Tier 4 |                                                                             |
| VENNGEL II TOPICAL KIT 1 %                                                     | Tier 4 |                                                                             |
| VENNGEL ONE TOPICAL KIT 1 %                                                    | Tier 2 |                                                                             |
| XRYLIX (DICLOFENAC-KINES TAPE) TOPICAL KIT 1.5 %                               | Tier 4 |                                                                             |
| ZICLOCIN TOPICAL KIT, CREAM AND SOLUTION 1.5-0.025 %                           | Tier 4 |                                                                             |
| ZICLOPRO TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %                     | 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 - Antipruritic Drugs</b>                                        |        |                                                                             |
| <b>Antipruritics,Topical</b>                                                   |        |                                                                             |
| doxepin topical cream 5 % (Prudoxin)                                           | Tier 2 | ST: Must meet the following requirement: Topical Corticosteroid in 120 days |
| LEVICYN ANTIPRURITIC TOPICAL GEL                                               | Tier 4 |                                                                             |
| <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>                                                   |        |                                                                             |
| LOUTREX TOPICAL CREAM                                                          | Tier 2 |                                                                             |
| MICURADERM TOPICAL EMULSION                                                    | Tier 4 |                                                                             |
| OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 % (sulfacetamide sodium)                 | Tier 3 |                                                                             |
| OVACE PLUS TOPICAL CLEANSER 10 % (sulfacetamide sodium)                        | Tier 4 |                                                                             |



| Drug                                                              | Status | Notes                                                                                                                  |
|-------------------------------------------------------------------|--------|------------------------------------------------------------------------------------------------------------------------|
| OVACE PLUS TOPICAL CREAM 10 %                                     | Tier 4 |                                                                                                                        |
| OVACE PLUS TOPICAL LOTION 9.8 %                                   | Tier 4 | ST: Must meet the following requirement:<br>Ciclopirox (shampoo or gel) or Ketoconazole (shampoo or cream) in 120 days |
| OVACE PLUS WASH TOPICAL CLEANSER, GEL 10 % (sulfacetamide sodium) | Tier 4 |                                                                                                                        |
| OVACE TOPICAL CLEANSER 10 % (sulfacetamide sodium)                | Tier 4 |                                                                                                                        |
| PLEXION NS TOPICAL SHAMPOO 9.8 % (sulfacetamide sodium)           | Tier 4 |                                                                                                                        |
| PROMISEB TOPICAL CREAM                                            | Tier 4 |                                                                                                                        |
| selenium sulfide topical lotion 2.5 %                             | Tier 2 |                                                                                                                        |
| selenium sulfide topical shampoo 2.25 %, 2.3 %                    | Tier 2 |                                                                                                                        |
| sod sulfacetamide 10% shampoo (Ovace Plus Shampoo)                | 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 9.8 % (Plexion NS)           | Tier 2 |                                                                                                                        |
| TERSI FOAM TOPICAL FOAM 2.25 %                                    | Tier 4 |                                                                                                                        |
| <b>Antiseptics,Miscellaneous</b>                                  |        |                                                                                                                        |
| guaiacol liquid                                                   | Tier 4 |                                                                                                                        |
| <b>Emollients</b>                                                 |        |                                                                                                                        |
| ammonium lactate topical cream 12 %                               | Tier 2 |                                                                                                                        |
| ammonium lactate topical lotion 12 % (AmLactin)                   | Tier 2 |                                                                                                                        |
| ATRAPRO CP TOPICAL COMBO PACK,CREAM AND GEL                       | Tier 4 |                                                                                                                        |
| ATRAPRO HYDROGEL TOPICAL GEL                                      | Tier 4 |                                                                                                                        |
| AVO CREAM TOPICAL EMULSION                                        | Tier 2 |                                                                                                                        |
| CELACYN TOPICAL GEL WITH PUMP                                     | Tier 4 |                                                                                                                        |
| CERACADE TOPICAL EMULSION                                         | Tier 4 |                                                                                                                        |
| CERAMAX TOPICAL CREAM                                             | Tier 4 |                                                                                                                        |
| CERAMAX TOPICAL LOTION                                            | Tier 4 |                                                                                                                        |
| DERMASO PLUS TOPICAL CREAM                                        | Tier 4 |                                                                                                                        |
| DEXERYL TOPICAL CREAM                                             | Tier 4 |                                                                                                                        |
| EMULSION SB TOPICAL EMULSION                                      | Tier 2 |                                                                                                                        |
| ENTTY TOPICAL SPRAY, NON-AEROSOL                                  | Tier 4 |                                                                                                                        |
| EPICERAM TOPICAL EMULSION, EXTENDED RELEASE                       | Tier 4 |                                                                                                                        |
| HALUCORT TOPICAL GEL                                              | Tier 4 |                                                                                                                        |

| Drug                                                                            | Status | Notes |
|---------------------------------------------------------------------------------|--------|-------|
| HAPRODERM TOPICAL GEL                                                           | Tier 4 |       |
| HPR PLUS HYDROGEL TOPICAL KIT, CREAM AND GEL                                    | Tier 2 |       |
| HPR PLUS TOPICAL CREAM                                                          | Tier 4 |       |
| HPR PLUS TOPICAL FOAM                                                           | Tier 4 |       |
| HPR PLUS-MB HYDROGEL TOPICAL COMBO PACK, GEL AND FOAM 96.53-3-0.4 -0.066 %      | Tier 2 |       |
| HPR TOPICAL FOAM                                                                | Tier 4 |       |
| KERASTAT TOPICAL CREAM                                                          | Tier 4 |       |
| KERASTAT TOPICAL GEL 5 %                                                        | Tier 4 |       |
| LEVICYN ANTIPRURITIC SG TOPICAL SPRAY GEL                                       | Tier 4 |       |
| LOYON TOPICAL SPRAY, NON-AEROSOL                                                | Tier 4 |       |
| LUXAMEND TOPICAL CREAM                                                          | Tier 4 |       |
| MB HYDROGEL (CYCLOMETHICONE) TOPICAL KIT, CREAM AND GEL                         | Tier 2 |       |
| MB HYDROGEL TOPICAL KIT, CREAM AND GEL 96.53-3-0.4 -0.066 %                     | Tier 2 |       |
| NEOSALUS TOPICAL CREAM                                                          | Tier 4 |       |
| NEOSALUS TOPICAL LOTION                                                         | Tier 4 |       |
| NUTRASEB TOPICAL CREAM                                                          | Tier 4 |       |
| PRESERA TOPICAL FOAM                                                            | Tier 4 |       |
| PRUCLAIR TOPICAL CREAM                                                          | Tier 2 |       |
| PRUMYX TOPICAL CREAM                                                            | Tier 2 |       |
| SEBUDERM TOPICAL GEL                                                            | Tier 4 |       |
| SONAFINE TOPICAL EMULSION                                                       | Tier 2 |       |
| XCLAIR TOPICAL CREAM                                                            | Tier 4 |       |
| <b>Iodine Antiseptics</b>                                                       |        |       |
| BETADINE OPHTHALMIC PREP (povidone-iodine)<br>OPHTHALMIC (EYE) SOLUTION 5 %     | 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 |       |

| Drug                                                                            | Status | Notes                                                                                               |
|---------------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------|
| <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 |                                                                                                     |
| <b>Irritants/Counter-Irritants</b>                                              |        |                                                                                                     |
| <i>cantharidin in acetone topical solution 0.7 %</i>                            | 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 APPLICATOR 0.7 %                                   | Tier 4 | PA                                                                                                  |
| <b>Keratolytics</b>                                                             |        |                                                                                                     |
| BENZEPRO (MICROSPHERES) TOPICAL CLEANSER 7 %                                    | Tier 2 |                                                                                                     |
| BENZEPRO TOPICAL TOWELETTE 6 %                                                  | Tier 2 |                                                                                                     |
| <i>benzoyl peroxide topical cleanser 7 %</i> (Pacnex)                           | Tier 2 |                                                                                                     |
| <i>benzoyl peroxide topical foam 9.8 %</i> (BenzePrO)                           | Tier 2 |                                                                                                     |
| BPO TOPICAL GEL 8 % (benzoyl peroxide)                                          | Tier 2 |                                                                                                     |
| CEM-UREA TOPICAL GEL 45 % (urea)                                                | Tier 2 |                                                                                                     |
| CONDYLOX TOPICAL GEL 0.5 % (podofilox)                                          | Tier 4 | ST: Must meet the following requirement: Podofilox 0.5% solution in 120 days; QL (0.5 GM per 1 day) |
| HYDRO 35 TOPICAL FOAM 35 % (urea)                                               | Tier 4 |                                                                                                     |
| HYDRO 40 TOPICAL FOAM 40 %                                                      | Tier 4 |                                                                                                     |
| KERALYT TOPICAL SHAMPOO 6 % (salicylic acid)                                    | Tier 4 |                                                                                                     |
| METDRAY TOPICAL GEL 17-2 %                                                      | Tier 4 |                                                                                                     |
| NENDRUX TOPICAL GEL 40-5 %                                                      | Tier 4 |                                                                                                     |
| PACNEX HP TOPICAL PADS, MEDICATED 7 %                                           | Tier 4 |                                                                                                     |
| PACNEX LP TOPICAL PADS, MEDICATED 4.25 %                                        | Tier 4 |                                                                                                     |
| PODOCON TOPICAL LIQUID 25 %                                                     | Tier 2 |                                                                                                     |

| Drug                                                                            | Status | Notes                                                                                               |
|---------------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------|
| <i>podofilox topical gel 0.5 %</i> (Condylox)                                   | Tier 2 | ST: Must meet the following requirement: Podofilox 0.5% solution in 120 days; QL (0.5 GM per 1 day) |
| <i>podofilox topical solution 0.5 %</i>                                         | Tier 2 | QL (0.5 ML per 1 day)                                                                               |
| PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 %                                        | Tier 2 |                                                                                                     |
| PRONAL TOPICAL GEL 10-40 %                                                      | Tier 4 |                                                                                                     |
| RAYASAL TOPICAL CREAM 5.9 %                                                     | Tier 4 |                                                                                                     |
| RYNODERM TOPICAL CREAM 37.5 %                                                   | Tier 4 |                                                                                                     |
| SALICATE TOPICAL LIQUID 10 %                                                    | Tier 4 |                                                                                                     |
| <i>salicylic acid topical cream 6 %</i> (Salimez)                               | Tier 2 |                                                                                                     |
| <i>salicylic acid topical cream,extended release 6 %</i>                        | Tier 2 |                                                                                                     |
| <i>salicylic acid topical film forming liquid w/appl 27.5 %</i> (Virasal)       | Tier 2 |                                                                                                     |
| <i>salicylic acid topical film-forming soln er w/ appl 28.5 %</i> (UltraSal-ER) | Tier 2 |                                                                                                     |
| <i>salicylic acid topical foam 6 %</i> (Salvax)                                 | Tier 2 |                                                                                                     |
| <i>salicylic acid topical gel 6 %</i> (Salynttra)                               | Tier 2 |                                                                                                     |
| <i>salicylic acid topical liquid 26 %</i>                                       | Tier 2 |                                                                                                     |
| <i>salicylic acid topical lotion 6 %</i>                                        | Tier 2 |                                                                                                     |
| <i>salicylic acid topical lotion,extended release 6 %</i>                       | Tier 2 |                                                                                                     |
| <i>salicylic acid topical ointment 3 %</i>                                      | Tier 2 |                                                                                                     |
| <i>salicylic acid topical shampoo 6 %</i> (Keralyt)                             | Tier 2 |                                                                                                     |
| <i>salicylic acid-ceramides no.1 topical kit,cleanser and cream er 6 %</i>      | Tier 2 |                                                                                                     |
| SALIMEZ FORTE TOPICAL CREAM 10 %                                                | Tier 4 |                                                                                                     |
| SALIMEZ TOPICAL CREAM 6 % (salicylic acid)                                      | Tier 4 |                                                                                                     |
| SALVAX DUO PLUS TOPICAL FOAM 6-35 %                                             | Tier 4 |                                                                                                     |
| SALVAX TOPICAL FOAM 6 % (salicylic acid)                                        | Tier 2 |                                                                                                     |
| SALY CIM TOPICAL CREAM 6 % (salicylic acid)                                     | Tier 4 |                                                                                                     |
| SALYNTRA TOPICAL GEL 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 GEL 45 % (urea)                                             | Tier 4 |                                                                                                     |

| Drug                                                               | Status | Notes |
|--------------------------------------------------------------------|--------|-------|
| URAMAXIN GT TOPICAL KIT, CREAM AND GEL 45 %                        | Tier 4 |       |
| URAMAXIN TOPICAL CREAM 45 % (urea)                                 | Tier 4 |       |
| URAMAXIN TOPICAL FOAM 20 %                                         | Tier 4 |       |
| URAMAXIN TOPICAL GEL 45 % (urea)                                   | Tier 4 |       |
| URAMAXIN TOPICAL LOTION 45 % (urea)                                | Tier 4 |       |
| UREA NAIL STICK TOPICAL SOLUTION 50 % (urea)                       | Tier 2 |       |
| urea topical cream 39 % (Xurea)                                    | Tier 2 |       |
| urea topical cream 39.5 %, 40 %, 41 %, 47 %                        | Tier 2 |       |
| urea topical cream 45 % (Uramaxin)                                 | Tier 2 |       |
| urea topical cream 50 % (Ure-K)                                    | Tier 2 |       |
| urea topical foam 35 % (Hydro 35)                                  | Tier 2 |       |
| urea topical gel 45 % (CEM-Urea)                                   | Tier 2 |       |
| urea topical lotion 40 %                                           | Tier 2 |       |
| VIRASAL TOPICAL FILM FORMING LIQUID W/APPL 27.5 % (salicylic acid) | Tier 4 |       |
| WAYZEN TOPICAL GEL 40-5 %                                          | Tier 4 |       |
| WELERIS TOPICAL GEL 17-2 %                                         | Tier 4 |       |
| XALIX TOPICAL FILM-FORMING SOLNER W/ APPL 28 %                     | Tier 4 |       |
| XIRUN TOPICAL GEL 10-40 %                                          | Tier 4 |       |
| XUREA TOPICAL CREAM 39 % (urea)                                    | Tier 4 |       |
| <b>Oxidizing Agents</b>                                            |        |       |
| ATRAPRO DERMAL SPRAY TOPICAL SPRAY, NON-AEROSOL 0.003-0.004 %      | Tier 4 |       |
| DELULO TOPICAL SPRAY, NON-AEROSOL 0.018 %-0.004 %-0.06 %           | Tier 4 |       |
| EPICYN TOPICAL SPRAY, NON-AEROSOL                                  | Tier 4 |       |
| HYCLODEX TOPICAL SPRAY, NON-AEROSOL 0.012 %-0.002 %-0.046 %        | Tier 4 |       |
| HYPOCYN ANTIPRURITIC TOPICAL SPRAY GEL 0.012 %                     | Tier 4 |       |
| HYPOCYN DERMAL TOPICAL SPRAY, NON-AEROSOL 0.012 %-0.002 %-0.046 %  | Tier 4 |       |
| LEVICYN DERMAL TOPICAL SPRAY, NON-AEROSOL 0.009 %                  | Tier 4 |       |
| MICROCYN TOPICAL SPRAY, NON-AEROSOL 0.003 %-0.004 %-0.023 %        | Tier 4 |       |
| RENOVAR IRRIGATION SOLUTION                                        | Tier 4 |       |

| Drug                                                                   | Status | Notes                                                                                       |
|------------------------------------------------------------------------|--------|---------------------------------------------------------------------------------------------|
| RENOVAR TOPICAL SOLUTION                                               | Tier 4 |                                                                                             |
| <b>Protectives</b>                                                     |        |                                                                                             |
| DERMELLE TOPICAL GEL                                                   | Tier 4 |                                                                                             |
| DERPIXA TOPICAL GEL                                                    | Tier 4 |                                                                                             |
| GENADUR (WITH LEXINAL) KIT 2,500 MCG                                   | Tier 4 |                                                                                             |
| GENADUR TOPICAL LIQUID                                                 | Tier 4 |                                                                                             |
| JUVAZIN TOPICAL GEL                                                    | Tier 4 |                                                                                             |
| PHARMABASE BARRIER TOPICAL OINTMENT 9.38 %                             | Tier 2 |                                                                                             |
| PR CREAM TOPICAL CREAM                                                 | Tier 2 |                                                                                             |
| PROSILK GEL TOPICAL GEL                                                | Tier 4 |                                                                                             |
| RADIAPLEXRX TOPICAL GEL                                                | Tier 4 |                                                                                             |
| RECEDO TOPICAL GEL                                                     | Tier 4 |                                                                                             |
| SAFRYCYN TOPICAL CREAM 0.2 %                                           | Tier 4 |                                                                                             |
| SCARCARE TOPICAL KIT 2 X 5.5 "                                         | Tier 4 |                                                                                             |
| SCARSILK GEL TOPICAL GEL                                               | Tier 4 |                                                                                             |
| SCARTRATE TOPICAL CREAM 5-2.25 %                                       | Tier 4 |                                                                                             |
| STRATAMARK TOPICAL GEL                                                 | Tier 4 |                                                                                             |
| STRATATRIZ TOPICAL GEL                                                 | Tier 4 |                                                                                             |
| VASELINE WHITE PETROLEUM TOPICAL OINTMENT IN PACKET (white petrolatum) | Tier 2 |                                                                                             |
| 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 Nsaid-Local Anesthetic</b>                |        |                                                                                             |
| DICLOVIX TOPICAL KIT, PATCH, SOLUTION DROPS 1.5-2.5-4-2 %              | Tier 4 |                                                                                             |
| <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 2.35-1 %, 2.5-1 %</i>        | Tier 2 |                                                                                             |
| <i>lidocaine hcl-hydrocortison ac topical cream 3-0.5 %</i> (Lidocort) | Tier 2 |                                                                                             |

| Drug                                                          | Status | Notes                                                                                       |
|---------------------------------------------------------------|--------|---------------------------------------------------------------------------------------------|
| NOVACORT TOPICAL GEL WITH PERINEAL APPLICATOR 2-1 %           | Tier 4 |                                                                                             |
| 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 4 | PA                                                                                          |
| CARAC TOPICAL CREAM 0.5 % (fluorouracil)                      | Tier 4 | PA                                                                                          |
| <i>diclofenac sodium topical gel 3 %</i>                      | Tier 2 | QL (100 GM per 1 FILL)                                                                      |
| EFUDEX TOPICAL CREAM 5 % (fluorouracil)                       | Tier 4 |                                                                                             |
| <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)                                                                      |
| TARGRETIN TOPICAL GEL 1 % (bexarotene)                        | Tier 5 | PA                                                                                          |
| TOLAK TOPICAL CREAM 4 %                                       | Tier 3 |                                                                                             |
| VALCHLOR TOPICAL GEL 0.016 %                                  | Tier 4 | PA; MO                                                                                      |
| <b>Topical Local Anesthetics</b>                              |        |                                                                                             |
| ANACAINE TOPICAL OINTMENT 10 %                                | Tier 4 |                                                                                             |
| ANASTIA TOPICAL LOTION 2.75 %                                 | Tier 4 |                                                                                             |
| ANODYNE LPT TOPICAL KIT 2.5-2.5 % (lidocaine-prilocaine)      | Tier 2 |                                                                                             |
| ASTERO TOPICAL GEL WITH PUMP 4 %                              | Tier 4 |                                                                                             |
| CETACAINE TOPICAL AEROSOL, SPRAY 2 %-2 %-14 % (200 MG/SEC)    | Tier 4 |                                                                                             |
| CRYODOSE TA MEDIUM STREAM SPR TOPICAL AEROSOL, SPRAY          | Tier 4 |                                                                                             |

| Drug                                                                                       | Status | Notes                  |
|--------------------------------------------------------------------------------------------|--------|------------------------|
| CRYODOSE TA MIST SPRAY TOPICAL AEROSOL,SPRAY                                               | Tier 4 |                        |
| DERMACINRX LIDOCAN TOPICAL ADHESIVE PATCH,MEDICATED 5 % (lidocaine)                        | Tier 2 | QL (90 EA per 30 days) |
| DERMACINRX LIDOGEL TOPICAL GEL 2.8 %                                                       | Tier 4 |                        |
| DERMACINRX LIDOREX TOPICAL GEL 2.8 %                                                       | Tier 4 |                        |
| DERMACINRX PHN PAK TOPICAL KIT, PATCH, MEDICATED, CREAM 5 %                                | Tier 4 |                        |
| DERMACINRX ZRM PAK TOPICAL KIT, PATCH, MEDICATED, CREAM 5-5 %                              | Tier 4 |                        |
| DERMALID TOPICAL COMBO PACK 5 %                                                            | Tier 2 |                        |
| DOLOTRANZ TOPICAL KIT,CREAM AND GEL 4-2.5-2.5 %                                            | Tier 4 |                        |
| DYCLOPRO TOPICAL SOLUTION 0.5 %                                                            | Tier 2 |                        |
| ELEMAR TOPICAL KIT 5-6 %                                                                   | Tier 4 |                        |
| ENZNONUTY TOPICAL OINTMENT 10-10-20 %                                                      | Tier 4 |                        |
| <i>ethyl chloride spray 100 %</i>                                                          | Tier 4 |                        |
| <i>ethyl chloride spray coarse spray 100 %</i>                                             | Tier 2 |                        |
| <i>ethyl chloride spray fine stream 100 %</i>                                              | Tier 2 |                        |
| <i>ethyl chloride spray fine-spray 100 %</i>                                               | Tier 2 |                        |
| <i>ethyl chloride spray medium stream 100 %</i>                                            | Tier 2 |                        |
| <i>ethyl chloride spray medium-spray 100 %</i>                                             | Tier 2 |                        |
| HURRI-FREEZE TOPICAL AEROSOL,SPRAY                                                         | Tier 4 |                        |
| ILIDERM TOPICAL SPRAY, NON-AEROSOL                                                         | Tier 4 |                        |
| L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL GEL 4-0.05-0.5 %                                       | Tier 2 |                        |
| L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL SOLUTION 4-0.05-0.5 % (lidocaine-racepinep-tetracaine) | Tier 2 |                        |
| L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.09-0.5 %                                    | Tier 2 |                        |
| L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.18-0.5 %                                    | Tier 4 |                        |
| LDO PLUS TOPICAL GEL WITH PUMP 4 %                                                         | Tier 4 |                        |
| <i>lidocaine hcl laryngotracheal solution 4 %</i>                                          | Tier 2 |                        |



| Drug                                                                                              | Status | Notes                   |
|---------------------------------------------------------------------------------------------------|--------|-------------------------|
| <i>lidocaine hcl topical cream 3 %</i> (Lidopin)                                                  | Tier 2 |                         |
| <i>lidocaine topical adhesive patch,medicated 5 %</i> (DermacinRx Lidocan)                        | 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 %</i>                                               | Tier 2 |                         |
| <i>lidocaine-prilocaine topical kit 2.5-2.5 %</i> (Anodyne LPT)                                   | Tier 2 |                         |
| <i>lidocaine-racepinep-tetracaine topical solution 4-0.05-0.5 %</i> (L.E.T. (lido-epineph-tetra)) | Tier 2 |                         |
| <i>lidocaine-tetracaine topical cream 7-7 %</i> (Pliaglis)                                        | Tier 2 |                         |
| LIDOCAN III TOPICAL ADHESIVE PATCH,MEDICATED 5 % (lidocaine)                                      | Tier 2 | QL (90 EA per 30 days)  |
| LIDOCAN IV TOPICAL ADHESIVE PATCH,MEDICATED 5 % (lidocaine)                                       | Tier 2 | QL (90 EA per 30 days)  |
| LIDOCAN V TOPICAL ADHESIVE PATCH,MEDICATED 5 % (lidocaine)                                        | Tier 2 | QL (90 EA per 30 days)  |
| LIDODERM TOPICAL ADHESIVE PATCH,MEDICATED 5 % (lidocaine)                                         | Tier 4 | QL (90 EA per 30 days)  |
| LIDOPIN TOPICAL CREAM 3 % (lidocaine hcl)                                                         | Tier 4 |                         |
| LIDOPIN TOPICAL CREAM 3.25 %                                                                      | Tier 4 |                         |
| LIDOPURE PATCH TOPICAL COMBO PACK 5 %                                                             | Tier 2 |                         |
| LIDORX TOPICAL GEL WITH PUMP 3 %                                                                  | Tier 4 |                         |
| LIDTOPIC MAX TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %                                          | Tier 4 |                         |
| LIDTOPIC TOPICAL CREAM, METERED-DOSE APPLICATOR 7.5 %                                             | Tier 4 |                         |
| LMR PLUS TOPICAL KIT 5-6 %                                                                        | Tier 4 |                         |
| MENTHO-CAINE TOPICAL KIT,OINTMENT AND SPRAY 5-8 %                                                 | Tier 4 |                         |
| MOXICAINE TOPICAL KIT 5 %                                                                         | Tier 2 |                         |
| NOBELA TOPICAL OINTMENT 10-10-20 %                                                                | Tier 4 |                         |
| NOLIRA TOPICAL CREAM 23-7 %                                                                       | Tier 4 |                         |
| NUMBONEX TOPICAL LOTION 2.75 %                                                                    | Tier 4 |                         |
| NYNUTEY TOPICAL CREAM 23-7 %                                                                      | Tier 4 |                         |
| PAIN EASE MEDIUM STREAM SPRAY TOPICAL AEROSOL,SPRAY                                               | Tier 4 |                         |
| PAIN EASE MIST SPRAY TOPICAL AEROSOL,SPRAY                                                        | Tier 4 |                         |
| PAINGO KFT TOPICAL CREAM 2.5-2.5-30-10 %                                                          | Tier 4 |                         |

| Drug                                                         | Status | Notes                                                                                          |
|--------------------------------------------------------------|--------|------------------------------------------------------------------------------------------------|
| PRAKETAMIDE TOPICAL CREAM, METERED-DOSE APPLICATOR 5 %       | Tier 4 |                                                                                                |
| PRILO PATCH TOPICAL KIT, PATCH, MEDICATED, CREAM 5-2.5-2.5 % | Tier 4 |                                                                                                |
| PROXIVOL TOPICAL GEL 2 %                                     | Tier 4 |                                                                                                |
| REGENECARE TOPICAL GEL 2 %                                   | Tier 4 |                                                                                                |
| REGENECARE WITH ALOE TOPICAL GEL 2 %                         | Tier 4 |                                                                                                |
| SOLUPAK TOPICAL KIT, OINTMENT AND SPRAY 5-10-3 %             | Tier 4 |                                                                                                |
| SPRAY AND STRETCH TOPICAL AEROSOL, SPRAY                     | Tier 4 |                                                                                                |
| SYNTERMA PLUS TOPICAL KIT 5-6 %                              | Tier 4 |                                                                                                |
| TRANZAREL TOPICAL GEL 4 %                                    | Tier 4 |                                                                                                |
| WPR PLUS TOPICAL KIT, CREAM AND GEL 4-30-10 %                | Tier 4 |                                                                                                |
| XYLIDERM TOPICAL KIT 5 %                                     | Tier 4 |                                                                                                |
| ZILACAIN PATCH TOPICAL COMBO PACK 5 %                        | Tier 4 |                                                                                                |
| ZILOVAL TOPICAL KIT 5 %                                      | Tier 2 |                                                                                                |
| ZTLIDO TOPICAL ADHESIVE PATCH, MEDICATED 1.8 %               | Tier 4 | ST: Must meet the following requirement: Lidoderm 5% patch in 120 days; QL (90 EA per 30 days) |
| <b>Topical Preparations, Miscellaneous</b>                   |        |                                                                                                |
| KEFUNOVA TOPICAL CREAM 5-0.005 %                             | Tier 4 |                                                                                                |
| MEDIHONEY (HONEY) TOPICAL PASTE 100 %                        | Tier 4 |                                                                                                |
| <b>Topical/Mucous Membr./Subcut. Enzymes</b>                 |        |                                                                                                |
| NEXOBRID TOPICAL GEL 8.8 %                                   | Tier 4 |                                                                                                |
| SANTYL TOPICAL OINTMENT 250 UNIT/GRAM                        | Tier 4 | PA                                                                                             |
| <b>Dermatology - Pigmentation Disorders</b>                  |        |                                                                                                |
| <b>Hypopigmentation Agents</b>                               |        |                                                                                                |
| BLANCHE TOPICAL CREAM 4 % (hydroquinone)                     | Tier 4 |                                                                                                |
| <i>hydroquinone topical cream 4 %</i> (Obagi Elastiderm)     | Tier 2 |                                                                                                |
| KATARAXAP TOPICAL EMULSION 4-0.025-0.025 %                   | Tier 4 |                                                                                                |
| KATARVIA TOPICAL EMULSION 4-0.025 %                          | Tier 4 |                                                                                                |

| Drug                                        |                                 | Status | Notes |
|---------------------------------------------|---------------------------------|--------|-------|
| KATARYA TOPICAL EMULSION 4-0.025-0.5 %      | (hydroquin-tretinoin-hydrocort) | Tier 4 |       |
| KATARYAXN TOPICAL EMULSION 4-0.025-0.5 %    | (hydroquin-tretinoin-hydrocort) | Tier 4 |       |
| KAXM TOPICAL EMULSION 4 %                   | (hydroquinone)                  | Tier 4 |       |
| KEIDO TOPICAL EMULSION 6-1 %                | (hydroquinone-hyaluronate)      | Tier 4 |       |
| KETARYA TOPICAL EMULSION 6-0.025-0.5 %      | (hydroquin-tretinoin-hydrocort) | Tier 4 |       |
| KEVARAXAP TOPICAL EMULSION 6-0.05-0.025 %   |                                 | Tier 4 |       |
| KEVARTIA TOPICAL EMULSION 6-0.05 %          |                                 | Tier 4 |       |
| 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 |       |

| Drug                                             |                                 | Status | Notes |
|--------------------------------------------------|---------------------------------|--------|-------|
| 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 |       |
| 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 |       |

| Drug                                                                              | Status | Notes  |
|-----------------------------------------------------------------------------------|--------|--------|
| OBAGI-C CLARIFYING SERUM<br>TOPICAL LIQUID 4-10 %                                 | Tier 4 |        |
| OBAGI-C THERAPY NIGHT TOPICAL<br>CREAM 4 %                                        | Tier 4 |        |
| PROOXIA TOPICAL CREAM 10-4 % (lactic acid-niacinamide)                            | Tier 4 |        |
| TRI-LUMA TOPICAL CREAM 0.01-4-<br>0.05 %                                          | Tier 4 |        |
| YAXATARXYN TOPICAL EMULSION 4-<br>0.025-0.5 % (hydroquin-tretinoin-<br>hydrocort) | Tier 4 |        |
| YOKATAR TOPICAL EMULSION 4-<br>0.025-2.5 %                                        | Tier 4 |        |
| <b>Dermatology - Psoriasis/Eczema</b>                                             |        |        |
| <b>Antipsoriatic Agents, Systemic</b>                                             |        |        |
| <i>acitretin oral capsule 10 mg, 17.5 mg, 25<br/>mg</i>                           | Tier 4 |        |
| BIMZELX AUTOINJECTOR<br>SUBCUTANEOUS AUTO-INJECTOR<br>160 MG/ML, 320 MG/2 ML      | Tier 4 | PA; MO |
| BIMZELX SUBCUTANEOUS SYRINGE<br>160 MG/ML, 320 MG/2 ML                            | Tier 4 | PA; MO |
| COSENTYX (2 SYRINGES)<br>SUBCUTANEOUS SYRINGE 150<br>MG/ML                        | Tier 5 | PA; MO |
| COSENTYX PEN (2 PENS)<br>SUBCUTANEOUS PEN INJECTOR 150<br>MG/ML                   | Tier 5 | PA; MO |
| COSENTYX PEN SUBCUTANEOUS<br>PEN INJECTOR 150 MG/ML                               | Tier 5 | PA; MO |
| COSENTYX SUBCUTANEOUS<br>SYRINGE 150 MG/ML, 75 MG/0.5 ML                          | Tier 5 | PA; MO |
| COSENTYX UNOREADY PEN<br>SUBCUTANEOUS PEN INJECTOR 300<br>MG/2 ML                 | Tier 5 | PA; MO |
| <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; MO |
| SKYRIZI SUBCUTANEOUS PEN<br>INJECTOR 150 MG/ML                                    | Tier 4 | PA; MO |
| SKYRIZI SUBCUTANEOUS SYRINGE<br>150 MG/ML                                         | Tier 4 | PA; MO |
| SOTYKTU ORAL TABLET 6 MG                                                          | Tier 4 | PA; MO |
| SPEVIGO SUBCUTANEOUS SYRINGE<br>150 MG/ML, 300 MG/2 ML                            | Tier 5 | MO     |

| Drug                                                                           | Status | Notes                                                                          |
|--------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------|
| TALTZ AUTOINJECTOR (2 PACK)<br>SUBCUTANEOUS AUTO-INJECTOR 80<br>MG/ML          | Tier 4 | PA; MO                                                                         |
| TALTZ AUTOINJECTOR (3 PACK)<br>SUBCUTANEOUS AUTO-INJECTOR 80<br>MG/ML          | Tier 4 | PA; MO                                                                         |
| TALTZ AUTOINJECTOR<br>SUBCUTANEOUS AUTO-INJECTOR 80<br>MG/ML                   | Tier 4 | PA; MO                                                                         |
| TALTZ SYRINGE SUBCUTANEOUS<br>SYRINGE 20 MG/0.25 ML, 40 MG/0.5<br>ML, 80 MG/ML | Tier 4 | PA; MO                                                                         |
| <b>Antipsoriatics Agents</b>                                                   |        |                                                                                |
| <i>calcipotriene scalp solution 0.005 %</i>                                    | Tier 2 | ST: Must meet the following requirement:<br>Topical Corticosteroid in 120 days |
| <i>calcipotriene topical cream 0.005 %</i>                                     | Tier 2 | ST: Must meet the following requirement:<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 requirement:<br>Topical Corticosteroid in 120 days |
| <i>calcitriol topical ointment 3 mcg/gram</i> (Vectical)                       | Tier 2 | ST: Must meet the following requirement:<br>Topical Corticosteroid in 120 days |
| DIOOXIA TOPICAL CREAM 0.005-4 %                                                | Tier 4 |                                                                                |
| DRITHOCREME HP TOPICAL CREAM<br>1 %                                            | Tier 3 | ST: Must meet the following requirement:<br>Topical Corticosteroid in 120 days |

| Drug                                                                                                        | Status | Notes                                                                                                                                                                                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DUOBRII TOPICAL LOTION 0.01-0.045 %                                                                         | Tier 4 | ST: Must meet any of the following requirements: 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: Topical Corticosteroid in 120 days                                                                                                                                                                                                               |
| tazarotene topical cream 0.05 % (Tazorac)                                                                   | Tier 2 | Age (Max 39 Years)                                                                                                                                                                                                                                                                        |
| tazarotene topical cream 0.1 % (Tazorac)                                                                    | Tier 2 |                                                                                                                                                                                                                                                                                           |
| tazarotene topical gel 0.05 %, 0.1 % (Tazorac)                                                              | Tier 2 | Age (Max 39 Years)                                                                                                                                                                                                                                                                        |
| TAZORAC TOPICAL CREAM 0.05 % (tazarotene)                                                                   | Tier 4 | Age (Max 39 Years)                                                                                                                                                                                                                                                                        |
| TAZORAC TOPICAL CREAM 0.1 % (tazarotene)                                                                    | Tier 4 |                                                                                                                                                                                                                                                                                           |
| TAZORAC TOPICAL GEL 0.05 %, 0.1 % (tazarotene)                                                              | Tier 4 | Age (Max 39 Years)                                                                                                                                                                                                                                                                        |
| TRIONEX TOPICAL KIT 0.005 %                                                                                 | Tier 4 |                                                                                                                                                                                                                                                                                           |
| VECTICAL TOPICAL OINTMENT 3 MCG/GRAM (calcitriol)                                                           | Tier 4 | ST: Must meet the following requirement: Topical Corticosteroid in 120 days                                                                                                                                                                                                               |
| VTAMA TOPICAL CREAM 1 %                                                                                     | Tier 3 | PA; QL (60 GM per 30 days)                                                                                                                                                                                                                                                                |
| 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 4 | PA; MO                                                                                                                                                                                                                                                                                    |
| OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML (100 MG/ML X 2), 300MG/3ML(100MG /ML-200 MG/2ML)          | Tier 4 | PA; MO                                                                                                                                                                                                                                                                                    |

| Drug                                                                                                 | Status | Notes                                                                                                                                                                                                                        |
|------------------------------------------------------------------------------------------------------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SKYRIZI SUBCUTANEOUS<br>WEARABLE INJECTOR 180 MG/1.2 ML<br>(150 MG/ML), 360 MG/2.4 ML (150<br>MG/ML) | Tier 4 | PA; MO                                                                                                                                                                                                                       |
| TREMFYA ONE-PRESS<br>SUBCUTANEOUS AUTO-INJECTOR<br>100 MG/ML                                         | Tier 4 | PA; MO                                                                                                                                                                                                                       |
| TREMFYA PEN INDUCTION PK-<br>CROHN SUBCUTANEOUS PEN<br>INJECTOR 200 MG/2 ML                          | Tier 4 | PA; MO                                                                                                                                                                                                                       |
| TREMFYA PEN SUBCUTANEOUS PEN<br>INJECTOR 100 MG/ML, 200 MG/2 ML                                      | Tier 4 | PA; MO                                                                                                                                                                                                                       |
| TREMFYA SUBCUTANEOUS SYRINGE<br>100 MG/ML, 200 MG/2 ML                                               | Tier 4 | PA; MO                                                                                                                                                                                                                       |
| <b>Topical Agents,Miscellaneous</b>                                                                  |        |                                                                                                                                                                                                                              |
| COLLATYL TOPICAL GEL 1 %                                                                             | Tier 4 |                                                                                                                                                                                                                              |
| L-MESITRAN SOFT TOPICAL GEL 40<br>%                                                                  | Tier 4 |                                                                                                                                                                                                                              |
| MEDIHONEY (HONEY) TOPICAL GEL<br>80 %                                                                | Tier 4 |                                                                                                                                                                                                                              |
| MUSCUSOLICE TOPICAL CREAM,<br>METERED-DOSE APPLICATOR 2 %, 5<br>%                                    | Tier 4 |                                                                                                                                                                                                                              |
| NEURAPTINE TOPICAL CREAM,<br>METERED-DOSE APPLICATOR 10 %                                            | Tier 4 |                                                                                                                                                                                                                              |
| OCM TOPICAL OINTMENT IN PACKET                                                                       | Tier 4 |                                                                                                                                                                                                                              |
| OMEZA TOPICAL OINTMENT IN<br>PACKET                                                                  | Tier 4 |                                                                                                                                                                                                                              |
| <i>urea topical cream 20 %</i> (Gormel)                                                              | Tier 2 |                                                                                                                                                                                                                              |
| <b>Topical Immunosuppressive Agents</b>                                                              |        |                                                                                                                                                                                                                              |
| ELIDEL TOPICAL CREAM 1 % (pimecrolimus)                                                              | Tier 4 | ST: Must meet any of the following requirements: 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 |
| ELYZIA (WITH HYALURONATE) TOPICAL CREAM 0.1-1-4 % (tacrolimus-hyaluronate-niacin)                    | Tier 4 |                                                                                                                                                                                                                              |
| ELYZIA TOPICAL OINTMENT 0.1-4 % (tacrolimus-niacinamide)                                             | Tier 4 |                                                                                                                                                                                                                              |
| HOVYN TOPICAL SOLUTION 0.1 %                                                                         | Tier 4 |                                                                                                                                                                                                                              |
| HYFTOR TOPICAL GEL 0.2 %                                                                             | Tier 5 | PA; MO                                                                                                                                                                                                                       |
| NUJO TOPICAL SOLUTION 0.1 %                                                                          | Tier 4 |                                                                                                                                                                                                                              |



| Drug                                                                |                                  | Status | Notes                                                                                                                                                                                                                        |
|---------------------------------------------------------------------|----------------------------------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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: 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: 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 requirement: Topical Corticosteroid in 120 days                                                                                                                                                  |
| <i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i> | (Taclonex)                       | Tier 2 | ST: Must meet the following requirement: 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 |                                                                                                                                                                                                                              |
| TACLONEX TOPICAL SUSPENSION 0.005-0.064 %                           | (calcipotriene-betamethasone)    | Tier 4 | ST: Must meet the following requirement: Topical Corticosteroid in 120 days                                                                                                                                                  |

| Drug                                                                        | Status | Notes                                                                                                                 |
|-----------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------|
| WYNZORA TOPICAL CREAM 0.005-0.064 %                                         | Tier 4 | ST: Must meet the following requirement: 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 | MO; ST: Must meet any of the following requirements: 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 | MO; QL (2 EA per 1 day)                                                                                               |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG                    | Tier 3 | MO; QL (1 EA per 1 day)                                                                                               |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG          | Tier 3 | MO; QL (2 EA per 1 day)                                                                                               |
| JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG                 | Tier 4 | MO; ST: Must meet any of the following requirements: 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 | MO; ST: Must meet any of the following requirements: 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 | MO; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days; QL (1 EA per 1 day) |
| KAZANO ORAL TABLET 12.5-1,000 MG, 12.5-500 MG (alogliptin-metformin)        | Tier 4 | MO; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days; QL (2 EA per 1 day) |
| <i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg</i>  | Tier 2 | MO; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days; QL (2 EA per 1 day) |

| Drug                                                                                                          | Status | Notes                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------|
| <i>saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg</i>                            | Tier 2 | MO; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days; QL (1 EA per 1 day) |
| <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 | MO; 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 | MO; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days; QL (1 EA per 1 day) |
| OSENI ORAL TABLET 12.5-30 MG, 25-45 MG (alogliptin-pioglitazone)                                              | Tier 4 | MO; 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; MO; 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; MO; 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; MO; 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; MO; 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; MO; QL (3 ML per 28 days)                                                                                         |
| RYBELSUS ORAL TABLET 1.5 MG, 3 MG                                                                             | Tier 3 | PA; QL (1 EA per 1 day)                                                                                               |
| RYBELSUS ORAL TABLET 14 MG, 4 MG, 7 MG, 9 MG                                                                  | Tier 3 | PA; MO; 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; MO; QL (2 ML per 28 days)                                                                                         |
| VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) (liraglutide)                              | Tier 4 | PA; MO; QL (9 ML per 30 days)                                                                                         |

| Drug                                                                                | Status | Notes                                                                                                                                                                      |
|-------------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| VICTOZA 3-PAK SUBCUTANEOUS (liraglutide)<br>PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) | Tier 4 | PA; MO; QL (9 ML per 30 days)                                                                                                                                              |
| <b>Antihyperglycemic-Sod/Gluc Cotransport2(SglT2)Inhib</b>                          |        |                                                                                                                                                                            |
| BRENZAVVY ORAL TABLET 20 MG (bexagliflozin)                                         | Tier 4 | MO; ST: Must meet 2 of the following requirements: Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 365 days; QL (1 EA per 1 day)                                |
| FARXIGA ORAL TABLET 10 MG, 5 MG (dapagliflozin propanediol)                         | Tier 3 | MO; QL (1 EA per 1 day)                                                                                                                                                    |
| INPEFA ORAL TABLET 200 MG                                                           | Tier 4 | MO; ST: Must meet 2 of the following requirements: Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 365 days; QL (2 EA per 1 day)                                |
| INPEFA ORAL TABLET 400 MG                                                           | Tier 4 | MO; ST: Must meet 2 of the following requirements: 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 | MO; ST: Must meet 2 of the following requirements: 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 | MO; QL (1 EA per 1 day)                                                                                                                                                    |
| STEGLATRO ORAL TABLET 15 MG, 5 MG                                                   | Tier 4 | MO; ST: Must meet 2 of the following requirements: 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 | MO; ST: Must meet any of the following requirements: Glipizide/metformin (Metaglip), Glyburide/Metformin (Glucovance), Metformin (Glucophage), or Metformin ER in 180 days |

| Drug                                                                                                      | Status | Notes                                                                                                                 |
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| <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, 5 MG/0.5 ML, 7.5 MG/0.5 ML | Tier 3 | PA; MO; QL (0.5 ML per 7 days)                                                                                        |
| MOUNJARO SUBCUTANEOUS PEN INJECTOR 2.5 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 | MO                                                                                                                    |
| <i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>                                                          | Tier 2 | MO                                                                                                                    |
| PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG (acarbose)                                                       | Tier 4 | MO                                                                                                                    |
| <b>Antihyperglycemic, Amylin Analog-Type</b>                                                              |        |                                                                                                                       |
| SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML                                                  | Tier 4 | MO                                                                                                                    |
| SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML                                                   | Tier 4 | MO                                                                                                                    |
| <b>Antihyperglycemic, Dpp-4 Inhibitors</b>                                                                |        |                                                                                                                       |
| <i>alogliptin oral tablet 12.5 mg, 25 mg</i> (Nesina)                                                     | Tier 4 | MO; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days; QL (1 EA per 1 day) |
| <i>alogliptin oral tablet 6.25 mg</i>                                                                     | Tier 4 | MO; ST: Must meet any of the following requirements: 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 | MO; QL (1 EA per 1 day)                                                                                               |
| NESINA ORAL TABLET 12.5 MG, 25 MG (alogliptin)                                                            | Tier 4 | MO; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days; QL (1 EA per 1 day) |
| <i>saxagliptin oral tablet 2.5 mg, 5 mg</i>                                                               | Tier 2 | MO; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days; QL (1 EA per 1 day) |

| Drug                                                                   | Status | Notes                                                                                                                 |
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| <i>sitagliptin oral tablet 100 mg, 25 mg, 50 mg</i> (Zituvio)          | Tier 4 | MO; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days; QL (1 EA per 1 day) |
| TRADJENTA ORAL TABLET 5 MG                                             | Tier 4 | MO; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days; QL (1 EA per 1 day) |
| ZITUVIO ORAL TABLET 100 MG, 25 MG, 50 MG (sitagliptin)                 | Tier 4 | MO; ST: Must meet any of the following requirements: 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, 3 mg, 4 mg</i>                  | Tier 2 | MO                                                                                                                    |
| <i>glipizide oral tablet 10 mg, 5 mg</i>                               | Tier 2 | MO                                                                                                                    |
| <i>glipizide oral tablet 2.5 mg</i>                                    | Tier 2 | MO; QL (2 EA per 1 day)                                                                                               |
| <i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i> | Tier 2 | MO                                                                                                                    |
| GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 5 MG (glipizide) | Tier 4 | MO                                                                                                                    |
| <i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>             | Tier 2 | MO                                                                                                                    |
| <i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>                     | Tier 2 | MO                                                                                                                    |
| <i>nateglinide oral tablet 120 mg, 60 mg</i>                           | Tier 2 | MO                                                                                                                    |
| <i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>                      | Tier 2 | MO                                                                                                                    |
| <b>Antihyperglycemic, Insulin-Response Enhancer (N-S)</b>              |        |                                                                                                                       |
| ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG (pioglitazone)                   | Tier 4 | MO                                                                                                                    |
| <i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)            | Tier 2 | MO                                                                                                                    |
| <b>Antihyperglycemic, SglT-2 &amp; Dpp-4 Inhibitor Comb.</b>           |        |                                                                                                                       |
| GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG                                  | Tier 3 | MO; QL (1 EA per 1 day)                                                                                               |

| Drug                                                                  | Status | Notes                                                                                                                                                                                                              |
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| QTERN ORAL TABLET 10-5 MG, 5-5 MG                                     | Tier 4 | MO; ST: Must meet any of the following requirements: 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 | MO; ST: Must meet any of the following requirements: 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: Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra in 120 days |
| <i>metformin oral solution 500 mg/5 ml</i> (Riomet)                   | Tier 2 | MO                                                                                                                                                                                                                 |
| <i>metformin oral tablet 1,000 mg, 500 mg, 625 mg, 750 mg, 850 mg</i> | Tier 2 | MO                                                                                                                                                                                                                 |
| <i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>    | Tier 2 | MO                                                                                                                                                                                                                 |
| <i>metformin oral tablet extended release 24hr 1,000 mg, 500 mg</i>   | Tier 2 | MO                                                                                                                                                                                                                 |
| <i>metformin oral tablet,er gast.retention 24 hr 1,000 mg, 500 mg</i> | Tier 2 | MO; ST: Must meet the following requirement: Metformin Hcl in 120 days                                                                                                                                             |
| RIOMET ORAL SOLUTION 500 MG/5 ML (metformin)                          | Tier 4 | MO                                                                                                                                                                                                                 |
| <b>Antihyperglycemic,Insulin &amp; Glp-1 Receptor Agonist</b>         |        |                                                                                                                                                                                                                    |
| SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML            | Tier 3 | MO; QL (30 ML per 28 days)                                                                                                                                                                                         |
| XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)  | Tier 3 | MO; QL (15 ML per 28 days)                                                                                                                                                                                         |

| Drug                                                                                              | Status | Notes                                                                                                                                              |
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| <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 2 | MO                                                                                                                                                 |
| <i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>                          | Tier 2 | MO                                                                                                                                                 |
| <b>Antihyperglycemic, Insulin-Response &amp; Release Comb.</b>                                    |        |                                                                                                                                                    |
| DUETACT ORAL TABLET 30-2 MG, 30-4 MG (pioglitazone-glimepiride)                                   | Tier 4 | MO; ST: Must meet any of the following requirements: Metformin, preferred Sulfonylurea or preferred Metformin/Sulfonylurea combination in 120 days |
| <i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i> (DUETACT)                            | Tier 2 | MO; 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 4 | PA; MO                                                                                                                                             |
| <i>mifepristone oral tablet 300 mg</i> (Korlym)                                                   | Tier 4 | PA; MO                                                                                                                                             |
| <b>Antihyperglycemic-SglT2 Inhibitor &amp; Biguanide Comb</b>                                     |        |                                                                                                                                                    |
| INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG                            | Tier 4 | MO; ST: Must meet 2 of the following requirements: 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 | MO; ST: Must meet 2 of the following requirements: 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 | MO; ST: Must meet 2 of the following requirements: 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 | MO; QL (2 EA per 1 day)                                                                                                                            |



| Drug                                                                                       | Status | Notes                                                                                                                                              |
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| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG                   | Tier 3 | MO; 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 | MO; QL (2 EA per 1 day)                                                                                                                            |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG (dapaglifloz propaned-metformin) | Tier 3 | MO; QL (1 EA per 1 day)                                                                                                                            |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG, 5-500 MG                          | Tier 3 | MO; QL (1 EA per 1 day)                                                                                                                            |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG                                 | Tier 3 | MO; QL (2 EA per 1 day)                                                                                                                            |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG (dapaglifloz propaned-metformin)  | Tier 3 | MO; QL (2 EA per 1 day)                                                                                                                            |
| <b>Antihyperglycm,Insul-Resp.Enhancer &amp; Biguanide Cmb</b>                              |        |                                                                                                                                                    |
| ACTOPLUS MET ORAL TABLET 15-850 MG (pioglitazone-metformin)                                | Tier 4 | MO; ST: Must meet any of the following requirements: Metformin, preferred Sulfonylurea or preferred Metformin/Sulfonylurea combination in 120 days |
| <i>pioglitazone-metformin oral tablet 15-500 mg</i>                                        | Tier 2 | MO; ST: Must meet any of the following requirements: Metformin, preferred Sulfonylurea or preferred Metformin/Sulfonylurea combination in 120 days |
| <i>pioglitazone-metformin oral tablet 15-850 mg</i> (Actoplus MET)                         | Tier 2 | MO; ST: Must meet any of the following requirements: Metformin, preferred Sulfonylurea or preferred Metformin/Sulfonylurea combination in 120 days |
| <b>Antihypergly-Sglt-2 Inhib,Dpp-4 Inhib,Biguanide Cb</b>                                  |        |                                                                                                                                                    |
| TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG               | Tier 3 | MO; QL (1 EA per 1 day)                                                                                                                            |
| TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG          | Tier 3 | MO; QL (2 EA per 1 day)                                                                                                                            |

| Drug                                                           | Status | Notes                                                                                                                                                                                                                                           |
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| <b>Blood Sugar Diagnostics</b>                                 |        |                                                                                                                                                                                                                                                 |
| ACCU-CHEK AVIVA PLUS TEST STRIP (blood sugar diagnostic) STRIP | Tier 6 | MO; 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) |
| ACCU-CHEK GUIDE TEST STRIPS (blood sugar diagnostic) STRIP     | Tier 6 | MO; 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) |
| ACCU-CHEK SMARTVIEW TEST STRIP (blood sugar diagnostic) STRIP  | Tier 6 | MO; 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) |
| ACCUTREND GLUCOSE TEST STRIPS (blood sugar diagnostic) STRIP   | Tier 6 | MO; 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                                                                                                                                                                                                                                           |
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| ADVANCED GLUC METER TEST STRIP STRIP (blood sugar diagnostic) | Tier 6 | MO; 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) |
| ADVOCATE REDI-CODE PLUS STRIP (blood sugar diagnostic)        | Tier 6 | MO; 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) |
| AGAMATRIX AMP TEST STRIPS STRIP (blood sugar diagnostic)      | Tier 6 | MO; 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) |
| AGAMATRIX JAZZ TEST STRIPS STRIP (blood sugar diagnostic)     | Tier 6 | MO; 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) |
| AGAMATRIX PRESTO TEST STRIPS STRIP (blood sugar diagnostic)   | Tier 6 | MO; 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                                                                                                                                                                                                                                           |
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| ASSURE 4 STRIPS STRIP (blood sugar diagnostic)              | Tier 6 | MO; 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) |
| ASSURE PLATINUM TEST STRIP STRIP (blood sugar diagnostic)   | Tier 6 | MO; 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) |
| ASSURE PRISM MULTI STRIP STRIP (blood sugar diagnostic)     | Tier 6 | MO; 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) |
| BIONIME RIGHTEST TEST STRIPS STRIP (blood sugar diagnostic) | Tier 6 | MO; 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) |
| BLOOD GLUCOSE TEST STRIP (blood sugar diagnostic)           | Tier 6 | MO; 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                                                                                                                                                                                                                                           |
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| BLULINK GLUCOSE TEST STRIP STRIP     | (blood sugar diagnostic) | Tier 6 | MO; 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) |
| CARESENS N TEST STRIPS STRIP         | (blood sugar diagnostic) | Tier 6 | MO; 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) |
| CARETOUCH TEST STRIP STRIP           | (blood sugar diagnostic) | Tier 6 | MO; 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) |
| CHOICEDM CLARUS STRIP                | (blood sugar diagnostic) | Tier 6 | MO; 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) |
| CLEVER CHOICE MICRO TEST STRIP STRIP | (blood sugar diagnostic) | Tier 6 | MO; 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                                                                                                                                                                                                                                           |
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| CLEVER CHOICE PRO STRIP (blood sugar diagnostic)             | Tier 6 | MO; 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) |
| CLEVER CHOICE TALK TEST STRIP (blood sugar diagnostic)       | Tier 6 | MO; 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) |
| CLEVER CHOICE TEST STRIPS STRIP (blood sugar diagnostic)     | Tier 6 | MO; 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) |
| CLEVER CHOICE VOICE PLUS TEST STRIP (blood sugar diagnostic) | Tier 6 | MO; 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) |
| CONTOUR NEXT TEST STRIPS STRIP (blood sugar diagnostic)      | Tier 6 | MO; 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) |

| <b>Drug</b>                   |                          | <b>Status</b> | <b>Notes</b>                                                                                                                                                                                                                                    |
|-------------------------------|--------------------------|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CONTOUR PLUS TEST STRIP STRIP | (blood sugar diagnostic) | Tier 6        | MO; QL (200 EA per 30 days)                                                                                                                                                                                                                     |
| CONTOUR TEST STRIPS STRIP     | (blood sugar diagnostic) | Tier 6        | MO; QL (200 EA per 30 days)                                                                                                                                                                                                                     |
| DIATRUE PLUS TEST STRIP STRIP | (blood sugar diagnostic) | Tier 6        | MO; 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) |
| EASY PLUS II TEST STRIP       | (blood sugar diagnostic) | Tier 6        | MO; 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) |
| EASY STEP STRIP               | (blood sugar diagnostic) | Tier 6        | MO; 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) |
| EASY TALK GLUCOSE TEST STRIP  | (blood sugar diagnostic) | Tier 6        | MO; 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                                                                                                                                                                                                                                           |
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| EASY TALK PLUS II TEST STRIP STRIP (blood sugar diagnostic)  | Tier 6 | MO; 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) |
| EASY TOUCH BLULINK TEST STRIP STRIP (blood sugar diagnostic) | Tier 6 | MO; 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) |
| EASY TOUCH TEST STRIP STRIP (blood sugar diagnostic)         | Tier 6 | MO; 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) |
| EASY TRAK GLUCOSE TEST STRIP (blood sugar diagnostic)        | Tier 6 | MO; 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) |
| EASY TRAK II TEST STRIP STRIP (blood sugar diagnostic)       | Tier 6 | MO; 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                                                                                                                                                                                                                                           |
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| EASYGLUCO TEST STRIP (blood sugar diagnostic)              | Tier 6 | MO; 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) |
| EASYMAX 15 TEST STRIPS STRIP (blood sugar diagnostic)      | Tier 6 | MO; 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) |
| EASYMAX STRIP (blood sugar diagnostic)                     | Tier 6 | MO; 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) |
| ELEMENT COMPACT TEST STRIPS STRIP (blood sugar diagnostic) | Tier 6 | MO; 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) |
| ELEMENT TEST STRIPS STRIP (blood sugar diagnostic)         | Tier 6 | MO; 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                                                                                                                                                                                                                                           |
|---------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| EMBRACE BLOOD GLUCOSE SYSTEM STRIP (blood sugar diagnostic)   | Tier 6 | MO; 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) |
| EMBRACE EVO TEST STRIPS STRIP (blood sugar diagnostic)        | Tier 6 | MO; 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) |
| EMBRACE PRO TEST STRIPS STRIP (blood sugar diagnostic)        | Tier 6 | MO; 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) |
| EMBRACE TALK TEST STRIPS STRIP (blood sugar diagnostic)       | Tier 6 | MO; 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) |
| EMBRACE WAVE GLUCOSE TEST STRP STRIP (blood sugar diagnostic) | Tier 6 | MO; 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                                                                                                                                                                                                                                           |
|-----------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| EVENCARE G2 STRIP (blood sugar diagnostic)                | Tier 6 | MO; 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) |
| EVENCARE G3 TEST STRIP (blood sugar diagnostic)           | Tier 6 | MO; 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) |
| EVENCARE MINI GLUCOSE TEST STRIP (blood sugar diagnostic) | Tier 6 | MO; 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) |
| EVENCARE PROVIEW TEST STRIP (blood sugar diagnostic)      | Tier 6 | MO; 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) |
| EVENCARE TEST STRIP (blood sugar diagnostic)              | Tier 6 | MO; 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                                                                                                                                                                                                                                           |
|---------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| EVOLUTION TEST STRIPS STRIP (blood sugar diagnostic)          | Tier 6 | MO; 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) |
| EZ SMART PLUS TEST STRIP (blood sugar diagnostic)             | Tier 6 | MO; 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) |
| EZ SMART TEST STRIP (blood sugar diagnostic)                  | Tier 6 | MO; 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) |
| FORA 6 CONNECT GLUCOSE STRIP STRIP (blood sugar diagnostic)   | Tier 6 | MO; 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) |
| FORA 6CONN-GTEL-TN'G ADV STRIP STRIP (blood sugar diagnostic) | Tier 6 | MO; 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                                                                                                                                                                                                                                           |
|-------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORA D40-G31 TEST STRIPS STRIP (blood sugar diagnostic)     | Tier 6 | MO; 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) |
| FORA G20 STRIP (blood sugar diagnostic)                     | Tier 6 | MO; 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) |
| FORA GD50 TEST STRIPS STRIP (blood sugar diagnostic)        | Tier 6 | MO; 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) |
| FORA GTEL GLUCOSE TEST STRIP STRIP (blood sugar diagnostic) | Tier 6 | MO; 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) |
| FORA TEST STRIP STRIP (blood sugar diagnostic)              | Tier 6 | MO; 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                                                                                                                                                                                                                                           |
|---------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORA TN'G ADVAN PRO TEST STRIP (blood sugar diagnostic) STRIP | Tier 6 | MO; 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) |
| FORA TN'G VOICE TEST STRIPS (blood sugar diagnostic) STRIP    | Tier 6 | MO; 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) |
| FORA V10 STRIP (blood sugar diagnostic)                       | Tier 6 | MO; 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) |
| FORA V10-V12-D10-D20 STRIPS (blood sugar diagnostic) STRIP    | Tier 6 | MO; 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) |
| FORACARE GD20 STRIP (blood sugar diagnostic)                  | Tier 6 | MO; 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                                                                                                                                                                                                                                           |
|--------------------------------------|--------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORACARE GD40 TEST STRIPS STRIP      | (blood sugar diagnostic) | Tier 6 | MO; 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) |
| FREESTYLE INSULINX STRIP             | (blood sugar diagnostic) | Tier 6 | MO; 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) |
| FREESTYLE INSULINX TEST STRIPS STRIP | (blood sugar diagnostic) | Tier 6 | MO; QL (200 EA per 30 days)                                                                                                                                                                                                                     |
| FREESTYLE LITE STRIPS STRIP          | (blood sugar diagnostic) | Tier 6 | MO; 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) |
| FREESTYLE PRECISION NEO STRIPS STRIP | (blood sugar diagnostic) | Tier 6 | MO; 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                                                                                                                                                                                                                                           |
|---------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FREESTYLE TEST STRIP (blood sugar diagnostic)                 | Tier 6 | MO; 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) |
| GE100 BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic) | Tier 6 | MO; 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) |
| GE333 BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic) | Tier 6 | MO; 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) |
| GLUCO NAVII TEST STRIP STRIP (blood sugar diagnostic)         | Tier 6 | MO; 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) |
| GLUCOCARD 01 SENSOR PLUS STRIP (blood sugar diagnostic)       | Tier 6 | MO; 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                                                                                                                                                                                                                                           |
|------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| GLUCOCARD EXPRESSION STRIP (blood sugar diagnostic)        | Tier 6 | MO; 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) |
| GLUCOCARD SHINE TEST STRIPS STRIP (blood sugar diagnostic) | Tier 6 | MO; 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) |
| GLUCOCARD VITAL SENSOR STRIP (blood sugar diagnostic)      | Tier 6 | MO; 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) |
| GLUCOCARD VITAL TEST STRIPS STRIP (blood sugar diagnostic) | Tier 6 | MO; 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) |
| GLUCOCOM GLUCOSE STRIP (blood sugar diagnostic)            | Tier 6 | MO; 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                                                                                                                                                                                                                                           |
|---------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| GM100 STRIP (blood sugar diagnostic)                          | Tier 6 | MO; 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) |
| GOJJI BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic) | Tier 6 | MO; 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) |
| HARMONY GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)     | Tier 6 | MO; 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) |
| HEALTHPRO TEST STRIPS STRIP (blood sugar diagnostic)          | Tier 6 | MO; 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) |
| IHEALTH GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)     | Tier 6 | MO; 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                                                                                                                                                                                                                                           |
|--------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| INFINITY TEST STRIPS STRIP (blood sugar diagnostic)          | Tier 6 | MO; 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) |
| MICRO BLOOD GLUCOSE STRIP (blood sugar diagnostic)           | Tier 6 | MO; 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) |
| MICRODOT BLOOD GLUCOSE SYSTEM STRIP (blood sugar diagnostic) | Tier 6 | MO; 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) |
| MICRODOT XTRA BLOOD GLUCOSE STRIP (blood sugar diagnostic)   | Tier 6 | MO; 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) |
| MYGLUCOHEALTH STRIP (blood sugar diagnostic)                 | Tier 6 | MO; 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                                                                                                                                                                                                                                           |
|-----------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NEUTEK 2TEK TEST STRIPS STRIP (blood sugar diagnostic)    | Tier 6 | MO; 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) |
| NOVA MAX GLUCOSE TEST STRIP (blood sugar diagnostic)      | Tier 6 | MO; 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) |
| ON CALL EXPRESS TEST STRIP STRIP (blood sugar diagnostic) | Tier 6 | MO; 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 ULTRA TEST STRIP (blood sugar diagnostic)        | Tier 6 | MO; 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 6 | MO; 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 6 | MO; 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) |
| OPTIUM TEST STRIP (blood sugar diagnostic)                  | Tier 6 | MO; 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) |
| PHARMACIST CHOICE STRIP (blood sugar diagnostic)            | Tier 6 | MO; 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) |
| PIP BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic) | Tier 6 | MO; 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) |
| PLATINUM TEST STRIP STRIP (blood sugar diagnostic)          | Tier 6 | MO; 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                                                                                                                                                                                                                                           |
|-------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PRECISION PCX PLUS TEST STRIP (blood sugar diagnostic)      | Tier 6 | MO; 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) |
| PRECISION PCX TEST STRIP (blood sugar diagnostic)           | Tier 6 | MO; 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) |
| PRECISION POINT OF CARE TEST STRIP (blood sugar diagnostic) | Tier 6 | MO; 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) |
| PRECISION Q-I-D TEST STRIP (blood sugar diagnostic)         | Tier 6 | MO; 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) |
| PRECISION XTRA TEST STRIP (blood sugar diagnostic)          | Tier 6 | MO; 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                                                                                                                                                                                                                                           |
|-----------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PREMIER TEST STRIP STRIP (blood sugar diagnostic)         | Tier 6 | MO; 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) |
| PREMIUM V10 STRIP (blood sugar diagnostic)                | Tier 6 | MO; 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) |
| PRO VOICE V8-V9 TEST STRIP STRIP (blood sugar diagnostic) | Tier 6 | MO; 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) |
| PRODIGY NO CODING STRIP (blood sugar diagnostic)          | Tier 6 | MO; 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) |
| QUINTET AC STRIP (blood sugar diagnostic)                 | Tier 6 | MO; 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                                                                                                                                                                                                                                           |
|---------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| QUINTET GLUCOSE TEST STRIPS (blood sugar diagnostic)<br>STRIP | Tier 6 | MO; 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) |
| REFUAH PLUS STRIP (blood sugar diagnostic)                    | Tier 6 | MO; 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) |
| RELION CONFIRM-MICRO STRIP (blood sugar diagnostic)           | Tier 6 | MO; 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) |
| RELION PRIME TEST STRIPS STRIP (blood sugar diagnostic)       | Tier 6 | MO; 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) |
| RELION ULTIMA STRIP (blood sugar diagnostic)                  | Tier 6 | MO; 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                                                                                                                                                                                                                                           |
|-----------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| REVEAL TEST STRIP STRIP (blood sugar diagnostic)          | Tier 6 | MO; 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) |
| RIGHTEST GS550 TEST STRIPS STRIP (blood sugar diagnostic) | Tier 6 | MO; 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) |
| RIGHTEST GT333 TEST STRIP STRIP (blood sugar diagnostic)  | Tier 6 | MO; 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) |
| SMART SENSE TEST STRIPS STRIP (blood sugar diagnostic)    | Tier 6 | MO; 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) |
| SMARTEST TEST STRIP (blood sugar diagnostic)              | Tier 6 | MO; 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                                                                                                                                                                                                                                           |
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| SOLUS V2 TEST STRIPS STRIP (blood sugar diagnostic)           | Tier 6 | MO; 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) |
| SURE-TEST EASYPLUS MINI STRIP (blood sugar diagnostic)        | Tier 6 | MO; 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) |
| TELCARE TEST STRIPS STRIP (blood sugar diagnostic)            | Tier 6 | MO; 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) |
| TEST N'GO TEST STRIP (blood sugar diagnostic)                 | Tier 6 | MO; 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) |
| TRUE METRIX GLUCOSE TEST STRIP STRIP (blood sugar diagnostic) | Tier 6 | MO; 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                                                                                                                                                                                                                                           |
|-----------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TRUETEST TEST STRIPS STRIP (blood sugar diagnostic) | Tier 6 | MO; 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) |
| TRUETRACK TEST STRIP (blood sugar diagnostic)       | Tier 6 | MO; 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) |
| ULTIMA TEST STRIPS STRIP (blood sugar diagnostic)   | Tier 6 | MO; 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) |
| ULTRATRAK STRIP (blood sugar diagnostic)            | Tier 6 | MO; 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) |
| ULTRATRAK ULTIMATE STRIP (blood sugar diagnostic)   | Tier 6 | MO; 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                                                                                                                                                                                                                                           |
|------------------------------------------------------|--------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| UNISTRIPI TEST STRIP STRIP                           | (blood sugar diagnostic) | Tier 6 | MO; 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) |
| VIVAGUARD INO TEST STRIP STRIP                       | (blood sugar diagnostic) | Tier 6 | MO; 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) |
| <b>Diabetic Supplies</b>                             |                          |        |                                                                                                                                                                                                                                                 |
| 2TEK GLUCOSE/BLOOD PRESSURE KIT                      |                          | Tier 6 | MO                                                                                                                                                                                                                                              |
| ACCU-CHEK GUIDE GLUCOSE METER                        | (blood-glucose meter)    | Tier 6 | MO                                                                                                                                                                                                                                              |
| ACCU-CHEK GUIDE ME GLUCOSE MTR                       | (blood-glucose meter)    | Tier 6 | MO                                                                                                                                                                                                                                              |
| ADVANCED ALL-IN-ONE METER KIT                        | (blood-glucose meter)    | Tier 6 | MO                                                                                                                                                                                                                                              |
| ADVANCED GLUCOSE METER                               | (blood-glucose meter)    | Tier 6 | MO                                                                                                                                                                                                                                              |
| ADVOCATE REDI-CODE PLUS                              | (blood-glucose meter)    | Tier 6 | MO                                                                                                                                                                                                                                              |
| AGAMATRIX JAZZ WIRELESS 2 MNTR KIT                   | (blood-glucose meter)    | Tier 6 | MO                                                                                                                                                                                                                                              |
| AGAMATRIX PRESTO SYSTEM                              | (blood-glucose meter)    | Tier 6 | MO                                                                                                                                                                                                                                              |
| ALKALINE BATTERIES                                   |                          | Tier 6 |                                                                                                                                                                                                                                                 |
| ASSURE PLATINUM GLUCOSE METER                        | (blood-glucose meter)    | Tier 6 | MO                                                                                                                                                                                                                                              |
| ASSURE PRISM MULTI METER                             | (blood-glucose meter)    | Tier 6 | MO                                                                                                                                                                                                                                              |
| AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN |                          | Tier 6 | MO                                                                                                                                                                                                                                              |
| AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS INSULIN PEN       |                          | Tier 6 | MO                                                                                                                                                                                                                                              |
| AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS INSULIN PEN       |                          | Tier 6 | MO                                                                                                                                                                                                                                              |
| BIGFOOT UNITY KIT                                    |                          | Tier 4 | MO                                                                                                                                                                                                                                              |
| BIGFOOT UNITY PEN CAP-ADMELOG DEVICE                 |                          | Tier 4 | MO                                                                                                                                                                                                                                              |

| Drug                                  |                                 | Status | Notes                  |
|---------------------------------------|---------------------------------|--------|------------------------|
| BIGFOOT UNITY PEN CAP-APIDRA DEVICE   |                                 | Tier 4 | MO                     |
| BIGFOOT UNITY PEN CAP-ASPART DEVICE   |                                 | Tier 4 | MO                     |
| BIGFOOT UNITY PEN CAP-BASAGLAR DEVICE |                                 | Tier 4 | MO                     |
| BIGFOOT UNITY PEN CAP-FIASP DEVICE    |                                 | Tier 4 | MO                     |
| BIGFOOT UNITY PEN CAP-HUMALOG DEVICE  |                                 | Tier 4 | MO                     |
| BIGFOOT UNITY PEN CAP-LANTUS DEVICE   |                                 | Tier 4 | MO                     |
| BIGFOOT UNITY PEN CAP-LISPRO DEVICE   |                                 | Tier 4 | MO                     |
| BIGFOOT UNITY PEN CAP-LYUMJEV DEVICE  |                                 | Tier 4 | MO                     |
| BIGFOOT UNITY PEN CAP-NOVOLOG DEVICE  |                                 | Tier 4 | MO                     |
| BIGFOOT UNITY PEN CAP-TOUJEO DEVICE   |                                 | Tier 4 | MO                     |
| BIGFOOT UNITY PEN CAP-TOUJEOMX DEVICE |                                 | Tier 4 | MO                     |
| BIGFOOT UNITY PEN CAP-TRESIBA DEVICE  |                                 | Tier 4 | MO                     |
| BIONIME RIGHTEST GM300 SYSTEM KIT     | (blood-glucose meter)           | Tier 6 | MO                     |
| BIOTEL CARE BGM-4 METER               | (blood-glucose meter)           | Tier 6 | MO                     |
| BLOOD GLUCOSE MONITORING KIT          | (blood-glucose meter)           | Tier 6 | MO                     |
| <i>blood-glucose meter</i>            | (Accu-Chek Guide Glucose Meter) | Tier 6 | MO                     |
| <i>blood-glucose meter kit</i>        | (Advanced All-in-One Meter)     | Tier 6 | MO                     |
| BLULINK DIABETIC TEST BUNDLE KIT      | (blood-glucose meter)           | Tier 6 | MO                     |
| BLULINK GLUCOSE MONITOR SYSTEM        | (blood-glucose meter)           | Tier 6 | MO                     |
| CARESENS N                            | (blood-glucose meter)           | Tier 6 | MO                     |
| CARESENS N FELIZ BT GLUC METER        | (blood-glucose meter)           | Tier 6 | MO                     |
| CARESENS N FELIZ GLUCOSE METER        | (blood-glucose meter)           | Tier 6 | MO                     |
| CARESENS N PLUS BT KIT                | (blood-glucose meter)           | Tier 6 | MO                     |
| CARESENS N VOICE                      | (blood-glucose meter)           | Tier 6 | MO                     |
| CARETOUCH GLUCOSE MONITORING KIT      | (blood-glucose meter)           | Tier 6 | MO                     |
| CEQUR SIMPLICITY INSERTER             |                                 | Tier 6 | QL (1 EA per 365 days) |
| CHEMSTRIP BG LOG BOOK                 |                                 | Tier 6 |                        |

| Drug                               |                       | Status | Notes                                                                               |
|------------------------------------|-----------------------|--------|-------------------------------------------------------------------------------------|
| CHOICEDM CLARUS                    | (blood-glucose meter) | Tier 6 | MO                                                                                  |
| CLEVER CHEK BLOOD GLUCOSE          | (blood-glucose meter) | Tier 6 | MO                                                                                  |
| CLEVER CHEK BLOOD GLUCOSE SYST KIT | (blood-glucose meter) | Tier 6 | MO                                                                                  |
| CLEVER CHOICE BLOOD GLUC SYS       | (blood-glucose meter) | Tier 6 | MO                                                                                  |
| CLEVER CHOICE GLUCOSE MONITOR      | (blood-glucose meter) | Tier 6 | MO                                                                                  |
| CLEVER CHOICE MICRO                | (blood-glucose meter) | Tier 6 | MO                                                                                  |
| CLEVER CHOICE PRO                  | (blood-glucose meter) | Tier 6 | MO                                                                                  |
| CLEVER CHOICE TALK GLUCOSE SYS     | (blood-glucose meter) | Tier 6 | MO                                                                                  |
| CONTOUR METER                      | (blood-glucose meter) | Tier 6 | MO                                                                                  |
| CONTOUR NEXT EZ METER              | (blood-glucose meter) | Tier 6 | MO                                                                                  |
| CONTOUR NEXT GEN METER             | (blood-glucose meter) | Tier 6 | MO                                                                                  |
| CONTOUR NEXT GEN METER KIT         | (blood-glucose meter) | Tier 6 | MO                                                                                  |
| CONTOUR NEXT GLUCOSE METER KIT     | (blood-glucose meter) | Tier 6 | MO                                                                                  |
| CONTOUR NEXT LINK 2.4 KIT          |                       | Tier 6 | MO                                                                                  |
| CONTOUR NEXT LINK KIT              |                       | Tier 6 | MO                                                                                  |
| CONTOUR NEXT METER                 | (blood-glucose meter) | Tier 6 | MO                                                                                  |
| CONTOUR NEXT ONE METER             | (blood-glucose meter) | Tier 6 | MO                                                                                  |
| CONTOUR PLUS BLUE METER            | (blood-glucose meter) | Tier 6 | MO                                                                                  |
| DEXCOM G6 RECEIVER                 |                       | Tier 6 | MO; QL (1 EA per 365 days)                                                          |
| DEXCOM G6 SENSOR DEVICE            |                       | Tier 6 | MO; QL (3 EA per 30 days)                                                           |
| DEXCOM G6 TRANSMITTER DEVICE       |                       | Tier 6 | MO; QL (1 EA per 90 days)                                                           |
| DEXCOM G7 RECEIVER                 |                       | Tier 6 | MO; HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days) |
| DEXCOM G7 SENSOR DEVICE            |                       | Tier 6 | MO; QL (3 EA per 30 days)                                                           |
| DIATRUE PLUS BLOOD GLUCOSE MET     | (blood-glucose meter) | Tier 6 | MO                                                                                  |
| EASY PLUS II BLOOD GLUCOSE MET     | (blood-glucose meter) | Tier 6 | MO                                                                                  |
| EASY STEP BLOOD GLUCOSE METER      | (blood-glucose meter) | Tier 6 | MO                                                                                  |
| EASY TALK BLOOD GLUCOSE METER      | (blood-glucose meter) | Tier 6 | MO                                                                                  |
| EASY TOUCH BLULINK GLUC SYST       | (blood-glucose meter) | Tier 6 | MO                                                                                  |
| EASY TOUCH GLUCOSE MONITOR         | (blood-glucose meter) | Tier 6 | MO                                                                                  |
| EASY TRAK BLOOD GLUCOSE METER      | (blood-glucose meter) | Tier 6 | MO                                                                                  |
| EASY TRAK II BLOOD GLUCOSE MTR     | (blood-glucose meter) | Tier 6 | MO                                                                                  |

| Drug                                     |                       | Status | Notes  |
|------------------------------------------|-----------------------|--------|--------|
| EASYGLUCO METER KIT                      | (blood-glucose meter) | Tier 6 | MO     |
| EASYGLUCO MONITORING SYSTEM KIT          | (blood-glucose meter) | Tier 6 | MO     |
| EASYMAX NG                               | (blood-glucose meter) | Tier 6 | MO     |
| EASYMAX NG KIT                           | (blood-glucose meter) | Tier 6 | MO     |
| EASYMAX T1 KIT                           | (blood-glucose meter) | Tier 6 | MO     |
| EASYMAX V SPEAKING GLUCOSE SYS           | (blood-glucose meter) | Tier 6 | MO     |
| EASY-TOUCH BLOOD GLUCOSE METER           | (blood-glucose meter) | Tier 6 | MO     |
| ELEMENT COMPACT GLUCOSE METER            | (blood-glucose meter) | Tier 6 | MO     |
| ELEMENT COMPACT V GLUCOSE MTR            | (blood-glucose meter) | Tier 6 | MO     |
| ELEMENT PLUS BLOOD GLUCOSE KIT KIT       | (blood-glucose meter) | Tier 6 | MO     |
| EMBRACE BLOOD GLUCOSE SYSTEM             | (blood-glucose meter) | Tier 6 | MO     |
| EMBRACE EVO BLOOD GLUCOSE KIT KIT        | (blood-glucose meter) | Tier 6 | MO     |
| EMBRACE EVO GLUCOSE MONITOR              | (blood-glucose meter) | Tier 6 | MO     |
| EMBRACE PRO GLUCOSE METER                | (blood-glucose meter) | Tier 6 | MO     |
| EMBRACE TALK BLOOD GLUCOSE SYS KIT       | (blood-glucose meter) | Tier 6 | MO     |
| EMBRACE TALK GLUCOSE MONITOR             | (blood-glucose meter) | Tier 6 | MO     |
| EMBRACE WAVE PLUS GLUCOSE MTR            | (blood-glucose meter) | Tier 6 | MO     |
| EVENCARE G2                              | (blood-glucose meter) | Tier 6 | MO     |
| EVENCARE G3 GLUCOSE METER KIT            | (blood-glucose meter) | Tier 6 | MO     |
| EVENCARE KIT                             | (blood-glucose meter) | Tier 6 | MO     |
| EVENCARE MINI MONITOR SYSTEM             | (blood-glucose meter) | Tier 6 | MO     |
| EVENCARE SOLUTION                        |                       | Tier 6 | MO     |
| EVERSENSE 365 SENSOR SUBCUTANEOUS DEVICE |                       | Tier 6 | PA     |
| EVERSENSE 365 TRANSMITTER DEVICE         |                       | Tier 6 | PA; MO |
| EVOLUTION BLOOD GLUCOSE METER KIT        | (blood-glucose meter) | Tier 6 | MO     |
| EZ SMART PLUS SYSTEM KIT                 | (blood-glucose meter) | Tier 6 | MO     |
| EZ SMART SYSTEM KIT                      | (blood-glucose meter) | Tier 6 | MO     |
| FORA D40D GLUCOSE-BP MONITOR DEVICE      |                       | Tier 6 | MO     |
| FORA D40G GLUCOSE-BP MONITOR DEVICE      |                       | Tier 6 | MO     |

| Drug                                  |                       | Status | Notes                      |
|---------------------------------------|-----------------------|--------|----------------------------|
| FORA G20 KIT                          | (blood-glucose meter) | Tier 6 | MO                         |
| FORA G30A                             | (blood-glucose meter) | Tier 6 | MO                         |
| FORA GD50 BLOOD GLUCOSE SYSTEM        | (blood-glucose meter) | Tier 6 | MO                         |
| FORA GTEL MULTI-FUNCTN MONITOR DEVICE |                       | Tier 6 | MO                         |
| FORA PREMIUM V10 GLUCOSE METER        | (blood-glucose meter) | Tier 6 | MO                         |
| FORA TEST N'GO VOICE METER            | (blood-glucose meter) | Tier 6 | MO                         |
| FORA TN'G ADV MOBILE MULTI MTR DEVICE |                       | Tier 6 | MO                         |
| FORA TN'G ADVANCE PRO MONITOR DEVICE  |                       | Tier 6 | MO                         |
| FORA TN'G VOICE METER                 | (blood-glucose meter) | Tier 6 | MO                         |
| FORA V12 BLOOD GLUCOSE SYSTEM         | (blood-glucose meter) | Tier 6 | MO                         |
| FORACARE GD20 GLUCOSE METER           | (blood-glucose meter) | Tier 6 | MO                         |
| FORACARE GD40B GLUCOSE METER          | (blood-glucose meter) | Tier 6 | MO                         |
| FREESTYLE FLASH SYSTEM KIT            | (blood-glucose meter) | Tier 6 | MO                         |
| FREESTYLE FREEDOM KIT                 | (blood-glucose meter) | Tier 6 | MO                         |
| FREESTYLE FREEDOM LITE KIT            | (blood-glucose meter) | Tier 6 | MO                         |
| FREESTYLE INSULINX                    | (blood-glucose meter) | Tier 6 | MO                         |
| FREESTYLE LIBRE 14 DAY READER         |                       | Tier 6 | MO; QL (1 EA per 365 days) |
| FREESTYLE LIBRE 14 DAY SENSOR KIT     |                       | Tier 6 | MO; QL (2 EA per 28 days)  |
| FREESTYLE LIBRE 2 PLUS SENSOR DEVICE  |                       | Tier 6 | MO; QL (2 EA per 28 days)  |
| FREESTYLE LIBRE 2 READER              |                       | Tier 6 | MO; QL (1 EA per 365 days) |
| FREESTYLE LIBRE 2 SENSOR KIT          |                       | Tier 6 | MO; QL (2 EA per 28 days)  |
| FREESTYLE LIBRE 3 PLUS SENSOR DEVICE  |                       | Tier 6 | MO; QL (2 EA per 28 days)  |
| FREESTYLE LIBRE 3 READER              |                       | Tier 6 | MO; QL (1 EA per 365 days) |
| FREESTYLE LIBRE 3 SENSOR DEVICE       |                       | Tier 6 | MO; QL (2 EA per 28 days)  |
| FREESTYLE LITE METER KIT              | (blood-glucose meter) | Tier 6 | MO                         |
| FREESTYLE PRECISION NEO METER         | (blood-glucose meter) | Tier 6 | MO                         |
| FREESTYLE SIDEKICK II KIT             | (blood-glucose meter) | Tier 6 | MO                         |
| FREESTYLE SYSTEM KIT KIT              | (blood-glucose meter) | Tier 6 | MO                         |
| GDRIVE KIT                            | (blood-glucose meter) | Tier 6 | MO                         |
| GE100 BLOOD GLUCOSE SYSTEM            | (blood-glucose meter) | Tier 6 | MO                         |
| GE100 BLOOD GLUCOSE SYSTEM KIT        | (blood-glucose meter) | Tier 6 | MO                         |



| Drug                                              |                       | Status | Notes  |
|---------------------------------------------------|-----------------------|--------|--------|
| GE333 BLOOD GLUCOSE SYSTEM                        | (blood-glucose meter) | Tier 6 | MO     |
| GLUCO NAVII GLUCOSE MONITOR KIT                   | (blood-glucose meter) | Tier 6 | MO     |
| GLUCOCARD 01 METER KIT                            | (blood-glucose meter) | Tier 6 | MO     |
| GLUCOCARD EXPRESSION                              | (blood-glucose meter) | Tier 6 | MO     |
| GLUCOCARD EXPRESSION KIT                          | (blood-glucose meter) | Tier 6 | MO     |
| GLUCOCARD SHINE CONNEX METER                      | (blood-glucose meter) | Tier 6 | MO     |
| GLUCOCARD SHINE EXPRESS METER                     | (blood-glucose meter) | Tier 6 | MO     |
| GLUCOCARD SHINE METER                             | (blood-glucose meter) | Tier 6 | MO     |
| GLUCOCARD SHINE METER KIT KIT                     | (blood-glucose meter) | Tier 6 | MO     |
| GLUCOCARD SHINE XL METER                          | (blood-glucose meter) | Tier 6 | MO     |
| GLUCOCARD VITAL KIT                               | (blood-glucose meter) | Tier 6 | MO     |
| GLUCOCOM AUTOLINK                                 |                       | Tier 6 |        |
| GLUCOCOM BLOOD GLUCOSE KIT                        | (blood-glucose meter) | Tier 6 | MO     |
| GM100 KIT                                         | (blood-glucose meter) | Tier 6 | MO     |
| GOJJI MULTI-FUNCTIONAL METER DEVICE               |                       | Tier 6 | MO     |
| GOJJI MULTI-FUNCTIONAL METER KIT                  |                       | Tier 6 | MO     |
| GUARDIAN 4 GLUCOSE SENSOR DEVICE                  |                       | Tier 6 | PA; MO |
| GUARDIAN 4 TRANSMITTER DEVICE                     |                       | Tier 6 | PA; MO |
| GUARDIAN CONNECT TRANSMITTER DEVICE               |                       | Tier 6 | PA; MO |
| GUARDIAN LINK 3 TRANSMITTER DEVICE                |                       | Tier 6 | PA; MO |
| GUARDIAN SENSOR 3 DEVICE                          |                       | Tier 6 | PA; MO |
| HEALTHPRO GLUCOSE MONITOR                         | (blood-glucose meter) | Tier 6 | MO     |
| IHEALTH GLUCO PLUS METER KIT                      | (blood-glucose meter) | Tier 6 | MO     |
| ILET INFUSION KIT-INSET 23" COMBO PACK            |                       | Tier 4 | MO     |
| ILET INFUSION KIT-INSET 32" COMBO PACK            |                       | Tier 4 | MO     |
| ILET INFUSION-CONTACT DTCH 23" COMBO PACK         |                       | Tier 4 | MO     |
| ILET STARTER KIT CONTACT KIT                      |                       | Tier 4 |        |
| ILET STARTER KIT-INSET KIT                        |                       | Tier 4 |        |
| INFINITY METER KIT KIT                            | (blood-glucose meter) | Tier 6 | MO     |
| INFINITY STARTER KIT KIT                          | (blood-glucose meter) | Tier 6 | MO     |
| INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN |                       | Tier 6 | MO     |

| Drug                                                   |                                 | Status | Notes                  |
|--------------------------------------------------------|---------------------------------|--------|------------------------|
| INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN      |                                 | Tier 6 | MO                     |
| INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN      |                                 | Tier 6 | MO                     |
| INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN |                                 | Tier 6 | MO                     |
| INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN |                                 | Tier 6 | MO                     |
| INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN |                                 | Tier 6 | MO                     |
| INSUL-CAP                                              |                                 | Tier 6 |                        |
| INSUL-EZE                                              |                                 | Tier 6 |                        |
| MEDISENSE MID CONTROL SOLUTION                         | (blood glucose control, normal) | Tier 6 | MO                     |
| MICRODOT BLOOD GLUCOSE SYSTEM                          | (blood-glucose meter)           | Tier 6 | MO                     |
| MINIMED QUICK-SERTER (MMT-395)                         |                                 | Tier 6 |                        |
| MODD1 PATIENT WELCOME KIT KIT                          |                                 | Tier 4 |                        |
| MODD1 SUPPLY KIT COMBO PACK                            |                                 | Tier 4 | MO                     |
| MYGLUCOHEALTH KIT                                      | (blood-glucose meter)           | Tier 6 | MO                     |
| NOVA MAX PLUS GLUC-KETON METER DEVICE                  |                                 | Tier 6 | MO                     |
| NOVA MAX PLUS GLUC-KETON METER KIT                     |                                 | Tier 6 | MO                     |
| NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN                  |                                 | Tier 6 | MO                     |
| OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE     |                                 | Tier 3 | MO                     |
| 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 | MO                     |
| 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) |
| ON CALL EXPRESS METER                                  | (blood-glucose meter)           | Tier 6 | MO                     |
| ON CALL EXPRESS METER KIT                              | (blood-glucose meter)           | Tier 6 | MO                     |
| ONETOUCH ULTRA CONTROL SOLUTION                        | (blood glucose control, normal) | Tier 6 | MO                     |
| ONETOUCH ULTRA2 METER                                  | (blood-glucose meter)           | Tier 6 | MO                     |
| ONETOUCH VERIO FLEX METER                              | (blood-glucose meter)           | Tier 6 | MO                     |
| ONETOUCH VERIO REFLECT METER                           | (blood-glucose meter)           | Tier 6 | MO                     |
| OVAL TAPE                                              |                                 | Tier 6 |                        |

| Drug                              |                       | Status | Notes  |
|-----------------------------------|-----------------------|--------|--------|
| PHARMACIST CHOICE GLUCOSE SYS     | (blood-glucose meter) | Tier 6 | MO     |
| PIP BLOOD GLUCOSE MONITOR         | (blood-glucose meter) | Tier 6 | MO     |
| PRECISION                         | (blood-glucose meter) | Tier 6 | MO     |
| PRECISION XTRA KETONE-GLUCOSE KIT |                       | Tier 6 | MO     |
| PRECISION XTRA MONITOR            | (blood-glucose meter) | Tier 6 | MO     |
| PREMIER BLU GLUCOSE METER         | (blood-glucose meter) | Tier 6 | MO     |
| PREMIER CLASSIC GLUCOSE METER     | (blood-glucose meter) | Tier 6 | MO     |
| PREMIER COMPACT GLUCOSE METER KIT | (blood-glucose meter) | Tier 6 | MO     |
| PREMIER VOICE GLUCOSE METER       | (blood-glucose meter) | Tier 6 | MO     |
| PREMIUM BLOOD GLUCOSE MONITOR     | (blood-glucose meter) | Tier 6 | MO     |
| PREMIUM V10                       | (blood-glucose meter) | Tier 6 | MO     |
| PRO VOICE V9 GLUCOSE MONITOR      | (blood-glucose meter) | Tier 6 | MO     |
| PRODIGY AUTOCODE METER KIT        | (blood-glucose meter) | Tier 6 | MO     |
| PRODIGY AUTOCODE MONITOR SYST     | (blood-glucose meter) | Tier 6 | MO     |
| PRODIGY POCKET METER KIT          | (blood-glucose meter) | Tier 6 | MO     |
| PRODIGY VOICE GLUCOSE METER KIT   | (blood-glucose meter) | Tier 6 | MO     |
| QUINTET AC                        | (blood-glucose meter) | Tier 6 | MO     |
| QUINTET BLOOD GLUCOSE METER       | (blood-glucose meter) | Tier 6 | MO     |
| REFUAH PLUS GLUCOSE MONITOR KIT   | (blood-glucose meter) | Tier 6 | MO     |
| RELION ALL-IN-ONE METER KIT       | (blood-glucose meter) | Tier 6 | MO     |
| RELION CONFIRM KIT                | (blood-glucose meter) | Tier 6 | MO     |
| RELION MICRO GLUCOSE MONITOR      | (blood-glucose meter) | Tier 6 | MO     |
| RELION MICRO GLUCOSE MONITOR KIT  | (blood-glucose meter) | Tier 6 | MO     |
| RELION PRIME METER                | (blood-glucose meter) | Tier 6 | MO     |
| REVEAL BLOOD GLUCOSE METER KIT    | (blood-glucose meter) | Tier 6 | MO     |
| RIGHTTEST GM550 SYSTEM KIT        | (blood-glucose meter) | Tier 6 | MO     |
| RIGHTTEST GT333 GLUCOSE METER     | (blood-glucose meter) | Tier 6 | MO     |
| SIMPLERA SENSOR DEVICE            |                       | Tier 6 | PA; MO |
| SIMPLERA SYNC SENSOR DEVICE       |                       | Tier 6 | PA; MO |
| SMART SENSE MONITORING SYSTEM     | (blood-glucose meter) | Tier 6 | MO     |
| SMARTEST EJECT KIT                | (blood-glucose meter) | Tier 6 | MO     |
| SMARTEST PERSONA GLUCOSE METER    | (blood-glucose meter) | Tier 6 | MO     |
| SMARTEST PERSONA STARTER KIT      | (blood-glucose meter) | Tier 6 | MO     |

| Drug                                      |                       | Status | Notes |
|-------------------------------------------|-----------------------|--------|-------|
| SMARTEST PRONTO GLUCOSE METER             | (blood-glucose meter) | Tier 6 | MO    |
| SMARTEST PRONTO STARTER KIT               | (blood-glucose meter) | Tier 6 | MO    |
| SMARTEST PROTEGE KIT                      | (blood-glucose meter) | Tier 6 | MO    |
| SMARTEST SMART CODE METER KIT             | (blood-glucose meter) | Tier 6 | MO    |
| SMARTEST TALKING METER KIT                | (blood-glucose meter) | Tier 6 | MO    |
| SOLUS V2 AUDIBLE METER                    | (blood-glucose meter) | Tier 6 | MO    |
| SOLUS V2 AUDIBLE METER KIT                | (blood-glucose meter) | Tier 6 | MO    |
| SURE-TEST EASYPLUS MINI METER             | (blood-glucose meter) | Tier 6 | MO    |
| TANDEM MOBI AUTOSOFT 30 KT 23" COMBO PACK |                       | Tier 4 | MO    |
| TANDEM MOBI AUTOSOFT XC KIT 5" COMBO PACK |                       | Tier 4 | MO    |
| TANDEM MOBI AUTOSOFT XC KT 23" COMBO PACK |                       | Tier 4 | MO    |
| TANDEM MOBI AUTOSOFT30 14PK 23 COMBO PACK |                       | Tier 4 | MO    |
| TANDEM MOBI AUTOSOFTXC 14PK 23 COMBO PACK |                       | Tier 4 | MO    |
| TANDEM MOBI AUTOSOFTXC 14PK 5" COMBO PACK |                       | Tier 4 | MO    |
| TANDEM MOBI TRUSTEEL KIT 23" COMBO PACK   |                       | Tier 4 | MO    |
| TANDEM T:SLIM ASFT 30 PK10 23" COMBO PACK |                       | Tier 4 | MO    |
| TANDEM T:SLIM ASFT 30 PK14 23" COMBO PACK |                       | Tier 4 | MO    |
| TANDEM T:SLIM ASFT XC PK10 23" COMBO PACK |                       | Tier 4 | MO    |
| TANDEM T:SLIM ASFT XC PK14 23" COMBO PACK |                       | Tier 4 | MO    |
| TANDEM T:SLIM TRUSTL PK10 23" COMBO PACK  |                       | Tier 4 | MO    |
| TEMPO SMART BUTTON DEVICE                 |                       | Tier 4 | MO    |
| TEMPO WELCOME KIT KIT                     |                       | Tier 4 |       |
| TEST N'GO BLOOD GLUCOSE SYSTEM            | (blood-glucose meter) | Tier 6 | MO    |
| TRUE METRIX AIR GLUCOSE METER             | (blood-glucose meter) | Tier 6 | MO    |
| TRUE METRIX AIR GLUCOSE METER KIT         | (blood-glucose meter) | Tier 6 | MO    |
| TRUE METRIX GLUCOSE METER                 | (blood-glucose meter) | Tier 6 | MO    |
| TRUE METRIX GO GLUCOSE METER              | (blood-glucose meter) | Tier 6 | MO    |
| TRUE2GO BLOOD GLUCOSE SYSTEM KIT          | (blood-glucose meter) | Tier 6 | MO    |

| Drug                                                   |                               | Status | Notes                                                                                                                                                                                                                                           |
|--------------------------------------------------------|-------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TRUERESULT BLOOD GLUCOSE SYSTEM KIT                    | (blood-glucose meter)         | Tier 6 | MO                                                                                                                                                                                                                                              |
| TRUETRACK BLOOD GLUCOSE SYSTEM KIT                     | (blood-glucose meter)         | Tier 6 | MO                                                                                                                                                                                                                                              |
| TRUETRACK SMART SYSTEM KIT                             | (blood-glucose meter)         | Tier 6 | MO                                                                                                                                                                                                                                              |
| TWIIST REFILL KT(CSST-NDL-SYR) KIT                     |                               | Tier 6 | MO                                                                                                                                                                                                                                              |
| TWIIST RFL(INFUS-CSST-NDL-SYR) KIT                     |                               | Tier 4 | MO                                                                                                                                                                                                                                              |
| TWIIST STARTER KIT KIT                                 |                               | Tier 4 |                                                                                                                                                                                                                                                 |
| ULTIMA MONITOR                                         | (blood-glucose meter)         | Tier 6 | MO                                                                                                                                                                                                                                              |
| ULTRATRAK GLUCOSE METER                                | (blood-glucose meter)         | Tier 6 | MO                                                                                                                                                                                                                                              |
| ULTRATRAK GLUCOSE METER KIT                            | (blood-glucose meter)         | Tier 6 | MO                                                                                                                                                                                                                                              |
| ULTRATRAK ULTIMATE                                     | (blood-glucose meter)         | Tier 6 | MO                                                                                                                                                                                                                                              |
| UNISTIK 2 DEVICE KIT                                   | (lancing device with lancets) | Tier 6 | MO                                                                                                                                                                                                                                              |
| UNISTIK 2 EXTRA LANCET 21 GAUGE                        | (lancets)                     | Tier 6 | MO                                                                                                                                                                                                                                              |
| UNISTIK 2 NORMAL LANCET 21 GAUGE                       | (lancets)                     | Tier 6 | MO                                                                                                                                                                                                                                              |
| VIVAGUARD INO GLUCOSE METER                            | (blood-glucose meter)         | Tier 6 | MO                                                                                                                                                                                                                                              |
| VIVAGUARD INO SMART GLUC METER                         | (blood-glucose meter)         | Tier 6 | MO                                                                                                                                                                                                                                              |
| <b>Diabetic Ulcer Preparations, Topical</b>            |                               |        |                                                                                                                                                                                                                                                 |
| REGGRANEX TOPICAL GEL 0.01 %                           |                               | Tier 3 |                                                                                                                                                                                                                                                 |
| <b>Durable Medical Equipment, Misc(Group 1)</b>        |                               |        |                                                                                                                                                                                                                                                 |
| BLULINK BG SYSTEM REFILL KIT 32 GAUGE                  |                               | Tier 6 | MO; 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) |
| <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 | MO                                                                                                                                                                                                                                              |
| 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)                                                                                                                                             |

| Drug                                                                                       | Status | Notes                                                                                                                                                |
|--------------------------------------------------------------------------------------------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| GLUCAGON EMERGENCY KIT<br>(HUMAN) INJECTION RECON SOLN 1<br>MG                             | Tier 2 | ST: Must meet any of the following requirements:<br>Baqsimi or Gvoke in 120 days; QL (4 EA per 1 FILL)                                               |
| GVOKE HYPOPEN 1-PACK<br>SUBCUTANEOUS AUTO-INJECTOR<br>0.5 MG/0.1 ML                        | Tier 3 | QL (0.4 ML per 1 FILL)                                                                                                                               |
| GVOKE HYPOPEN 1-PACK<br>SUBCUTANEOUS AUTO-INJECTOR 1<br>MG/0.2 ML                          | Tier 3 | QL (0.8 ML per 1 FILL)                                                                                                                               |
| GVOKE HYPOPEN 2-PACK<br>SUBCUTANEOUS AUTO-INJECTOR<br>0.5 MG/0.1 ML                        | Tier 3 | QL (0.4 ML per 1 FILL)                                                                                                                               |
| GVOKE HYPOPEN 2-PACK<br>SUBCUTANEOUS AUTO-INJECTOR 1<br>MG/0.2 ML                          | Tier 3 | QL (0.8 ML per 1 FILL)                                                                                                                               |
| GVOKE PFS 1-PACK SYRINGE<br>SUBCUTANEOUS SYRINGE 1 MG/0.2<br>ML                            | Tier 3 | QL (0.8 ML per 1 FILL)                                                                                                                               |
| GVOKE PFS 2-PACK SYRINGE<br>SUBCUTANEOUS SYRINGE 1 MG/0.2<br>ML                            | Tier 3 | QL (0.8 ML per 1 FILL)                                                                                                                               |
| GVOKE SUBCUTANEOUS SOLUTION<br>1 MG/0.2 ML                                                 | Tier 3 | QL (0.8 ML per 1 FILL)                                                                                                                               |
| PROGLYCEM ORAL SUSPENSION 50 (diazoxide)<br>MG/ML                                          | Tier 4 | MO                                                                                                                                                   |
| ZEGALOGUE AUTOINJECTOR<br>SUBCUTANEOUS AUTO-INJECTOR<br>0.6 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)                                             |
| 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 | MO; 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) |

| Drug                                                                                                                                                            | Status | Notes                                                                                                                                             |
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| ADMELOG U-100 INSULIN LISPRO (insulin lispro)<br>SUBCUTANEOUS SOLUTION 100<br>UNIT/ML                                                                           | Tier 4 | MO; ST: Must meet any of the following requirements: 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; MO                                                                                                                                            |
| APIDRA SOLOSTAR U-100 INSULIN<br>SUBCUTANEOUS INSULIN PEN 100<br>UNIT/ML                                                                                        | Tier 4 | MO; ST: Must meet any of the following requirements: 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 | MO; ST: Must meet any of the following requirements: 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 | MO; ST: Must meet any of the following requirements: Insulin Glargine-yfgn, Toujeo, or Tresiba in 120 days; QL (30 ML per 28 days)                |
| BASAGLAR TEMPO PEN(U-100)INSLN<br>SUBCUTANEOUS INSULIN PEN,<br>SENSOR 100 UNIT/ML (3 ML)                                                                        | Tier 4 | MO; ST: Must meet 2 of the following requirements: Insulin Glargine-yfgn, Toujeo or Tresiba in 365 days; QL (30 ML per 28 days)                   |
| FIASP FLEXTOUCH U-100 INSULIN<br>SUBCUTANEOUS INSULIN PEN 100<br>UNIT/ML (3 ML)                                                                                 | Tier 3 | MO; QL (30 ML per 28 days)                                                                                                                        |
| FIASP PENFILL U-100 INSULIN<br>SUBCUTANEOUS CARTRIDGE 100<br>UNIT/ML (3 ML)                                                                                     | Tier 3 | MO; QL (30 ML per 28 days)                                                                                                                        |
| FIASP PUMPCART SUBCUTANEOUS<br>CARTRIDGE 100 UNIT/ML (1.6 ML)                                                                                                   | Tier 3 | MO; QL (40 ML per 28 days)                                                                                                                        |
| FIASP U-100 INSULIN<br>SUBCUTANEOUS SOLUTION 100<br>UNIT/ML                                                                                                     | Tier 3 | MO; QL (40 ML per 28 days)                                                                                                                        |
| HUMALOG JUNIOR KWIKPEN U-100 (insulin lispro)<br>SUBCUTANEOUS INSULIN PEN,<br>HALF-UNIT 100 UNIT/ML                                                             | Tier 4 | MO; QL (30 ML per 28 days)                                                                                                                        |

| Drug                                                                                                           | Status | Notes                                                                                                                                                 |
|----------------------------------------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| HUMALOG KWIKPEN INSULIN (insulin lispro)<br>SUBCUTANEOUS INSULIN PEN 100<br>UNIT/ML                            | Tier 4 | MO; QL (30 ML per 28 days)                                                                                                                            |
| HUMALOG KWIKPEN INSULIN<br>SUBCUTANEOUS INSULIN PEN 200<br>UNIT/ML (3 ML)                                      | Tier 3 | MO; QL (12 ML per 28 days)                                                                                                                            |
| HUMALOG MIX 50-50 KWIKPEN<br>SUBCUTANEOUS INSULIN PEN 100<br>UNIT/ML (50-50)                                   | Tier 3 | MO; QL (30 ML per 28 days)                                                                                                                            |
| HUMALOG MIX 75-25 KWIKPEN (insulin lispro protamin-<br>SUBCUTANEOUS INSULIN PEN 100 lispro)<br>UNIT/ML (75-25) | Tier 4 | MO; QL (30 ML per 28 days)                                                                                                                            |
| HUMALOG MIX 75-25(U-100)INSULN<br>SUBCUTANEOUS SUSPENSION 100<br>UNIT/ML (75-25)                               | Tier 3 | MO; QL (40 ML per 28 days)                                                                                                                            |
| HUMALOG TEMPO PEN(U-<br>100)INSULN SUBCUTANEOUS<br>INSULIN PEN, SENSOR 100 UNIT/ML                             | Tier 4 | MO; ST: Must meet 2 of the following requirements: Insulin Lispro, Novolog, Fiasp, or Lyumjev (Non Tempo Version) in 365 days; QL (30 ML per 28 days) |
| HUMALOG U-100 INSULIN<br>SUBCUTANEOUS CARTRIDGE 100<br>UNIT/ML                                                 | Tier 3 | MO; QL (30 ML per 28 days)                                                                                                                            |
| HUMALOG U-100 INSULIN (insulin lispro)<br>SUBCUTANEOUS SOLUTION 100<br>UNIT/ML                                 | Tier 4 | MO; QL (40 ML per 28 days)                                                                                                                            |
| HUMULIN 70/30 U-100 INSULIN<br>SUBCUTANEOUS SUSPENSION 100<br>UNIT/ML (70-30)                                  | Tier 3 | MO; QL (40 ML per 28 days)                                                                                                                            |
| HUMULIN 70/30 U-100 KWIKPEN<br>SUBCUTANEOUS INSULIN PEN 100<br>UNIT/ML (70-30)                                 | Tier 3 | MO; QL (30 ML per 28 days)                                                                                                                            |
| HUMULIN N NPH INSULIN KWIKPEN<br>SUBCUTANEOUS INSULIN PEN 100<br>UNIT/ML (3 ML)                                | Tier 3 | MO; QL (30 ML per 28 days)                                                                                                                            |
| HUMULIN N NPH U-100 INSULIN<br>SUBCUTANEOUS SUSPENSION 100<br>UNIT/ML                                          | Tier 3 | MO; QL (40 ML per 28 days)                                                                                                                            |
| HUMULIN R REGULAR U-100 INSULN<br>INJECTION SOLUTION 100 UNIT/ML                                               | Tier 3 | MO; QL (40 ML per 28 days)                                                                                                                            |
| HUMULIN R U-500 (CONC) INSULIN<br>SUBCUTANEOUS SOLUTION 500<br>UNIT/ML                                         | Tier 3 | MO; QL (40 ML per 28 days)                                                                                                                            |
| HUMULIN R U-500 (CONC) KWIKPEN<br>SUBCUTANEOUS INSULIN PEN 500<br>UNIT/ML (3 ML)                               | Tier 3 | MO; QL (24 ML per 28 days)                                                                                                                            |



| Drug                                                                               |                                   | Status | Notes                                                                                                                                             |
|------------------------------------------------------------------------------------|-----------------------------------|--------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i> | (Novolog Mix 70-30FlexPen U-100)  | Tier 4 | MO; ST: Must meet any of the following requirements: generic Humalog Mix 75-25 in 120 days; QL (30 ML per 28 days)                                |
| <i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i>    | (Novolog Mix 70-30 U-100 Insulin) | Tier 4 | MO; ST: Must meet any of the following requirements: generic Humalog Mix 75-25 in 120 days; QL (40 ML per 28 days)                                |
| <i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i>                     | (Novolog PenFill U-100 Insulin)   | Tier 4 | MO; ST: Must meet any of the following requirements: 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 | MO; ST: Must meet any of the following requirements: 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 | MO; ST: Must meet any of the following requirements: Fiasp, Lyumjev, Novolog, Insulin Lispro or Humalog U-200 in 120 days; QL (40 ML per 28 days) |
| <i>insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)</i>           | (Semglee(insulin glarg-yfgn)Pen)  | Tier 3 | MO; QL (30 ML per 28 days)                                                                                                                        |
| <i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i>                     | (Semglee(insulin glargine-yfgn))  | Tier 3 | MO; 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 | MO; QL (30 ML per 28 days)                                                                                                                        |
| <i>insulin lispro subcutaneous insulin pen 100 unit/ml</i>                         | (Admelog SoloStar U-100 Insulin)  | Tier 2 | MO; 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 | MO; QL (30 ML per 28 days)                                                                                                                        |
| <i>insulin lispro subcutaneous solution 100 unit/ml</i>                            | (Admelog U-100 Insulin lispro)    | Tier 2 | MO; QL (40 ML per 28 days)                                                                                                                        |
| KIRSTY PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)                             |                                   | Tier 4 | MO; QL (30 ML per 28 days)                                                                                                                        |
| KIRSTY SUBCUTANEOUS SOLUTION 100 UNIT/ML                                           |                                   | Tier 4 | MO; QL (40 ML per 28 days)                                                                                                                        |
| LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML                 |                                   | Tier 3 | MO; QL (30 ML per 28 days)                                                                                                                        |

| Drug                                                                                                            | Status | Notes                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| LYUMJEV KWIKPEN U-200 INSULIN<br>SUBCUTANEOUS INSULIN PEN 200<br>UNIT/ML (3 ML)                                 | Tier 3 | MO; QL (12 ML per 28 days)                                                                                                                            |
| LYUMJEV TEMPO PEN(U-100)INSULN<br>SUBCUTANEOUS INSULIN PEN,<br>SENSOR 100 UNIT/ML                               | Tier 4 | MO; ST: Must meet 2 of the following requirements: 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 | MO; QL (40 ML per 28 days)                                                                                                                            |
| MERILOG SOLOSTAR<br>SUBCUTANEOUS INSULIN PEN 100<br>UNIT/ML (3 ML)                                              | Tier 4 | MO; ST: Must meet any of the following requirements: Fiasp, Lyumjev, Novolog, Insulin Lispro or Humalog U-200 in 120 days                             |
| MERILOG SUBCUTANEOUS<br>SOLUTION 100 UNIT/ML                                                                    | Tier 4 | MO; ST: Must meet any of the following requirements: 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 | MO; QL (40 ML per 28 days)                                                                                                                            |
| NOVOLIN 70-30 FLEXPEN U-100<br>SUBCUTANEOUS INSULIN PEN 100<br>UNIT/ML (70-30)                                  | Tier 3 | MO; QL (30 ML per 28 days)                                                                                                                            |
| NOVOLIN N FLEXPEN<br>SUBCUTANEOUS INSULIN PEN 100<br>UNIT/ML (3 ML)                                             | Tier 3 | MO; QL (30 ML per 28 days)                                                                                                                            |
| NOVOLIN N NPH U-100 INSULIN<br>SUBCUTANEOUS SUSPENSION 100<br>UNIT/ML                                           | Tier 3 | MO; QL (40 ML per 28 days)                                                                                                                            |
| NOVOLIN R FLEXPEN<br>SUBCUTANEOUS INSULIN PEN 100<br>UNIT/ML (3 ML)                                             | Tier 3 | MO; QL (30 ML per 28 days)                                                                                                                            |
| NOVOLIN R REGULAR U100 INSULIN<br>INJECTION SOLUTION 100 UNIT/ML                                                | Tier 3 | MO; QL (40 ML per 28 days)                                                                                                                            |
| NOVOLOG FLEXPEN U-100 INSULIN (insulin aspart u-100)<br>SUBCUTANEOUS INSULIN PEN 100<br>UNIT/ML (3 ML)          | Tier 3 | MO; QL (30 ML per 28 days)                                                                                                                            |
| NOVOLOG MIX 70-30 U-100 INSULN (insulin asp prt-insulin aspart)<br>SUBCUTANEOUS SOLUTION 100<br>UNIT/ML (70-30) | Tier 3 | MO; QL (40 ML per 28 days)                                                                                                                            |

| Drug                                                                        |                                  | Status | Notes                                                                                                                              |
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| NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) | (insulin asp prt-insulin aspart) | Tier 3 | MO; QL (30 ML per 28 days)                                                                                                         |
| NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML            | (insulin aspart u-100)           | Tier 3 | MO; QL (30 ML per 28 days)                                                                                                         |
| NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML              | (insulin aspart u-100)           | Tier 3 | MO; QL (40 ML per 28 days)                                                                                                         |
| REZVOGLAR KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)               |                                  | Tier 4 | MO; ST: Must meet any of the following requirements: Insulin Glargine-yfgn, Toujeo, or Tresiba in 120 days; QL (30 ML per 28 days) |
| SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML            | (insulin glargine-yfgn)          | Tier 4 | MO; ST: Must meet any of the following requirements: Insulin Glargine-yfgn, Toujeo, or Tresiba in 120 days; QL (40 ML per 28 days) |
| SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)  | (insulin glargine-yfgn)          | Tier 4 | MO; ST: Must meet any of the following requirements: Insulin Glargine-yfgn, Toujeo, or Tresiba in 120 days; QL (30 ML per 28 days) |
| TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)       | (insulin glargine u-300 conc)    | Tier 3 | MO; QL (18 ML per 28 days)                                                                                                         |
| TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML) | (insulin glargine u-300 conc)    | Tier 3 | MO; QL (13.5 ML per 28 days)                                                                                                       |
| TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)         | (insulin degludec)               | Tier 3 | MO; QL (30 ML per 28 days)                                                                                                         |
| TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)         | (insulin degludec)               | Tier 3 | MO; QL (18 ML per 28 days)                                                                                                         |
| TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML                     | (insulin degludec)               | Tier 3 | MO; QL (40 ML per 28 days)                                                                                                         |
| <b>Ear - General Disorders</b>                                              |                                  |        |                                                                                                                                    |
| <b>Ear Preparations Anti-Inflammatory</b>                                   |                                  |        |                                                                                                                                    |
| DERMOTIC OIL OTIC (EAR) DROPS 0.01 %                                        | (fluocinolone acetonide oil)     | Tier 4 |                                                                                                                                    |
| FLAC OTIC OIL OTIC (EAR) DROPS 0.01 %                                       | (fluocinolone acetonide oil)     | Tier 4 |                                                                                                                                    |

| Drug                                                                                   | Status | Notes                       |
|----------------------------------------------------------------------------------------|--------|-----------------------------|
| <i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i> (DermOtic Oil)               | 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) drops 1-2 %</i>                               | Tier 2 |                             |
| <b>Ear Preparations, Antibiotics</b>                                                   |        |                             |
| CETRAXAL OTIC (EAR) DROPPERETTE 0.2 % (ciprofloxacin hcl)                              | Tier 4 |                             |
| <i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i> (Cetraxal)                       | Tier 2 |                             |
| CORTISPORIN-TC OTIC (EAR) DROPS, SUSPENSION 3.3-3-10-0.5 MG/ML                         | Tier 4 |                             |
| <i>neomycin-polymyxin-hc otic (ear) drops, suspension 3.5-10,000-1 mg/ml-unit/ml-%</i> | Tier 2 |                             |
| <i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>          | Tier 2 |                             |
| <i>ofloxacin 0.3% ear drops</i>                                                        | Tier 2 |                             |
| <b>Otic Preparations, Anti-Inflammatory-Antibiotics</b>                                |        |                             |
| CIPRO HC OTIC (EAR) DROPS, SUSPENSION 0.2-1 %                                          | Tier 4 |                             |
| <i>ciprofloxacin-dexamethasone otic (ear) drops, suspension 0.3-0.1 %</i>              | Tier 2 |                             |
| <i>ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025 % (0.25 ml)</i> (Otovel)   | Tier 2 |                             |
| OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML) (ciprofloxacin-fluocinolone)          | Tier 4 |                             |
| <b>Electrolyte Regulation</b>                                                          |        |                             |
| <b>Arginine Vasopressin (Avp) Receptor Antagonists</b>                                 |        |                             |
| SAMSCA ORAL TABLET 15 MG (tolvaptan)                                                   | Tier 5 | MO; QL (30 EA per 365 days) |
| SAMSCA ORAL TABLET 30 MG (tolvaptan)                                                   | Tier 5 | MO; QL (60 EA per 365 days) |
| <i>tolvaptan (polycys kidney dis) oral tablet 15 mg</i> (Jynarque)                     | Tier 4 | MO; QL (30 EA per 365 days) |
| <i>tolvaptan oral tablet 15 mg</i> (Samsca)                                            | Tier 4 | MO; QL (30 EA per 365 days) |
| <i>tolvaptan oral tablet 30 mg</i> (Samsca)                                            | Tier 4 | MO; QL (60 EA per 365 days) |

| Drug                                                                   | Status | Notes                                                                                                                                                                                                  |
|------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Electrolyte Depleters</b>                                           |        |                                                                                                                                                                                                        |
| AURYXIA ORAL TABLET 210 MG IRON (ferric citrate)                       | Tier 4 | MO; 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) |
| calcium acetate(phosphat bind) oral capsule 667 mg                     | Tier 2 | MO                                                                                                                                                                                                     |
| calcium acetate(phosphat bind) oral tablet 667 mg                      | Tier 2 | MO                                                                                                                                                                                                     |
| ferric citrate oral tablet 210 mg iron (Auryxia)                       | Tier 2 | MO; 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 | MO; 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)  |
| FOSRENOL ORAL TABLET,CHEWABLE 1,000 MG, 500 MG, 750 MG (lanthanum)     | Tier 4 | MO                                                                                                                                                                                                     |
| KIONEX (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML                | Tier 2 |                                                                                                                                                                                                        |
| lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg (Fosrenol)     | Tier 2 | MO                                                                                                                                                                                                     |
| LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM                          | Tier 3 | MO                                                                                                                                                                                                     |
| RENVELA ORAL POWDER IN PACKET 0.8 GRAM, 2.4 GRAM (sevelamer carbonate) | Tier 4 | MO                                                                                                                                                                                                     |
| RENVELA ORAL TABLET 800 MG (sevelamer carbonate)                       | Tier 4 | MO                                                                                                                                                                                                     |
| sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram (Renvela) | Tier 2 | MO                                                                                                                                                                                                     |
| sevelamer carbonate oral tablet 800 mg (Renvela)                       | Tier 2 | MO                                                                                                                                                                                                     |

| Drug                                                                        | Status | Notes                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| sevelamer hcl oral tablet 400 mg, 800 mg                                    | Tier 2 | MO                                                                                                                                                                                                    |
| sodium polystyrene sulfonate oral powder 15 gram                            | 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 |                                                                                                                                                                                                       |
| VELPHORO ORAL TABLET,CHEWABLE 500 MG                                        | Tier 3 | MO; QL (6 EA per 1 day)                                                                                                                                                                               |
| VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 8.4 GRAM                  | Tier 4 | PA; MO                                                                                                                                                                                                |
| XPHOZAH ORAL TABLET 20 MG, 30 MG                                            | Tier 4 | MO; 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 (2 EA per 1 day) |
| <b>Polycystic Kidney Disease Agent, Avp Recep. Antag</b>                    |        |                                                                                                                                                                                                       |
| tolvaptan (polycys kidney dis) oral tablet 30 mg (Jynarque)                 | Tier 4 | MO; QL (60 EA per 365 days)                                                                                                                                                                           |
| <b>Potassium Replacement</b>                                                |        |                                                                                                                                                                                                       |
| EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ                            | Tier 4 | MO                                                                                                                                                                                                    |
| EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ (potassium bicarb-citric acid)     | Tier 2 | MO                                                                                                                                                                                                    |
| KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (potassium chloride)        | Tier 4 | MO                                                                                                                                                                                                    |
| KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ (potassium chloride)          | Tier 4 | MO                                                                                                                                                                                                    |
| KLOR-CON M10 ORAL TABLET,ER PARTICLES/CRYSTALS 10 MEQ (potassium chloride)  | Tier 2 | MO                                                                                                                                                                                                    |
| KLOR-CON M15 ORAL TABLET,ER PARTICLES/CRYSTALS 15 MEQ (potassium chloride)  | Tier 2 | MO                                                                                                                                                                                                    |
| KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYSTALS 20 MEQ (potassium chloride)  | Tier 2 | MO                                                                                                                                                                                                    |
| KLOR-CON ORAL PACKET 20 MEQ (potassium chloride)                            | Tier 4 | MO                                                                                                                                                                                                    |
| KLOR-CON/EF ORAL TABLET, EFFERVESCENT 25 MEQ (potassium bicarb-citric acid) | Tier 4 | MO                                                                                                                                                                                                    |
| POKONZA ORAL PACKET 10 MEQ                                                  | Tier 2 | MO                                                                                                                                                                                                    |

| Drug                                                                             | Status | Notes  |
|----------------------------------------------------------------------------------|--------|--------|
| potassium chloride oral capsule, extended release 10 meq, 8 meq                  | Tier 2 | MO     |
| potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml                        | Tier 2 | MO     |
| potassium chloride oral packet 20 meq (Klor-Con)                                 | Tier 2 | MO     |
| potassium chloride oral tablet extended release 10 meq (Klor-Con 10)             | Tier 2 | MO     |
| potassium chloride oral tablet extended release 15 meq, 20 meq                   | Tier 2 | MO     |
| potassium chloride oral tablet extended release 8 meq (Klor-Con 8)               | Tier 2 | MO     |
| potassium chloride oral tablet,er particles/crystals 10 meq (Klor-Con M10)       | Tier 2 | MO     |
| potassium chloride oral tablet,er particles/crystals 15 meq (Klor-Con M15)       | Tier 2 | MO     |
| potassium chloride oral tablet,er particles/crystals 20 meq (Klor-Con M20)       | Tier 2 | MO     |
| <b>Sodium/Saline Preparations</b>                                                |        |        |
| AQUASTAT 0.9% SODIUM CHLORIDE INJECTION SYRINGE (sodium chloride 0.9 % (flush))  | Tier 4 |        |
| AQUASTAT SFR 0.9% SODIUM CHLOR INJECTION SYRINGE (sodium chloride 0.9 % (flush)) | Tier 4 |        |
| BD POSIFLUSH NORMAL SALINE 0.9 INJECTION SYRINGE (sodium chloride 0.9 % (flush)) | Tier 2 |        |
| MONOJECT 0.9% SODIUM CHLORIDE INJECTION SYRINGE (sodium chloride 0.9 % (flush))  | Tier 4 |        |
| MONOJECT PREFILL ADVANCED NS INJECTION SYRINGE (sodium chloride 0.9 % (flush))   | Tier 4 |        |
| 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>                                                  |        |        |
| CIALIS ORAL TABLET 10 MG, 20 MG (tadalafil)                                      | Tier 4 | PA; MO |

| Drug                                                                               | Status | Notes                       |
|------------------------------------------------------------------------------------|--------|-----------------------------|
| CIALIS ORAL TABLET 5 MG (tadalafil)                                                | Tier 4 | PA; MO; QL (1 EA per 1 day) |
| tadalafil oral tablet 10 mg (Cialis)                                               | Tier 2 | PA; MO                      |
| tadalafil oral tablet 2.5 mg                                                       | Tier 2 | PA; MO; QL (1 EA per 1 day) |
| tadalafil oral tablet 20 mg (Cialis)                                               | Tier 2 | PA; MO; QL (2 EA per 1 day) |
| tadalafil oral tablet 5 mg (Cialis)                                                | Tier 2 | PA; MO; 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; MO                      |
| RECORLEV ORAL TABLET 150 MG                                                        | Tier 5 | PA; MO                      |
| <b>Adrenocorticotrophic Hormones</b>                                               |        |                             |
| ACTHAR INJECTION GEL 80 UNIT/ML                                                    | Tier 5 | PA; MO                      |
| ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML, 80 UNIT/ML               | Tier 5 | PA; MO                      |
| CORTROPHIN GEL INJECTION GEL 80 UNIT/ML                                            | Tier 5 | PA; MO                      |
| CORTROPHIN GEL SUBCUTANEOUS SYRINGE 40 UNIT/0.5 ML, 80 UNIT/ML                     | Tier 5 | PA; MO                      |
| <b>Antidiuretic And Vasopressor Hormones</b>                                       |        |                             |
| DDAVP INJECTION SOLUTION 4 MCG/ML (desmopressin)                                   | Tier 4 |                             |
| DDAVP ORAL TABLET 0.1 MG, 0.2 MG (desmopressin)                                    | Tier 4 | MO                          |
| desmopressin injection solution 4 mcg/ml (DDAVP)                                   | Tier 2 |                             |
| desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)                           | Tier 2 | MO                          |
| desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml), 150 mcg/spray (0.1 ml) | Tier 2 | MO                          |
| desmopressin oral tablet 0.1 mg, 0.2 mg (DDAVP)                                    | Tier 2 | MO                          |
| NOC DURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG                          | Tier 4 | MO; QL (1 EA per 1 day)     |
| NOC DURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG                        | Tier 4 | MO; QL (1 EA per 1 day)     |
| <b>Antineoplastic Lhrh(Gnrh) Agonist,Pituitary Suppr.</b>                          |        |                             |
| ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG                                       | Tier 4 | PA; MO                      |
| ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)                                      | Tier 4 | PA; MO                      |



| Drug                                                                                | Status | Notes                                                                                                                |
|-------------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------------|
| <i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>                                      | Tier 4 | PA; MO                                                                                                               |
| <b>Bone Formation Stim. Agents - Parathyroid Hormone</b>                            |        |                                                                                                                      |
| BONSITY SUBCUTANEOUS PEN (teriparatide)<br>INJECTOR 20 MCG/DOSE<br>(560MCG/2.24ML)  | Tier 5 | PA; MO                                                                                                               |
| FORTEO SUBCUTANEOUS PEN (teriparatide)<br>INJECTOR 20 MCG/DOSE<br>(560MCG/2.24ML)   | Tier 5 | PA; MO                                                                                                               |
| <i>teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)</i> (Bonsity) | Tier 4 | PA; MO                                                                                                               |
| <b>Bone Formation Stimulating Agts - Pth Rel Peptides</b>                           |        |                                                                                                                      |
| TYMLOS SUBCUTANEOUS PEN<br>INJECTOR 80 MCG (3,120 MCG/1.56 ML)                      | Tier 4 | PA; MO                                                                                                               |
| <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 | MO                                                                                                                   |
| <b>Bone Resorption Inhibitors</b>                                                   |        |                                                                                                                      |
| ACTONEL ORAL TABLET 150 MG (risedronate)                                            | Tier 4 | MO; ST: Must meet the following requirements: generic Alendronate and Ibandronate in 365 days; QL (1 EA per 30 days) |
| ACTONEL ORAL TABLET 35 MG (risedronate)                                             | Tier 4 | MO; ST: Must meet the following requirements: generic Alendronate and Ibandronate in 365 days; QL (1 EA per 7 days)  |
| <i>alendronate oral solution 70 mg/75 ml</i>                                        | Tier 2 | MO; QL (75 ML per 7 days)                                                                                            |
| <i>alendronate oral tablet 10 mg, 35 mg, 5 mg</i>                                   | Tier 2 | MO                                                                                                                   |
| <i>alendronate oral tablet 70 mg</i> (Fosamax)                                      | Tier 2 | MO                                                                                                                   |
| ATELVIA ORAL TABLET, DELAYED RELEASE (DR/EC) 35 MG (risedronate)                    | Tier 4 | MO; ST: Must meet the following requirements: generic Alendronate and Ibandronate in 365 days; QL (1 EA per 7 days)  |
| BINOSTO ORAL TABLET, EFFERVESCENT 70 MG                                             | Tier 4 | MO; ST: Must meet the following requirement: Alendronate and Ibandronate in 365 days; QL (4 EA per 28 days)          |
| <i>calcitonin (salmon) injection solution 200 unit/ml</i> (Miacalcin)               | Tier 2 |                                                                                                                      |

| Drug                                                                   | Status | Notes                                                                                                                |
|------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------------|
| <i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation</i>  | Tier 2 | MO                                                                                                                   |
| EVISTA ORAL TABLET 60 MG (raloxifene)                                  | Tier 1 | MO                                                                                                                   |
| FOSAMAX ORAL TABLET 70 MG (alendronate)                                | Tier 4 | MO                                                                                                                   |
| <i>ibandronate oral tablet 150 mg</i>                                  | Tier 2 | MO                                                                                                                   |
| MIACALCIN INJECTION SOLUTION (calcitonin (salmon)) 200 UNIT/ML         | Tier 4 |                                                                                                                      |
| <i>raloxifene oral tablet 60 mg</i> (Evista)                           | Tier 1 | MO                                                                                                                   |
| <i>risedronate oral tablet 150 mg</i> (Actonel)                        | Tier 2 | MO; ST: Must meet the following requirements: generic Alendronate and Ibandronate in 365 days; QL (1 EA per 30 days) |
| <i>risedronate oral tablet 30 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 | MO; ST: Must meet the following requirements: generic Alendronate and Ibandronate in 365 days; QL (1 EA per 7 days)  |
| <i>risedronate oral tablet 5 mg</i>                                    | Tier 2 | MO; ST: Must meet the following requirements: generic Alendronate and Ibandronate in 365 days; QL (1 EA per 1 day)   |
| <i>risedronate oral tablet,delayed release (dr/ec) 35 mg</i> (Atelvia) | Tier 2 | MO; 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 4 | MO; QL (2 EA per 1 day)                                                                                              |
| <i>cinacalcet oral tablet 90 mg</i> (Sensipar)                         | Tier 4 | MO; QL (4 EA per 1 day)                                                                                              |
| SENSIPAR ORAL TABLET 30 MG, 60 MG (cinacalcet)                         | Tier 5 | MO; QL (2 EA per 1 day)                                                                                              |
| SENSIPAR ORAL TABLET 90 MG (cinacalcet)                                | Tier 5 | MO; 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 4 | MO                                                                                                                   |

| Drug                                                                                                                                                                                                 | Status | Notes  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------|
| <b>Growth Hormone Releasing Hormone (Ghrh) &amp; Analogs</b>                                                                                                                                         |        |        |
| EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG                                                                                                                                                              | Tier 5 | PA; MO |
| EGRIFTA WR SUBCUTANEOUS KIT 11.6 MG                                                                                                                                                                  | Tier 5 | PA; MO |
| <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 4 | PA; MO |
| GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)                                                                                                                        | Tier 4 | PA; MO |
| HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)                                                                                                                       | Tier 5 | PA; MO |
| NGENLA SUBCUTANEOUS PEN INJECTOR 24 MG/1.2 ML (20 MG/ML), 60 MG/1.2 ML (50 MG/ML)                                                                                                                    | Tier 5 | PA; MO |
| NORDITROPIN FLEXPPO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)                                                      | Tier 4 | PA; MO |
| NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML)                                                                                      | Tier 5 | PA; MO |
| OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)                                                                                                                   | Tier 5 | PA; MO |
| OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG                                                                                                                                                             | Tier 5 | PA; MO |
| SAIZEN SAIZENPREP SUBCUTANEOUS CARTRIDGE 8.8 MG/1.51 ML (FINAL CONC.)                                                                                                                                | Tier 5 | PA; MO |
| SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG                                                                                                                                                    | Tier 5 | PA; MO |
| SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG                                                                                                 | Tier 4 | PA; MO |

| Drug                                                                                                         | Status | Notes                   |
|--------------------------------------------------------------------------------------------------------------|--------|-------------------------|
| SOGROYA SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) | Tier 4 | PA; MO                  |
| ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG, 5 MG                                                                 | Tier 5 | PA; MO                  |
| <b>Hyperparathyroid Tx Agents - Vitamin D Analog-Type</b>                                                    |        |                         |
| <i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>                                                  | Tier 2 | MO                      |
| <i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar)                                                      | Tier 2 | MO                      |
| <i>paricalcitol oral capsule 4 mcg</i>                                                                       | Tier 2 | MO                      |
| RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG                                                          | Tier 3 | MO; QL (2 EA per 1 day) |
| ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG (paricalcitol)                                                             | Tier 4 | MO                      |
| <b>Insulin-Like Growth Factor-1 (Igf-1) Hormones</b>                                                         |        |                         |
| INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML                                                                      | Tier 5 | PA                      |
| <b>Leptin Hormone Analogs</b>                                                                                |        |                         |
| MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)                                                        | Tier 5 | PA; MO                  |
| <b>Lhrh (Gnrh) Antagonist,Estrogen And Progestin Comb</b>                                                    |        |                         |
| MYFEMBREE ORAL TABLET 40-1-0.5 MG                                                                            | Tier 3 | PA; MO                  |
| ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)                                                 | Tier 3 | PA; MO                  |
| <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                                                                                  | Tier 3 | PA; MO                  |
| ORILISSA ORAL TABLET 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; MO                  |
| <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; MO                  |

| Drug                                                                                                                               | Status | Notes                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------|--------|---------------------------------------------------------------------------------------|
| <b>Pituitary Suppressive Agents</b>                                                                                                |        |                                                                                       |
| <i>cabergoline oral tablet 0.5 mg</i>                                                                                              | Tier 2 | MO                                                                                    |
| CRENESSITY ORAL CAPSULE 100 MG, 25 MG, 50 MG                                                                                       | Tier 5 | PA; MO                                                                                |
| CRENESSITY ORAL SOLUTION 50 MG/ML                                                                                                  | Tier 5 | PA; MO                                                                                |
| <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 | MO                                                                                    |
| <i>propylthiouracil oral tablet 50 mg</i>                                                                                          | Tier 2 | MO                                                                                    |
| <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 120 MG, 15 MG, 60 MG (thyroid (pork))                                                                          | Tier 4 | MO; ST: Must meet the following requirement: NP Thyroid tablets in 120 days           |
| ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG                                                                      | Tier 4 | MO                                                                                    |
| ADTHYZA ORAL TABLET 30 MG, 90 MG (thyroid (pork))                                                                                  | Tier 4 | MO                                                                                    |
| ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (thyroid (pork))                                                     | Tier 4 | MO; ST: Must meet the following requirement: NP Thyroid tablets in 120 days           |
| ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG                                                                                  | Tier 4 | MO; ST: Must meet the following requirement: NP Thyroid tablets in 120 days           |
| CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG (liothyronine)                                                                           | Tier 4 | MO; ST: Must meet the following requirement: generic Liothyronine tablets in 120 days |
| ERMEZA ORAL SOLUTION 30 MCG/ML                                                                                                     | Tier 2 | PA; MO                                                                                |
| EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine) | Tier 2 | MO; QL (2 EA per 1 day)                                                               |

| Drug                                                                                                                                         | Status | Notes                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------------|
| LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine)    | Tier 4 | MO; ST: Must meet the following requirement: generic Levothyroxine tablets in 120 days; QL (2 EA per 1 day)  |
| <i>levothyroxine oral capsule 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Tirosint)   | Tier 2 | PA; MO                                                                                                       |
| <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 | MO; QL (2 EA per 1 day)                                                                                      |
| <i>levothyroxine oral tablet 300 mcg</i> (Levo-T)                                                                                            | Tier 2 | MO; QL (2 EA per 1 day)                                                                                      |
| LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine)            | Tier 4 | MO; ST: Must meet the following requirement: generic Levothyroxine tablets in 120 days; QL (2 EA per 1 day)  |
| LIOMNY ORAL TABLET 25 MCG, 5 MCG, 50 MCG (liothyronine)                                                                                      | Tier 2 | MO                                                                                                           |
| <i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Liomny)                                                                               | Tier 2 | MO                                                                                                           |
| NIVA THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (thyroid (pork))                                                                 | Tier 4 | MO                                                                                                           |
| NP THYROID 30 MG TABLET (thyroid (pork))                                                                                                     | Tier 2 | MO                                                                                                           |
| NP THYROID 60 MG TABLET (thyroid (pork))                                                                                                     | Tier 2 | MO                                                                                                           |
| NP THYROID 90 MG TABLET (thyroid (pork))                                                                                                     | Tier 2 | MO                                                                                                           |
| NP THYROID ORAL TABLET 120 MG, 15 MG (thyroid (pork))                                                                                        | Tier 2 | MO                                                                                                           |
| RENTHYROID ORAL TABLET 120 MG, 15 MG (thyroid (pork))                                                                                        | Tier 4 | MO; ST: Must meet the following requirement: NP Thyroid tablets in 120 days                                  |
| RENTHYROID ORAL TABLET 30 MG, 90 MG (thyroid (pork))                                                                                         | Tier 4 | MO                                                                                                           |
| SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine) | Tier 4 | MO; ST: Must meet the following requirement: generic Levothyroxine tablets in 120 days; QL (2 EA per 1 day)  |
| THYQUIDITY ORAL SOLUTION 20 MCG/ML                                                                                                           | Tier 4 | MO; 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, 60 mg</i> (NP Thyroid)                                                                          | Tier 2 | MO                                                                                                           |

| Drug                                                                                                                                                                                                      |                                 | Status | Notes                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------|-------------------------------------------------------------------------------------------------------------|
| <i>thyroid 30 mg tablet</i>                                                                                                                                                                               | (NP Thyroid)                    | Tier 2 | MO                                                                                                          |
| <i>thyroid 90 mg tablet</i>                                                                                                                                                                               | (NP Thyroid)                    | Tier 2 | MO                                                                                                          |
| TIROSINT 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                                                                               | (levothyroxine)                 | Tier 4 | PA; MO                                                                                                      |
| TIROSINT ORAL CAPSULE 37.5 MCG, 44 MCG, 62.5 MCG                                                                                                                                                          |                                 | Tier 4 | PA; MO                                                                                                      |
| 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; MO                                                                                                      |
| UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG                                                                              | (levothyroxine)                 | Tier 4 | MO; ST: Must meet the following requirement: generic Levothyroxine tablets in 120 days; QL (2 EA per 1 day) |
| <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>                                                                                                                                                              |                                 |        |                                                                                                             |
| MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION 3.5MG/ML-10,000 UNIT/ML-0.1 %                                                                                                                                  | (neomycin-polymyxin b-dexameth) | Tier 4 |                                                                                                             |
| <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 |                                                                                                             |

| Drug                                                                                               | Status | Notes                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>         | Tier 2 |                                                                                                                                                                |
| NEO-POLYCIN 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 |                                                                                                                                                                |
| <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: generic ophthalmic antihistamine (Azelastine, Epinastine, or Olopatadine) in 120 days; QL (10 ML per 30 days) |
| BEPREVE OPHTHALMIC (EYE) DROPS 1.5 % (bepotastine besilate)                                        | Tier 4 | ST: Must meet any of the following requirements: 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)                                                                                                                                          |



| Drug                                                                     | Status | Notes                                                                                                                                                                |
|--------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ZERVIAE OPHTHALMIC (EYE)<br>DROPPERETTE 0.24 %                           | Tier 4 | QL (60 EA per 30 days)                                                                                                                                               |
| <b>Eye Antiinflammatory Agents</b>                                       |        |                                                                                                                                                                      |
| ACULAR LS OPHTHALMIC (EYE) (ketorolac)<br>DROPS 0.4 %                    | Tier 4 |                                                                                                                                                                      |
| ACULAR OPHTHALMIC (EYE) DROPS (ketorolac)<br>0.5 %                       | Tier 4 | QL (20 ML per 30 days)                                                                                                                                               |
| ACUVAIL (PF) OPHTHALMIC (EYE)<br>DROPPERETTE 0.45 %                      | Tier 4 | ST: Must meet the following requirements: Ilevro 0.3% and one of the following: Diclofenac 0.1% or Ketorolac 0.5% in 365 days; QL (60 EA per 15 days)                |
| ALREX OPHTHALMIC (EYE) (loteprednol etabonate)<br>DROPS,SUSPENSION 0.2 % | Tier 4 | ST: Must meet any of the following requirements: generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% in 120 days; QL (10 ML per 14 days) |
| <i>bromfenac ophthalmic (eye) drops 0.07 %</i> (Prolensa)                | Tier 2 | ST: Must meet any of the following requirements: 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: 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: generic Ketorolac or Diclofenac ophthalmic drops in 120 days; QL (3.4 ML per 16 days)                               |
| BROMSITE OPHTHALMIC (EYE) (bromfenac)<br>DROPS 0.075 %                   | Tier 4 | ST: Must meet any of the following requirements: generic Ketorolac or Diclofenac ophthalmic drops in 120 days; QL (5 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 0.05 %</i> (Durezol)                       | Tier 2 | QL (10 ML per 14 days)                                                                                                                                                                  |
| DUREZOL OPHTHALMIC (EYE)<br>DROPS 0.05 % (difluprednate)                           | Tier 4 | 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)<br/>drops,suspension 0.1 %</i> (FML Liquifilm) | 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)  |
| FML LIQUIFILM OPHTHALMIC (EYE)<br>DROPS,SUSPENSION 0.1 % (fluorometholone)         | Tier 4 | QL (10 ML per 14 days)                                                                                                                                                                  |
| ILEVRO OPHTHALMIC (EYE)<br>DROPS,SUSPENSION 0.3 %                                  | Tier 3 | QL (3.4 ML per 16 days)                                                                                                                                                                 |

| Drug                                                                         | Status | Notes                                                                                                                                                                    |
|------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| INVELTYS OPHTHALMIC (EYE)<br>DROPS,SUSPENSION 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 (5.6 ML per 14 days) |
| <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>DROPS,GEL 0.5 % (loteprednol etabonate)          | Tier 4 | QL (10 GM per 14 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 the following requirements:<br>Ilevro 0.3% and one of the following: Diclofenac 0.1% or Ketorolac 0.5% in 365 days; QL (9 ML per 16 days)                  |
| PRED FORTE OPHTHALMIC (EYE)<br>DROPS,SUSPENSION 1 % (prednisolone acetate)   | Tier 4 | QL (20 ML per 14 days)                                                                                                                                                   |

| Drug                                                                                       | Status | Notes                                                                                                                                                                                  |
|--------------------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PRED MILD OPHTHALMIC (EYE)<br>DROPS,SUSPENSION 0.12 %                                      | 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 (20 ML per 14<br>days) |
| <i>prednisolone acetate (pf) ophthalmic<br/>(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<br/>ophthalmic (eye) drops,suspension 1-<br/>0.075 %</i> | Tier 2 |                                                                                                                                                                                        |
| <i>prednisolone acetate-nepafenac<br/>ophthalmic (eye) drops,suspension 1-0.1<br/>%</i>    | Tier 2 |                                                                                                                                                                                        |
| <i>prednisolone sod ph-bromfenac<br/>ophthalmic (eye) drops 1-0.075 %</i>                  | Tier 2 |                                                                                                                                                                                        |
| <i>prednisolone sodium phosphate<br/>ophthalmic (eye) drops 1 %</i>                        | Tier 2 | QL (20 ML per 14 days)                                                                                                                                                                 |
| PROLENSA OPHTHALMIC (EYE) (bromfenac)<br>DROPS 0.07 %                                      | Tier 4 | ST: Must meet any of the following requirements:<br>generic Ketorolac or<br>Diclofenac ophthalmic<br>drops in 120 days; QL (3<br>ML per 16 days)                                       |
| <b>Eye Antivirals</b>                                                                      |        |                                                                                                                                                                                        |
| <i>trifluridine ophthalmic (eye) drops 1 %</i>                                             | Tier 2 |                                                                                                                                                                                        |
| ZIRGAN OPHTHALMIC (EYE) GEL 0.15<br>%                                                      | Tier 4 | ST: Must meet any of the following requirements: oral<br>Acyclovir, Famciclovir, or<br>Valacyclovir in 120 days                                                                        |
| <b>Eye Local Anesthetics</b>                                                               |        |                                                                                                                                                                                        |
| AKTEN (PF) OPHTHALMIC (EYE) GEL<br>3.5 %                                                   | Tier 4 |                                                                                                                                                                                        |
| ALCAINE OPHTHALMIC (EYE) DROPS (proparacaine)<br>0.5 %                                     | Tier 2 |                                                                                                                                                                                        |
| ALTACAIN OPHTHALMIC (EYE) (tetracaine hcl)<br>DROPS 0.5 %                                  | Tier 2 |                                                                                                                                                                                        |
| ALTAFLUOR BENOX OPHTHALMIC (fluorescein-benoxinate)<br>(EYE) DROPS 0.25-0.4 %              | Tier 2 |                                                                                                                                                                                        |
| <i>fluorescein-benoxinate ophthalmic (eye)<br/>drops 0.3-0.4 %</i>                         | Tier 2 |                                                                                                                                                                                        |
| <i>fluorescein-proparacaine ophthalmic<br/>(eye) drops 0.25-0.5 %</i>                      | Tier 2 |                                                                                                                                                                                        |

| Drug                                                                                             | Status | Notes  |
|--------------------------------------------------------------------------------------------------|--------|--------|
| IHEEZO (PF) OPHTHALMIC (EYE)<br>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. OPHTHALMIC<br>(EYE) OINTMENT 10-0.2 %                                          | Tier 3 |        |
| <i>sulfacetamide sodium ophthalmic (eye)<br/>drops 10 %</i>                                      | Tier 2 |        |
| <i>sulfacetamide sodium ophthalmic (eye)<br/>ointment 10 %</i>                                   | Tier 2 |        |
| <i>sulfacetamide-prednisolone ophthalmic<br/>(eye) drops 10 %-0.23 % (0.25 %)</i>                | Tier 2 |        |
| <b>Eye Vasoconstrictors (Rx Only)</b>                                                            |        |        |
| <i>phenylephrine hcl ophthalmic (eye)<br/>drops 10 %, 2.5 %</i>                                  | Tier 2 |        |
| 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; MO |
| <b>Ophthalmic (Eye) Antiparasitics</b>                                                           |        |        |
| XDEMVI 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)</i> (Polycin)<br><i>ointment 500-10,000 unit/gram</i> | 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 |        |

| Drug                                                                                                | Status | Notes                                                                                                                                     |
|-----------------------------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------|
| gatifloxacin ophthalmic (eye) drops 0.5 %                                                           | Tier 2 |                                                                                                                                           |
| gentamicin ophthalmic (eye) drops 0.3 %                                                             | Tier 2 |                                                                                                                                           |
| levofloxacin ophthalmic (eye) drops 0.5 %, 1.5 %                                                    | Tier 2 |                                                                                                                                           |
| moxifloxacin ophthalmic (eye) drops 0.5 % (Vigamox)                                                 | Tier 2 |                                                                                                                                           |
| moxifloxacin ophthalmic (eye) drops, viscous 0.5 %                                                  | Tier 2 |                                                                                                                                           |
| neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g (Neo-Polycin) | Tier 2 |                                                                                                                                           |
| neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml                 | Tier 2 |                                                                                                                                           |
| NEO-POLYCIN OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT-UNIT/G (neomycin-bacitracin-polymyxin) | Tier 2 |                                                                                                                                           |
| OCUFLOX OPHTHALMIC (EYE) DROPS 0.3 % (ofloxacin)                                                    | Tier 4 |                                                                                                                                           |
| ofloxacin ophthalmic (eye) drops 0.3 % (Ocuflox)                                                    | Tier 2 |                                                                                                                                           |
| POLYCIN OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM (bacitracin-polymyxin b)                     | Tier 2 |                                                                                                                                           |
| polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml                           | Tier 2 |                                                                                                                                           |
| tobramycin 0.3% eye drop                                                                            | Tier 2 |                                                                                                                                           |
| tobramycin-vancomycin ophthalmic (eye) drops 1.5-5 %                                                | Tier 2 |                                                                                                                                           |
| TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %                                                              | Tier 3 |                                                                                                                                           |
| VIGAMOX OPHTHALMIC (EYE) DROPS 0.5 % (moxifloxacin)                                                 | Tier 4 |                                                                                                                                           |
| <b>Ophthalmic Antifungal Agents</b>                                                                 |        |                                                                                                                                           |
| NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %                                                       | Tier 4 |                                                                                                                                           |
| <b>Ophthalmic Anti-Inflammatory Immunomodulator-Type</b>                                            |        |                                                                                                                                           |
| CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %                                                           | Tier 4 | MO; ST: Must meet two of the following requirements: Miebo, Restasis/Cyclosporine, Tyrvaya, or Xiidra in 365 days; QL (60 EA per 30 days) |

| Drug                                                                         | Status | Notes                          |
|------------------------------------------------------------------------------|--------|--------------------------------|
| CYCLOSPORINE IN KLARITY<br>OPHTHALMIC (EYE) DROPS 0.1-0.25<br>%              | Tier 2 | MO                             |
| <i>cyclosporine ophthalmic (eye)</i> (Restasis)<br><i>dropperette 0.05 %</i> | Tier 2 | MO; QL (60 EA per 30<br>days)  |
| RESTASIS MULTIDOSE OPHTHALMIC<br>(EYE) DROPS 0.05 %                          | Tier 3 | MO; QL (5.5 ML per 30<br>days) |
| RESTASIS OPHTHALMIC (EYE) (cyclosporine)<br>DROPPERETTE 0.05 %               | Tier 2 | MO; QL (60 EA per 30<br>days)  |
| VERKAZIA OPHTHALMIC (EYE)<br>DROPPERETTE 0.1 %                               | Tier 4 | PA; MO                         |
| VEVYE OPHTHALMIC (EYE) DROPS<br>0.1 %                                        | Tier 4 | PA; MO                         |
| XIIDRA OPHTHALMIC (EYE)<br>DROPPERETTE 5 %                                   | Tier 3 | MO; QL (60 EA per 30<br>days)  |
| <b>Ophthalmic Human Nerve Growth<br/>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,<br/>Miscellaneous</b>                            |        |                                |
| ACUICYN TOPICAL SPRAY, NON-<br>AEROSOL 0.01 %                                | Tier 4 |                                |
| AMVISC INTRAOCULAR SYRINGE 12<br>MG/ML                                       | Tier 4 |                                |
| AMVISC PLUS INTRAOCULAR<br>SYRINGE 16 MG/ML                                  | Tier 4 |                                |
| AVENOVA TOPICAL SPRAY, NON-<br>AEROSOL 0.01 %                                | Tier 4 |                                |
| BIOLON INTRAOCULAR SYRINGE 10<br>MG/ML                                       | Tier 4 |                                |
| HEALON GV PRO INTRAOCULAR<br>SYRINGE 18 MG/ML                                | Tier 4 |                                |
| HEALON PRO INTRAOCULAR<br>SYRINGE 10 MG/ML                                   | Tier 4 |                                |
| HEALON5 PRO INTRAOCULAR<br>SYRINGE 23 MG/ML                                  | Tier 4 |                                |
| PROVISC INTRAOCULAR SYRINGE 10<br>MG/ML                                      | Tier 4 |                                |
| TOTALVISC INTRAOCULAR SYRINGE<br>2.5 % (1 ML) 1 % (1 ML)                     | Tier 4 |                                |

| Drug                                                                        | Status | Notes                                                                                             |
|-----------------------------------------------------------------------------|--------|---------------------------------------------------------------------------------------------------|
| <b>Eye - Glaucoma</b>                                                       |        |                                                                                                   |
| <b>Carbonic Anhydrase Inhibitors</b>                                        |        |                                                                                                   |
| acetazolamide oral capsule, extended release 500 mg                         | Tier 2 | MO                                                                                                |
| acetazolamide oral tablet 125 mg, 250 mg                                    | Tier 2 | MO                                                                                                |
| methazolamide oral tablet 25 mg, 50 mg                                      | Tier 2 | MO                                                                                                |
| <b>Miotics/Other Intraoc. Pressure Reducers</b>                             |        |                                                                                                   |
| ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %, 0.15 % (brimonidine)               | Tier 4 | MO                                                                                                |
| apraclonidine ophthalmic (eye) drops 0.5 %                                  | Tier 2 |                                                                                                   |
| AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % (brinzolamide)                  | Tier 4 | MO                                                                                                |
| betaxolol ophthalmic (eye) drops 0.5 %                                      | Tier 2 | MO                                                                                                |
| BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %                                       | Tier 4 | MO                                                                                                |
| BETIMOL OPHTHALMIC (EYE) DROPS 0.5 % (timolol)                              | Tier 4 | MO                                                                                                |
| BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %                         | Tier 4 | MO                                                                                                |
| bimatoprost ophthalmic (eye) drops 0.03 %                                   | Tier 2 | MO; QL (1 ML per 12 days)                                                                         |
| brimonidine ophthalmic (eye) drops 0.1 %, 0.15 % (Alphagan P)               | Tier 2 | MO                                                                                                |
| brimonidine ophthalmic (eye) drops 0.2 %                                    | Tier 2 | MO                                                                                                |
| brimonidine-dorzolamide (pf) ophthalmic (eye) drops 0.15-2 %                | Tier 2 | MO                                                                                                |
| brimonidine-dorzolamide ophthalmic (eye) drops 0.1-2 %                      | Tier 2 | MO                                                                                                |
| brimonidine-dorzol-bimatoprost ophthalmic (eye) drops 0.1-2-0.01 %          | Tier 2 | MO                                                                                                |
| brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 % (Combigan)             | Tier 2 | MO                                                                                                |
| brinzolamide ophthalmic (eye) drops,suspension 1 % (Azopt)                  | Tier 2 | MO                                                                                                |
| carteolol ophthalmic (eye) drops 1 %                                        | Tier 2 | MO                                                                                                |
| COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 % (brimonidine-timolol)             | Tier 4 | MO                                                                                                |
| COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE 2-0.5 % (dorzolamide-timolol (pf)) | Tier 4 | MO; ST: Must meet the following requirement: Dorzolamide/Timolol in 120 days; QL (2 EA per 1 day) |



| Drug                                                                                         | Status | Notes                                                                                                                                                                                                 |
|----------------------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| COSOPT OPTHALMIC (EYE) DROPS (dorzolamide-timolol)<br>22.3-6.8 MG/ML                         | Tier 4 | MO                                                                                                                                                                                                    |
| <i>dorzolamide (pf) ophthalmic (eye) drops</i><br>2 %                                        | Tier 2 | MO                                                                                                                                                                                                    |
| <i>dorzolamide ophthalmic (eye) drops</i> 2 %                                                | Tier 2 | MO                                                                                                                                                                                                    |
| <i>dorzolamide-timolol (pf) ophthalmic (eye)</i> (Cosopt (PF))<br><i>dropperette</i> 2-0.5 % | Tier 2 | MO; ST: Must meet the following requirement:<br>Dorzolamide/Timolol in 120 days; QL (2 EA per 1 day)                                                                                                  |
| <i>dorzolamide-timolol ophthalmic (eye)</i> (Cosopt)<br><i>drops</i> 22.3-6.8 mg/ml          | Tier 2 | MO                                                                                                                                                                                                    |
| IOPIDINE OPTHALMIC (EYE)<br>DROPPERETTE 1 %                                                  | Tier 4 |                                                                                                                                                                                                       |
| ISTALOL OPTHALMIC (EYE) DROPS, (timolol maleate)<br>ONCE DAILY 0.5 %                         | Tier 4 | MO                                                                                                                                                                                                    |
| IYUZEH (PF) OPTHALMIC (EYE)<br>DROPPERETTE 0.005 %                                           | Tier 4 | MO; ST: Must meet 2 of the following requirements:<br>generic Prostaglandin Analog and Lumigan in 365 days; QL (1 EA per 1 day)                                                                       |
| <i>latanoprost ophthalmic (eye) drops</i> 0.005 % (Xalatan)                                  | Tier 2 | MO                                                                                                                                                                                                    |
| <i>levobunolol ophthalmic (eye) drops</i> 0.5 %                                              | Tier 2 | MO                                                                                                                                                                                                    |
| LUMIGAN OPTHALMIC (EYE) DROPS<br>0.01 %                                                      | Tier 3 | MO; QL (2.5 ML per 25 days)                                                                                                                                                                           |
| PHOSPHOLINE IODIDE OPTHALMIC (EYE) DROPS 0.125 %                                             | Tier 5 | MO                                                                                                                                                                                                    |
| <i>pilocarpine hcl ophthalmic (eye) drops</i> 1 %, 2 %, 4 %                                  | Tier 2 | MO                                                                                                                                                                                                    |
| <i>pilocarpine hcl ophthalmic (eye) drops</i> (Vuity)<br>1.25 %                              | Tier 2 | MO; QL (10 ML per 30 days)                                                                                                                                                                            |
| QLOSI OPTHALMIC (EYE)<br>DROPPERETTE 0.4 %                                                   | Tier 4 | ST: Must meet the following requirement:<br>generic Pilocarpine Ophthalmic Solution in 120 days; QL (2 EA per 1 day)                                                                                  |
| RHOPRESSA OPTHALMIC (EYE)<br>DROPS 0.02 %                                                    | Tier 4 | MO; ST: Must meet the following requirements:<br>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 | MO; 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 | MO                                                                                                                                                                                                                  |
| <i>tafluprost (pf) ophthalmic (eye)</i> (Zioptan (PF))<br><i>dropperette 0.0015 %</i>                    | Tier 2 | MO; 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 | MO                                                                                                                                                                                                                  |
| <i>timolol maleate (pf) ophthalmic (eye)</i> (Timoptic Ocudose (PF))<br><i>dropperette 0.25 %, 0.5 %</i> | Tier 2 | MO; QL (2 EA per 1 day)                                                                                                                                                                                             |
| <i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>                                              | Tier 2 | MO                                                                                                                                                                                                                  |
| <i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i> (Istalol)                                | Tier 2 | MO                                                                                                                                                                                                                  |
| <i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>                               | Tier 2 | MO                                                                                                                                                                                                                  |
| <i>timolol ophthalmic (eye) drops 0.5 %</i> (Betimol)                                                    | Tier 2 | MO                                                                                                                                                                                                                  |
| <i>timolol-bimatoprost ophthalmic (eye) drops 0.5-0.01 %</i>                                             | Tier 2 | MO                                                                                                                                                                                                                  |
| <i>timolol-brimon-dorzol-bimatop ophthalmic (eye) drops 0.5-0.1-2-0.01 %</i>                             | Tier 2 | MO                                                                                                                                                                                                                  |
| <i>timolol-brimonidi-dorzolam(pf) ophthalmic (eye) drops 0.5-0.15-2 %</i>                                | Tier 2 | MO                                                                                                                                                                                                                  |
| <i>timolol-brimonidine-dorzolamid ophthalmic (eye) drops 0.5-0.1-2 %</i>                                 | Tier 2 | MO                                                                                                                                                                                                                  |
| <i>timolol-dorzolam-bimatopro(pf) ophthalmic (eye) drops 0.5-2-0.01 %</i>                                | Tier 2 | MO                                                                                                                                                                                                                  |
| <i>timolol-dorzolamide-bimatopros ophthalmic (eye) drops 0.5-2-0.01 %</i>                                | Tier 2 | MO                                                                                                                                                                                                                  |
| TIMOPTIC OCUDOSE (PF) (timolol maleate (pf))<br>OPHTHALMIC (EYE) DROPPERETTE<br>0.25 %, 0.5 %            | Tier 4 | MO; QL (2 EA per 1 day)                                                                                                                                                                                             |
| TRAVATAN Z OPHTHALMIC (EYE) (travoprost)<br>DROPS 0.004 %                                                | Tier 4 | MO; QL (2.5 ML per 25 days)                                                                                                                                                                                         |
| <i>travoprost ophthalmic (eye) drops 0.004 %</i> (Travatan Z)                                            | Tier 2 | MO; QL (2.5 ML per 25 days)                                                                                                                                                                                         |
| VIZZ OPHTHALMIC (EYE)<br>DROPPERETTE 1.44 %                                                              | Tier 4 | QL (1 EA per 1 day)                                                                                                                                                                                                 |

| Drug                                                                                   | Status | Notes                                                                                                                            |
|----------------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------------------------|
| VUITY OPHTHALMIC (EYE) DROPS (pilocarpine hcl)<br>1.25 %                               | Tier 4 | MO; QL (10 ML per 30 days)                                                                                                       |
| VYZULTA OPHTHALMIC (EYE) DROPS<br>0.024 %                                              | Tier 4 | MO; ST: Must meet 2 of the following requirements: generic Prostaglandin Analog and Lumigan in 365 days; QL (2.5 ML per 30 days) |
| XALATAN OPHTHALMIC (EYE) DROPS (latanoprost)<br>0.005 %                                | Tier 4 | MO                                                                                                                               |
| XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 %                                       | Tier 4 | MO; ST: Must meet 2 of the following requirements: generic Prostaglandin Analog and Lumigan in 365 days; QL (2.5 ML per 25 days) |
| ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 % (tafluprost (pf))                   | Tier 4 | MO; QL (1 EA per 1 day)                                                                                                          |
| <b>Mydriatics</b>                                                                      |        |                                                                                                                                  |
| <i>atropine ophthalmic (eye) drops 0.01 %, 0.025 %, 0.05 %</i>                         | Tier 2 | MO                                                                                                                               |
| <i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)                           | Tier 2 | MO                                                                                                                               |
| <i>atropine sulfate (pf) ophthalmic (eye) dropperette 1 %</i>                          | Tier 2 | MO                                                                                                                               |
| CYCLOGYL OPHTHALMIC (EYE) DROPS 0.5 %, 1 %, 2 % (cyclopentolate)                       | Tier 4 |                                                                                                                                  |
| CYCLOMYDRIL OPHTHALMIC (EYE) 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 %-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) DROPS 5 % (homatropine hbr)                              | Tier 2 | MO                                                                                                                               |
| MYDCOMBI OPHTHALMIC (EYE) CARTRIDGE 2.5-1 %                                            | Tier 4 |                                                                                                                                  |
| MYDRIACYL OPHTHALMIC (EYE) DROPS 1 % (tropicamide)                                     | Tier 4 |                                                                                                                                  |
| <i>phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 %</i>                   | Tier 2 |                                                                                                                                  |

| Drug                                                                                                   | Status | Notes  |
|--------------------------------------------------------------------------------------------------------|--------|--------|
| <i>tropic 1%-cyclopent 1%-pe 10%-ktrlc 0.5% eye drop (cmpd-rx) 1 %-1 %-10 %-0.5 %</i>                  | Tier 2 |        |
| <i>tropicamide ophthalmic (eye) drops 0.5 %</i>                                                        | Tier 2 |        |
| <i>tropicamide ophthalmic (eye) drops 1 % (Mydracyl)</i>                                               | 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 4 |        |
| <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 %      | 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 Diagnostic Agents</b>                                                                           |        |        |
| BIOGLO OPHTHALMIC (EYE) STRIP 1 MG (fluorescein)                                                       | Tier 2 |        |
| <i>fluorescein ophthalmic (eye) strip 1 mg</i> (BioGlo)                                                | Tier 2 |        |
| GLOSTRIPS OPHTHALMIC (EYE) STRIP 1 MG (fluorescein)                                                    | Tier 2 |        |
| GREEN GLO OPHTHALMIC (EYE) STRIP 1.5 MG (lissamine green)                                              | Tier 2 |        |
| <b>Eye Mydriatic And Nsaid Combinations</b>                                                            |        |        |
| MYDRIATIC4(TROP-PROP-PE-KTRLC) OPHTHALMIC (EYE) DROPS 1-0.5-2.5-0.5 % (tropic-proparacai-pe-ketor-wat) | Tier 2 |        |
| <b>Eye Preparations, Miscellaneous (Otc)</b>                                                           |        |        |
| GELFILM OPHTHALMIC (EYE) FILM                                                                          | Tier 4 |        |
| <b>Ophthalmic Cystine Depleting Agents</b>                                                             |        |        |
| CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %                                                               | Tier 4 | PA; MO |
| CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %                                                                 | Tier 4 | PA; MO |
| <b>Fluid Replacement</b>                                                                               |        |        |
| <b>Nucleic Acid/Nucleotide Supplements</b>                                                             |        |        |
| XURIDEN ORAL GRANULES IN PACKET 2 GRAM                                                                 | Tier 4 | PA; MO |

| Drug                                                                                  |                     | Status | Notes                                                                                                         |
|---------------------------------------------------------------------------------------|---------------------|--------|---------------------------------------------------------------------------------------------------------------|
| <b>Gout And Related Diseases</b>                                                      |                     |        |                                                                                                               |
| <b>Colchicine</b>                                                                     |                     |        |                                                                                                               |
| <i>colchicine oral capsule 0.6 mg</i>                                                 | (Mitigare)          | Tier 2 | MO; QL (2 EA per 1 day)                                                                                       |
| <i>colchicine oral tablet 0.6 mg</i>                                                  | (Colcrys)           | Tier 2 | MO; QL (4 EA per 1 day)                                                                                       |
| COLCRYS ORAL TABLET 0.6 MG                                                            | (colchicine)        | Tier 4 | MO; QL (4 EA per 1 day)                                                                                       |
| GLOPERBA ORAL SOLUTION 0.6 MG/5 ML                                                    |                     | Tier 4 | MO; ST: Must meet the following requirement: Colchicine capsules or tablets in 120 days; QL (10 ML per 1 day) |
| MITIGARE ORAL CAPSULE 0.6 MG                                                          | (colchicine)        | Tier 4 | MO; QL (2 EA per 1 day)                                                                                       |
| <b>Hyperuricemia Tx - Purine Inhibitors</b>                                           |                     |        |                                                                                                               |
| <i>allopurinol oral tablet 100 mg</i>                                                 | (Zyloprim)          | Tier 2 | MO                                                                                                            |
| <i>allopurinol oral tablet 200 mg, 300 mg</i>                                         |                     | Tier 2 | MO                                                                                                            |
| <i>febuxostat oral tablet 40 mg, 80 mg</i>                                            | (Uloric)            | Tier 2 | MO; ST: Must meet the following requirement: Allopurinol in 120 days; QL (30 EA per 30 days)                  |
| ULORIC ORAL TABLET 40 MG, 80 MG                                                       | (febuxostat)        | Tier 4 | MO; ST: Must meet the following requirement: Allopurinol in 120 days; QL (30 EA per 30 days)                  |
| ZYLOPRIM ORAL TABLET 100 MG                                                           | (allopurinol)       | Tier 4 | MO                                                                                                            |
| <b>Uricosuric Agents</b>                                                              |                     |        |                                                                                                               |
| <i>probenecid oral tablet 500 mg</i>                                                  |                     | Tier 2 | MO                                                                                                            |
| <i>probenecid-colchicine tablet 500-0.5 mg</i>                                        |                     | Tier 2 | MO                                                                                                            |
| <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 | MO                                                                                                            |
| <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 | MO                                                                                                            |
| <b>Antifibrinolytic Agents</b>                                                        |                     |        |                                                                                                               |
| AMICAR ORAL SOLUTION 250 MG/ML (25 %)                                                 | (aminocaproic acid) | Tier 4 |                                                                                                               |
| AMICAR ORAL TABLET 1,000 MG, 500 MG                                                   | (aminocaproic acid) | Tier 4 |                                                                                                               |
| <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 |                                                                                                               |

| Drug                                                                                                                                                                                              | Status | Notes |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------|
| <i>tranexamic acid oral tablet 650 mg</i>                                                                                                                                                         | Tier 2 | MO    |
| <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 4 | MO    |
| ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT                                             | Tier 4 | MO    |
| 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 4 | MO    |
| 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 4 | MO    |
| ALTUVIIIO INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4000 (+/-) UNIT, 500 (+/-) UNIT                                                            | Tier 4 | MO    |
| ELOCTATE INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 5,000 UNIT, 500 UNIT, 6,000 UNIT, 750 UNIT                                                  | Tier 4 | MO    |
| ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT                                                          | Tier 4 | MO    |
| FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT                                                                                                                    | Tier 4 |       |
| HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT                                                                                                                                              | Tier 4 | MO    |
| HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT                                                                                                                                                 | Tier 4 | MO    |
| HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT                                                                                                                                                 | Tier 4 | MO    |
| HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT                                                                                                                                      | Tier 4 | MO    |

| Drug                                                                                                                                    | Status | Notes |
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| HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT                                                          | Tier 4 | MO    |
| JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT                      | Tier 4 | MO    |
| KOATE INTRAVENOUS RECON SOLN 250 (+/-) UNIT, 500 (+/-) UNIT                                                                             | Tier 4 | MO    |
| KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT                 | Tier 4 | MO    |
| KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT                    | Tier 4 | MO    |
| NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT | Tier 4 | MO    |
| NOVOSEVEN RT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG), 8 MG (8,000 MCG)                              | Tier 4 |       |
| NUWIQ INTRAVENOUS RECON SOLN 1000 UNIT, 2,000 UNIT, 2,500 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT                              | Tier 4 | MO    |
| OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE                                                                                      | Tier 4 |       |
| RECOMBINATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT                 | Tier 4 | MO    |
| SEVENFACT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG)                                                   | Tier 4 |       |
| WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT                                                                            | Tier 4 |       |
| XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT                                          | Tier 4 | MO    |
| XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT                | Tier 4 | MO    |

| Drug                                                                         | Status | Notes                                                                                                 |
|------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------|
| <b>Blood Factors,Miscellaneous</b>                                           |        |                                                                                                       |
| VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-) UNIT RANGE | Tier 5 |                                                                                                       |
| <b>Citrates As Anticoagulants</b>                                            |        |                                                                                                       |
| ACD SOLUTION A SOLUTION 2.45-2.2 GRAM- 800 MG/100 ML                         | Tier 4 |                                                                                                       |
| ACD-A SOLUTION , 2.45-2.2 GRAM- 730 MG/100 ML                                | Tier 4 |                                                                                                       |
| <i>anticoag citrate phos dextrose solution 2.63-222 gram-mg/100ml</i>        | Tier 2 |                                                                                                       |
| <i>sodium citrate in 0.9 % nacl solution 0.5 %</i>                           | Tier 2 |                                                                                                       |
| <i>sodium citrate intra-catheter solution 4 %</i>                            | Tier 2 |                                                                                                       |
| <i>sodium citrate intra-catheter syringe 4 % (3 ml), 4 % (5 ml)</i>          | Tier 2 |                                                                                                       |
| <i>sodium citrate solution 4 gram /100 ml (4 %)</i>                          | Tier 2 |                                                                                                       |
| <b>Complement (C3) Inhibitors</b>                                            |        |                                                                                                       |
| EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML                                | Tier 5 | PA; MO                                                                                                |
| <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 | MO; QL (2 EA per 1 day)                                                                               |
| ELIQUIS ORAL TABLET 5 MG                                                     | Tier 3 | MO; QL (74 EA per 30 days)                                                                            |
| <i>rivaroxaban oral suspension for reconstitution 1 mg/ml</i> (Xarelto)      | Tier 2 | MO; QL (20 ML per 1 day)                                                                              |
| <i>rivaroxaban oral tablet 2.5 mg</i> (Xarelto)                              | Tier 2 | MO; QL (2 EA per 1 day)                                                                               |
| SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG                                      | Tier 4 | MO; 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 | MO; QL (20 ML per 1 day)                                                                              |
| XARELTO ORAL TABLET 10 MG, 20 MG (rivaroxaban)                               | Tier 3 | MO; QL (1 EA per 1 day)                                                                               |
| XARELTO ORAL TABLET 15 MG, 2.5 MG (rivaroxaban)                              | Tier 3 | MO; QL (2 EA per 1 day)                                                                               |



| Drug                                                                                                                 | Status | Notes  |
|----------------------------------------------------------------------------------------------------------------------|--------|--------|
| <b>Factor Ix Complex (Pcc) Preparations</b>                                                                          |        |        |
| PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT                                 | Tier 4 | MO     |
| <b>Factor Ix Preparations</b>                                                                                        |        |        |
| ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT                               | Tier 4 | MO     |
| ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT                   | Tier 4 | MO     |
| BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT                                | Tier 4 | MO     |
| IDELVION INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,500 (+/-) UNIT, 500 (+/-) UNIT | Tier 4 | MO     |
| IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 3,000 UNIT, 500 UNIT                                          | Tier 4 | MO     |
| REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT                  | Tier 4 |        |
| RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT                                | Tier 4 | MO     |
| <b>Factor X Preparations</b>                                                                                         |        |        |
| COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE                                           | Tier 5 |        |
| <b>Factor Xiii Preparations</b>                                                                                      |        |        |
| CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT                                                                     | Tier 5 | MO     |
| TRETTEN INTRAVENOUS RECON SOLN 2,500 UNIT                                                                            | Tier 5 | MO     |
| <b>Hematinics, Other</b>                                                                                             |        |        |
| ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML                  | Tier 5 | PA; MO |

| Drug                                                                                                                                                                                              | Status | Notes                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------------------------|
| 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; MO                 |
| 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; MO                 |
| 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; MO                 |
| 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; MO                 |
| 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 4 | PA; MO                 |
| <b>Hemophilia Treatment Agents, Non-Factor Replacement</b>                                                                                                                                        |        |                        |
| ALHEMO PEN SUBCUTANEOUS PEN<br>INJECTOR 150 MG/1.5 ML (100<br>MG/ML), 300 MG/3 ML (100 MG/ML), 60<br>MG/1.5 ML (40 MG/ML)                                                                         | Tier 4 | PA; MO                 |
| HEMLIBRA SUBCUTANEOUS<br>SOLUTION 105 MG/0.7 ML, 12 MG/0.4<br>ML, 150 MG/ML, 30 MG/ML, 300 MG/2<br>ML (150 MG/ML), 60 MG/0.4 ML                                                                   | Tier 4 | PA; MO                 |
| HYMPAVZI PEN SUBCUTANEOUS<br>PEN INJECTOR 150 MG/ML                                                                                                                                               | Tier 4 | PA; MO                 |
| QFITLIA PEN SUBCUTANEOUS PEN<br>INJECTOR 50 MG/0.5 ML                                                                                                                                             | Tier 4 | PA; MO                 |
| QFITLIA SUBCUTANEOUS SOLUTION<br>20 MG/0.2 ML                                                                                                                                                     | Tier 4 | PA; MO                 |
| <b>Hemorrhologic Agents</b>                                                                                                                                                                       |        |                        |
| <i>pentoxifylline oral tablet extended<br/>release 400 mg</i>                                                                                                                                     | Tier 2 | MO                     |
| <b>Heparin And Related Preparations</b>                                                                                                                                                           |        |                        |
| ARIXTRA SUBCUTANEOUS SYRINGE (fondaparinux)<br>10 MG/0.8 ML                                                                                                                                       | Tier 4 | QL (24 ML per 30 days) |

| Drug                                                                                                                                         | Status | Notes                    |
|----------------------------------------------------------------------------------------------------------------------------------------------|--------|--------------------------|
| ARIXTRA SUBCUTANEOUS SYRINGE (fondaparinux)<br>2.5 MG/0.5 ML                                                                                 | Tier 4 | QL (15 ML per 30 days)   |
| ARIXTRA SUBCUTANEOUS SYRINGE (fondaparinux)<br>5 MG/0.4 ML                                                                                   | Tier 4 | QL (12 ML per 30 days)   |
| ARIXTRA SUBCUTANEOUS SYRINGE (fondaparinux)<br>7.5 MG/0.6 ML                                                                                 | Tier 4 | QL (18 ML per 30 days)   |
| <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 |                          |
| ENOXILUV SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML                                                                                               | Tier 4 |                          |
| <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) |
| FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML                                                            | Tier 4 | QL (12 ML per 30 days)   |
| FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML                                                                                       | Tier 4 | QL (18 ML per 30 days)   |
| HEP FLUSH-10 (PF) INTRAVENOUS SOLUTION 10 UNIT/ML                                                                                            | Tier 2 |                          |
| <i>heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/500 ml (5 unit/ml), 5,000 unit/500 ml (10 unit/ml)</i>          | Tier 2 |                          |

| Drug                                                                                                                                  | Status | Notes                  |
|---------------------------------------------------------------------------------------------------------------------------------------|--------|------------------------|
| heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)         | Tier 2 |                        |
| heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)                                                                            | Tier 2 |                        |
| heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml                                     | Tier 2 |                        |
| heparin (porcine) injection syringe 5,000 unit/ml                                                                                     | Tier 2 |                        |
| heparin lock flush (porcine) intravenous solution 10 unit/ml                                                                          | Tier 2 |                        |
| HEPARIN LOCKFLUSH(PORCINE)(PF) (heparin, porcine (pf))<br>INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML                                 | Tier 2 |                        |
| heparin, porcine (pf) injection solution 1,000 unit/ml                                                                                | Tier 2 |                        |
| heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml                                                              | Tier 2 |                        |
| heparin, porcine (pf) intravenous syringe 1 unit/ml                                                                                   | Tier 2 |                        |
| heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml (Heparin LockFlush(Porcine)(PF))                                    | Tier 2 |                        |
| LOVENOX SUBCUTANEOUS SOLUTION 300 MG/3 ML (enoxaparin)                                                                                | Tier 4 | QL (30 ML per 30 days) |
| LOVENOX 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 (enoxaparin) | Tier 4 |                        |
| <b>Human Monoclonal Antibody Complement(C5) Inhibitor</b>                                                                             |        |                        |
| FABHALTA ORAL CAPSULE 200 MG                                                                                                          | Tier 4 | PA; MO                 |
| TAVNEOS ORAL CAPSULE 10 MG                                                                                                            | Tier 5 | PA; MO                 |
| VOYDEYA ORAL TABLET 100 MG, 150 MG (50 MG X 1-100 MG X 1)                                                                             | Tier 5 | PA; MO                 |
| ZILBRYSQ SUBCUTANEOUS SYRINGE 16.6 MG/0.416 ML, 23 MG/0.574 ML, 32.4 MG/0.81 ML                                                       | Tier 5 | PA; MO                 |
| <b>Hypoxia Inducible Factor Prolyl Hydroxylase Inh.</b>                                                                               |        |                        |
| VAFSEO ORAL TABLET 150 MG, 300 MG                                                                                                     | Tier 4 | PA; MO                 |
| <b>Leukocyte (Wbc) Stimulants</b>                                                                                                     |        |                        |
| FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML                                                                                             | Tier 5 | PA                     |

| Drug                                                                        | Status | Notes |
|-----------------------------------------------------------------------------|--------|-------|
| FYLNETRA SUBCUTANEOUS<br>SYRINGE 6 MG/0.6 ML                                | Tier 5 | PA    |
| GRANIX SUBCUTANEOUS SOLUTION<br>300 MCG/ML, 480 MCG/1.6 ML                  | Tier 5 | PA    |
| GRANIX SUBCUTANEOUS SYRINGE<br>300 MCG/0.5 ML, 480 MCG/0.8 ML               | Tier 5 | PA    |
| LEUKINE INJECTION RECON SOLN<br>250 MCG                                     | Tier 5 | PA    |
| NEULASTA ONPRO SUBCUTANEOUS<br>SYRINGE, W/ WEARABLE INJECTOR<br>6 MG/0.6 ML | Tier 5 | PA    |
| NEULASTA SUBCUTANEOUS<br>SYRINGE 6 MG/0.6 ML                                | Tier 5 | PA    |
| NEUPOGEN INJECTION SOLUTION<br>300 MCG/ML, 480 MCG/1.6 ML                   | Tier 5 | PA    |
| NEUPOGEN INJECTION SYRINGE 300<br>MCG/0.5 ML, 480 MCG/0.8 ML                | Tier 5 | PA    |
| NIVESTYM INJECTION SOLUTION 300<br>MCG/ML, 480 MCG/1.6 ML                   | Tier 4 | PA    |
| NIVESTYM SUBCUTANEOUS<br>SYRINGE 300 MCG/0.5 ML, 480<br>MCG/0.8 ML          | Tier 4 | PA    |
| NYPOZI INJECTION SYRINGE 300<br>MCG/0.5 ML, 480 MCG/0.8 ML                  | Tier 5 | PA    |
| NYVEPRIA SUBCUTANEOUS<br>SYRINGE 6 MG/0.6 ML                                | Tier 5 | PA    |
| RELEUKO SUBCUTANEOUS SYRINGE<br>300 MCG/0.5 ML, 480 MCG/0.8 ML              | Tier 5 | PA    |
| ROLVEDON SUBCUTANEOUS<br>SYRINGE 13.2 MG/0.6 ML                             | Tier 5 | PA    |
| STIMUFEND SUBCUTANEOUS<br>SYRINGE 6 MG/0.6 ML                               | Tier 5 | PA    |
| UDENYCA AUTOINJECTOR<br>SUBCUTANEOUS AUTO-INJECTOR 6<br>MG/0.6 ML           | Tier 5 | PA    |
| UDENYCA ONBODY SUBCUTANEOUS<br>SYRINGE, W/ WEARABLE INJECTOR<br>6 MG/0.6 ML | Tier 5 | PA    |
| 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 4 | PA    |

| Drug                                                                                  | Status | Notes                   |
|---------------------------------------------------------------------------------------|--------|-------------------------|
| <b>Plasma Proteins</b>                                                                |        |                         |
| RYPLAZIM INTRAVENOUS RECON SOLN 68.8 MG                                               | Tier 5 | PA; MO                  |
| <b>Platelet Aggregation Inhibitors</b>                                                |        |                         |
| ADULT ASPIRIN REGIMEN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)             | Tier 1 | MO                      |
| ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)            | Tier 1 | MO                      |
| ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG (aspirin)                                | Tier 1 | MO                      |
| <i>aspirin oral tablet,chewable 81 mg</i> (Aspirin Childrens)                         | Tier 1 | MO                      |
| <i>aspirin oral tablet,delayed release (dr/ec) 81 mg</i> (Adult Aspirin Regimen)      | Tier 1 | MO                      |
| <i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>               | Tier 2 | MO                      |
| BAYER LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)            | Tier 1 | MO                      |
| BRILINTA ORAL TABLET 60 MG, 90 MG (ticagrelor)                                        | Tier 4 | MO; QL (2 EA per 1 day) |
| CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG (aspirin)                               | Tier 1 | MO                      |
| <i>cilostazol oral tablet 100 mg, 50 mg</i>                                           | Tier 2 | MO                      |
| <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 | MO                      |
| <i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>                                   | Tier 2 | MO                      |
| DURLAZA ORAL CAPSULE,EXTENDED RELEASE 24HR 162.5 MG                                   | Tier 4 | PA; MO                  |
| EFFIENT ORAL TABLET 10 MG, 5 MG (prasugrel hcl)                                       | Tier 4 | MO; QL (1 EA per 1 day) |
| PLAVIX ORAL TABLET 75 MG (clopidogrel)                                                | Tier 4 | MO                      |
| <i>prasugrel hcl oral tablet 10 mg, 5 mg</i> (Effient)                                | Tier 2 | MO; QL (1 EA per 1 day) |
| ST JOSEPH ASPIRIN ORAL TABLET,CHEWABLE 81 MG (aspirin)                                | Tier 1 | MO                      |
| ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)                | Tier 1 | MO                      |
| <i>ticagrelor oral tablet 60 mg, 90 mg</i> (Brilinta)                                 | Tier 2 | MO; QL (2 EA per 1 day) |
| YOSPRALA ORAL TABLET,IR,DELAYED REL,BIPHASIC 325-40 MG, 81-40 MG (aspirin-omeprazole) | Tier 4 | PA; MO                  |
| ZONTIVITY ORAL TABLET 2.08 MG                                                         | Tier 4 | MO; QL (1 EA per 1 day) |

| Drug                                                                      | Status | Notes                                                                                              |
|---------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------|
| <b>Platelet Reducing Agents</b>                                           |        |                                                                                                    |
| AGRYLIN ORAL CAPSULE 0.5 MG (anagrelide)                                  | Tier 4 | MO                                                                                                 |
| <i>anagrelide oral capsule 0.5 mg</i> (Agrylin)                           | Tier 2 | MO                                                                                                 |
| <i>anagrelide oral capsule 1 mg</i>                                       | Tier 2 | MO                                                                                                 |
| <b>Pyruvate Kinase Activators</b>                                         |        |                                                                                                    |
| PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG                                   | Tier 5 | PA; MO                                                                                             |
| 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 | MO                                                                                                 |
| ENDARI ORAL POWDER IN PACKET 5 GRAM (glutamine (sickle cell))             | Tier 5 | PA; MO                                                                                             |
| <i>glutamine (sickle cell) oral powder in packet 5 gram</i> (Endari)      | Tier 4 | PA; MO                                                                                             |
| SIKLOS ORAL TABLET 1,000 MG                                               | Tier 4 | MO; ST: Must meet the following requirements: generic Hydroxyurea and Droxia in 365 days           |
| SIKLOS ORAL TABLET 100 MG                                                 | Tier 4 | MO; QL (2 EA per 1 day)                                                                            |
| XROMI ORAL SOLUTION 100 MG/ML                                             | Tier 4 | PA; MO                                                                                             |
| <b>Spleen Tyrosine Kinase Inhibitors</b>                                  |        |                                                                                                    |
| TAVALISSE ORAL TABLET 100 MG, 150 MG                                      | Tier 4 | PA                                                                                                 |
| <b>Thrombin Inhibitors, Selective, Direct, &amp; Reversible</b>           |        |                                                                                                    |
| <i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i> (Pradaxa)  | Tier 2 | MO; QL (2 EA per 1 day)                                                                            |
| PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG (dabigatran etexilate)         | Tier 4 | MO; ST: Must meet the following requirements: Eliquis and Xarelto in 365 days; 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; MO                                                                                             |
| <b>Thrombopoietin Receptor Agonists</b>                                   |        |                                                                                                    |
| ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG                              | Tier 5 | PA; MO                                                                                             |
| DOPTelet (10 TAB PACK) ORAL TABLET 20 MG                                  | Tier 4 | PA                                                                                                 |
| DOPTelet (15 TAB PACK) ORAL TABLET 20 MG                                  | Tier 4 | PA                                                                                                 |

| Drug                                                                                                                       | Status | Notes  |
|----------------------------------------------------------------------------------------------------------------------------|--------|--------|
| DOPTelet (30 TAB PACK) ORAL<br>TABLET 20 MG                                                                                | Tier 4 | PA     |
| <i>eltrombopag olamine oral powder in<br/>packet 12.5 mg, 25 mg</i> (Promacta)                                             | Tier 4 | PA; MO |
| <i>eltrombopag olamine oral tablet 12.5 mg,<br/>25 mg, 50 mg, 75 mg</i> (Promacta)                                         | Tier 4 | PA; MO |
| MULPLETA ORAL TABLET 3 MG                                                                                                  | Tier 5 | PA     |
| PROMACTA ORAL POWDER IN<br>PACKET 12.5 MG, 25 MG (eltrombopag olamine)                                                     | Tier 4 | PA; MO |
| PROMACTA ORAL TABLET 12.5 MG,<br>25 MG, 50 MG, 75 MG (eltrombopag olamine)                                                 | Tier 5 | PA; MO |
| <b>Topical Hemostatics</b>                                                                                                 |        |        |
| ASTRINGYN TOPICAL SOLUTION 259<br>MG/G                                                                                     | Tier 4 |        |
| AVITENE FLOUR TOPICAL POWDER                                                                                               | Tier 4 |        |
| AVITENE TOPICAL POWDER IN<br>PACKET                                                                                        | Tier 4 |        |
| AVITENE TOPICAL SHEET 35 X 35<br>MM, 70 X 35 MM, 70 X 70 MM                                                                | Tier 4 |        |
| ENDO AVITENE TOPICAL SHEET 10<br>MM, 5 MM                                                                                  | Tier 4 |        |
| EVICEL TOPICAL SOLUTION 800-<br>1,200 UNIT /ML (1 ML X 2), 800-1,200<br>UNIT /ML(2ML X 2), 800-1,200 UNIT<br>/ML(5 ML X 2) | Tier 4 |        |
| GEL-FLOW NT TOPICAL SYRINGE                                                                                                | Tier 4 |        |
| GEL-FLOW TOPICAL SYRINGE KIT<br>5,000 UNIT                                                                                 | Tier 4 |        |
| GELFOAM COMPRESSED SIZE 100<br>TOPICAL SPONGE 100 CM                                                                       | Tier 4 |        |
| GELFOAM JMI POWDER TOPICAL KIT<br>5,000 UNIT                                                                               | Tier 4 |        |
| GELFOAM JMI SPONGE TOPICAL<br>COMBO PACK 5,000 UNIT                                                                        | Tier 4 |        |
| GELFOAM MUCOUS MEMBRANE<br>POWDER                                                                                          | Tier 4 |        |
| GELFOAM SPONGE SIZE 100<br>TOPICAL SPONGE 100                                                                              | Tier 4 |        |
| GELFOAM SPONGE SIZE 12-7MM<br>TOPICAL SPONGE 12-7 MM                                                                       | Tier 4 |        |
| GELFOAM SPONGE SIZE 200<br>TOPICAL SPONGE 200                                                                              | Tier 4 |        |
| GELFOAM SPONGE SIZE 50 TOPICAL<br>SPONGE 50                                                                                | Tier 4 |        |
| GELFOAM TOPICAL SPONGE 4                                                                                                   | Tier 4 |        |



| Drug                                                                                                                      | Status | Notes |
|---------------------------------------------------------------------------------------------------------------------------|--------|-------|
| 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 |       |
| SURGIFOAM TOPICAL SPONGE 100 , 100 CM, 12-7 MM, 50                                                                        | 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 |       |
| 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 |       |

| Drug                                                                                                     | Status | Notes                             |
|----------------------------------------------------------------------------------------------------------|--------|-----------------------------------|
| <b>Hormonal Deficiency</b>                                                                               |        |                                   |
| <b>Androgenic Agents</b>                                                                                 |        |                                   |
| ANDROGEL TRANSDERMAL GEL IN (testosterone)<br>METERED-DOSE PUMP 20.25 MG/1.25<br>GRAM (1.62 %)           | Tier 4 | PA; MO; QL (5 GM per 1<br>day)    |
| DEPO-TESTOSTERONE (testosterone cypionate)<br>INTRAMUSCULAR OIL 100 MG/ML                                | Tier 4 | PA; MO; QL (10 ML per 28<br>days) |
| JATENZO ORAL CAPSULE 158 MG,<br>198 MG                                                                   | Tier 4 | PA; MO; QL (4 EA per 1<br>day)    |
| JATENZO ORAL CAPSULE 237 MG                                                                              | Tier 4 | PA; MO; QL (2 EA per 1<br>day)    |
| KYZATREX ORAL CAPSULE 100 MG                                                                             | Tier 4 | PA; MO; QL (2 EA per 1<br>day)    |
| KYZATREX ORAL CAPSULE 150 MG,<br>200 MG                                                                  | Tier 4 | PA; MO; QL (4 EA per 1<br>day)    |
| METHITEST ORAL TABLET 10 MG (methyltestosterone)                                                         | Tier 4 | PA; MO                            |
| <i>methyltestosterone oral capsule 10 mg</i>                                                             | Tier 2 | PA; MO                            |
| NATESTO NASAL GEL IN METERED-<br>DOSE PUMP 5.5 MG/0.122<br>GRAM/ACTUATION                                | Tier 4 | PA; MO; QL (22 GM per 30<br>days) |
| TESTIM TRANSDERMAL GEL 50 MG/5 (testosterone)<br>GRAM (1 %)                                              | Tier 4 | PA; MO; QL (10 GM per 1<br>day)   |
| <i>testosterone cypionate intramuscular oil</i> (Depo-Testosterone)<br><i>100 mg/ml, 200 mg/ml</i>       | Tier 2 | PA; MO; QL (10 ML per 28<br>days) |
| <i>testosterone enanthate intramuscular oil</i><br><i>200 mg/ml</i>                                      | Tier 2 | PA; QL (5 ML per 28 days)         |
| <i>testosterone transdermal gel 50 mg/5</i> (Testim)<br><i>gram (1 %)</i>                                | Tier 2 | PA; MO; QL (10 GM per 1<br>day)   |
| <i>testosterone transdermal gel in metered-<br/>dose pump 10 mg/0.5 gram /actuation</i>                  | Tier 2 | PA; MO; QL (4 GM per 1<br>day)    |
| <i>testosterone transdermal gel in metered-<br/>dose pump 12.5 mg/ 1.25 gram (1 %)</i> (Vogelxo)         | Tier 2 | PA; MO; QL (10 GM per 1<br>day)   |
| <i>testosterone transdermal gel in metered-<br/>dose pump 20.25 mg/1.25 gram (1.62<br/>%)</i> (AndroGel) | Tier 2 | PA; MO; QL (5 GM per 1<br>day)    |
| <i>testosterone transdermal gel in packet 1<br/>% (25 mg/2.5gram), 1.62 % (40.5 mg/2.5<br/>gram)</i>     | Tier 2 | PA; MO; QL (5 GM per 1<br>day)    |
| <i>testosterone transdermal gel in packet 1</i> (Vogelxo)<br><i>% (50 mg/5 gram)</i>                     | Tier 2 | PA; MO; QL (10 GM per 1<br>day)   |
| <i>testosterone transdermal gel in packet<br/>1.62 % (20.25 mg/1.25 gram)</i>                            | Tier 2 | PA; MO; QL (1.25 GM per<br>1 day) |
| <i>testosterone transdermal solution in<br/>metered pump w/app 30 mg/actuation<br/>(1.5 ml)</i>          | Tier 2 | PA; MO; QL (6 ML per 1<br>day)    |

| Drug                                                                                 | Status | Notes                         |
|--------------------------------------------------------------------------------------|--------|-------------------------------|
| TLANDO ORAL CAPSULE 112.5 MG                                                         | Tier 4 | PA; MO; QL (4 EA per 1 day)   |
| VOGELXO TRANSDERMAL GEL 50 MG/5 GRAM (1 %) (testosterone)                            | Tier 4 | PA; MO; QL (10 GM per 1 day)  |
| VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %) (testosterone) | Tier 4 | PA; MO; QL (10 GM per 1 day)  |
| VOGELXO TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM) (testosterone)                  | Tier 4 | PA; MO; QL (10 GM 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; MO; 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 | MO                            |
| <b>Estrogen &amp; Selective Estrogen Recept Mod(Serm)Comb</b>                        |        |                               |
| DUAVEE ORAL TABLET 0.45-20 MG                                                        | Tier 3 | MO                            |
| <b>Estrogen And Progestin Combinations</b>                                           |        |                               |
| BIJUVA ORAL CAPSULE 0.5-100 MG                                                       | Tier 3 | MO; QL (1 EA per 1 day)       |
| BIJUVA ORAL CAPSULE 1-100 MG                                                         | Tier 3 | MO; 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 | MO                            |
| COVARYX ORAL TABLET 1.25-2.5 MG (estrogens-methyltestosterone)                       | Tier 2 | MO                            |
| EEMT HS ORAL TABLET 0.625-1.25 MG (estrogens-methyltestosterone)                     | Tier 2 | MO                            |
| EEMT ORAL TABLET 1.25-2.5 MG (estrogens-methyltestosterone)                          | Tier 2 | MO                            |
| ESTRATEST F.S. ORAL TABLET 1.25-2.5 MG (estrogens-methyltestosterone)                | Tier 2 | MO                            |
| <i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg</i> (Covaryx H.S.)         | Tier 2 | MO                            |
| <i>estrogens-methyltestosterone oral tablet 1.25-2.5 mg</i> (Covaryx)                | Tier 2 | MO                            |
| <b>Estrogenic Agents</b>                                                             |        |                               |
| ABIGALE LO ORAL TABLET 0.5-0.1 MG (estradiol-norethindrone acet)                     | Tier 2 | MO                            |
| ABIGALE ORAL TABLET 1-0.5 MG (estradiol-norethindrone acet)                          | Tier 2 | MO                            |
| ACTIVELLA ORAL TABLET 1-0.5 MG (estradiol-norethindrone acet)                        | Tier 4 | MO                            |

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

| Drug                                                                                                                           |                                  | Status | Notes                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------|------------------------------------------------------------------------------------------------------------------------------------|
| estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%)               | (Divigel)                        | Tier 2 | MO; ST: Must meet any of the following requirements: generic Climara, Minivelle, Vivelle-Dot in 120 days; QL (30 EA per 30 days)   |
| estradiol transdermal gel in packet 1 mg/gram (0.1 %)                                                                          | (Divigel)                        | Tier 2 | MO; ST: Must meet any of the following requirements: generic Climara, Minivelle, Vivelle-Dot in 120 days; QL (30 GM per 30 days)   |
| estradiol transdermal gel in packet 1.25 mg/1.25 gram (0.1 %)                                                                  | (Divigel)                        | Tier 2 | MO; ST: Must meet any of the following requirements: generic Climara, Minivelle, Vivelle-Dot in 120 days; QL (37.5 GM per 30 days) |
| estradiol 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            | (Dotti)                          | Tier 2 | MO; QL (2 EA per 7 days)                                                                                                           |
| estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr | (Climara)                        | Tier 2 | MO; QL (1 EA per 7 days)                                                                                                           |
| estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml                                                                        | (Delestrogen)                    | Tier 2 |                                                                                                                                    |
| estradiol valerate intramuscular oil 40 mg/ml                                                                                  |                                  | Tier 2 |                                                                                                                                    |
| estradiol-norethindrone acet oral tablet 0.5-0.1 mg                                                                            | (Abigale Lo)                     | Tier 2 | MO                                                                                                                                 |
| estradiol-norethindrone acet oral tablet 1-0.5 mg                                                                              | (Abigale)                        | Tier 2 | MO                                                                                                                                 |
| ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION                                                              | (estradiol)                      | Tier 4 | MO; ST: Must meet any of the following requirements: generic Climara, Minivelle, Vivelle-Dot in 120 days                           |
| EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%)                                                                    |                                  | Tier 4 | MO; 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 1 | MO                                                                                                                                 |
| JINTELI ORAL TABLET 1-5 MG-MCG                                                                                                 | (norethindrone ac-eth estradiol) | Tier 1 | MO                                                                                                                                 |
| 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 | MO; QL (2 EA per 7 days)                                                                                                           |

| Drug                                                                                                                              | Status | Notes                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------|--------|---------------------------------------------------------------------------------------------------------------------|
| MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG                                                                              | Tier 4 | MO                                                                                                                  |
| MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR                                                                                    | Tier 4 | MO; QL (1 EA per 7 days)                                                                                            |
| MIMVEY ORAL TABLET 1-0.5 MG (estradiol-norethindrone acet)                                                                        | Tier 2 | MO                                                                                                                  |
| MINIVELLE 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 4 | MO; QL (2 EA per 7 days)                                                                                            |
| <i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> (Fyavolv)                                            | Tier 1 | MO                                                                                                                  |
| PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG                                                                                      | Tier 3 | MO                                                                                                                  |
| PREMARIN ORAL TABLET 0.625 MG, 1.25 MG (conjugated estrogens)                                                                     | Tier 3 | MO                                                                                                                  |
| PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)                                                                              | Tier 3 | MO                                                                                                                  |
| PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG                                                             | Tier 3 | MO                                                                                                                  |
| VIVELLE-DOT 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 4 | MO; QL (2 EA per 7 days)                                                                                            |
| <b>Menopausal Symptoms Suppressant - Ssris</b>                                                                                    |        |                                                                                                                     |
| <i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i>                                                                         | Tier 2 | MO; 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 | MO                                                                                                                  |
| <b>Progestational Agents</b>                                                                                                      |        |                                                                                                                     |
| CRINONE VAGINAL GEL 4 %                                                                                                           | Tier 3 |                                                                                                                     |
| GALLIFREY ORAL TABLET 5 MG (norethindrone acetate)                                                                                | Tier 2 | MO                                                                                                                  |
| <i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> (Provera)                                                              | Tier 2 | MO                                                                                                                  |
| <i>norethindrone acetate oral tablet 5 mg</i> (Gallifrey)                                                                         | Tier 2 | MO                                                                                                                  |
| <i>progesterone intramuscular oil 50 mg/ml</i>                                                                                    | Tier 2 |                                                                                                                     |
| <i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)                                                           | Tier 2 | MO                                                                                                                  |
| PROMETRIUM ORAL CAPSULE 100 MG, 200 MG (progesterone micronized)                                                                  | Tier 4 | MO                                                                                                                  |

| Drug                                                                                                                                                              | Status | Notes                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------------------------------------------------------------------|
| PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG (medroxyprogesterone)                                                                                                     | Tier 4 | MO                                                               |
| <b>Immunization</b>                                                                                                                                               |        |                                                                  |
| <b>Antisera</b>                                                                                                                                                   |        |                                                                  |
| CUTAQUIG SUBCUTANEOUS SOLUTION 16.5 %                                                                                                                             | Tier 5 | PA; MO                                                           |
| 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; MO                                                           |
| GAMMAGARD LIQUID INJECTION SOLUTION 10 %                                                                                                                          | Tier 4 | PA; MO                                                           |
| 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; MO                                                           |
| 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 4 | PA; MO                                                           |
| 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; MO                                                           |
| 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; MO                                                           |
| 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; MO                                                           |
| 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; MO                                                           |
| <b>Covid-19 Vaccines</b>                                                                                                                                          |        |                                                                  |
| COMIRNATY 2025-2026(5-11Y)(PF) INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML                                                                                             | Tier 1 | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| COMIRNATY 2025-26 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML                                                                                                | Tier 1 | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |



| Drug                                                                                  | Status | Notes                                                                     |
|---------------------------------------------------------------------------------------|--------|---------------------------------------------------------------------------|
| MNEXSPIKE 2025-2026 (PF)<br>INTRAMUSCULAR SYRINGE 10<br>MCG/0.2 ML                    | Tier 1 | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| MODERNA COVID 24-25(6M-11Y)PF<br>INTRAMUSCULAR SYRINGE 25<br>MCG/0.25 ML              | Tier 1 | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| NOVAVAX COVID 2024-25(PF)(EUA)<br>INTRAMUSCULAR SYRINGE 5<br>MCG/0.5 ML               | Tier 1 | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| NUVAXOVID 2025-2026 (PF)<br>INTRAMUSCULAR SYRINGE 5<br>MCG/0.5 ML                     | Tier 1 | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| SPIKEVAX 2024-2025(12Y UP)(PF)<br>INTRAMUSCULAR SYRINGE 50<br>MCG/0.5 ML              | Tier 1 | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| SPIKEVAX 2025-2026(12Y UP)(PF)<br>INTRAMUSCULAR SYRINGE 50<br>MCG/0.5 ML              | Tier 1 | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| SPIKEVAX 2025-26 (6M-11Y) (PF)<br>INTRAMUSCULAR SYRINGE 25<br>MCG/0.25 ML             | Tier 1 | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| <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>Gram Negative Cocci Vaccines</b>                                                   |        |                                                                           |
| BEXSERO INTRAMUSCULAR<br>SYRINGE 50-50-50-25 MCG/0.5 ML                               | Tier 4 |                                                                           |
| TRUMENBA INTRAMUSCULAR<br>SYRINGE 120 MCG/0.5 ML                                      | Tier 4 |                                                                           |
| <b>Influenza Virus Vaccines</b>                                                       |        |                                                                           |
| AFLURIA 2025-2026 (3YR UP)(PF)<br>INTRAMUSCULAR SYRINGE 45 MCG<br>(15 MCG X 3)/0.5 ML | Tier 1 | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |



| Drug                                                                                               | Status | Notes                                                                     |
|----------------------------------------------------------------------------------------------------|--------|---------------------------------------------------------------------------|
| AFLURIA 2025-2026 (6MO UP)<br>INTRAMUSCULAR SUSPENSION 45<br>MCG (15 MCG X 3)/0.5 ML               | Tier 1 | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| AUDENZ (NATIONAL STOCKPILE)<br>INTRAMUSCULAR EMULSION 7.5<br>MCG/0.5 ML                            | Tier 3 |                                                                           |
| AUDENZ(PF)(NATIONAL STOCKPILE)<br>INTRAMUSCULAR SYRINGE 7.5<br>MCG/0.5 ML                          | Tier 3 |                                                                           |
| FLUAD 2025-2026 (65 YR UP)(PF)<br>INTRAMUSCULAR SYRINGE 45 MCG<br>(15 MCG X 3)/0.5 ML              | Tier 1 | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| FLUARIX 2025-2026 (PF)<br>INTRAMUSCULAR SYRINGE 45 MCG<br>(15 MCG X 3)/0.5 ML                      | Tier 1 | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| FLUBLOK 2025-2026 (PF)<br>INTRAMUSCULAR SYRINGE 135 MCG<br>(45 MCG X 3)/0.5 ML                     | Tier 1 | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| FLUCELVAX 2025-2026 (PF)<br>INTRAMUSCULAR SYRINGE 45 MCG<br>(15 MCG X 3)/0.5 ML                    | Tier 1 | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| FLUCELVAX 2025-2026<br>INTRAMUSCULAR SUSPENSION 45<br>MCG (15 MCG X 3)/0.5 ML                      | Tier 1 | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| FLULAVAL 2025-2026 (PF)<br>INTRAMUSCULAR SYRINGE 45 MCG<br>(15 MCG X 3)/0.5 ML                     | Tier 1 | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| FLUMIST 2025-2026 NASAL NASAL<br>SPRAY SYRINGE 10EXP6.5-7.5 FF<br>UNIT/0.2 ML                      | Tier 1 | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| FLUMIST HOME 2025-2026 NASAL<br>(HOME ADMIN) NASAL SPRAY<br>SYRINGE 10EXP6.5-7.5 FF UNIT/0.2<br>ML | Tier 1 | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| FLUZONE 2025-2026 (PF)<br>INTRAMUSCULAR SYRINGE 45 MCG<br>(15 MCG X 3)/0.5 ML                      | Tier 1 | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |

| Drug                                                                                    | Status | Notes                                                                     |
|-----------------------------------------------------------------------------------------|--------|---------------------------------------------------------------------------|
| FLUZONE 2025-2026<br>INTRAMUSCULAR SUSPENSION 45<br>MCG (15 MCG X 3)/0.5 ML             | Tier 1 | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| FLUZONE HIGH-DOSE 2025-26 (PF)<br>INTRAMUSCULAR SYRINGE 180<br>MCG/0.5 ML               | Tier 1 | \$0 COPAY WITH<br>RESTRICTIONS THAT<br>APPLY ACCORDING TO<br>CDC GUIDANCE |
| <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; MO                                                                    |
| <i>imiquimod topical cream in metered-<br/>dose pump 3.75 %</i> (Zyclara)               | Tier 2 |                                                                           |
| <i>imiquimod topical cream in packet 3.75<br/>%</i> (Zyclara)                           | Tier 2 |                                                                           |
| <i>imiquimod topical cream in packet 5 %</i>                                            | Tier 2 | QL (2 EA per 1 day)                                                       |
| KAZURI TOPICAL GEL 5-0.05-1 % (imiquimod-tretinoin-<br>levocetir)                       | Tier 4 |                                                                           |
| KERIDA TOPICAL GEL 5-0.1-30 %                                                           | Tier 4 |                                                                           |
| KYNARA TOPICAL GEL 5-1-2 % (imiquimod-levocetirizin-<br>niacin)                         | Tier 4 |                                                                           |
| QUIDROXZAR TOPICAL GEL 5-0.1-30<br>%                                                    | Tier 4 |                                                                           |
| QUIHOXAXIA TOPICAL GEL 5-1-2 % (imiquimod-levocetirizin-<br>niacin)                     | Tier 4 |                                                                           |
| QUIHOXVAR TOPICAL GEL 5-0.05-1 % (imiquimod-tretinoin-<br>levocetir)                    | Tier 4 |                                                                           |
| ZYCLARA TOPICAL CREAM IN<br>METERED-DOSE PUMP 2.5 %                                     | Tier 4 |                                                                           |

| Drug                                                                                        | Status | Notes                                                                       |
|---------------------------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------|
| <b>Immunosuppressives</b>                                                                   |        |                                                                             |
| ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG (tacrolimus)              | Tier 4 | MO; ST: Must meet the following requirement: generic Tacrolimus in 120 days |
| AZASAN ORAL TABLET 100 MG, 75 MG (azathioprine)                                             | Tier 4 | MO                                                                          |
| <i>azathioprine oral tablet 100 mg, 75 mg</i> (Azasan)                                      | Tier 2 | MO                                                                          |
| <i>azathioprine oral tablet 50 mg</i> (Imuran)                                              | Tier 2 | MO                                                                          |
| CELLCEPT ORAL CAPSULE 250 MG (mycophenolate mofetil)                                        | Tier 4 | MO                                                                          |
| CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML (mycophenolate mofetil)               | Tier 4 | MO                                                                          |
| CELLCEPT ORAL TABLET 500 MG (mycophenolate mofetil)                                         | Tier 4 | MO                                                                          |
| <i>cyclosporine modified oral capsule 100 mg, 25 mg</i> (Gengraf)                           | Tier 2 | MO                                                                          |
| <i>cyclosporine modified oral capsule 50 mg</i>                                             | Tier 2 | MO                                                                          |
| <i>cyclosporine modified oral solution 100 mg/ml</i> (Gengraf)                              | Tier 2 | MO                                                                          |
| <i>cyclosporine oral capsule 100 mg, 25 mg</i> (Sandimmune)                                 | Tier 2 | MO                                                                          |
| ENVARISUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG                         | Tier 4 | MO; ST: Must meet the following requirement: generic Tacrolimus in 120 days |
| <i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i> (Zortress) | Tier 2 | MO                                                                          |
| GENGRAF ORAL CAPSULE 100 MG, 25 MG (cyclosporine modified)                                  | Tier 2 | MO                                                                          |
| GENGRAF ORAL SOLUTION 100 MG/ML (cyclosporine modified)                                     | Tier 2 | MO                                                                          |
| IMURAN ORAL TABLET 50 MG (azathioprine)                                                     | Tier 4 | MO                                                                          |
| LUPKYNIS ORAL CAPSULE 7.9 MG                                                                | Tier 5 | PA; MO                                                                      |
| <i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept)                                 | Tier 2 | MO                                                                          |
| <i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept)        | Tier 2 | MO                                                                          |
| <i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept)                                  | Tier 2 | MO                                                                          |
| <i>mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg</i> (Myfortic)   | Tier 2 | MO                                                                          |
| MYFORTIC ORAL TABLET,DELAYED RELEASE (DR/EC) 180 MG, 360 MG (mycophenolate sodium)          | Tier 4 | MO                                                                          |
| MYHIBBIN ORAL SUSPENSION 200 MG/ML                                                          | Tier 4 | PA; MO                                                                      |

| Drug                                                                                 | Status | Notes                   |
|--------------------------------------------------------------------------------------|--------|-------------------------|
| NEORAL ORAL CAPSULE 100 MG, 25 MG (cyclosporine modified)                            | Tier 4 | MO                      |
| NEORAL ORAL SOLUTION 100 MG/ML (cyclosporine modified)                               | Tier 4 | MO                      |
| PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (tacrolimus)                                 | Tier 4 | MO                      |
| PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG                                         | Tier 3 | MO                      |
| SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (cyclosporine)                                 | Tier 4 | MO                      |
| <i>sirolimus oral solution 1 mg/ml</i>                                               | Tier 2 | MO                      |
| <i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>                                      | Tier 2 | MO                      |
| <i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)                          | Tier 2 | MO                      |
| ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG (everolimus (immunosuppressive)) | Tier 4 | MO                      |
| <b>Rho Kinase Inhibitor</b>                                                          |        |                         |
| REZUROCK ORAL TABLET 200 MG                                                          | Tier 4 | PA; MO                  |
| <b>Infectious Disease - Bacterial</b>                                                |        |                         |
| <b>Absorbable Sulfonamides</b>                                                       |        |                         |
| BACTRIM DS ORAL TABLET 800-160 MG (sulfamethoxazole-trimethoprim)                    | Tier 4 |                         |
| BACTRIM ORAL TABLET 400-80 MG (sulfamethoxazole-trimethoprim)                        | Tier 4 |                         |
| <i>sulfadiazine oral tablet 500 mg</i>                                               | Tier 2 |                         |
| <i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim)      | Tier 2 |                         |
| <i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)                 | Tier 2 |                         |
| <i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (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 4 | 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>                                               |        |                         |
| <i>cefadroxil oral capsule 500 mg</i>                                                | Tier 2 |                         |
| <i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>        | Tier 2 |                         |
| <i>cefadroxil oral tablet 1 gram</i>                                                 | Tier 2 |                         |

| Drug                                                                                     | Status | Notes |
|------------------------------------------------------------------------------------------|--------|-------|
| <i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>                                    | Tier 2 |       |
| <i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>            | Tier 2 |       |
| <i>cephalexin oral tablet 250 mg, 500 mg</i>                                             | Tier 2 |       |
| <b>Cephalosporins - 2Nd Generation</b>                                                   |        |       |
| <i>cefaclor oral capsule 250 mg, 500 mg</i>                                              | Tier 2 |       |
| <i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i> | Tier 2 |       |
| <i>cefaclor oral tablet extended release 12 hr 500 mg</i>                                | Tier 2 |       |
| <i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>             | Tier 2 |       |
| <i>cefprozil oral tablet 250 mg, 500 mg</i>                                              | Tier 2 |       |
| <i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>                                      | Tier 2 |       |
| <b>Cephalosporins - 3Rd Generation</b>                                                   |        |       |
| <i>cefdinir oral capsule 300 mg</i>                                                      | Tier 2 |       |
| <i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>              | Tier 2 |       |
| <i>cefixime oral capsule 400 mg</i>                                                      | Tier 2 |       |
| <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 |       |
| SPECTRACEF ORAL TABLET 400 MG                                                            | Tier 4 |       |
| SUPRAX ORAL CAPSULE 400 MG (cefixime)                                                    | Tier 4 |       |
| SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (cefixime)                         | Tier 4 |       |
| 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 |       |

| Drug                                                                                        | Status | Notes                  |
|---------------------------------------------------------------------------------------------|--------|------------------------|
| MONUROL ORAL PACKET 3 GRAM (fosfomycin tromethamine)                                        | Tier 4 |                        |
| 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 CAPSULE 120-10.8-40.8 MG                                                      | Tier 4 |                        |
| URIMAR-T ORAL TABLET 120-10.8-0.12 MG                                                       | Tier 4 |                        |
| URNEVA ORAL CAPSULE 120-10.8-40.8 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 |                        |
| URO-SP ORAL CAPSULE 118-10-40.8-36 MG                                                       | Tier 4 |                        |
| URLY ORAL TABLET 81.6-40.8-0.12 MG (methen-sod phos-meth blue-hyos)                         | Tier 4 |                        |
| <b>Fecal Microbiota Transplantation (Fmt)</b>                                               |        |                        |
| REBYOTA RECTAL ENEMA 150 ML                                                                 | Tier 5 | PA                     |
| VOWST ORAL CAPSULE                                                                          | Tier 4 | 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 |                        |
| <i>clarithromycin oral tablet 250 mg, 500 mg</i>                                            | Tier 2 |                        |
| <i>clarithromycin oral tablet extended release 24 hr 500 mg</i>                             | Tier 2 |                        |
| DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML                                         | Tier 3 | QL (10 ML per 1 day)   |
| DIFICID ORAL TABLET 200 MG (fidaxomicin)                                                    | Tier 2 | QL (20 EA per 10 days) |
| E.E.S. 400 MG TABLET (erythromycin ethylsuccinate)                                          | Tier 2 |                        |

| Drug                                                                              |                                  | Status | Notes                  |
|-----------------------------------------------------------------------------------|----------------------------------|--------|------------------------|
| ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML                         | (erythromycin ethylsuccinate)    | Tier 4 |                        |
| ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 250 MG, 500 MG                       | (erythromycin)                   | Tier 2 |                        |
| ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 333 MG                               | (erythromycin)                   | Tier 4 |                        |
| ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG                                       | (erythromycin stearate)          | Tier 2 |                        |
| <i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> | (E.E.S. Granules)                | Tier 2 |                        |
| <i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i> | (EryPed 400)                     | Tier 2 |                        |
| <i>erythromycin ethylsuccinate oral tablet 400 mg</i>                             | (E.E.S. 400)                     | Tier 2 |                        |
| <i>erythromycin oral capsule, delayed release (dr/ec) 250 mg</i>                  |                                  | Tier 2 |                        |
| <i>erythromycin oral tablet 250 mg, 500 mg</i>                                    |                                  | Tier 2 |                        |
| <i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>   | (Ery-Tab)                        | Tier 2 |                        |
| <i>fidaxomicin oral tablet 200 mg</i>                                             | (Difcid)                         | Tier 2 | QL (20 EA per 10 days) |
| ZITHROMAX ORAL PACKET 1 GRAM                                                      | (azithromycin)                   | Tier 4 |                        |
| ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML             | (azithromycin)                   | Tier 4 |                        |
| ZITHROMAX ORAL TABLET 250 MG, 500 MG                                              | (azithromycin)                   | Tier 4 |                        |
| ZITHROMAX TRI-PAK ORAL TABLET 500 MG                                              | (azithromycin)                   | Tier 4 |                        |
| ZITHROMAX Z-PAK ORAL TABLET 250 MG                                                | (azithromycin)                   | Tier 4 |                        |
| <b>Nitrofurantoin Derivatives</b>                                                 |                                  |        |                        |
| FURADANTIN ORAL SUSPENSION 25 MG/5 ML                                             | (nitrofurantoin)                 | Tier 4 | PA                     |
| MACROBID ORAL CAPSULE 100 MG                                                      | (nitrofurantoin monohyd/m-cryst) | Tier 4 |                        |
| <i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>                     |                                  | Tier 2 |                        |
| <i>nitrofurantoin macrocrystal oral capsule 25 mg</i>                             |                                  | Tier 2 | QL (4 EA per 1 day)    |
| <i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>                         | (Macrobid)                       | Tier 2 |                        |
| <i>nitrofurantoin oral suspension 25 mg/5 ml</i>                                  | (Furadantin)                     | Tier 2 | PA                     |

| Drug                                                                                               | Status | Notes                                                                                                                 |
|----------------------------------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------|
| nitrofurantoin oral suspension 50 mg/5 ml                                                          | Tier 2 |                                                                                                                       |
| <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                                                                                                                    |
| ZYVOX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML (linezolid)                                   | Tier 4 |                                                                                                                       |
| ZYVOX ORAL TABLET 600 MG (linezolid)                                                               | Tier 4 |                                                                                                                       |
| <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 |                                                                                                                       |
| amoxicillin oral tablet 500 mg, 875 mg                                                             | Tier 2 |                                                                                                                       |
| amoxicillin oral tablet, chewable 125 mg, 250 mg                                                   | Tier 2 |                                                                                                                       |
| amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml    | Tier 2 |                                                                                                                       |
| amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml (Augmentin)        | Tier 2 |                                                                                                                       |
| amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml (Augmentin ES-600) | Tier 2 |                                                                                                                       |
| amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg                                     | Tier 2 |                                                                                                                       |
| amoxicillin-pot clavulanate oral tablet 500-125 mg (Augmentin)                                     | Tier 2 |                                                                                                                       |
| amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg (Augmentin XR)        | Tier 2 |                                                                                                                       |
| amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg                           | Tier 2 |                                                                                                                       |
| ampicillin oral capsule 500 mg                                                                     | Tier 2 |                                                                                                                       |
| AUGMENTIN ES-600 ORAL SUSPENSION FOR RECONSTITUTION 600-42.9 MG/5 ML (amoxicillin-pot clavulanate) | Tier 4 |                                                                                                                       |
| AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML                                     | Tier 4 | ST: Must meet the following requirement: generic Augmentin of different strength in 120 days; QL (150 ML per 30 days) |



| Drug                                                                             |                               | Status | Notes                                                                                                                      |
|----------------------------------------------------------------------------------|-------------------------------|--------|----------------------------------------------------------------------------------------------------------------------------|
| AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 250-62.5 MG/5 ML                    | (amoxicillin-pot clavulanate) | Tier 4 |                                                                                                                            |
| AUGMENTIN ORAL TABLET 500-125 MG                                                 | (amoxicillin-pot clavulanate) | Tier 4 |                                                                                                                            |
| AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HR 1,000-62.5 MG                    | (amoxicillin-pot clavulanate) | Tier 4 |                                                                                                                            |
| <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 |                                                                                                                            |
| CIPRO ORAL TABLET 250 MG, 500 MG                                                 | (ciprofloxacin hcl)           | Tier 4 |                                                                                                                            |
| <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 |                                                                                                                            |
| <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>                                                             |                               |        |                                                                                                                            |
| AVIDOXY DK KIT 100 MG-2 % -SPF 30                                                |                               | Tier 4 | ST: Must meet the following requirement: generic Doxycycline Monohydrate 100mg capsules in 120 days; QL (1 EA per 30 days) |
| AVIDOXY ORAL TABLET 100 MG                                                       | (doxycycline monohydrate)     | Tier 4 | QL (2 EA per 1 day)                                                                                                        |

| Drug                                                                      | Status | Notes                                                                                                                                                                      |
|---------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| BENZODOX 30 KIT, CLEANSER ER<br>AND TABLET 100-4.4 MG-%                   | Tier 4 | ST: Must meet the following requirement:<br>generic Doxycycline Monohydrate 100mg capsules in 120 days; QL (1 EA per 30 days)                                              |
| BENZODOX 60 KIT, CLEANSER ER<br>AND TABLET 100-4.4 MG-%                   | Tier 4 | ST: Must meet the following requirement:<br>generic Doxycycline Monohydrate 100mg capsules in 120 days; QL (1 EA per 30 days)                                              |
| <i>demeclocycline oral tablet 150 mg, 300 mg</i>                          | Tier 2 |                                                                                                                                                                            |
| DORYX MPC ORAL TABLET, DELAYED<br>RELEASE (DR/EC) 60 MG                   | Tier 4 | ST: Must meet any of the following requirements:<br>Doxycycline Monohydrate/Hyclate 50mg/100mg IR tablets or capsules in 120 days; QL (2 EA per 1 day)                     |
| DORYX ORAL TABLET, DELAYED<br>RELEASE (DR/EC) 80 MG (doxycycline hyclate) | Tier 4 | ST: Must meet the following requirement:<br>generic Doxycycline Monohydrate 75mg tablets in 120 days; QL (2 EA per 1 day)                                                  |
| <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:<br>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:<br>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:<br>generic Doxycycline Monohydrate 75mg tablets in 120 days; QL (2 EA per 1 day)                                                  |

| Drug                                                                           | Status | Notes                                                                                                                                                                     |
|--------------------------------------------------------------------------------|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg</i>         | Tier 2 | ST: Must meet any of the following requirements:<br>Doxycycline Monohydrate or Hyclate 100mg tablets or capsules in 120 days; QL (2 EA per 1 day)                         |
| <i>doxycycline hyclate oral tablet, delayed release (dr/ec) 150 mg</i>         | Tier 2 | ST: Must meet the following requirement:<br>generic Doxycycline Monohydrate 150mg tablets in 120 days; QL (2 EA per 1 day)                                                |
| <i>doxycycline hyclate oral tablet, delayed release (dr/ec) 200 mg</i> (Doryx) | Tier 2 | ST: Must meet any of the following requirements:<br>Doxycycline Monohydrate or Hyclate 100mg tablets or capsules in 120 days; QL (1 EA per 1 day)                         |
| <i>doxycycline hyclate oral tablet, delayed release (dr/ec) 50 mg</i>          | Tier 2 | ST: Must meet any of the following requirements:<br>Doxycycline Hyclate 50mg tablets or Doxycycline Monohydrate 50mg capsules or tablets in 120 days; QL (2 EA per 1 day) |
| <i>doxycycline hyclate oral tablet, delayed release (dr/ec) 75 mg</i>          | Tier 2 | ST: Must meet the following requirement:<br>generic Doxycycline Monohydrate 75mg tablets in 120 days; QL (2 EA per 1 day)                                                 |
| <i>doxycycline hyclate oral tablet, delayed release (dr/ec) 80 mg</i> (Doryx)  | Tier 2 | ST: Must meet the following requirement:<br>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:<br>generic Doxycycline Monohydrate 75mg tablets in 120 days; QL (2 EA per 1 day)                                                 |

| Drug                                                                                                            | Status | Notes                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------|
| <i>doxycycline monohydrate oral capsule,ir</i> (Oracea)<br>- delay rel,biphase 40 mg                            | 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)                                                                                                                 |
| <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 capsule,extended release 24hr 135 mg, 45 mg, 90 mg</i> (Ximino)                             | Tier 2 | ST: Must meet the following requirement: generic Minocycline IR in 120 days; QL (1 EA per 1 day); Age (Min 12 Years)                |
| <i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>                                                             | Tier 2 |                                                                                                                                     |
| <i>minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i> | Tier 2 | ST: Must meet the following requirement: Generic immediate-release Minocycline in 120 days; QL (1 EA per 1 day); Age (Min 12 Years) |
| 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)              |
| MORGIDOX 1X 50 KIT 50 MG                                                                                        | Tier 4 | ST: Must meet the following requirement: generic Doxycycline Monohydrate 100mg capsules in 120 days; QL (1 EA per 30 days)          |
| MORGIDOX 1X100 KIT 100 MG                                                                                       | Tier 4 | ST: Must meet the following requirement: generic Doxycycline Monohydrate 100mg capsules in 120 days; QL (1 EA per 30 days)          |

| Drug                                                                         | Status | Notes                                                                                                                                                                   |
|------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MORGIDOX 2X100 KIT 100 MG                                                    | Tier 4 | ST: Must meet the following requirement: generic Doxycycline Monohydrate 100mg capsules in 120 days; QL (1 EA per 30 days)                                              |
| MORGIDOX ORAL CAPSULE 50 MG (doxycycline hyclate)                            | Tier 4 | QL (2 EA per 1 day)                                                                                                                                                     |
| NUZYRA ORAL TABLET 150 MG                                                    | Tier 4 | PA                                                                                                                                                                      |
| ORACEA ORAL CAPSULE,IR - DELAY REL,BIPHASE 40 MG (doxycycline monohydrate)   | Tier 4 | PA                                                                                                                                                                      |
| SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG                                    | Tier 4 | ST: Must meet any of the following requirements: generic Doxycycline or Minocycline IR in 120 days; QL (1 EA per 1 day); Age (Min 9 Years)                              |
| TARGADOX ORAL TABLET 50 MG (doxycycline hyclate)                             | Tier 4 | 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>tetracycline oral capsule 250 mg, 500 mg</i>                              | Tier 2 |                                                                                                                                                                         |
| <i>tetracycline oral tablet 250 mg, 500 mg</i>                               | Tier 2 |                                                                                                                                                                         |
| XIMINO ORAL CAPSULE,EXTENDED RELEASE 24HR 135 MG, 45 MG, 90 MG (minocycline) | Tier 4 | ST: Must meet the following requirement: generic Minocycline IR in 120 days; QL (1 EA per 1 day); Age (Min 12 Years)                                                    |
| <b>Infectious Disease - Fungal</b>                                           |        |                                                                                                                                                                         |
| <b>Antifungal Agents</b>                                                     |        |                                                                                                                                                                         |
| ANCOBON ORAL CAPSULE 250 MG, 500 MG (flucytosine)                            | Tier 4 |                                                                                                                                                                         |
| <i>clotrimazole mucous membrane troche 10 mg</i>                             | Tier 2 |                                                                                                                                                                         |
| CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG                                        | Tier 4 | PA                                                                                                                                                                      |
| DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML (fluconazole)           | Tier 4 |                                                                                                                                                                         |
| DIFLUCAN ORAL TABLET 100 MG (fluconazole)                                    | Tier 4 |                                                                                                                                                                         |
| <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 |                                                                                                                                                                         |

| Drug                                                                                  | Status | Notes |
|---------------------------------------------------------------------------------------|--------|-------|
| <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    |
| NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML) (posaconazole)                         | Tier 4 | PA    |
| NOXAFIL ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG (posaconazole)                    | 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    |
| SPORANOX ORAL CAPSULE 100 MG (itraconazole)                                           | Tier 4 |       |
| SPORANOX ORAL SOLUTION 10 MG/ML (itraconazole)                                        | Tier 4 |       |
| <i>terbinafine hcl oral tablet 250 mg</i>                                             | Tier 2 |       |
| TOLSURA ORAL CAPSULE, SOLID DISPERSION 65 MG                                          | Tier 4 | PA    |
| VFEND ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (40 MG/ML) (voriconazole)        | Tier 4 |       |
| VFEND ORAL TABLET 50 MG (voriconazole)                                                | Tier 4 |       |
| 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    |
| FULVICIN P/G ORAL TABLET 165 MG (griseofulvin ultramicrosize)                         | Tier 2 |       |
| <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, 165 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 |       |

| Drug                                                                                     | Status | Notes               |
|------------------------------------------------------------------------------------------|--------|---------------------|
| <b>Infectious Disease - Miscellaneous</b>                                                |        |                     |
| <b>Aminoglycosides</b>                                                                   |        |                     |
| ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML                            | Tier 5 | PA                  |
| BETHKIS INHALATION SOLUTION (tobramycin) FOR NEBULIZATION 300 MG/4 ML                    | Tier 5 | PA; MO              |
| KITABIS PAK INHALATION SOLUTION (tobramycin with nebulizer) FOR NEBULIZATION 300 MG/5 ML | Tier 5 | PA; MO              |
| neomycin oral tablet 500 mg                                                              | Tier 2 |                     |
| TOBI INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML (tobramycin in 0.225 % nacl)       | Tier 5 | PA; MO              |
| TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG                              | Tier 4 | PA; MO              |
| tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml (Tobi)       | Tier 4 | PA; MO              |
| tobramycin inhalation solution for nebulization 300 mg/4 ml (Bethkis)                    | Tier 4 | PA; MO              |
| tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml (Kitabis Pak) | Tier 4 | PA; MO              |
| <b>Antibacterial Agents,Miscellaneous</b>                                                |        |                     |
| GLYCINE UROLOGIC IRRIGATION SOLUTION 1.5 % (glycine urologic solution)                   | Tier 4 |                     |
| glycine urologic solution irrigation solution 1.5 % (Glycine Urologic)                   | Tier 2 |                     |
| <b>Antileprotics</b>                                                                     |        |                     |
| dapsone oral tablet 100 mg, 25 mg                                                        | Tier 2 | MO                  |
| THALOMID ORAL CAPSULE 100 MG, 50 MG                                                      | Tier 4 | PA; MO              |
| <b>Anti-Mycobacterium Agents</b>                                                         |        |                     |
| ethambutol oral tablet 100 mg, 400 mg                                                    | Tier 2 |                     |
| isoniazid oral solution 50 mg/5 ml                                                       | Tier 2 |                     |
| isoniazid oral tablet 100 mg, 300 mg                                                     | Tier 2 |                     |
| PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM                                         | Tier 4 |                     |
| pyrazinamide oral tablet 500 mg                                                          | Tier 2 |                     |
| rifabutin oral capsule 150 mg                                                            | Tier 2 |                     |
| TRECATOR ORAL TABLET 250 MG                                                              | Tier 4 |                     |
| <b>Antitubercular Antibiotics</b>                                                        |        |                     |
| cycloserine oral capsule 250 mg                                                          | Tier 2 |                     |
| pretomanid oral tablet 200 mg                                                            | Tier 4 | QL (1 EA per 1 day) |
| PRIFTIN ORAL TABLET 150 MG                                                               | Tier 4 |                     |
| rifampin oral capsule 150 mg, 300 mg                                                     | Tier 2 |                     |

| Drug                                                                                | Status | Notes                                                                                                                                                                                  |
|-------------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SIRTURO ORAL TABLET 100 MG, 20 MG                                                   | Tier 5 | PA                                                                                                                                                                                     |
| <b>Lincosamides</b>                                                                 |        |                                                                                                                                                                                        |
| CLEOCIN HCL ORAL CAPSULE 150 MG, 300 MG, 75 MG (clindamycin hcl)                    | Tier 4 |                                                                                                                                                                                        |
| CLEOCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML (clindamycin palmitate hcl)            | Tier 4 |                                                                                                                                                                                        |
| <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; MO                                                                                                                                                                                 |
| <b>Vancomycin And Derivatives</b>                                                   |        |                                                                                                                                                                                        |
| FIRVANQ ORAL RECON SOLN 25 MG/ML (vancomycin)                                       | Tier 4 | QL (300 ML per 1 FILL)                                                                                                                                                                 |
| FIRVANQ ORAL RECON SOLN 50 MG/ML (vancomycin)                                       | Tier 4 | QL (600 ML per 1 FILL)                                                                                                                                                                 |
| VANCOCIN ORAL CAPSULE 125 MG (vancomycin)                                           | Tier 4 | QL (56 EA per 1 FILL)                                                                                                                                                                  |
| VANCOCIN ORAL CAPSULE 250 MG (vancomycin)                                           | Tier 4 | QL (112 EA per 1 FILL)                                                                                                                                                                 |
| <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: Clindamycin, vaginal Clindamycin cream, oral Metronidazole, 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 |                                                                                                                                                                                        |



| Drug                                                                    | Status | Notes                       |
|-------------------------------------------------------------------------|--------|-----------------------------|
| <i>metronidazole oral tablet 125 mg, 250 mg, 500 mg</i>                 | Tier 2 |                             |
| <b>Anthelmintics</b>                                                    |        |                             |
| <i>albendazole oral tablet 200 mg</i>                                   | Tier 2 |                             |
| BILTRICIDE ORAL TABLET 600 MG (praziquantel)                            | Tier 4 |                             |
| EMVERM ORAL TABLET,CHEWABLE 100 MG (mebendazole)                        | Tier 3 | PA                          |
| <i>ivermectin oral tablet 3 mg</i> (Stromectol)                         | Tier 2 |                             |
| <i>ivermectin oral tablet 6 mg</i>                                      | Tier 2 |                             |
| <i>praziquantel oral tablet 600 mg</i> (Biltricide)                     | Tier 2 |                             |
| STROMECTOL ORAL TABLET 3 MG (ivermectin)                                | Tier 4 |                             |
| <b>Antimalarial Drugs</b>                                               |        |                             |
| ARAKODA ORAL TABLET 100 MG                                              | Tier 4 |                             |
| <i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone)           | Tier 2 |                             |
| <i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric) | Tier 2 |                             |
| <i>chloroquine phosphate oral tablet 250 mg</i>                         | Tier 2 | QL (36 EA per 16 days)      |
| <i>chloroquine phosphate oral tablet 500 mg</i>                         | Tier 2 | QL (18 EA per 16 days)      |
| COARTEM ORAL TABLET 20-120 MG                                           | Tier 4 |                             |
| DARAPRIM ORAL TABLET 25 MG (pyrimethamine)                              | Tier 5 | PA                          |
| <i>hydroxychloroquine oral tablet 100 mg</i>                            | Tier 2 | MO; QL (180 EA per 30 days) |
| <i>hydroxychloroquine oral tablet 200 mg</i> (Sovuna)                   | Tier 2 | MO; QL (100 EA per 30 days) |
| <i>hydroxychloroquine oral tablet 300 mg</i> (Sovuna)                   | Tier 2 | MO; QL (60 EA per 30 days)  |
| <i>hydroxychloroquine oral tablet 400 mg</i>                            | Tier 2 | MO; QL (60 EA per 30 days)  |
| KRINTAFEL ORAL TABLET 150 MG                                            | Tier 3 | QL (2 EA per 1 FILL)        |
| MALARONE ORAL TABLET 250-100 MG (atovaquone-proguanil)                  | Tier 4 |                             |
| MALARONE PEDIATRIC ORAL TABLET 62.5-25 MG (atovaquone-proguanil)        | Tier 4 |                             |
| <i>mefloquine oral tablet 250 mg</i>                                    | Tier 2 |                             |
| PLAQUENIL ORAL TABLET 200 MG (hydroxychloroquine)                       | Tier 4 | MO; QL (100 EA per 30 days) |
| <i>primaquine oral tablet 26.3 mg (15 mg base)</i>                      | Tier 3 |                             |
| <i>pyrimethamine oral tablet 25 mg</i> (Daraprim)                       | Tier 4 | PA                          |
| QUALAQUIN ORAL CAPSULE 324 MG (quinine sulfate)                         | Tier 4 |                             |
| <i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)                  | Tier 2 |                             |

| Drug                                                                             | Status | Notes                                      |
|----------------------------------------------------------------------------------|--------|--------------------------------------------|
| SOVUNA ORAL TABLET 200 MG (hydroxychloroquine)                                   | Tier 3 | MO; QL (100 EA per 30 days)                |
| SOVUNA ORAL TABLET 300 MG (hydroxychloroquine)                                   | Tier 4 | MO; 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)                       |
| ALINIA ORAL TABLET 500 MG (nitazoxanide)                                         | Tier 4 | QL (2 EA per 1 day)                        |
| <i>nitazoxanide oral tablet 500 mg</i> (Alinia)                                  | Tier 2 | QL (2 EA per 1 day)                        |
| <b>Antiprotozoal Drugs,Miscellaneous</b>                                         |        |                                            |
| <i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron)                           | Tier 2 |                                            |
| <i>benznidazole oral tablet 100 mg, 12.5 mg</i>                                  | Tier 2 |                                            |
| IMPAVIDO ORAL CAPSULE 50 MG                                                      | Tier 3 | PA                                         |
| LAMPIT ORAL TABLET 120 MG, 30 MG                                                 | Tier 4 |                                            |
| MEPRON ORAL SUSPENSION 750 MG/5 ML (atovaquone)                                  | Tier 4 |                                            |
| NEBUPENT INHALATION RECON SOLN 300 MG (pentamidine)                              | Tier 4 | MO                                         |
| <i>pentamidine inhalation recon soln 300 mg</i> (Nebupent)                       | Tier 2 | MO                                         |
| <b>Infectious Disease - Viral</b>                                                |        |                                            |
| <b>Antiretroviral - Capsid Inhibitors</b>                                        |        |                                            |
| SUNLENCA ORAL TABLET 300 MG                                                      | Tier 3 |                                            |
| SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML                                         | Tier 3 | MO                                         |
| YEZTUGO ORAL TABLET 300 MG                                                       | Tier 3 |                                            |
| YEZTUGO SUBCUTANEOUS SOLUTION 309 MG/ML                                          | Tier 3 | MO                                         |
| <b>Antiretroviral-Integrase Inhibitor And Nrti Comb.</b>                         |        |                                            |
| JULUCA ORAL TABLET 50-25 MG                                                      | Tier 3 | MO; QL (1 EA per 1 day)                    |
| <b>Antiretroviral-Integrase Inhibitor And Nrti Comb.</b>                         |        |                                            |
| DOVATO ORAL TABLET 50-300 MG                                                     | Tier 3 | MO; QL (1 EA per 1 day)                    |
| <b>Antiretroviral-Nucleoside,Nucleotide,Protease Inh.</b>                        |        |                                            |
| SYMITUZA ORAL TABLET 800-150-200-10 MG                                           | Tier 3 | MO; 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) |

| Drug                                                                    | Status | Notes                                      |
|-------------------------------------------------------------------------|--------|--------------------------------------------|
| 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 |                                            |
| <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 | MO                                         |
| <i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)                  | Tier 2 | MO                                         |
| <i>acyclovir oral tablet 400 mg, 800 mg</i>                             | Tier 2 | MO                                         |
| <i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>                   | Tier 2 | MO                                         |
| LIVTENCITY ORAL TABLET 200 MG                                           | Tier 4 | 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                                         |
| 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 |                                            |
| <i>rimantadine oral tablet 100 mg</i> (Flumadine)                       | Tier 2 |                                            |
| TAMIFLU ORAL CAPSULE 30 MG (oseltamivir)                                | Tier 4 | QL (40 EA per 180 days)                    |
| TAMIFLU ORAL CAPSULE 45 MG, 75 MG (oseltamivir)                         | Tier 4 | QL (20 EA per 180 days)                    |
| TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML (oseltamivir)        | Tier 4 | QL (360 ML per 180 days)                   |
| 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 | MO                                         |
| VALCYTE ORAL RECON SOLN 50 MG/ML (valganciclovir)                       | Tier 4 | MO                                         |
| VALCYTE ORAL TABLET 450 MG (valganciclovir)                             | Tier 4 | MO                                         |
| <i>valganciclovir oral recon soln 50 mg/ml</i> (Valcyte)                | Tier 2 | MO                                         |
| <i>valganciclovir oral tablet 450 mg</i> (Valcyte)                      | Tier 2 | MO                                         |

| Drug                                                                                               | Status | Notes                                                                                                                |
|----------------------------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------------|
| VALTREX ORAL TABLET 1 GRAM, 500 MG (valacyclovir)                                                  | Tier 4 | MO                                                                                                                   |
| VIRAZOLE INHALATION RECON SOLN 6 GRAM (ribavirin)                                                  | Tier 4 |                                                                                                                      |
| 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)                                                                                               |
| ZOVIRAX ORAL SUSPENSION 200 MG/5 ML (acyclovir)                                                    | Tier 4 | MO                                                                                                                   |
| <b>Antivirals, Hiv-Spec, Non-Peptidic Protease Inhib</b>                                           |        |                                                                                                                      |
| APTIVUS ORAL CAPSULE 250 MG                                                                        | Tier 3 | MO; QL (4 EA per 1 day)                                                                                              |
| darunavir oral tablet 600 mg (Prezista)                                                            | Tier 2 | MO; QL (2 EA per 1 day)                                                                                              |
| darunavir oral tablet 800 mg (Prezista)                                                            | Tier 2 | MO; QL (1 EA per 1 day)                                                                                              |
| PREZCOBIX ORAL TABLET 675-150 MG                                                                   | Tier 5 | MO; QL (1 EA per 1 day)                                                                                              |
| PREZCOBIX ORAL TABLET 800-150 MG-MG                                                                | Tier 4 | MO; QL (1 EA per 1 day)                                                                                              |
| PREZISTA ORAL SUSPENSION 100 MG/ML                                                                 | Tier 3 | MO; QL (400 ML per 30 days)                                                                                          |
| PREZISTA ORAL TABLET 150 MG                                                                        | Tier 3 | MO; QL (8 EA per 1 day)                                                                                              |
| PREZISTA ORAL TABLET 600 MG (darunavir)                                                            | Tier 4 | MO; QL (2 EA per 1 day)                                                                                              |
| PREZISTA ORAL TABLET 75 MG                                                                         | Tier 3 | MO; QL (16 EA per 1 day)                                                                                             |
| PREZISTA ORAL TABLET 800 MG (darunavir)                                                            | Tier 4 | MO; QL (1 EA per 1 day)                                                                                              |
| <b>Antivirals, Hiv-Spec, Nucleoside-Nucleotide Analog</b>                                          |        |                                                                                                                      |
| CIMDUO ORAL TABLET 300-300 MG                                                                      | Tier 3 | MO; QL (1 EA per 1 day)                                                                                              |
| DESCOVY ORAL TABLET 120-15 MG                                                                      | Tier 3 | MO; QL (1 EA per 1 day)                                                                                              |
| DESCOVY ORAL TABLET 200-25 MG                                                                      | Tier 1 | MO; \$0 COPAY IF QUANTITY IS 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day) |
| emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg (Truvada)             | Tier 2 | MO; QL (1 EA per 1 day)                                                                                              |
| emtricitabine-tenofovir (tdf) oral tablet 200-300 mg (Truvada)                                     | Tier 1 | MO; \$0 COPAY IF QUANTITY IS 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day) |
| TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG (emtricitabine-tenofovir (tdf)) | Tier 4 | MO; QL (1 EA per 1 day)                                                                                              |

| Drug                                                        | Status | Notes                        |
|-------------------------------------------------------------|--------|------------------------------|
| <b>Antivirals, Hiv-Spec., Nucleoside Analog, Rti Comb</b>   |        |                              |
| <i>abacavir-lamivudine oral tablet 600-300 mg</i>           | Tier 2 | MO; QL (1 EA per 1 day)      |
| <i>lamivudine-zidovudine oral tablet 150-300 mg</i>         | Tier 2 | MO; QL (2 EA per 1 day)      |
| <b>Antivirals, Hiv-Specific, Ccr5 Co-Receptor Antag.</b>    |        |                              |
| <i>maraviroc oral tablet 150 mg</i> (Selzentry)             | Tier 2 | MO; QL (2 EA per 1 day)      |
| <i>maraviroc oral tablet 300 mg</i> (Selzentry)             | Tier 2 | MO; QL (4 EA per 1 day)      |
| SELZENTRY ORAL SOLUTION 20 MG/ML                            | Tier 3 | MO; QL (31 ML per 1 day)     |
| SELZENTRY ORAL TABLET 150 MG (maraviroc)                    | Tier 4 | MO; QL (2 EA per 1 day)      |
| SELZENTRY ORAL TABLET 300 MG (maraviroc)                    | Tier 4 | MO; QL (4 EA per 1 day)      |
| <b>Antivirals, Hiv-Specific, Cd4 Attachment Inhibitor</b>   |        |                              |
| RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG           | Tier 3 | MO                           |
| <b>Antivirals, Hiv-Specific, Fusion Inhibitors</b>          |        |                              |
| FUZEON SUBCUTANEOUS RECON SOLN 90 MG                        | Tier 3 | MO; QL (2 EA per 1 day)      |
| <b>Antivirals, Hiv-Specific, Non-Nucleoside, Rti</b>        |        |                              |
| EDURANT ORAL TABLET 25 MG                                   | Tier 3 | MO; QL (1 EA per 1 day)      |
| EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG               | Tier 3 | QL (180 EA per 30 days)      |
| <i>efavirenz oral tablet 600 mg</i>                         | Tier 2 | MO                           |
| <i>etravirine oral tablet 100 mg</i> (Intelence)            | Tier 2 | MO; QL (4 EA per 1 day)      |
| <i>etravirine oral tablet 200 mg</i> (Intelence)            | Tier 2 | MO; QL (2 EA per 1 day)      |
| INTELENCE ORAL TABLET 100 MG (etravirine)                   | Tier 4 | MO; QL (4 EA per 1 day)      |
| INTELENCE ORAL TABLET 200 MG (etravirine)                   | Tier 4 | MO; QL (2 EA per 1 day)      |
| INTELENCE ORAL TABLET 25 MG                                 | Tier 3 | MO; QL (4 EA per 1 day)      |
| <i>nevirapine oral suspension 50 mg/5 ml</i>                | Tier 2 | MO; QL (1200 ML per 30 days) |
| <i>nevirapine oral tablet 200 mg</i>                        | Tier 2 | MO; QL (2 EA per 1 day)      |
| <i>nevirapine oral tablet extended release 24 hr 100 mg</i> | Tier 2 | MO; QL (3 EA per 1 day)      |
| <i>nevirapine oral tablet extended release 24 hr 400 mg</i> | Tier 2 | MO; QL (1 EA per 1 day)      |
| PIFELTRO ORAL TABLET 100 MG                                 | Tier 4 | MO; QL (2 EA per 1 day)      |

| Drug                                                             | Status | Notes                                                                                                                |
|------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------------|
| <b>Antivirals, Hiv-Specific, Nucleoside Analog, Rti</b>          |        |                                                                                                                      |
| <i>abacavir oral solution 20 mg/ml</i> (Ziagen)                  | Tier 2 | MO; QL (960 ML per 30 days)                                                                                          |
| <i>abacavir oral tablet 300 mg</i>                               | Tier 2 | MO; QL (2 EA per 1 day)                                                                                              |
| <i>emtricitabine oral capsule 200 mg</i> (Emtriva)               | Tier 1 | MO; \$0 COPAY IF QUANTITY IS 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day) |
| EMTRIVA ORAL CAPSULE 200 MG (emtricitabine)                      | Tier 4 | MO; QL (1 EA per 1 day)                                                                                              |
| EMTRIVA ORAL SOLUTION 10 MG/ML                                   | Tier 3 | MO; QL (850 ML per 30 days)                                                                                          |
| EPIVIR ORAL SOLUTION 10 MG/ML (lamivudine)                       | Tier 4 | MO; QL (960 ML per 30 days)                                                                                          |
| EPIVIR ORAL TABLET 150 MG (lamivudine)                           | Tier 4 | MO; QL (2 EA per 1 day)                                                                                              |
| EPIVIR ORAL TABLET 300 MG (lamivudine)                           | Tier 4 | MO; QL (1 EA per 1 day)                                                                                              |
| <i>lamivudine oral solution 10 mg/ml</i> (Epivir)                | Tier 2 | MO; QL (960 ML per 30 days)                                                                                          |
| <i>lamivudine oral tablet 150 mg</i> (Epivir)                    | Tier 2 | MO; QL (2 EA per 1 day)                                                                                              |
| <i>lamivudine oral tablet 300 mg</i> (Epivir)                    | Tier 2 | MO; QL (1 EA per 1 day)                                                                                              |
| RETROVIR ORAL CAPSULE 100 MG (zidovudine)                        | Tier 4 | MO; QL (6 EA per 1 day)                                                                                              |
| RETROVIR ORAL SYRUP 10 MG/ML (zidovudine)                        | Tier 4 | MO; QL (1920 ML per 30 days)                                                                                         |
| <i>stavudine oral capsule 15 mg, 20 mg</i>                       | Tier 2 | MO; QL (2 EA per 1 day)                                                                                              |
| ZIAGEN ORAL SOLUTION 20 MG/ML (abacavir)                         | Tier 4 | MO; QL (960 ML per 30 days)                                                                                          |
| <i>zidovudine oral capsule 100 mg</i> (Retrovir)                 | Tier 2 | MO; QL (6 EA per 1 day)                                                                                              |
| <i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)                 | Tier 2 | MO; QL (1920 ML per 30 days)                                                                                         |
| <i>zidovudine oral tablet 300 mg</i>                             | Tier 2 | MO; QL (2 EA per 1 day)                                                                                              |
| <b>Antivirals, Hiv-Specific, Nucleotide Analog, Rti</b>          |        |                                                                                                                      |
| <i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread) | Tier 1 | MO; \$0 COPAY IF QUANTITY IS 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day) |
| VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)                      | Tier 3 | MO; QL (240 GM per 30 days)                                                                                          |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG                        | Tier 3 | MO; QL (1 EA per 1 day)                                                                                              |

| Drug                                                                       |                                 | Status | Notes                                                                                                                                                                |
|----------------------------------------------------------------------------|---------------------------------|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| VIREAD ORAL TABLET 300 MG                                                  | (tenofovir disoproxil fumarate) | Tier 4 | MO; QL (1 EA per 1 day)                                                                                                                                              |
| <b>Antivirals, Hiv-Specific, Protease Inhibitor Comb</b>                   |                                 |        |                                                                                                                                                                      |
| KALETRA ORAL SOLUTION 400-100 MG/5 ML                                      | (lopinavir-ritonavir)           | Tier 4 | MO; QL (480 ML per 30 days)                                                                                                                                          |
| KALETRA ORAL TABLET 100-25 MG                                              | (lopinavir-ritonavir)           | Tier 4 | MO; QL (10 EA per 1 day)                                                                                                                                             |
| KALETRA ORAL TABLET 200-50 MG                                              | (lopinavir-ritonavir)           | Tier 4 | MO; QL (4 EA per 1 day)                                                                                                                                              |
| <i>lopinavir-ritonavir oral tablet 100-25 mg</i>                           | (Kaletra)                       | Tier 2 | MO; QL (10 EA per 1 day)                                                                                                                                             |
| <i>lopinavir-ritonavir oral tablet 200-50 mg</i>                           | (Kaletra)                       | Tier 2 | MO; QL (4 EA per 1 day)                                                                                                                                              |
| <b>Antivirals, Hiv-Specific, Protease Inhibitors</b>                       |                                 |        |                                                                                                                                                                      |
| <i>atazanavir oral capsule 150 mg</i>                                      |                                 | Tier 2 | MO; QL (2 EA per 1 day)                                                                                                                                              |
| <i>atazanavir oral capsule 200 mg</i>                                      | (Reyataz)                       | Tier 2 | MO; QL (2 EA per 1 day)                                                                                                                                              |
| <i>atazanavir oral capsule 300 mg</i>                                      | (Reyataz)                       | Tier 2 | MO; QL (1 EA per 1 day)                                                                                                                                              |
| EVOTAZ ORAL TABLET 300-150 MG                                              |                                 | Tier 3 | MO; QL (1 EA per 1 day)                                                                                                                                              |
| <i>fosamprenavir oral tablet 700 mg</i>                                    |                                 | Tier 2 | MO; QL (4 EA per 1 day)                                                                                                                                              |
| NORVIR ORAL CAPSULE 100 MG                                                 |                                 | Tier 3 | MO; QL (12 EA per 1 day)                                                                                                                                             |
| NORVIR ORAL POWDER IN PACKET 100 MG                                        |                                 | Tier 3 | MO; QL (12 EA per 1 day)                                                                                                                                             |
| NORVIR ORAL TABLET 100 MG                                                  | (ritonavir)                     | Tier 4 | MO; QL (12 EA per 1 day)                                                                                                                                             |
| REYATAZ ORAL CAPSULE 200 MG                                                | (atazanavir)                    | Tier 4 | MO; QL (2 EA per 1 day)                                                                                                                                              |
| REYATAZ ORAL CAPSULE 300 MG                                                | (atazanavir)                    | Tier 4 | MO; QL (1 EA per 1 day)                                                                                                                                              |
| REYATAZ ORAL POWDER IN PACKET 50 MG                                        |                                 | Tier 3 | MO; QL (5 EA per 1 day)                                                                                                                                              |
| <i>ritonavir oral tablet 100 mg</i>                                        | (Norvir)                        | Tier 2 | MO; QL (12 EA per 1 day)                                                                                                                                             |
| VIRACEPT ORAL TABLET 250 MG, 625 MG                                        |                                 | Tier 3 | MO                                                                                                                                                                   |
| <b>Antivirals,Hiv-1 Integrase Strand Transfer Inhibtr</b>                  |                                 |        |                                                                                                                                                                      |
| APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML) | (cabotegravir)                  | Tier 1 | MO; \$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 3 | MO; QL (2 EA per 1 day)                                                                                                                                              |
| ISENTRESS ORAL POWDER IN PACKET 100 MG                                     |                                 | Tier 3 | MO; QL (2 EA per 1 day)                                                                                                                                              |
| ISENTRESS ORAL TABLET 400 MG                                               |                                 | Tier 3 | MO; QL (2 EA per 1 day)                                                                                                                                              |
| ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG                               |                                 | Tier 3 | MO; QL (6 EA per 1 day)                                                                                                                                              |



| Drug                                                                             | Status | Notes                   |
|----------------------------------------------------------------------------------|--------|-------------------------|
| TIVICAY ORAL TABLET 50 MG                                                        | Tier 3 | MO; QL (2 EA per 1 day) |
| TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG                                       | Tier 3 | MO; 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 4 | MO; QL (1 EA per 1 day) |
| DELSTRIGO ORAL TABLET 100-300-300 MG                                             | Tier 4 | MO; QL (1 EA per 1 day) |
| efavirenz-emtricitabine-tenofovir oral tablet 600-200-300 mg                     | Tier 2 | MO; QL (1 EA per 1 day) |
| efavirenz-lamivudine-tenofovir disoproxil oral tablet 400-300-300 mg             | Tier 2 | MO; QL (1 EA per 1 day) |
| efavirenz-lamivudine-tenofovir disoproxil oral tablet 600-300-300 mg (Symfi)     | Tier 2 | MO; QL (1 EA per 1 day) |
| emtricitabine-tenofovir disoproxil oral tablet 200-25-300 mg (Complera)          | Tier 2 | MO; QL (1 EA per 1 day) |
| ODEFSEY ORAL TABLET 200-25-25 MG                                                 | Tier 3 | MO; QL (1 EA per 1 day) |
| SYMFI LO ORAL TABLET 400-300-300 MG (efavirenz-lamivudine-tenofovir disoproxil)  | Tier 4 | MO; QL (1 EA per 1 day) |
| SYMFI ORAL TABLET 600-300-300 MG (efavirenz-lamivudine-tenofovir disoproxil)     | Tier 4 | MO; 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 3 | MO; QL (1 EA per 1 day) |
| GENVOYA ORAL TABLET 150-150-200-10 MG                                            | Tier 3 | MO; QL (1 EA per 1 day) |
| STRIBILD ORAL TABLET 150-150-200-300 MG                                          | Tier 3 | MO; QL (1 EA per 1 day) |
| <b>Arv Comb-Nrtis &amp; Integrase Inhibitor</b>                                  |        |                         |
| TRIUMEQ ORAL TABLET 600-50-300 MG                                                | Tier 3 | MO; QL (1 EA per 1 day) |
| TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG                                 | Tier 3 | MO; QL (6 EA per 1 day) |
| <b>Cytochrome P450 Inhibitors</b>                                                |        |                         |
| TYBOST ORAL TABLET 150 MG                                                        | Tier 3 | MO; 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 4 | 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 4 | PA                          |
| EPCLUSA ORAL TABLET 200-50 MG                                  | Tier 4 | PA                          |
| EPCLUSA ORAL TABLET 400-100 MG (sofosbuvir-velpatasvir)        | Tier 4 | PA                          |
| HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG         | Tier 4 | PA                          |
| HARVONI ORAL TABLET 45-200 MG                                  | Tier 4 | PA                          |
| HARVONI ORAL TABLET 90-400 MG (ledipasvir-sofosbuvir)          | Tier 4 | 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 4 | QL (1 EA per 1 day)         |
| BARACLUDE ORAL SOLUTION 0.05 MG/ML                             | Tier 4 | MO; QL (630 ML per 30 days) |
| BARACLUDE ORAL TABLET 0.5 MG, 1 MG (entecavir)                 | Tier 5 | MO; QL (1 EA per 1 day)     |
| <i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)          | Tier 4 | MO; QL (1 EA per 1 day)     |
| HEPSERA ORAL TABLET 10 MG (adefovir)                           | Tier 5 | QL (1 EA per 1 day)         |
| <i>lamivudine oral tablet 100 mg</i>                           | Tier 2 | MO; QL (1 EA per 1 day)     |
| VEMLIDY ORAL TABLET 25 MG                                      | Tier 4 | MO; QL (1 EA per 1 day)     |
| <b>Hepatitis C Treatment Agents</b>                            |        |                             |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML                       | Tier 4 | PA                          |
| PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML                    | Tier 4 | PA                          |
| <i>ribavirin oral capsule 200 mg</i>                           | Tier 2 |                             |
| <i>ribavirin oral tablet 200 mg</i>                            | Tier 2 |                             |
| <b>Hepatitis C Virus - Ns5a, Ns3/4A, Ns5b Inhib Cmb.</b>       |        |                             |
| VIEKIRA PAK ORAL TABLETS,DOSE PACK 12.5 MG-75 MG -50 MG/250 MG | Tier 5 |                             |
| <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                          |

| Drug                                                                                               | Status | Notes                       |
|----------------------------------------------------------------------------------------------------|--------|-----------------------------|
| <b>Inflammatory Disease</b>                                                                        |        |                             |
| <b>Anti-Arthritic And Chelating Agents</b>                                                         |        |                             |
| CUPRIMINE ORAL CAPSULE 250 MG (penicillamine)                                                      | Tier 5 | PA; MO                      |
| DEPEN TITRATABS ORAL TABLET 250 MG (penicillamine)                                                 | Tier 5 | PA; MO                      |
| D-PENAMINE ORAL TABLET 125 MG                                                                      | Tier 4 | PA; MO                      |
| <i>penicillamine oral capsule 250 mg</i> (Cuprimine)                                               | Tier 4 | PA; MO                      |
| <i>penicillamine oral tablet 250 mg</i> (Depen Titratabs)                                          | Tier 4 | PA; MO                      |
| <b>Anti-Arthritic, Folate Antagonist Agents</b>                                                    |        |                             |
| RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML                                                | Tier 3 | MO; QL (0.8 ML per 28 days) |
| RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 12.5 MG/0.25 ML                                             | Tier 3 | MO; QL (1 ML per 28 days)   |
| RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 15 MG/0.3 ML                                                | Tier 3 | MO; QL (1.2 ML per 28 days) |
| RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 17.5 MG/0.35 ML                                             | Tier 3 | MO; QL (1.4 ML per 28 days) |
| RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 20 MG/0.4 ML                                                | Tier 3 | MO; QL (1.6 ML per 28 days) |
| RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 22.5 MG/0.45 ML                                             | Tier 3 | MO; QL (1.8 ML per 28 days) |
| RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 25 MG/0.5 ML                                                | Tier 3 | MO; QL (2 ML per 28 days)   |
| RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 30 MG/0.6 ML                                                | Tier 3 | MO; QL (2.4 ML per 28 days) |
| RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 7.5 MG/0.15 ML                                              | Tier 3 | MO; QL (0.6 ML per 28 days) |
| <b>Anti-Flam. Interleukin-1 Receptor Antagonist</b>                                                |        |                             |
| ARCALYST SUBCUTANEOUS RECON SOLN 220 MG                                                            | Tier 5 | PA; MO                      |
| KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML                                                        | Tier 5 | PA; MO                      |
| <b>Anti-Inflammatory Tumor Necrosis Factor Inhibitor</b>                                           |        |                             |
| <i>adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml</i> (Hyrimoz(CF) Pen)                    | Tier 4 | PA; MO                      |
| <i>adalimumab-adaz subcutaneous pen injector 80 mg/0.8 ml</i> (Hyrimoz Pen Crohn's-UC Starter)     | Tier 4 | PA; MO                      |
| <i>adalimumab-adaz subcutaneous syringe 10 mg/0.1 ml, 20 mg/0.2 ml, 40 mg/0.4 ml</i> (Hyrimoz(CF)) | Tier 4 | PA; MO                      |
| CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)                               | Tier 5 | PA; MO                      |

| Drug                                                                                                         | Status | Notes  |
|--------------------------------------------------------------------------------------------------------------|--------|--------|
| CIMZIA STARTER KIT<br>SUBCUTANEOUS SYRINGE KIT 400<br>MG/2 ML (200 MG/ML X 2)                                | Tier 5 | PA; MO |
| CIMZIA SUBCUTANEOUS SYRINGE<br>KIT 400 MG/2 ML (200 MG/ML X 2)                                               | Tier 5 | PA; MO |
| ENBREL MINI SUBCUTANEOUS<br>CARTRIDGE 50 MG/ML (1 ML)                                                        | Tier 4 | PA; MO |
| ENBREL SUBCUTANEOUS SOLUTION<br>25 MG/0.5 ML                                                                 | Tier 4 | PA; MO |
| ENBREL SUBCUTANEOUS SYRINGE<br>25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)                                           | Tier 4 | PA; MO |
| ENBREL SURECLICK<br>SUBCUTANEOUS PEN INJECTOR 50<br>MG/ML (1 ML)                                             | Tier 4 | PA; MO |
| HUMIRA PEN SUBCUTANEOUS PEN<br>INJECTOR KIT 40 MG/0.8 ML                                                     | Tier 4 | PA; MO |
| HUMIRA SUBCUTANEOUS SYRINGE<br>KIT 40 MG/0.8 ML                                                              | Tier 4 | PA; MO |
| HUMIRA(CF) PEN CROHNS-UC-HS<br>SUBCUTANEOUS PEN INJECTOR KIT<br>80 MG/0.8 ML                                 | Tier 4 | PA; MO |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS<br>SUBCUTANEOUS PEN INJECTOR KIT<br>80 MG/0.8 ML-40 MG/0.4 ML                 | Tier 4 | PA     |
| HUMIRA(CF) PEN SUBCUTANEOUS<br>PEN INJECTOR KIT 40 MG/0.4 ML, 80<br>MG/0.8 ML                                | Tier 4 | PA; MO |
| HUMIRA(CF) SUBCUTANEOUS<br>SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2<br>ML, 40 MG/0.4 ML                           | Tier 4 | PA; MO |
| SIMLANDI(CF) AUTOINJECTOR (adalimumab-ryvk)<br>SUBCUTANEOUS AUTO-INJECTOR,<br>KIT 40 MG/0.4 ML, 80 MG/0.8 ML | Tier 4 | PA; MO |
| SIMLANDI(CF) SUBCUTANEOUS<br>SYRINGE KIT 20 MG/0.2 ML, 80 MG/0.8<br>ML                                       | Tier 4 | PA; MO |
| SIMLANDI(CF) SUBCUTANEOUS (adalimumab-ryvk)<br>SYRINGE KIT 40 MG/0.4 ML                                      | Tier 4 | PA; MO |
| SIMPONI SUBCUTANEOUS PEN<br>INJECTOR 100 MG/ML, 50 MG/0.5 ML                                                 | Tier 5 | PA; MO |
| SIMPONI SUBCUTANEOUS SYRINGE<br>100 MG/ML, 50 MG/0.5 ML                                                      | Tier 5 | PA; MO |
| ZYMFENTRA SUBCUTANEOUS PEN<br>INJECTOR KIT 120 MG/ML                                                         | Tier 5 | PA; MO |
| ZYMFENTRA SUBCUTANEOUS<br>SYRINGE KIT 120 MG/ML                                                              | Tier 5 | PA; MO |

| Drug                                                                                        | Status | Notes                         |
|---------------------------------------------------------------------------------------------|--------|-------------------------------|
| <b>Anti-Inflammatory, Pyrimidine Synthesis Inhibitor</b>                                    |        |                               |
| ARAVA ORAL TABLET 10 MG, 20 MG (leflunomide)                                                | Tier 4 | MO                            |
| LEFLUNICLO KIT,GEL AND TABLET 20 MG- 1 %                                                    | Tier 4 |                               |
| <i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)                                         | Tier 2 | MO                            |
| <b>Anti-Inflammatory,Phosphodiesterase-4(Pde4) Inhib.</b>                                   |        |                               |
| OTEZLA ORAL TABLET 20 MG, 30 MG                                                             | Tier 4 | PA; MO                        |
| OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47) | Tier 4 | PA                            |
| <b>Anti-Inflammatory/Antiarthritics Agents, Misc.</b>                                       |        |                               |
| DUROLANE INTRA-ARTICULAR SYRINGE 60 MG/3 ML                                                 | Tier 4 | PA; QL (3 ML per 180 days)    |
| EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML(MW 2.4 -3.6 MILLION)                              | Tier 3 | PA; QL (6 ML per 180 days)    |
| GEL-ONE INTRA-ARTICULAR SYRINGE 30 MG/3 ML                                                  | Tier 4 | PA; QL (3 ML per 180 days)    |
| GELSYN-3 INTRA-ARTICULAR SYRINGE 16.8 MG/2 ML                                               | Tier 4 | PA; QL (6 ML per 180 days)    |
| GENVISC 850 INTRA-ARTICULAR SYRINGE 10 MG/ML (sodium hyaluronate (viscosup))                | Tier 4 | PA; QL (12.5 ML per 180 days) |
| HYALGAN INTRA-ARTICULAR SOLUTION 10 MG/ML                                                   | Tier 4 | PA; QL (10 ML per 180 days)   |
| HYALGAN INTRA-ARTICULAR SYRINGE 10 MG/ML (sodium hyaluronate (viscosup))                    | Tier 4 | PA; QL (10 ML per 180 days)   |
| HYMOVIS INTRA-ARTICULAR SYRINGE 24 MG/3 ML                                                  | Tier 4 | PA; QL (6 ML per 180 days)    |
| MONOVISC INTRA-ARTICULAR SYRINGE 88 MG/4 ML                                                 | Tier 4 | PA; QL (4 ML per 180 days)    |
| ORTHOVISC INTRA-ARTICULAR SYRINGE 30 MG/2 ML                                                | Tier 4 | PA; QL (8 ML per 180 days)    |
| SUPARTZ FX INTRA-ARTICULAR SYRINGE 10 MG/ML (sodium hyaluronate (viscosup))                 | Tier 4 | PA; QL (12.5 ML per 180 days) |
| SYNOJOYNT INTRA-ARTICULAR SYRINGE 10 MG/ML (sodium hyaluronate (viscosup))                  | Tier 4 | PA; QL (6 ML per 180 days)    |
| SYNVISC INTRA-ARTICULAR SYRINGE 16 MG/2 ML                                                  | Tier 3 | PA; QL (6 ML per 180 days)    |
| SYNVISC-ONE INTRA-ARTICULAR SYRINGE 48 MG/6 ML                                              | Tier 3 | PA; QL (6 ML per 180 days)    |
| TRILURON INTRA-ARTICULAR SYRINGE 10 MG/ML (sodium hyaluronate (viscosup))                   | Tier 4 | PA; QL (6 ML per 180 days)    |

| Drug                                                                     | Status | Notes                                                            |
|--------------------------------------------------------------------------|--------|------------------------------------------------------------------|
| TRIVISC INTRA-ARTICULAR SYRINGE 10 MG/ML (sodium hyaluronate (viscosup)) | Tier 4 | PA; QL (7.5 ML per 180 days)                                     |
| VISCO-3 INTRA-ARTICULAR SYRINGE 10 MG/ML (sodium hyaluronate (viscosup)) | Tier 4 | PA; QL (7.5 ML per 180 days)                                     |
| <b>Antinflammatory, Sel.Costim.Mod.,T-Cell Inhibitor</b>                 |        |                                                                  |
| ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML                   | Tier 5 | PA; MO                                                           |
| ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML     | Tier 5 | PA; MO                                                           |
| <b>Bradykinin B2 Receptor Antagonists</b>                                |        |                                                                  |
| FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML (icatibant)                      | Tier 5 | PA                                                               |
| <i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Sajazir)               | Tier 4 | PA                                                               |
| SAJAZIR SUBCUTANEOUS SYRINGE 30 MG/3 ML (icatibant)                      | Tier 4 | PA                                                               |
| <b>C1 Esterase Inhibitors</b>                                            |        |                                                                  |
| BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)                                | Tier 5 | PA; MO                                                           |
| CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)                           | Tier 5 | PA; MO                                                           |
| HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT                  | Tier 5 | PA; MO                                                           |
| RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT                               | Tier 5 | PA                                                               |
| <b>Glucocorticoids</b>                                                   |        |                                                                  |
| AGAMREE ORAL SUSPENSION 40 MG/ML                                         | Tier 5 | PA; MO                                                           |
| ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG         | Tier 5 | PA; MO                                                           |
| <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 |
| CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG (hydrocortisone)                   | Tier 4 | MO                                                               |
| <i>cortisone oral tablet 25 mg</i>                                       | Tier 2 |                                                                  |
| <i>deflazacort oral suspension 22.75 mg/ml</i> (Emflaza)                 | Tier 4 | PA; MO                                                           |
| <i>deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i> (Jaythari)      | Tier 4 | PA; MO                                                           |

| Drug                                                                             | Status | Notes                                                                                    |
|----------------------------------------------------------------------------------|--------|------------------------------------------------------------------------------------------|
| DEXABLISS ORAL TABLETS,DOSE PACK 1.5 MG (39 TABS)                                | Tier 2 | ST: Must meet the following requirement: generic Dexamethasone 1.5mg tablets in 120 days |
| 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 |                                                                                          |
| <i>dexamethasone oral tablets,dose pack 1.5 mg (21 tabs)</i> (TaperDex)          | Tier 2 | ST: Must meet the following requirement: generic Dexamethasone 1.5mg tablets in 120 days |
| <i>dexamethasone oral tablets,dose pack 1.5 mg (35 tabs), 1.5 mg (51 tabs)</i>   | Tier 2 | ST: Must meet the following requirement: generic Dexamethasone 1.5mg tablets in 120 days |
| DEXONTO IONTOPHORETIC SOLUTION 0.4 %                                             | Tier 4 |                                                                                          |
| EMFLAZA ORAL SUSPENSION 22.75 MG/ML (deflazacort)                                | Tier 5 | PA; MO                                                                                   |
| EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG (deflazacort)                      | Tier 5 | PA; MO                                                                                   |
| EOHILIA ORAL SUSPENSION IN PACKET 2 MG/10 ML                                     | Tier 5 | PA                                                                                       |
| HEMADY ORAL TABLET 20 MG                                                         | Tier 4 | QL (2 EA per 1 day)                                                                      |
| <i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)                    | Tier 2 | MO                                                                                       |
| <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 4 | PA; MO                                                                                   |
| KENALOG INJECTION SUSPENSION 10 MG/ML, 40 MG/ML (triamcinolone acetonide)        | Tier 4 |                                                                                          |
| KENALOG-80 INJECTION SUSPENSION 80 MG/ML                                         | Tier 4 |                                                                                          |
| KHINDIVI ORAL SOLUTION 1 MG/ML                                                   | Tier 5 | MO                                                                                       |
| MEDROL (PAK) ORAL TABLETS,DOSE PACK 4 MG (methylprednisolone)                    | Tier 4 |                                                                                          |
| MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG (methylprednisolone)                        | Tier 4 |                                                                                          |
| MEDROL ORAL TABLET 2 MG                                                          | Tier 3 |                                                                                          |
| <i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i> (Medrol)                 | Tier 2 |                                                                                          |

| Drug                                                                                                                         | Status | Notes                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------|--------|------------------------------------------------------------------------------------------------------------|
| <i>methylprednisolone oral tablet 32 mg</i>                                                                                  | Tier 2 |                                                                                                            |
| <i>methylprednisolone oral tablets,dose pack 4 mg</i> (Medrol (Pak))                                                         | Tier 2 |                                                                                                            |
| ORAPRED ODT ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 30 MG (prednisolone sodium phosphate)                                   | Tier 4 |                                                                                                            |
| ORTIKOS ORAL CAPSULE, EXTENDED RELEASE 6 MG, 9 MG                                                                            | Tier 4 | PA                                                                                                         |
| PEDIAPRED ORAL SOLUTION 5 MG BASE/5 ML (6.7 MG/5 ML) (prednisolone sodium phosphate)                                         | Tier 4 |                                                                                                            |
| <i>prednisolone oral solution 15 mg/5 ml</i>                                                                                 | Tier 2 |                                                                                                            |
| <i>prednisolone oral tablet 5 mg</i> (Millipred)                                                                             | Tier 2 | ST: Must meet 2 of the following requirements: Methylprednisolone, Prednisolone, or Prednisone in 365 days |
| <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 |                                                                                                            |
| RAYOS ORAL TABLET,DELAYED RELEASE (DR/EC) 1 MG, 2 MG, 5 MG                                                                   | Tier 4 | PA                                                                                                         |
| 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 |                                                                                                            |
| TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (21 TABS) (dexamethasone)                                                             | Tier 2 | ST: Must meet the following requirement: generic Dexamethasone 1.5mg tablets in 120 days                   |

| Drug                                                                             | Status | Notes                                                                                    |
|----------------------------------------------------------------------------------|--------|------------------------------------------------------------------------------------------|
| TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (27 TABS), 1.5 MG (49 TABS)               | Tier 2 | ST: Must meet the following requirement: generic Dexamethasone 1.5mg tablets in 120 days |
| 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 |                                                                                          |
| UCERIS ORAL TABLET,DELAYED AND EXT.RELEASE 9 MG (budesonide)                     | Tier 4 | ST: Must meet the following requirement: Balsalazide in 120 days                         |
| VERIPRED 20 ORAL SOLUTION 20 MG/5 ML (4 MG/ML) (prednisolone sodium phosphate)   | Tier 4 |                                                                                          |
| ZCORT ORAL TABLETS,DOSE PACK 1.5 MG (25 TABS)                                    | Tier 4 | ST: Must meet the following requirement: generic Dexamethasone 1.5mg tablets in 120 days |
| <b>Gold Salts</b>                                                                |        |                                                                                          |
| <i>auranofin oral capsule 3 mg</i> (Ridaura)                                     | Tier 2 | MO                                                                                       |
| RIDAURA ORAL CAPSULE 3 MG (auranofin)                                            | Tier 4 | MO                                                                                       |
| <b>Immunomodulator,B-Lymphocyte Stim(Blys)-Spec Inhib</b>                        |        |                                                                                          |
| BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML                                    | Tier 5 | PA; MO                                                                                   |
| BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML                                          | Tier 5 | PA; MO                                                                                   |
| <b>Interleukin-6 (Il-6) Receptor Inhibitors</b>                                  |        |                                                                                          |
| ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML                           | Tier 5 | PA; MO                                                                                   |
| ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML                                       | Tier 5 | PA; MO                                                                                   |
| ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML                                          | Tier 5 | PA; MO                                                                                   |
| KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML                 | Tier 5 | PA; MO                                                                                   |
| KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML                      | Tier 5 | PA; MO                                                                                   |
| TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML                      | Tier 5 | MO                                                                                       |
| TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML                                        | Tier 5 | MO                                                                                       |
| <b>Janus Kinase (Jak) Inhibitors</b>                                             |        |                                                                                          |
| CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG                                        | Tier 5 | PA; MO                                                                                   |



| Drug                                                              | Status | Notes                                                                                                                                    |
|-------------------------------------------------------------------|--------|------------------------------------------------------------------------------------------------------------------------------------------|
| LEQSELVI ORAL TABLET 8 MG                                         | Tier 5 | PA; MO                                                                                                                                   |
| LITFULO ORAL CAPSULE 50 MG                                        | Tier 5 | PA; MO                                                                                                                                   |
| OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG                             | Tier 5 | PA; MO                                                                                                                                   |
| RINVOQ LQ ORAL SOLUTION 1 MG/ML                                   | Tier 4 | PA; MO                                                                                                                                   |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG     | Tier 4 | PA; MO                                                                                                                                   |
| XELJANZ ORAL SOLUTION 1 MG/ML                                     | Tier 4 | PA; MO                                                                                                                                   |
| XELJANZ ORAL TABLET 10 MG, 5 MG                                   | Tier 4 | PA; MO                                                                                                                                   |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG        | Tier 4 | PA; MO                                                                                                                                   |
| <b>Mineralocorticoids</b>                                         |        |                                                                                                                                          |
| <i>fludrocortisone oral tablet 0.1 mg</i>                         | Tier 2 | MO                                                                                                                                       |
| <b>Monoclonal Antibody-Human Interleukin 12/23 Inhib</b>          |        |                                                                                                                                          |
| STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (ustekinumab)          | Tier 5 | PA; MO                                                                                                                                   |
| STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML (ustekinumab) | Tier 5 | PA; MO                                                                                                                                   |
| STEQEYMA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML              | Tier 4 | PA; MO                                                                                                                                   |
| YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML                       | Tier 4 | PA; MO                                                                                                                                   |
| YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML              | Tier 4 | PA; MO                                                                                                                                   |
| <b>Nasal Nsaids, Cox Non-Selective, Systemic Analgesic</b>        |        |                                                                                                                                          |
| SPRIX NASAL SPRAY, NON-AEROSOL 15.75 MG/SPRAY (ketorolac)         | Tier 4 | ST: Must meet the following requirement: generic nonsteroidal anti-inflammatory in 120 days; QL (5 EA per 30 days)                       |
| <b>Nsaid &amp; Histamine H2 Receptor Antagonist Comb.</b>         |        |                                                                                                                                          |
| <i>ibuprofen-famotidine oral tablet 800-26.6 mg</i>               | Tier 2 | MO; ST: Must meet the following requirement: generic prescription strength Ibuprofen 400, 600, or 800mg in 120 days; QL (3 EA per 1 day) |
| <b>Nsaid &amp; Topical Irritant Counter-Irritant Comb.</b>        |        |                                                                                                                                          |
| INFLAMMACIN KIT 75 MG- 0.025 %                                    | Tier 4 |                                                                                                                                          |

| Drug                                                                                           | Status | Notes                                                                                        |
|------------------------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------|
| INFLATHERM(DICLOFENAC-MENTHOL) KIT, GEL AND TABLET<br>DELAY REL 75 MG-3 %- 3 %                 | Tier 4 |                                                                                              |
| NAPROTIN KIT 500 MG- 0.025 %                                                                   | Tier 4 |                                                                                              |
| <b>Nsaid, Cox Inhibitor-Type &amp; Proton Pump Inhib Comb</b>                                  |        |                                                                                              |
| <i>naproxen-esomeprazole oral tablet,ir,delayed rel,biphasic 375-20 mg</i>                     | Tier 2 | MO; ST: Must meet the following requirement: generic Naproxen in 120 days                    |
| <i>naproxen-esomeprazole oral tablet,ir,delayed rel,biphasic 500-20 mg</i> (Vimovo)            | Tier 2 | MO; ST: Must meet the following requirement: generic Naproxen in 120 days                    |
| <b>Nsaids (Cox Non-Specific Inhib)&amp; Prostaglandin Cmb</b>                                  |        |                                                                                              |
| ARTHROTEC 50 ORAL TABLET,IR,DELAYED REL,BIPHASIC 50-200 MG-MCG (diclofenac-misoprostol)        | Tier 4 |                                                                                              |
| ARTHROTEC 75 ORAL TABLET,IR,DELAYED REL,BIPHASIC 75-200 MG-MCG (diclofenac-misoprostol)        | Tier 4 |                                                                                              |
| <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>                                               |        |                                                                                              |
| CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG (celecoxib)                                | Tier 4 | MO                                                                                           |
| <i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (Celebrex)                         | Tier 2 | MO                                                                                           |
| <b>Nsaids, Cyclooxygenase Inhibitor-Type</b>                                                   |        |                                                                                              |
| ANAPROX DS ORAL TABLET 550 MG (naproxen sodium)                                                | Tier 4 | MO                                                                                           |
| COXANTO ORAL CAPSULE 300 MG (oxaprozin)                                                        | Tier 2 |                                                                                              |
| DAYPRO ORAL TABLET 600 MG (oxaprozin)                                                          | Tier 4 |                                                                                              |
| <i>diclofenac potassium oral capsule 25 mg</i> (Zipsor)                                        | Tier 2 | ST: Must meet the following requirements: Diclofenac Sodium in 120 days; QL (4 EA per 1 day) |
| <i>diclofenac potassium oral tablet 25 mg</i> (Lofena)                                         | Tier 2 | QL (8 EA per 1 day)                                                                          |
| <i>diclofenac potassium oral tablet 50 mg</i>                                                  | Tier 2 |                                                                                              |
| <i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>                             | Tier 2 |                                                                                              |

| Drug                                                                              | Status | Notes                                                                                        |
|-----------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------|
| <i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i> | Tier 2 |                                                                                              |
| <i>diclofenac submicronized oral capsule 35 mg</i> (Zorvolex)                     | Tier 2 | ST: Must meet the following requirements: Diclofenac Sodium in 120 days; QL (3 EA per 1 day) |
| EC-NAPROSYN ORAL TABLET, DELAYED RELEASE (DR/EC) 375 MG, 500 MG (naproxen)        | Tier 4 | MO                                                                                           |
| EC-NAPROXEN ORAL TABLET, DELAYED RELEASE (DR/EC) 375 MG, 500 MG (naproxen)        | Tier 2 | MO                                                                                           |
| <i>etodolac oral capsule 200 mg, 300 mg</i>                                       | Tier 2 | MO                                                                                           |
| <i>etodolac oral tablet 400 mg</i> (Lodine)                                       | Tier 2 | MO                                                                                           |
| <i>etodolac oral tablet 500 mg</i>                                                | Tier 2 | MO                                                                                           |
| <i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>         | Tier 2 | MO                                                                                           |
| FELDENE ORAL CAPSULE 20 MG (piroxicam)                                            | Tier 4 |                                                                                              |
| <i>fenoprofen oral capsule 200 mg</i>                                             | Tier 2 |                                                                                              |
| <i>fenoprofen oral capsule 400 mg</i> (Nalfon)                                    | Tier 2 |                                                                                              |
| <i>fenoprofen oral tablet 600 mg</i> (Nalfon)                                     | Tier 2 |                                                                                              |
| FENOPRON ORAL CAPSULE 300 MG                                                      | Tier 4 |                                                                                              |
| <i>flurbiprofen oral tablet 100 mg</i> (Lurbiro)                                  | Tier 2 |                                                                                              |
| IBU ORAL TABLET 400 MG, 600 MG, 800 MG (ibuprofen)                                | Tier 2 | MO                                                                                           |
| IBUPAK ORAL KIT 600 MG                                                            | Tier 4 |                                                                                              |
| <i>ibuprofen oral suspension 100 mg/5 ml</i> (Children's Advil)                   | Tier 2 | MO                                                                                           |
| <i>ibuprofen oral tablet 300 mg</i>                                               | Tier 2 | MO                                                                                           |
| <i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> (IBU)                         | Tier 2 | MO                                                                                           |
| <i>indomethacin oral capsule 25 mg, 50 mg</i>                                     | Tier 2 |                                                                                              |
| <i>indomethacin oral capsule, extended release 75 mg</i>                          | Tier 2 |                                                                                              |
| <i>indomethacin oral suspension 25 mg/5 ml</i> (Indocin)                          | Tier 2 |                                                                                              |
| <i>indomethacin rectal suppository 100 mg</i>                                     | Tier 2 |                                                                                              |
| <i>indomethacin rectal suppository 50 mg</i> (Indocin)                            | 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 |                                                                                              |

| Drug                                                                                         | Status | Notes                                                                                                                        |
|----------------------------------------------------------------------------------------------|--------|------------------------------------------------------------------------------------------------------------------------------|
| <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 |                                                                                                                              |
| LODINE ORAL TABLET 400 MG (etodolac)                                                         | Tier 4 | MO                                                                                                                           |
| LOFENA ORAL TABLET 25 MG (diclofenac potassium)                                              | Tier 2 | QL (8 EA per 1 day)                                                                                                          |
| 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 | MO                                                                                                                           |
| <i>meloxicam oral tablet 15 mg, 7.5 mg</i>                                                   | Tier 2 | MO                                                                                                                           |
| <i>meloxicam submicronized oral capsule 10 mg, 5 mg</i> (Vivlodex)                           | Tier 2 | MO; ST: Must meet 2 of the following requirements: generic Meloxicam and Diclofenac tablets in 365 days; QL (1 EA per 1 day) |
| <i>nabumetone oral tablet 500 mg, 750 mg</i>                                                 | Tier 2 |                                                                                                                              |
| NAPROSYN ORAL TABLET 500 MG (naproxen)                                                       | Tier 4 | MO                                                                                                                           |
| <i>naproxen oral suspension 125 mg/5 ml</i> (Naprosyn)                                       | Tier 2 | MO                                                                                                                           |
| <i>naproxen oral tablet 250 mg, 375 mg</i>                                                   | Tier 2 | MO                                                                                                                           |
| <i>naproxen oral tablet 500 mg</i> (Naprosyn)                                                | Tier 2 | MO                                                                                                                           |
| <i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i> (EC-Naprosyn)            | Tier 2 | MO                                                                                                                           |
| <i>naproxen sodium oral tablet 275 mg</i>                                                    | Tier 2 | MO                                                                                                                           |
| <i>naproxen sodium oral tablet 550 mg</i> (Anaprox DS)                                       | Tier 2 | MO                                                                                                                           |
| <i>naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg, 750 mg</i> (Naprelan CR) | Tier 2 | MO                                                                                                                           |
| <i>oxaprozin oral capsule 300 mg</i> (Coxanto)                                               | 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 |                                                                                                                              |
| RELAFEN DS ORAL TABLET 1,000 MG                                                              | Tier 4 | ST: Must meet the following requirement: generic Nabumetone tablets in 120 days; QL (2 EA per 1 day); Age (Min 18 Years)     |

| Drug                                                                        | Status | Notes                                                                                           |
|-----------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------|
| <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 |                                                                                                 |
| TRESNI RECTAL SUPPOSITORY 100 MG                                            | Tier 4 |                                                                                                 |
| ZORVOLEX ORAL CAPSULE 18 MG                                                 | Tier 4 | ST: Must meet the following requirements:<br>Diclofenac Sodium in 120 days; QL (3 EA per 1 day) |
| ZORVOLEX ORAL CAPSULE 35 MG (diclofenac submicronized)                      | Tier 4 | ST: Must meet the following requirements:<br>Diclofenac Sodium in 120 days; QL (3 EA per 1 day) |
| <b>Plasma Kallikrein Inhibitors</b>                                         |        |                                                                                                 |
| DAWNZERA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML                            | Tier 5 | PA; MO; 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; MO                                                                                          |
| TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)                      | Tier 5 | PA; MO                                                                                          |
| TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)            | Tier 5 | PA; MO                                                                                          |
| <b>Local Anesthesia</b>                                                     |        |                                                                                                 |
| <b>Local Anesthetics</b>                                                    |        |                                                                                                 |
| ACCUCAINE KIT KIT 10 MG/ML (1 %)                                            | Tier 4 |                                                                                                 |
| <i>bupivacaine in nacl(pf) epidural solution 0.125 % (1,250 mcg/ml)</i>     | Tier 2 |                                                                                                 |
| <i>bupivacaine in nacl(pf) epidural syringe 25 mg/10 ml (2.5mg/ml)0.25%</i> | Tier 2 |                                                                                                 |
| GLYDO MUCOUS MEMBRANE JELLY IN APPLICATOR 2 % (lidocaine hcl)               | 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 |                                                                                                 |
| LIDOMARK 1-5 KIT 10 MG/ML (1 %)                                             | Tier 4 |                                                                                                 |
| LIDOMARK 2-5 KIT 20 MG/ML (2 %)                                             | Tier 4 |                                                                                                 |

| Drug                                                                                    | Status | Notes                                                           |
|-----------------------------------------------------------------------------------------|--------|-----------------------------------------------------------------|
| <i>ropivacaine (pf)-nacl,iso-osm epidural solution 0.2 % (2 mg/ml)</i>                  | Tier 2 |                                                                 |
| <i>ropivacaine(pf)-0.9 % sodchlor epidural prefilled pump reservoir 0.2 % (2 mg/ml)</i> | Tier 2 |                                                                 |
| <i>ropivacaine(pf)-0.9 % sodchlor epidural solution 0.1 %, 0.15 %, 0.2 %</i>            | Tier 2 |                                                                 |
| <i>ropivacaine(pf)-0.9 % sodchlor epidural syringe 100 mg/50 ml (2 mg/ml) 0.2 %</i>     | Tier 2 |                                                                 |
| <b>Lower Gastrointestinal Disorders - Bowel Inflammation</b>                            |        |                                                                 |
| <b>Chronic Inflammation. Colon Disease, 5-A-Salicylate, Rectal Treatment</b>            |        |                                                                 |
| CANASA RECTAL SUPPOSITORY 1,000 MG (mesalamine)                                         | Tier 4 | MO                                                              |
| <i>mesalamine rectal enema 4 gram/60 ml</i> (sfRowasa)                                  | Tier 2 | MO                                                              |
| <i>mesalamine rectal suppository 1,000 mg</i> (Canasa)                                  | Tier 2 | MO                                                              |
| <i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i> (Rowasa)            | Tier 2 | MO                                                              |
| ROWASA RECTAL ENEMA KIT 4 GRAM/60 ML (mesalamine with cleansing wipe)                   | Tier 4 | MO                                                              |
| SFROWASA RECTAL ENEMA 4 GRAM/60 ML (mesalamine)                                         | Tier 4 | MO                                                              |
| <b>Drug Treatment-Chronic Inflammation. Colon Disease, 5-Aminosalicylate</b>            |        |                                                                 |
| APRISO ORAL CAPSULE, EXTENDED RELEASE 24HR 0.375 GRAM (mesalamine)                      | Tier 4 | MO                                                              |
| AZULFIDINE EN-TABS ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG (sulfasalazine)          | Tier 4 | MO                                                              |
| AZULFIDINE ORAL TABLET 500 MG (sulfasalazine)                                           | Tier 4 | MO                                                              |
| <i>balsalazide oral capsule 750 mg</i> (Colazal)                                        | Tier 2 |                                                                 |
| COLAZAL ORAL CAPSULE 750 MG (balsalazide)                                               | Tier 4 |                                                                 |
| DIPENTUM ORAL CAPSULE 250 MG                                                            | Tier 4 | MO; ST: Must meet the following requirement: Lialda in 120 days |
| LIALDA ORAL TABLET, DELAYED RELEASE (DR/EC) 1.2 GRAM (mesalamine)                       | Tier 4 | MO                                                              |
| <i>mesalamine oral capsule (with delayed release tablets) 400 mg</i>                    | Tier 2 | MO                                                              |
| <i>mesalamine oral capsule, extended release 500 mg</i> (Pentasa)                       | Tier 2 | MO                                                              |
| <i>mesalamine oral capsule, extended release 24hr 0.375 gram</i> (Apriso)               | Tier 2 | MO                                                              |
| <i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i> (Lialda)                | Tier 2 | MO                                                              |

| Drug                                                                                                         | Status | Notes                   |
|--------------------------------------------------------------------------------------------------------------|--------|-------------------------|
| <i>mesalamine oral tablet, delayed release (dr/ec) 800 mg</i>                                                | Tier 2 | MO                      |
| PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG                                                                | Tier 4 | MO                      |
| PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG (mesalamine)                                                   | Tier 4 | MO                      |
| <i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)                                                         | Tier 2 | MO                      |
| <i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i> (Azulfidine EN-tabs)                        | Tier 2 | MO                      |
| <b>Hemorrhoidal Prep, Anti-Inflam Steroid/Local Anesth</b>                                                   |        |                         |
| ANALPRAM-HC RECTAL CREAM 1-1 %, 2.5-1 % (hydrocortisone-pramoxine)                                           | Tier 4 |                         |
| <i>hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %</i> (Analpram-HC)                                    | Tier 2 |                         |
| <i>hydrocortisone-pramoxine rectal cream 2.5-1 % (4g)</i>                                                    | Tier 2 |                         |
| <i>hydrocortisone-pramoxine rectal suppository 25-18 mg</i>                                                  | Tier 2 |                         |
| <i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</i>                                                   | Tier 2 |                         |
| <i>lidocaine hcl-hydrocortison ac rectal gel 3 %-2.5 % (7 gram)</i>                                          | Tier 2 |                         |
| <i>lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram), 3-0.5 %, 3-1 % (7 gram), 3-2.5 % (7 gram)</i> | Tier 2 |                         |
| <i>lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %</i>                                                   | 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 | MO; 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 | MO                      |
| <b>Irritable Bowel Agents, Guanylate Cylase-C Agonist</b>                                                    |        |                         |
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG                                                                | Tier 3 | MO; QL (1 EA per 1 day) |

| Drug                                                                 | Status | Notes                   |
|----------------------------------------------------------------------|--------|-------------------------|
| TRULANCE ORAL TABLET 3 MG                                            | Tier 3 | MO; QL (1 EA per 1 day) |
| <b>Local Anorectal Nitrate Preparations</b>                          |        |                         |
| <i>nitroglycerin rectal ointment 0.4 % (w/w)</i> (Rectiv)            | Tier 2 |                         |
| RECTIV RECTAL OINTMENT 0.4 % (W/W) (nitroglycerin)                   | Tier 4 |                         |
| <b>Rectal Preparations</b>                                           |        |                         |
| ANUCORT-HC RECTAL SUPPOSITORY 25 MG (hydrocortisone acetate)         | Tier 2 |                         |
| ANUSOL-HC RECTAL SUPPOSITORY 25 MG (hydrocortisone acetate)          | Tier 4 |                         |
| HEMMOREX-HC RECTAL SUPPOSITORY 25 MG, 30 MG (hydrocortisone acetate) | Tier 4 |                         |
| <i>hydrocortisone acetate rectal suppository 25 mg</i> (Anucort-HC)  | Tier 2 |                         |
| <i>hydrocortisone acetate rectal suppository 30 mg</i> (Hemmorex-HC) | Tier 2 |                         |
| PROCTOCORT RECTAL SUPPOSITORY 30 MG (hydrocortisone acetate)         | Tier 4 |                         |
| <b>Rectal/Lower Bowel Prep., Glucocort. (Non-Hemorr)</b>             |        |                         |
| <i>budesonide rectal foam 2 mg/actuation</i> (Uceris)                | Tier 2 |                         |
| CORTENEMA RECTAL ENEMA 100 MG/60 ML (hydrocortisone)                 | Tier 4 |                         |
| CORTIFOAM RECTAL FOAM 10 % (80 MG)                                   | Tier 4 |                         |
| <i>hydrocortisone rectal enema 100 mg/60 ml</i> (Cortenema)          | Tier 2 |                         |
| UCERIS RECTAL FOAM 2 MG/ACTION (budesonide)                          | Tier 4 |                         |
| <b>Lower Gastrointestinal Disorders - Other</b>                      |        |                         |
| <b>Ammonia Inhibitors</b>                                            |        |                         |
| BUPHENYL ORAL POWDER 0.94 GRAM/GRAM (sodium phenylbutyrate)          | Tier 5 | PA; MO                  |
| BUPHENYL ORAL TABLET 500 MG (sodium phenylbutyrate)                  | Tier 5 | PA; MO                  |
| CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG (carglumic acid)            | Tier 5 | PA; MO                  |
| <i>carglumic acid oral tablet, dispersible 200 mg</i> (Carbaglu)     | Tier 4 | PA; MO                  |
| ENULOSE ORAL SOLUTION 10 GRAM/15 ML (lactulose)                      | Tier 2 | MO                      |
| GENERLAC ORAL SOLUTION 10 GRAM/15 ML (lactulose)                     | Tier 2 | MO                      |
| LITHOSTAT ORAL TABLET 250 MG                                         | Tier 4 |                         |



| Drug                                                                                | Status | Notes                                                                                            |
|-------------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------|
| OLPRUVA ORAL PELLETS IN PACKET<br>2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM | Tier 5 | PA; MO                                                                                           |
| PHEBURANE ORAL GRANULES 483 MG/GRAM                                                 | Tier 5 | PA; MO                                                                                           |
| RAVICTI ORAL LIQUID 1.1 GRAM/ML                                                     | Tier 5 | PA; MO                                                                                           |
| <i>sodium phenylbutyrate oral powder 0.94 gram/gram</i> (Buphenyl)                  | Tier 4 | PA; MO                                                                                           |
| <i>sodium phenylbutyrate oral tablet 500 mg</i> (Buphenyl)                          | Tier 4 | PA; MO                                                                                           |
| <b>Antidiarrheal - G.I. Chloride Channel Inhibitors</b>                             |        |                                                                                                  |
| MYTESI ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG                                  | Tier 3 | 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 4 | PA                                                                                               |
| <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 |                                                                                                  |
| LOMOTIL ORAL TABLET 2.5-0.025 MG (diphenoxylate-atropine)                           | Tier 4 |                                                                                                  |
| <i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide))                   | Tier 2 | MO                                                                                               |
| MOTOFEN ORAL TABLET 1-0.025 MG                                                      | Tier 4 | ST: Must meet the following requirement: Diphenoxylate/Atropine in 120 days; QL (8 EA per 1 day) |
| <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; MO                                                                                           |
| CTEXLI ORAL TABLET 250 MG                                                           | Tier 5 | PA                                                                                               |
| RELTONE ORAL CAPSULE 200 MG, 400 MG (ursodiol)                                      | Tier 4 | PA; MO                                                                                           |
| URSO FORTE ORAL TABLET 500 MG (ursodiol)                                            | Tier 4 | MO                                                                                               |
| <i>ursodiol oral capsule 200 mg, 400 mg</i> (Reltone)                               | Tier 2 | PA; MO                                                                                           |
| <i>ursodiol oral capsule 300 mg</i>                                                 | Tier 2 | MO                                                                                               |
| <i>ursodiol oral tablet 250 mg</i>                                                  | Tier 2 | MO                                                                                               |

| Drug                                                                         | Status | Notes                                                                                                    |
|------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------|
| <i>ursodiol oral tablet 500 mg</i> (URSO Forte)                              | Tier 2 | MO                                                                                                       |
| <b>Farnesoid X Receptor (Fxr) Agonist, Bile Ac Analog</b>                    |        |                                                                                                          |
| OALIVA ORAL TABLET 10 MG, 5 MG                                               | Tier 4 | PA; MO                                                                                                   |
| <b>Ibs Agents,Sodium-Hydrogen Exchanger 3(Nhe3) Inhib</b>                    |        |                                                                                                          |
| IBSRELA ORAL TABLET 50 MG                                                    | Tier 4 | PA; MO                                                                                                   |
| <b>Ileal Bile Acid Transporter (Ibat) Inhibitor</b>                          |        |                                                                                                          |
| BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG                                       | Tier 5 | PA; MO                                                                                                   |
| BYLVAY ORAL PELLETT 200 MCG, 600 MCG                                         | Tier 5 | PA; MO                                                                                                   |
| LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML                                   | Tier 5 | PA; MO                                                                                                   |
| LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG                              | Tier 5 | PA; MO                                                                                                   |
| <b>Irritable Bowel Synd. Agent,5Ht-3 Antagonist-Type</b>                     |        |                                                                                                          |
| <i>alosetron oral tablet 0.5 mg, 1 mg</i> (Lotronex)                         | Tier 2 |                                                                                                          |
| LOTROXEN ORAL TABLET 0.5 MG, 1 MG (alosetron)                                | Tier 4 |                                                                                                          |
| <b>Laxatives And Cathartics</b>                                              |        |                                                                                                          |
| AMITIZA ORAL CAPSULE 24 MCG (lubiprostone)                                   | Tier 4 | MO; QL (2 EA per 1 day)                                                                                  |
| AMITIZA ORAL CAPSULE 8 MCG (lubiprostone)                                    | Tier 4 | MO; QL (4 EA per 1 day)                                                                                  |
| CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML                         | Tier 1 | \$0 COPAY IF QUANTITY IS 350, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (350 ML per 1 FILL)   |
| CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML (lactulose)                           | Tier 2 | MO                                                                                                       |
| GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM (peg 3350-electrolytes) | Tier 1 | \$0 COPAY IF QUANTITY IS 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) | Tier 1 | \$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (4000 ML per 1 FILL) |

| Drug                                                                           |                                  | Status | Notes                                                                                                    |
|--------------------------------------------------------------------------------|----------------------------------|--------|----------------------------------------------------------------------------------------------------------|
| GAVILYTE-N ORAL RECON SOLN 420 GRAM                                            | (peg-electrolyte soln)           | Tier 1 | \$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (4000 ML per 1 FILL) |
| GOLYTELY ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM                             | (peg 3350-electrolytes)          | Tier 4 | QL (4000 ML per 1 FILL)                                                                                  |
| KRISTALOSE ORAL PACKET 20 GRAM                                                 | (lactulose)                      | Tier 4 | MO; ST: Must meet the following requirement: generic Lactulose solution in 120 days; QL (2 EA per 1 day) |
| <i>lactulose oral packet 10 gram</i>                                           | (Kristalose)                     | Tier 2 | MO; ST: Must meet the following requirement: generic Lactulose solution in 120 days; QL (3 EA per 1 day) |
| <i>lactulose oral packet 20 gram</i>                                           | (Kristalose)                     | Tier 2 | MO; ST: Must meet the following requirement: generic Lactulose solution in 120 days; QL (2 EA per 1 day) |
| <i>lactulose oral solution 10 gram/15 ml</i>                                   | (Constulose)                     | Tier 2 | MO                                                                                                       |
| <i>lubiprostone oral capsule 24 mcg</i>                                        | (Amitiza)                        | Tier 2 | MO; QL (2 EA per 1 day)                                                                                  |
| <i>lubiprostone oral capsule 8 mcg</i>                                         | (Amitiza)                        | Tier 2 | MO; QL (4 EA per 1 day)                                                                                  |
| MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM                              | (peg3350-sod sul-nacl-kcl-asb-c) | Tier 4 | QL (1 EA per 1 FILL)                                                                                     |
| <i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>         | (GaviLyte-G)                     | Tier 1 | \$0 COPAY IF QUANTITY IS 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)                       | Tier 1 | \$0 COPAY IF QUANTITY IS 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)                     | Tier 1 | \$0 COPAY IF QUANTITY IS 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                                  | Tier 1 | ST: Must meet the following requirement: Sutab, Clenpiq, or generic bowel prep in 120 days; \$0 COPAY IF QUANTITY IS 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) |
| sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram (Suprep Bowel Prep Kit) | Tier 1 | \$0 COPAY IF QUANTITY IS 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                                               | Tier 1 | ST: Must meet the following requirement: Sutab, Clenpiq, or generic bowel prep in 120 days; \$0 COPAY IF QUANTITY IS 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) |
| SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM (sodium,potassium,mag sulfates) | Tier 4 | QL (354 ML per 1 FILL)                                                                                                                                                                                                                           |
| SUTAB ORAL TABLET 1.479-0.188-0.225 GRAM                                                 | Tier 1 | \$0 COPAY IF QUANTITY IS 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>                                         |        |                                                                                                                                                                                                                                                  |
| alvimopan oral capsule 12 mg                                                             | 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                                                                                                                                                                                                                                               |
| RELISTOR SUBCUTANEOUS 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 4 | PA; MO                                                                                                                                                                                                                                           |
| LIVDELZI ORAL CAPSULE 10 MG                                                              | Tier 4 | PA; MO                                                                                                                                                                                                                                           |

| Drug                                                             | Status | Notes  |
|------------------------------------------------------------------|--------|--------|
| <b>Sbs - Glucagon-Like Peptide-2 (Glp-2) Analogs</b>             |        |        |
| GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG                             | Tier 4 | PA; MO |
| GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG                            | Tier 4 | PA; MO |
| <b>Medical Supplies</b>                                          |        |        |
| <b>Diabetic Supplies</b>                                         |        |        |
| UNISTIK 3 COMFORT LANCET 28 (lancets) GAUGE                      | Tier 6 | MO     |
| <b>Durable Medical Equipment,Misc(Group 1)</b>                   |        |        |
| ACCU-CHEK FASTCLIX LANCET (lancets) DRUM                         | Tier 6 | MO     |
| ACCU-CHEK SAFE-T-PRO 23 GAUGE                                    | Tier 6 | MO     |
| ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE                               | Tier 6 | MO     |
| ACCU-CHEK SOFTCLIX LANCETS (lancets)                             | Tier 6 | MO     |
| ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE                            | Tier 6 | MO     |
| ACTI-LANCE LANCETS 28 GAUGE (lancets)                            | Tier 6 | MO     |
| ADVANCED TRAVEL LANCETS 28 (lancets) GAUGE                       | Tier 6 | MO     |
| ADVOCATE LANCET 21 GAUGE, 26 (lancets) GAUGE, 28 GAUGE, 30 GAUGE | Tier 6 | MO     |
| ADVOCATE LANCET 23 GAUGE                                         | Tier 6 | MO     |
| AGAMATRIX ULTRA-THIN LANCET 33 (lancets) GAUGE                   | Tier 6 | MO     |
| ALTERNATE SITE LANCET 26 GAUGE (lancets)                         | Tier 6 | MO     |
| ASSURE LANCE 25 GAUGE                                            | Tier 6 | MO     |
| ASSURE LANCE 28 GAUGE (lancets)                                  | Tier 6 | MO     |
| ASSURE LANCE PLUS 21 GAUGE, 30 (lancets) GAUGE                   | Tier 6 | MO     |
| ASSURE LANCE PLUS 25 GAUGE                                       | Tier 6 | MO     |
| BD MICROTAINER LANCET 1.5 X 2 MM                                 | Tier 6 | MO     |
| BD MICROTAINER LANCET 21 (lancets) GAUGE, 30 GAUGE               | Tier 6 | MO     |
| BULLSEYE MINI SAFETY LANCETS 21 (lancets) GAUGE, 28 GAUGE        | Tier 6 | MO     |
| BULLSEYE MINI SAFETY LANCETS 25 GAUGE                            | Tier 6 | MO     |
| BUTTERFLY TOUCH LANCET 30 (lancets) GAUGE                        | Tier 6 | MO     |

| Drug                                                             |           | Status | Notes |
|------------------------------------------------------------------|-----------|--------|-------|
| CAREONE ULTRA THIN LANCET                                        | (lancets) | Tier 6 | MO    |
| CARESENS LANCETS 30 GAUGE                                        | (lancets) | Tier 6 | MO    |
| CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE                      | (lancets) | Tier 6 | MO    |
| CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE              | (lancets) | Tier 6 | MO    |
| CHOSEN LANCET 30 GAUGE                                           | (lancets) | Tier 6 | MO    |
| CHOSEN SAFETY LANCET 28 GAUGE                                    | (lancets) | Tier 6 | MO    |
| CLEVER CHEK LANCETS 30 GAUGE                                     | (lancets) | Tier 6 | MO    |
| COAGUCHEK LANCETS                                                | (lancets) | Tier 6 | MO    |
| COLOR LANCETS 21 GAUGE                                           | (lancets) | Tier 6 | MO    |
| COMFORT EZ LANCETS 23 GAUGE                                      |           | Tier 6 | MO    |
| COMFORT EZ LANCETS 28 GAUGE                                      | (lancets) | Tier 6 | MO    |
| COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE                          | (lancets) | Tier 6 | MO    |
| COMFORT TOUCH ULT THIN LANCETS 31 GAUGE                          |           | Tier 6 | MO    |
| DROPLET LANCETS 30 GAUGE                                         | (lancets) | Tier 6 | MO    |
| DROPSAFE ACTI-LANCE 23 GAUGE                                     |           | Tier 6 | MO    |
| EASY COMFORT LANCETS 30 GAUGE                                    | (lancets) | Tier 6 | MO    |
| EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE                  | (lancets) | Tier 6 | MO    |
| EASY TOUCH LANCETS 32 GAUGE                                      |           | Tier 6 | MO    |
| EASY TOUCH SAFETY LANCETS 21 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE | (lancets) | Tier 6 | MO    |
| EASY TOUCH SAFETY LANCETS 23 GAUGE, 32 GAUGE                     |           | Tier 6 | MO    |
| EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 33 GAUGE  | (lancets) | Tier 6 | MO    |
| EASY TOUCH TWIST LANCETS 32 GAUGE                                |           | Tier 6 | MO    |
| EASY TWIST AND CAP LANCETS 28 GAUGE                              | (lancets) | Tier 6 | MO    |
| EMBRACE LANCETS 30 GAUGE                                         | (lancets) | Tier 6 | MO    |
| EMBRACE SAFETY LANCET 21 GAUGE, 28 GAUGE                         | (lancets) | Tier 6 | MO    |
| E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 33 GAUGE                  | (lancets) | Tier 6 | MO    |
| E-Z JECT LANCETS 32 GAUGE                                        |           | Tier 6 | MO    |
| E-Z JECT THIN LANCETS 28 GAUGE                                   | (lancets) | Tier 6 | MO    |
| EZ SMART LANCETS 28 GAUGE                                        | (lancets) | Tier 6 | MO    |
| FINGERSTIX LANCETS                                               | (lancets) | Tier 6 | MO    |

| Drug                                           |                                  | Status | Notes |
|------------------------------------------------|----------------------------------|--------|-------|
| FORACARE LANCETS 30 GAUGE                      | (lancets)                        | Tier 6 | MO    |
| FREESTYLE LANCETS 28 GAUGE                     | (lancets)                        | Tier 6 | MO    |
| FREESTYLE UNISTIK 2                            | (lancets)                        | Tier 6 | MO    |
| GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE  | (lancets)                        | Tier 6 | MO    |
| GOJJI LANCETS 30 GAUGE                         | (lancets)                        | Tier 6 | MO    |
| INCONTROL SUPER THIN LANCETS 30 GAUGE          | (lancets)                        | Tier 6 | MO    |
| INCONTROL ULTRA THIN LANCETS 28 GAUGE          | (lancets)                        | Tier 6 | MO    |
| INJECT EASE LANCETS 28 GAUGE, 30 GAUGE         | (lancets)                        | Tier 6 | MO    |
| INVACARE LANCETS 30 GAUGE                      | (lancets)                        | Tier 6 | MO    |
| <i>lancets</i>                                 | (Accu-Chek Fastclix Lancet Drum) | Tier 6 | MO    |
| <i>lancets 21 gauge, 26 gauge, 30 gauge</i>    | (Advocate Lancet)                | Tier 6 | MO    |
| <i>lancets 28 gauge</i>                        | (Acti-Lance Lancets)             | Tier 6 | MO    |
| <i>lancets 33 gauge</i>                        | (AgaMatrix Ultra-Thin Lancet)    | Tier 6 | MO    |
| LANCETS, SUPER THIN                            | (lancets)                        | Tier 6 | MO    |
| LANCETS, THIN , 28 GAUGE                       | (lancets)                        | Tier 6 | MO    |
| LANCETS, ULTRA THIN                            | (lancets)                        | Tier 6 | MO    |
| MEDISENSE THIN LANCETS 28 GAUGE                | (lancets)                        | Tier 6 | MO    |
| MEDLANCE PLUS LANCETS 21 GAUGE, 30 GAUGE       | (lancets)                        | Tier 6 | MO    |
| MEDLANCE PLUS LANCETS 25 GAUGE                 |                                  | Tier 6 | MO    |
| MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM         |                                  | Tier 6 | MO    |
| MICRO THIN LANCETS 33 GAUGE                    | (lancets)                        | Tier 6 | MO    |
| MICROLET LANCET                                | (lancets)                        | Tier 6 | MO    |
| MOBILE LANCETS 30 GAUGE                        | (lancets)                        | Tier 6 | MO    |
| MONOLET LANCETS 21 GAUGE                       | (lancets)                        | Tier 6 | MO    |
| MONOLET THIN LANCETS 28 GAUGE                  | (lancets)                        | Tier 6 | MO    |
| MYGLUCOHEALTH LANCETS 30 GAUGE                 | (lancets)                        | Tier 6 | MO    |
| NOVA SAFETY LANCETS 23 GAUGE                   |                                  | Tier 6 | MO    |
| NOVA SAFETY LANCETS 28 GAUGE                   | (lancets)                        | Tier 6 | MO    |
| NOVA SUREFLEX LANCETS                          | (lancets)                        | Tier 6 | MO    |
| ON CALL LANCET 30 GAUGE                        | (lancets)                        | Tier 6 | MO    |
| ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE | (lancets)                        | Tier 6 | MO    |

| Drug                                                       | Status | Notes |
|------------------------------------------------------------|--------|-------|
| ONETOUCH DELICA SAFETY LANCET 30 GAUGE (lancets)           | Tier 6 | MO    |
| ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE (lancets)             | Tier 6 | MO    |
| ON-THE-GO LANCETS 30 GAUGE (lancets)                       | Tier 6 | MO    |
| PERFECT POINT SAFETY LANCETS 28 GAUGE, 30 GAUGE (lancets)  | Tier 6 | MO    |
| PIP LANCET 28 GAUGE, 30 GAUGE (lancets)                    | Tier 6 | MO    |
| PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE (lancets)    | Tier 6 | MO    |
| PRO COMFORT LANCET 30 GAUGE (lancets)                      | Tier 6 | MO    |
| PRO COMFORT LANCET 31 GAUGE                                | Tier 6 | MO    |
| PRO COMFORT SAFETY LANCET 30 GAUGE (lancets)               | Tier 6 | MO    |
| PRODIGY LANCETS 26 GAUGE, 28 GAUGE (lancets)               | Tier 6 | MO    |
| PRODIGY TWIST TOP LANCET 28 GAUGE (lancets)                | Tier 6 | MO    |
| PURE COMFORT LANCETS 30 GAUGE (lancets)                    | Tier 6 | MO    |
| PURE COMFORT SAFETY LANCETS 30 GAUGE (lancets)             | Tier 6 | MO    |
| PUSH BUTTON SAFETY LANCETS 28 GAUGE (lancets)              | Tier 6 | MO    |
| RELIAMED LANCET 28 GAUGE, 30 GAUGE (lancets)               | Tier 6 | MO    |
| RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (lancets)  | Tier 6 | MO    |
| RIGHTEST GL300 LANCETS 30 GAUGE (lancets)                  | Tier 6 | MO    |
| SAFETY LANCETS 21 GAUGE, 28 GAUGE (lancets)                | Tier 6 | MO    |
| SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (lancets)           | Tier 6 | MO    |
| SAFETY-LET LANCETS 30 GAUGE (lancets)                      | Tier 6 | MO    |
| SINGLE-LET (lancets)                                       | Tier 6 | MO    |
| SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE (lancets) | Tier 6 | MO    |
| SMARTEST LANCET (lancets)                                  | Tier 6 | MO    |
| SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE (lancets)              | Tier 6 | MO    |
| STERILANCE TL 30 GAUGE (lancets)                           | Tier 6 | MO    |
| STERILANCE TL 32 GAUGE                                     | Tier 6 | MO    |
| SUPER THIN LANCETS 28 GAUGE, 30 GAUGE (lancets)            | Tier 6 | MO    |



| Drug                                                             | Status | Notes |
|------------------------------------------------------------------|--------|-------|
| SURE COMFORT LANCETS 18 GAUGE, 23 GAUGE                          | Tier 6 | MO    |
| SURE COMFORT LANCETS 21 GAUGE, 28 GAUGE, 30 GAUGE (lancets)      | Tier 6 | MO    |
| SURE-LANCE , 26 GAUGE, 28 GAUGE (lancets)                        | Tier 6 | MO    |
| SURE-LANCE ULTRA THIN 30 GAUGE (lancets)                         | Tier 6 | MO    |
| SURE-TOUCH LANCET (lancets)                                      | Tier 6 | MO    |
| TECHLITE LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)          | Tier 6 | MO    |
| TELCARE LANCETS 30 GAUGE (lancets)                               | Tier 6 | MO    |
| TEMPO REFILL KIT WITH GAUZE KIT                                  | Tier 6 | MO    |
| THIN LANCETS 26 GAUGE (lancets)                                  | Tier 6 | MO    |
| TOPCARE UNIVERSAL1 LANCET , 33 GAUGE (lancets)                   | Tier 6 | MO    |
| TRUE COMFORT LANCET 30 GAUGE (lancets)                           | Tier 6 | MO    |
| TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)          | Tier 6 | MO    |
| TWIST LANCETS 30 GAUGE (lancets)                                 | Tier 6 | MO    |
| TWIST LANCETS 32 GAUGE                                           | Tier 6 | MO    |
| ULTILET BASIC LANCETS 30 GAUGE (lancets)                         | Tier 6 | MO    |
| ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets) | Tier 6 | MO    |
| ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)           | Tier 6 | MO    |
| ULTILET SAFETY LANCETS 23 GAUGE                                  | Tier 6 | MO    |
| ULTRA THIN II LANCETS 30 GAUGE (lancets)                         | Tier 6 | MO    |
| ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE (lancets)                | Tier 6 | MO    |
| ULTRA THIN LANCETS 31 GAUGE                                      | Tier 6 | MO    |
| ULTRA THIN PLUS LANCETS 33 GAUGE (lancets)                       | Tier 6 | MO    |
| ULTRA TLC LANCETS (lancets)                                      | Tier 6 | MO    |
| ULTRA-CARE LANCETS 30 GAUGE (lancets)                            | Tier 6 | MO    |
| ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE (lancets)                  | Tier 6 | MO    |
| ULTRA-THIN II LANCETS 28 GAUGE (lancets)                         | Tier 6 | MO    |
| UNILET COMFORTOUCH LANCET , 26 GAUGE (lancets)                   | Tier 6 | MO    |
| UNILET GP LANCET (lancets)                                       | Tier 6 | MO    |
| UNILET LANCET 28 GAUGE, 33 GAUGE (lancets)                       | Tier 6 | MO    |
| UNILET LANCETS 30 GAUGE (lancets)                                | Tier 6 | MO    |

| Drug                                                                                                                                                                                                    | Status | Notes |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------|
| UNILET SUPER THIN LANCETS 30 GAUGE (lancets)                                                                                                                                                            | Tier 6 | MO    |
| UNISTIK 3 EXTRA LANCET 21 GAUGE (lancets)                                                                                                                                                               | Tier 6 | MO    |
| UNISTIK 3 GENTLE 30 GAUGE (lancets)                                                                                                                                                                     | Tier 6 | MO    |
| UNISTIK 3 NORMAL LANCET 23 GAUGE                                                                                                                                                                        | Tier 6 | MO    |
| UNISTIK COMFORT LANCETS 28 GAUGE (lancets)                                                                                                                                                              | Tier 6 | MO    |
| UNISTIK CZT LANCET 23 GAUGE                                                                                                                                                                             | Tier 6 | MO    |
| UNISTIK CZT LANCET 28 GAUGE (lancets)                                                                                                                                                                   | Tier 6 | MO    |
| UNISTIK EXTRA LANCETS 21 GAUGE (lancets)                                                                                                                                                                | Tier 6 | MO    |
| UNISTIK NORMAL LANCETS 23 GAUGE                                                                                                                                                                         | Tier 6 | MO    |
| UNISTIK PRO LANCET 21 GAUGE, 28 GAUGE (lancets)                                                                                                                                                         | Tier 6 | MO    |
| UNISTIK PRO LANCET 25 GAUGE                                                                                                                                                                             | Tier 6 | MO    |
| UNISTIK SAFETY 28 GAUGE, 30 GAUGE (lancets)                                                                                                                                                             | Tier 6 | MO    |
| UNISTIK TOUCH LANCETS 21 GAUGE, 28 GAUGE, 30 GAUGE (lancets)                                                                                                                                            | Tier 6 | MO    |
| UNISTIK TOUCH LANCETS 23 GAUGE                                                                                                                                                                          | Tier 6 | MO    |
| UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE (lancets)                                                                                                                                    | Tier 6 | MO    |
| VERIFINE SAFETY LANCET MINI 21 GAUGE, 28 GAUGE, 30 GAUGE (lancets)                                                                                                                                      | Tier 6 | MO    |
| VERIFINE SAFETY LANCET MINI 23 GAUGE                                                                                                                                                                    | Tier 6 | MO    |
| VERIFINE UNIVERSAL LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)                                                                                                                                        | Tier 6 | MO    |
| VIVAGUARD LANCET 30 GAUGE (lancets)                                                                                                                                                                     | Tier 6 | MO    |
| VIVAGUARD SAFETY LANCET 28 GAUGE (lancets)                                                                                                                                                              | Tier 6 | MO    |
| <b>Incontinence Supplies</b>                                                                                                                                                                            |        |       |
| TENSCARE ITOUCH SURE VAGINAL DEVICE                                                                                                                                                                     | 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 6 | MO    |
| ALLERGIST TRAY 1/2 ML 27GX3/8" SYRINGE 1/2 ML 27 GAUGE X 3/8"                                                                                                                                           | Tier 4 |       |

| Drug                                                                                          | Status | Notes |
|-----------------------------------------------------------------------------------------------|--------|-------|
| ALLERGIST TRAY INTRADERMAL BEV<br>SYRINGE 1 ML 26 GAUGE X 1/2", 1 ML<br>27 GAUGE X 3/8"       | Tier 4 |       |
| ALLERGIST TRAY INTRADERMAL BEV (tuberculin-allergy<br>SYRINGE 1 ML 26 GAUGE X 3/8" syringes)  | Tier 4 |       |
| ALLERGIST TRAY REGULAR BEVEL<br>SYRINGE 1 ML 27 GAUGE X 3/8"                                  | Tier 4 |       |
| ALLERGY SYRINGE SYRINGE 1 ML 27<br>GAUGE X 3/8", 1 ML 27 X 1/2"                               | Tier 4 |       |
| BD ALLERGIST TRAY REG BEVEL<br>SYRINGE 1 ML 27 X 1/2"                                         | Tier 4 |       |
| BD ALLERGIST TRAY REG BEVEL<br>TRAY 1/2 ML 27 X 1/2"                                          | Tier 4 |       |
| BD ALLERGY SYRINGE SYRINGE 1<br>ML 28 GAUGE X 1/2"                                            | Tier 4 |       |
| BD BLUNT PLASTIC CANNULA<br>SYRINGE 17 X 3 ML                                                 | Tier 4 |       |
| BD BULK SYRINGE SLIP TIP SYRINGE<br>1 ML                                                      | Tier 4 |       |
| BD BULK SYRINGE SLIP TIP SYRINGE (syringe (disposable))<br>5 ML                               | Tier 4 |       |
| BD ECCENTRIC TIP SYRINGE (syringe (disposable))<br>SYRINGE 10 ML                              | Tier 4 |       |
| BD ECLIPSE LUER-LOK SYRINGE 1<br>ML 27 X 1/2", 3 ML 23 GAUGE X 1 1/2",<br>3 ML 25 X 5/8"      | Tier 4 |       |
| BD ECLIPSE LUER-LOK SYRINGE 1 (insulin syringe-needle u-<br>ML 30 GAUGE X 1/2" 100)           | Tier 6 | MO    |
| BD ECLIPSE LUER-LOK SYRINGE 3 (syringe with needle)<br>ML 23 X 1"                             | Tier 4 |       |
| BD INTEGRA SYRINGE SYRINGE 3 ML (syringe with needle)<br>21 GAUGE X 1 1/2"                    | Tier 4 |       |
| BD INTEGRA SYRINGE SYRINGE 3 ML<br>23 GAUGE X 1", 3 ML 25 GAUGE X 1",<br>3 ML 25 GAUGE X 5/8" | Tier 4 |       |
| BD INTERLINK BLUNT PLASTIC CAN<br>SYRINGE 17 X 5 ML                                           | Tier 4 |       |
| BD INTERLINK SYRINGE SYRINGE 17<br>X 10 ML                                                    | Tier 4 |       |
| BD LUER-LOK BULK SYRINGE (syringe (disposable))<br>SYRINGE 20 ML                              | Tier 4 |       |

| Drug                                                                                                                                                                                                                                                                                                                               | Status | Notes |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------|
| 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 |       |
| 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 6 | MO    |
| 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 6 | MO    |
| 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 |       |

| Drug                                                                                                                                                                             | Status | Notes |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------|
| BD SYRINGE CATH TIP NONSTERILE<br>SYRINGE 50 ML                                                                                                                                  | Tier 4 |       |
| BD SYRINGE CATHETER TIP<br>SYRINGE 50 ML                                                                                                                                         | Tier 4 |       |
| BD SYRINGE LUER-LOK NONSTERILE (syringe (disposable))<br>SYRINGE 10 ML, 20 ML, 5 ML                                                                                              | Tier 4 |       |
| BD SYRINGE LUER-LOK NONSTERILE<br>SYRINGE 50 ML                                                                                                                                  | Tier 4 |       |
| BD SYRINGE LUER-LOK STERILE (syringe (disposable))<br>SYRINGE 10 ML                                                                                                              | Tier 4 |       |
| BD SYRINGE LUER-LOK STERILE<br>SYRINGE 50 ML                                                                                                                                     | Tier 4 |       |
| 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 |       |

| Drug                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Status | Notes |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------|
| CAREPOINT SAFETY LL SYR-NEEDLE SYRINGE 1 ML 25 GAUGE X 1"                                                                                                                                                                                                                                                                                                                                                                                                                                 | Tier 4 |       |
| CARETOUCH INSULIN SYRINGE (insulin syringe-needle u-100)<br>SYRINGE 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 6 | MO    |
| CARETOUCH INSULIN SYRINGE SYRINGE 1 ML 28 X 5/16", 1 ML 29 GAUGE X 5/16                                                                                                                                                                                                                                                                                                                                                                                                                   | Tier 6 | MO    |
| CARETOUCH LUER LOCK SYRINGE SYRINGE 1 ML                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Tier 4 |       |
| CARETOUCH LUER LOCK SYRINGE (syringe (disposable))<br>SYRINGE 3 ML, 5 ML                                                                                                                                                                                                                                                                                                                                                                                                                  | Tier 4 |       |
| CARETOUCH LUER LOCK SYR-NEEDLE SYRINGE 3 ML 22 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/2 ", 3 ML 25 X 5/8"                                                                                                                                                                                                                                                                                                                                                                          | Tier 4 |       |
| CARETOUCH LUER LOCK SYR-NEEDLE SYRINGE 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 |       |
| CARETOUCH LUER SLIP SYRINGE 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-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 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 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 15/64" | Tier 6 | MO    |
| DAVOL IRRIGATION SYRINGE SYRINGE                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Tier 4 |       |
| DAVOL PISTON IRRIGATION SYRINGE                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Tier 4 |       |
| DOVER BULB SYRINGE SYRINGE 60 ML                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Tier 4 |       |

| Drug                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     | Status | Notes |
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| 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 6 | MO    |
| DROPLET INSULIN SYR(HALF UNIT)<br>SYRINGE 0.3 ML 31 GAUGE X 1/4"                                                                                                                                                                                                                                                                                                                                                                                               | (insulin syr/ndl u100 half<br>mark) | Tier 6 | MO    |
| DROPLET INSULIN SYRINGE<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>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>29 GAUGE X 1/2", 1 ML 30 GAUGE X<br>1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31<br>GAUGE X 1/4", 1 ML 31 GAUGE X<br>15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML<br>31 GAUGE X 1/4" | (insulin syringe-needle u-<br>100)  | Tier 6 | MO    |
| DROPLET INSULIN SYRINGE<br>SYRINGE 0.3 ML 30 GAUGE X 15/64",<br>1 ML 30 GAUGE X 15/64"                                                                                                                                                                                                                                                                                                                                                                         |                                     | Tier 6 | MO    |
| DROPSAFE INSULIN SYRINGE<br>SYRINGE 0.3 ML 31 GAUGE X 15/64",<br>0.3 ML 31 GAUGE X 5/16", 0.5 ML 31<br>GAUGE X 15/64", 0.5 ML 31 GAUGE X<br>5/16", 1 ML 29 GAUGE X 1/2", 1 ML 31<br>GAUGE X 15/64", 1 ML 31 GAUGE X<br>5/16"                                                                                                                                                                                                                                   |                                     | Tier 6 | MO    |
| EASY COMFORT INSULIN SYRINGE<br>SYRINGE 0.3 ML 31 GAUGE X 5/16",<br>0.5 ML 30 GAUGE X 1/2", 0.5 ML 30<br>GAUGE X 5/16", 0.5 ML 31 GAUGE X<br>5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30<br>GAUGE X 5/16, 1 ML 31 GAUGE X<br>5/16, 1/2 ML 29 X5/16 "                                                                                                                                                                                                                  | (insulin syringe-needle u-<br>100)  | Tier 6 | MO    |
| EASY COMFORT INSULIN SYRINGE<br>SYRINGE 0.3 ML 31 X 1/2", 1 ML 29<br>GAUGE X 5/16, 1 ML 32 GAUGE X<br>5/16", 1/2 ML 32 GAUGE X 5/16"                                                                                                                                                                                                                                                                                                                           |                                     | Tier 6 | MO    |
| EASY GLIDE CATHETER TIP SYRING<br>SYRINGE 60 ML                                                                                                                                                                                                                                                                                                                                                                                                                | (syringe (disposable))              | Tier 4 |       |

| Drug                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Status | Notes |
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| EASY GLIDE INSULIN SYRINGE (insulin syringe-needle u-100)<br>SYRINGE 0.3 ML 31 GAUGE X 15/64",<br>1 ML 31 GAUGE X 15/64", 1/2 ML 31<br>GAUGE X 15/64"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Tier 6 | MO    |
| 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 |       |
| EASY TOUCH FLIPLOCK INSULIN<br>SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML<br>30 GAUGE X 1/2", 1 ML 30 GAUGE X<br>5/16", 1 ML 31 GAUGE X 5/16"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Tier 6 | MO    |
| EASY TOUCH FLIPLOCK SYRINGE<br>SYRINGE 1 ML 25 GAUGE X 1", 1 ML<br>26 GAUGE X 3/8", 1 ML 27 GAUGE X<br>1/2", 10 ML 18 GAUGE X 1 1/2", 10 ML<br>18 GAUGE X 1", 10 ML 20 GAUGE X 1<br>1/2", 10 ML 20 GAUGE X 1", 10 ML 21<br>GAUGE X 1 1/2", 10 ML 21 X 1", 10 ML<br>22 GAUGE X 1 1/2", 10 ML 25 GAUGE<br>X 1", 3 ML 18 GAUGE X 1 1/2", 3 ML 18<br>GAUGE X 1", 3 ML 19 GAUGE X 1 1/2",<br>3 ML 19 GAUGE X 1", 3 ML 20 GAUGE<br>X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21<br>GAUGE X 1 1/2", 3 ML 21 GAUGE X 1",<br>3 ML 22 GAUGE X 1 1/2", 3 ML 23<br>GAUGE X 1 1/2", 3 ML 23 GAUGE X 1",<br>3 ML 25 GAUGE X 1", 3 ML 25 GAUGE<br>X 5/8", 5 ML 18 GAUGE X 1", 5 ML 20<br>GAUGE X 1 1/2", 5 ML 20 GAUGE X 1",<br>5 ML 21 GAUGE X 1 1/2", 5 ML 21<br>GAUGE X 1", 5 ML 22 GAUGE X 1 1/2",<br>5 ML 25 GAUGE X 1", 5 ML 25 GAUGE<br>X 5/8" | Tier 4 |       |
| EASY TOUCH FLIPLOCK SYRINGE (syringe with needle,<br>SYRINGE 3 ML 22 GAUGE X 1" safety)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Tier 4 |       |
| EASY TOUCH FLURINGE FLIPLOCK<br>SYRINGE 1 ML 25 GAUGE X 1"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Tier 4 |       |
| EASY TOUCH FLURINGE FLIPLOCK (syringe with needle,<br>SYRINGE 1 ML 25 GAUGE X 5/8" safety)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Tier 4 |       |
| EASY TOUCH FLURINGE FLU TRAY<br>TRAY 1 ML 25 GAUGE X 1"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Tier 4 |       |
| EASY TOUCH FLURINGE<br>SHEATHLOCK SYRINGE 1 ML 25<br>GAUGE X 1"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Tier 4 |       |



| Drug                                                                                                                                                                                                                                                                                                                                                                                                                    | Status | Notes |
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| 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 6 | MO    |
| EASY TOUCH INSULIN SYRINGE 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 6 | MO    |
| EASY TOUCH LUER LOCK INSULIN SYRINGE 1 ML (insulin syringe needleless)                                                                                                                                                                                                                                                                                                                                                  | Tier 6 | MO    |
| EASY TOUCH LUER LOCK SYRINGE SYRINGE 1 ML                                                                                                                                                                                                                                                                                                                                                                               | Tier 4 |       |
| EASY TOUCH LUER LOCK SYRINGE SYRINGE 10 ML, 20 ML, 3 ML, 5 ML, 60 ML (syringe (disposable))                                                                                                                                                                                                                                                                                                                             | 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 6 | MO    |
| 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 |       |

| Drug                                                                                                                                              | Status | Notes |
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| 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 |       |
| EASY TOUCH TUBERCULIN FLIPLOCK SYRINGE 1 ML 26 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2"                                           | Tier 4 |       |
| EASY TOUCH TUBERCULIN SHEATHLK SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle, safety)                                                         | Tier 4 |       |
| EASY TOUCH TUBERCULIN SHEATHLK SYRINGE 1 ML 26 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2"                                           | Tier 4 |       |
| EASY TOUCH UNI-SLIP SYRINGE 1 ML (insulin syringe needleless)                                                                                     | Tier 6 | MO    |
| EASY TOUCH UNI-SLIP SYRINGE 10 ML, 3 ML, 5 ML (syringe (disposable))                                                                              | Tier 4 | MO    |
| ECLIPSE SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 3 ML 21 GAUGE X 1", 3 ML 25 GAUGE X 1"                                                              | Tier 4 |       |
| ENFIT MULTIFIL SYRINGE SYRINGE 10 ML, 60 ML (syringe, enfit, non-sterile)                                                                         | Tier 4 |       |
| ENFIT THUMB CONTROL RING SYRINGE 60 ML (syringe, enfit, non-sterile)                                                                              | Tier 4 |       |
| EXCEL SYRINGE SYRINGE 3 ML 23 X 1" (syringe with needle)                                                                                          | Tier 4 |       |
| EXEL INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100) | Tier 6 | MO    |
| EXEL SYRINGE SYRINGE 10 ML, 30 ML (syringe (disposable))                                                                                          | Tier 4 |       |
| EXEL SYRINGE SYRINGE 3 ML 23 GAUGE X 1 1/2" (syringe with needle)                                                                                 | Tier 4 |       |
| EXEL SYRINGE SYRINGE 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4", 50 ML                                                                                | Tier 4 |       |

| Drug                                                                                                                                                                                                                                                                                       | Status                                     | Notes |
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| FREESTYLE PRECISION SYRINGE 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)<br>Tier 6   | MO    |
| HEALTHWISE INSULIN SYRINGE 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)<br>Tier 6   | MO    |
| <i>insulin syringe u-100 half mark syringe 0.3 ml 31 gauge x 1/4"</i>                                                                                                                                                                                                                      | (Droplet Insulin Syr(half unit))<br>Tier 6 | MO    |
| INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"                                                                                                                                                                                                                       | (insulin syringe-needle u-100)<br>Tier 6   | MO    |
| <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)<br>Tier 6     | MO    |
| <i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge, 1/2 ml 29</i>                                                                                                                                                                                                                     | (Ultilet Insulin Syringe)<br>Tier 6        | MO    |
| <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)<br>Tier 6              | MO    |
| <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)<br>Tier 6  | MO    |
| <i>insulin syringe-needle u-100 syringe 0.3 ml 31 gauge x 1/4"</i>                                                                                                                                                                                                                         | (Sure Comfort Insulin Syringe)<br>Tier 6   | MO    |
| <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)<br>Tier 6     | MO    |
| <i>insulin syringe-needle u-100 syringe 1 ml 27 gauge x 5/8"</i>                                                                                                                                                                                                                           | (BD SafetyGlide Syringe)<br>Tier 6         | MO    |
| <i>insulin syringe-needle u-100 syringe 1 ml 28 gauge, 1 ml 29 gauge x 7/16"</i>                                                                                                                                                                                                           | Tier 6                                     | MO    |
| <i>insulin syringe-needle u-100 syringe 1 ml 30 gauge x 1/2"</i>                                                                                                                                                                                                                           | (BD Eclipse Luer-Lok)<br>Tier 6            | MO    |
| <i>insulin syringe-needle u-100 syringe 1 ml 30 gauge x 3/8"</i>                                                                                                                                                                                                                           | (Thinpro Insulin Syringe)<br>Tier 6        | MO    |
| <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)<br>Tier 6        | MO    |

| Drug                                                                                                                              | Status | Notes |
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| <i>insulin syringe-needle u-100 syringe 1/2 ml 28 gauge</i> (Monoject Syringe)                                                    | Tier 6 | MO    |
| <i>insulin u-500 syringe-needle syringe 1/2 ml 31 gauge x 15/64"</i>                                                              | Tier 6 |       |
| INTEGRA SYRINGE SYRINGE 3 ML 21 GAUGE X 1"                                                                                        | Tier 4 |       |
| INTERLINK SYRINGE AND CANNULA SYRINGE 15 X 10 ML                                                                                  | Tier 4 |       |
| IRRIGATION SYRINGE SYRINGE                                                                                                        | Tier 4 |       |
| LIFESHIELD BLUNT CANNULA SYRINGE 1 ML 18 GAUGE X 1", 3 ML 18 X 1"                                                                 | Tier 4 |       |
| LUER LOCK SYRINGE SYRINGE 30 ML (syringe (disposable))                                                                            | Tier 4 |       |
| LUER SLIP TIP SYRINGE TRAY SYRINGE 1 ML                                                                                           | Tier 4 |       |
| LUER-LOK TIP SYRINGE 30 ML (syringe (disposable))                                                                                 | Tier 4 |       |
| MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16" | Tier 6 | MO    |
| MAGELLAN SAFETY SYRINGE SYRINGE 1 ML 23 GAUGE X 1"                                                                                | Tier 4 |       |
| MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16"                                                               | Tier 6 | MO    |
| MAGELLAN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2"                                                                                     | Tier 4 |       |
| MAGELLAN TUBERCULIN SAFETY SYR SYRINGE 1 ML 28 GAUGE X 1/2"                                                                       | Tier 4 |       |
| MAXICOMFORT INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2" (insulin syringe-needle u-100)                   | Tier 6 | MO    |
| MAXI-COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)                  | Tier 6 | MO    |
| MONOJECT 140CC PISTON SYRINGE SYRINGE                                                                                             | Tier 4 |       |
| MONOJECT 35CC SYRINGE CATH TIP SYRINGE 35 ML                                                                                      | Tier 4 |       |
| MONOJECT 3CC SYR 25GX1" SYRINGE 3 ML 25 GAUGE X 1"                                                                                | Tier 4 |       |
| MONOJECT ALLERGY TRAY DETACH TRAY 1 ML 27 X 1/2"                                                                                  | Tier 4 |       |
| MONOJECT ALLERGY TRAY TRAY 0.5 ML 28 X 1/2", 1 ML 28 X 1/2"                                                                       | Tier 4 |       |

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

| Drug                                                                                                                                                                                                                                                                                                                                                                                 | Status | Notes |
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| MONOJECT PHARMACY TRAY LUER (syringe (disposable))<br>SYRINGE 20 ML, 3 ML, 60 ML                                                                                                                                                                                                                                                                                                     | 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 (syringe (disposable))<br>SYRINGE 20 ML, 3 ML                                                                                                                                                                                                                                                                                                           | Tier 4 |       |
| MONOJECT REGULAR LUER<br>SYRINGE 12 ML, 35 ML, 6 ML                                                                                                                                                                                                                                                                                                                                  | Tier 4 |       |
| 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 6 | MO    |
| 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 |       |

| Drug                                                                                                                                                                                                             | Status | Notes |
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| MONOJECT SYRINGE TOOMEY TYPE (syringe (disposable))<br>SYRINGE 60 ML                                                                                                                                             | Tier 4 |       |
| MONOJECT TB LUER LOK SYRINGE 1 ML                                                                                                                                                                                | Tier 4 |       |
| MONOJECT TB REGULAR LUER TIP SYRINGE 1 ML                                                                                                                                                                        | Tier 4 |       |
| MONOJECT TB SAFETY SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2"                                                                                                                                    | Tier 4 |       |
| MONOJECT TB SYRINGE 1 ML 28 GAUGE X 1/2"                                                                                                                                                                         | Tier 4 |       |
| MONOJECT TUBERCULIN SYRINGE (tuberculin-allergy syringes)<br>SYRINGE 1 ML 26 GAUGE X 3/8"                                                                                                                        | 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-needle u-100)<br>INSULIN SYRINGE 1/2 ML 28 GAUGE                                                                                                                         | Tier 6 | MO    |
| NORM-JECT SYRINGE 10 ML, 20 ML (syringe (disposable))                                                                                                                                                            | Tier 4 |       |
| NORM-JECT TUBERKULIN SYRINGE 1 ML                                                                                                                                                                                | Tier 4 |       |
| PISTON SYRINGE WITH ENFIT (syringe, enfit, non-sterile)<br>SYRINGE 60 ML                                                                                                                                         | Tier 4 |       |
| PRO COMFORT INSULIN SYRINGE (insulin syringe-needle u-100)<br>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 | Tier 6 | MO    |
| PRODIGY INSULIN SYRINGE (insulin syringe-needle u-100)<br>SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2"                                                                         | Tier 6 | MO    |
| 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 6 | MO    |
| SAFESNAP SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8" (syringe-needle,safety,dispunt)                                                                                                                                    | Tier 4 |       |

| Drug                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Status | Notes |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------|
| SAFESNAP SYRINGE SYRINGE 1 ML<br>27 GAUGE X 1/2", 10 ML, 10 ML 20<br>GAUGE X 1 1/2", 10 ML 20 GAUGE X<br>1", 10 ML 21 GAUGE X 1 1/2", 10 ML 21<br>GAUGE X 1", 10 ML 22 GAUGE X 1<br>1/2", 10 ML 22 GAUGE X 1", 3 ML, 3 ML<br>20 GAUGE X 1 1/2", 3 ML 20 GAUGE X<br>1", 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 22 GAUGE X 1", 3 ML 23 GAUGE<br>X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25<br>GAUGE X 1", 3 ML 25 GAUGE X 5/8", 5<br>ML, 5 ML 20 GAUGE X 1 1/2", 5 ML 20<br>GAUGE X 1", 5 ML 21 GAUGE X 1 1/2",<br>5 ML 21 GAUGE X 1", 5 ML 22 GAUGE<br>X 1 1/2", 5 ML 22 GAUGE X 1" | Tier 4 |       |
| SECURES SAFE INSULIN SYRINGE<br>SYRINGE 0.5 ML 29 GAUGE X 1/2", 1<br>ML 29 GAUGE X 1/2"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Tier 6 | MO    |
| SURE COMFORT INS. SYR. U-100 (insulin syringe-needle u-<br>SYRINGE 0.5 ML 29 GAUGE X 1/2" 100)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Tier 6 | MO    |
| SURE COMFORT 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>1/4", 0.3 ML 31 GAUGE X 5/16", 0.5 ML<br>30 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 1/4",<br>1 ML 31 GAUGE X 5/16", 1/2 ML 28<br>GAUGE X 1/2", 1/2 ML 31 GAUGE X<br>1/4"                                                                                                                     | Tier 6 | MO    |
| SURE-JECT INSULIN SYRINGE (insulin syringe-needle u-<br>SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 100)<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 28 GAUGE X<br>1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30<br>GAUGE X 5/16", 1 ML 31 GAUGE X<br>5/16", 1/2 ML 28 GAUGE X 1/2"                                                                                                                                                                                                                                                        | Tier 6 | MO    |
| SURGUARD2 SAFETY SYRINGE 1 ML (syringe with needle,<br>25 GAUGE X 5/8", 3 ML 22 GAUGE X 1" safety)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Tier 4 |       |



| Drug                                                                                                                                                                                                                                                                                                                                                                                         | Status | Notes |
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| 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 |
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| <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 (insulin syringe-needle u-100)<br>SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16                                                                                                          | Tier 6 | MO    |
| TECHLITE INSULN SYR(HALF UNIT)<br>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 6 | MO    |
| TERUMO ALLERGY SYRINGE<br>SYRINGE 1 ML 27 X 1/2"                                                                                                                                                                                               | Tier 4 |       |
| TERUMO HYPODERMIC<br>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 (insulin syringe-needle u-100)<br>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"  | Tier 6 | MO    |
| 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 (insulin syringe-needle u-100)<br>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" | Tier 6 | MO    |
| THINPRO INSULIN SYRINGE<br>SYRINGE 0.3 ML 31 X 3/8", 0.5 ML 31 X 3/8", 1 ML 31 X 3/8"                                                                                                                                                          | Tier 6 | MO    |
| TOOMEY SYRINGE SYRINGE 70 ML                                                                                                                                                                                                                   | Tier 4 |       |

| Drug                                                                                                                                                                                                                                                                                                                       | Status | Notes |
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| 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 6 | MO    |
| 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 6 | MO    |
| 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 6 | MO    |
| TRUE COMFORT PRO INS SYRINGE SYRINGE 1 ML 32 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16"                                                                                                                                                                                                                                        | Tier 6 | MO    |
| 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 6 | MO    |
| 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 6 | MO    |
| 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" (insulin syringe-needle u-100)                                                                                                                                                                                       | Tier 6 | MO    |
| ULTICARE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 1/4" (insulin syr/ndl u100 half mark)                                                                                                                                                                                                                             | Tier 6 | MO    |

| Drug                                                                                                                                                                                                                                                                                                                                  | Status | Notes |
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| 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 6 | MO    |
| 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 6 | MO    |
| 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 6 | MO    |
| ULTILET INSULIN SYRINGE SYRINGE<br>1 ML 29 GAUGE                                                                                                                                                                                                                                                                                      | Tier 6 | MO    |
| 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 6 | MO    |

| Drug                                                                                                                                                                                                                                                                                                                                                                                                                      | Status | Notes |
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| 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 6 | MO    |
| ULTRA COMFORT INSULIN SYRINGE<br>SYRINGE 1 ML 29 GAUGE                                                                                                                                                                                                                                                                                                                                                                    | Tier 6 | MO    |
| 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 6 | MO    |
| 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 6 | MO    |
| 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 6 | MO    |
| 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 6 | MO    |
| 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 6 | MO    |
| 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 6 | MO    |

| Drug                                                                                                                                                                                                                                                                    | Status | Notes                  |
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| 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 6 | MO                     |
| VANISHPOINT INSULIN SYRINGE<br>SYRINGE 1 ML 30 GAUGE X 3/16"                                                                                                                                                                                                            | Tier 6 | MO                     |
| VANISHPOINT SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)                                                                                                                                                                 | Tier 6 | MO                     |
| 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 6 | MO                     |
| <b>Tissue Bulking Implants</b>                                                                                                                                                                                                                                          |        |                        |
| BARRIGEL IMPLANT GEL FOR IMPLANT IN SYRINGE 60 MG/3 ML                                                                                                                                                                                                                  | Tier 4 | PA                     |
| <b>Miscellaneous Agents</b>                                                                                                                                                                                                                                             |        |                        |
| <b>Amyloidosis Agents-Transthyretin (Ttr) Suppression</b>                                                                                                                                                                                                               |        |                        |
| WAINUA SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.8 ML                                                                                                                                                                                                                          | Tier 5 | PA; MO                 |
| <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)   |
| EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML (epinephrine)                                                                                                                                                                                                        | Tier 4 | QL (4 EA per 1 FILL)   |

| Drug                                                                    | Status | Notes                |
|-------------------------------------------------------------------------|--------|----------------------|
| EPIPEN INJECTION AUTO-INJECTOR (epinephrine)<br>0.3 MG/0.3 ML           | Tier 4 | QL (4 EA per 1 FILL) |
| EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML (epinephrine)    | Tier 4 | QL (4 EA per 1 FILL) |
| EPIPEN JR INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML (epinephrine)          | Tier 4 | 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; MO               |
| <b>Genetic D/O Tx-Exon Inclusion Antisense Oligonucle</b>               |        |                      |
| EVRYSDI ORAL RECON SOLN 0.75 MG/ML                                      | Tier 5 | MO                   |
| EVRYSDI ORAL TABLET 5 MG                                                | Tier 5 | MO                   |
| <b>Parasympathetic Agents</b>                                           |        |                      |
| <i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>       | Tier 2 | MO                   |
| <i>cevimeline oral capsule 30 mg</i> (Evoxac)                           | Tier 2 | MO                   |
| EVOXAC ORAL CAPSULE 30 MG (cevimeline)                                  | Tier 4 | MO                   |
| <i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> (Salagen (pilocarpine)) | Tier 2 | MO                   |
| SALAGEN (PILOCARPINE) ORAL TABLET 5 MG, 7.5 MG (pilocarpine hcl)        | Tier 4 | MO                   |
| <b>Pharmacological Chaperone-Alpha-Galactosid.A Stabz</b>               |        |                      |
| GALAFOLD ORAL CAPSULE 123 MG                                            | Tier 5 | PA; MO               |
| <b>Pku Treatment Agents - Phenylalanine Ammonia Lyase</b>               |        |                      |
| PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 20 MG/ML                    | Tier 4 | PA; MO               |
| PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML                             | Tier 4 | PA                   |
| <b>Pku Tx Agent-Cofactor Of Phenylalanine Hydroxylase</b>               |        |                      |
| JAVYGTOR ORAL POWDER IN PACKET 100 MG, 500 MG (sapropterin)             | Tier 4 | MO                   |
| JAVYGTOR ORAL TABLET, SOLUBLE 100 MG (sapropterin)                      | Tier 4 | MO                   |
| KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG (sapropterin)                | Tier 4 | MO                   |
| KUVAN ORAL TABLET, SOLUBLE 100 MG (sapropterin)                         | Tier 4 | MO                   |
| <i>sapropterin oral powder in packet 100 mg, 500 mg</i> (Javygtor)      | Tier 4 | MO                   |

| Drug                                                                         | Status | Notes  |
|------------------------------------------------------------------------------|--------|--------|
| <i>sapropterin oral tablet, soluble 100 mg</i> (Javygtor)                    | Tier 4 | MO     |
| SEPHIENCE ORAL POWDER IN PACKET 1,000 MG, 250 MG                             | Tier 5 | PA; MO |
| <b>Systemic Enzyme Inhibitors</b>                                            |        |        |
| ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG                           | Tier 5 | PA; MO |
| GLASSIA INTRAVENOUS SOLUTION 20 MG/ML (2 %)                                  | Tier 5 | PA; MO |
| JOENJA ORAL TABLET 70 MG                                                     | Tier 5 | PA; MO |
| PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML                        | Tier 5 | PA; MO |
| VIJOICE ORAL GRANULES IN PACKET 50 MG                                        | Tier 5 | PA; MO |
| VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG           | Tier 5 | PA; MO |
| ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG, 4,000 MG, 5,000 MG                  | Tier 5 | PA; MO |
| ZOKINVY ORAL CAPSULE 50 MG, 75 MG                                            | Tier 5 | PA; MO |
| <b>Thyroid Hormone Receptor (Thr) Agonist</b>                                |        |        |
| REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG                                   | Tier 5 | PA; MO |
| <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>                                                     |        |        |
| ALKERAN ORAL TABLET 2 MG (melphalan)                                         | Tier 4 |        |
| <i>cyclophosphamide oral capsule 25 mg, 50 mg</i>                            | Tier 4 |        |
| <i>cyclophosphamide oral tablet 25 mg, 50 mg</i>                             | Tier 4 |        |
| GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (lomustine)                      | Tier 5 | PA     |
| HYDREA ORAL CAPSULE 500 MG (hydroxyurea)                                     | Tier 4 | MO     |
| <i>hydroxyurea oral capsule 500 mg</i> (Hydrea)                              | Tier 2 | MO     |
| LEUKERAN ORAL TABLET 2 MG                                                    | Tier 4 |        |
| MYLERAN ORAL TABLET 2 MG                                                     | Tier 4 |        |
| <i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i> | Tier 4 | PA     |



| Drug                                                        |                  | Status | Notes                                                                           |
|-------------------------------------------------------------|------------------|--------|---------------------------------------------------------------------------------|
| <b>Antiandrogenic Agents</b>                                |                  |        |                                                                                 |
| <i>abiraterone oral tablet 250 mg</i>                       | (Abirtega)       | Tier 4 | PA; MO                                                                          |
| <i>abiraterone oral tablet 500 mg</i>                       | (Zytiga)         | Tier 4 | PA; MO                                                                          |
| ABIRTEGA ORAL TABLET 250 MG                                 | (abiraterone)    | Tier 4 | PA; MO                                                                          |
| <i>bicalutamide oral tablet 50 mg</i>                       | (Casodex)        | Tier 2 | MO                                                                              |
| CASODEX ORAL TABLET 50 MG                                   | (bicalutamide)   | Tier 4 | MO                                                                              |
| ERLEADA ORAL TABLET 240 MG, 60 MG                           |                  | Tier 4 | PA; MO                                                                          |
| NILANDRON ORAL TABLET 150 MG                                | (nilutamide)     | Tier 5 | MO; QL (2 EA per 1 day)                                                         |
| <i>nilutamide oral tablet 150 mg</i>                        | (Nilandron)      | Tier 4 | MO; QL (2 EA per 1 day)                                                         |
| NUBEQA ORAL TABLET 300 MG                                   |                  | Tier 4 | PA; MO                                                                          |
| XTANDI ORAL CAPSULE 40 MG                                   |                  | Tier 4 | PA; MO                                                                          |
| XTANDI ORAL TABLET 40 MG, 80 MG                             |                  | Tier 4 | PA; MO                                                                          |
| YONSA ORAL TABLET 125 MG                                    |                  | Tier 5 | PA; MO                                                                          |
| ZYTIGA ORAL TABLET 250 MG, 500 MG                           | (abiraterone)    | Tier 5 | PA; MO                                                                          |
| <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 4 | PA                                                                              |
| INQOVI ORAL TABLET 35-100 MG                                |                  | Tier 4 | PA; MO                                                                          |
| JYLAMVO ORAL SOLUTION 2 MG/ML                               |                  | Tier 4 | PA; MO                                                                          |
| LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG                  |                  | Tier 4 | PA                                                                              |
| <i>mercaptopurine oral suspension 20 mg/ml</i>              | (Purixan)        | Tier 4 | MO; ST: Must meet the following requirement: Mercaptopurine tablets in 120 days |
| <i>mercaptopurine oral tablet 50 mg</i>                     |                  | Tier 2 | MO                                                                              |
| <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 | MO                                                                              |
| ONUREG ORAL TABLET 200 MG, 300 MG                           |                  | Tier 4 | PA; MO                                                                          |
| PURIXAN ORAL SUSPENSION 20 MG/ML                            | (mercaptopurine) | Tier 4 | MO; ST: Must meet the following requirement: Mercaptopurine tablets in 120 days |
| TABLOID ORAL TABLET 40 MG                                   | (thioguanine)    | Tier 4 |                                                                                 |

| Drug                                                                                            | Status | Notes                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG                                                  | Tier 3 | MO                                                                                                                                                                |
| XATMEP ORAL SOLUTION 2.5 MG/ML                                                                  | Tier 4 | MO; 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) |
| XELODA ORAL TABLET 150 MG, 500 MG (capecitabine)                                                | Tier 5 | PA                                                                                                                                                                |
| <b>Antineoplastic Aromatase Inhibitors</b>                                                      |        |                                                                                                                                                                   |
| <i>anastrozole oral tablet 1 mg</i> (Arimidex)                                                  | Tier 1 | MO                                                                                                                                                                |
| ARIMIDEX ORAL TABLET 1 MG (anastrozole)                                                         | Tier 1 | MO                                                                                                                                                                |
| AROMASIN ORAL TABLET 25 MG (exemestane)                                                         | Tier 1 | MO                                                                                                                                                                |
| <i>exemestane oral tablet 25 mg</i> (Aromasin)                                                  | Tier 1 | MO                                                                                                                                                                |
| FEMARA ORAL TABLET 2.5 MG (letrozole)                                                           | Tier 4 | MO                                                                                                                                                                |
| <i>letrozole oral tablet 2.5 mg</i> (Femara)                                                    | Tier 2 | MO                                                                                                                                                                |
| <b>Antineoplastic - Braf Kinase Inhibitors</b>                                                  |        |                                                                                                                                                                   |
| BRAFTOVI ORAL CAPSULE 75 MG                                                                     | Tier 4 | PA; MO                                                                                                                                                            |
| OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML                                              | Tier 5 | PA; MO                                                                                                                                                            |
| 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; MO                                                                                                                                                            |
| TAFINLAR ORAL CAPSULE 50 MG, 75 MG                                                              | Tier 4 | PA; MO                                                                                                                                                            |
| TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG                                                       | Tier 4 | PA; MO                                                                                                                                                            |
| ZELBORAF ORAL TABLET 240 MG                                                                     | Tier 4 | PA; MO                                                                                                                                                            |
| <b>Antineoplastic - Hedgehog Pathway Inhibitor</b>                                              |        |                                                                                                                                                                   |
| DAURISMO ORAL TABLET 100 MG, 25 MG                                                              | Tier 4 | PA; MO                                                                                                                                                            |
| ERIVEDGE ORAL CAPSULE 150 MG                                                                    | Tier 4 | PA; MO                                                                                                                                                            |
| ODOMZO ORAL CAPSULE 200 MG                                                                      | Tier 4 | PA; MO                                                                                                                                                            |
| <b>Antineoplastic - Janus Kinase (Jak) Inhibitors</b>                                           |        |                                                                                                                                                                   |
| JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG                                             | Tier 4 | PA; MO; QL (2 EA per 1 day)                                                                                                                                       |
| <b>Antineoplastic - Kras Protein Inhibitor</b>                                                  |        |                                                                                                                                                                   |
| KRAZATI ORAL TABLET 200 MG                                                                      | Tier 4 | PA; MO                                                                                                                                                            |
| LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG                                                     | Tier 4 | PA; MO                                                                                                                                                            |

| Drug                                                                                              | Status | Notes                  |
|---------------------------------------------------------------------------------------------------|--------|------------------------|
| <b>Antineoplastic - Mek1 And Mek2 Kinase Inhibitors</b>                                           |        |                        |
| COTELLIC ORAL TABLET 20 MG                                                                        | Tier 4 | PA; MO                 |
| GOMEKLI ORAL CAPSULE 1 MG, 2 MG                                                                   | Tier 5 | PA; MO                 |
| GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG                                                           | Tier 5 | PA; MO                 |
| KOSELUGO ORAL CAPSULE 10 MG, 25 MG                                                                | Tier 4 | PA; MO                 |
| MEKINIST ORAL RECON SOLN 0.05 MG/ML                                                               | Tier 4 | PA; MO                 |
| MEKINIST ORAL TABLET 0.5 MG, 2 MG                                                                 | Tier 4 | PA; MO                 |
| MEKTOVI ORAL TABLET 15 MG                                                                         | Tier 4 | PA; MO                 |
| <b>Antineoplastic - Mtor Kinase Inhibitors</b>                                                    |        |                        |
| AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG (everolimus (antineoplastic))        | Tier 5 | PA; MO                 |
| AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG (everolimus (antineoplastic))                    | Tier 5 | PA; MO                 |
| <i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i> (Torpenz)              | Tier 4 | PA; MO                 |
| <i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i> (Afinitor Disperz) | Tier 4 | PA; MO                 |
| TORPENZ ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG (everolimus (antineoplastic))                     | Tier 4 | PA; MO                 |
| <b>Antineoplastic - Protein Methyltransferase Inhibit</b>                                         |        |                        |
| TAZVERIK ORAL TABLET 200 MG                                                                       | Tier 4 | PA; MO                 |
| <b>Antineoplastic - Topoisomerase I Inhibitors</b>                                                |        |                        |
| HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG                                                               | Tier 4 |                        |
| <b>Antineoplastic Immunomodulator Agents</b>                                                      |        |                        |
| <i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> (Revlimid)              | Tier 4 | PA; MO                 |
| POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG                                                      | Tier 4 | PA; MO                 |
| REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (lenalidomide)                     | Tier 4 | PA; MO                 |
| <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) |

| Drug                                                                                                                   | Status | Notes                             |
|------------------------------------------------------------------------------------------------------------------------|--------|-----------------------------------|
| FIRMAGON KIT W DILUENT SYRINGE<br>SUBCUTANEOUS RECON SOLN 80<br>MG                                                     | Tier 4 | MO; QL (1 EA per 30 days)         |
| ORGOVYX ORAL TABLET 120 MG                                                                                             | Tier 4 | PA; MO                            |
| <b>Antineoplastic Systemic Enzyme<br/>Activators</b>                                                                   |        |                                   |
| MODEYSO ORAL CAPSULE 125 MG                                                                                            | Tier 5 | PA; MO; QL (20 EA per 28<br>days) |
| <b>Antineoplastic Systemic Enzyme<br/>Inhibitors</b>                                                                   |        |                                   |
| ALECENSA ORAL CAPSULE 150 MG                                                                                           | Tier 4 | PA; MO                            |
| ALUNBRIG ORAL TABLET 180 MG, 30<br>MG, 90 MG                                                                           | Tier 5 | PA; MO                            |
| ALUNBRIG ORAL TABLETS,DOSE<br>PACK 90 MG (7)- 180 MG (23)                                                              | Tier 5 | PA                                |
| AUGTYRO ORAL CAPSULE 160 MG,<br>40 MG                                                                                  | Tier 4 | PA; MO                            |
| AYVAKIT ORAL TABLET 100 MG, 200<br>MG, 25 MG, 300 MG, 50 MG                                                            | Tier 4 | PA; MO                            |
| BALVERSA ORAL TABLET 3 MG, 4<br>MG, 5 MG                                                                               | Tier 4 | PA; MO                            |
| BOSULIF ORAL CAPSULE 100 MG, 50<br>MG                                                                                  | Tier 4 | PA; MO                            |
| BOSULIF ORAL TABLET 100 MG, 400<br>MG, 500 MG                                                                          | Tier 4 | PA; MO                            |
| BRUKINSA ORAL CAPSULE 80 MG                                                                                            | Tier 4 | PA; MO                            |
| BRUKINSA ORAL TABLET 160 MG                                                                                            | Tier 4 | PA; MO                            |
| CABOMETYX ORAL TABLET 20 MG,<br>40 MG, 60 MG                                                                           | Tier 4 | PA; MO                            |
| CALQUENCE (ACALABRUTINIB MAL)<br>ORAL TABLET 100 MG                                                                    | Tier 4 | PA; MO                            |
| CAPRELSA ORAL TABLET 100 MG, (vandetanib)<br>300 MG                                                                    | Tier 5 | PA; MO                            |
| COMETRIQ ORAL CAPSULE 100<br>MG/DAY(80 MG X1-20 MG X1), 140<br>MG/DAY(80 MG X1-20 MG X3), 60<br>MG/DAY (20 MG X 3/DAY) | Tier 4 | PA; MO                            |
| COPIKTRA ORAL CAPSULE 15 MG, 25<br>MG                                                                                  | Tier 5 | PA; MO                            |
| DANZITEN ORAL TABLET 71 MG, 95<br>MG                                                                                   | Tier 4 | PA; MO                            |
| <i>dasatinib oral tablet 100 mg, 140 mg, 20 (Sprycel)<br/>mg, 50 mg, 70 mg, 80 mg</i>                                  | Tier 4 | PA; MO                            |
| ENSACOVE ORAL CAPSULE 100 MG,<br>25 MG                                                                                 | Tier 5 | PA; MO                            |

| Drug                                                                                          | Status | Notes                       |
|-----------------------------------------------------------------------------------------------|--------|-----------------------------|
| <i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>                                            | Tier 4 | PA; MO                      |
| FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG                                                         | Tier 4 | PA; MO                      |
| FRUZAQLA ORAL CAPSULE 1 MG, 5 MG                                                              | Tier 4 | PA; MO                      |
| GAVRETO ORAL CAPSULE 100 MG                                                                   | Tier 4 | PA; MO                      |
| <i>gefitinib oral tablet 250 mg</i> (Iressa)                                                  | Tier 4 | PA                          |
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG                                                      | Tier 4 | PA; MO                      |
| GLEEVEC ORAL TABLET 100 MG, 400 MG (imatinib)                                                 | Tier 5 | PA; MO                      |
| HERNEXEOS ORAL TABLET 60 MG                                                                   | Tier 5 | PA; MO; QL (3 EA per 1 day) |
| IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG                                                    | Tier 5 | PA; MO                      |
| IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG                                                     | Tier 5 | PA; MO                      |
| IBTROZI ORAL CAPSULE 200 MG                                                                   | Tier 5 | PA; MO                      |
| ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG                                                | Tier 4 | PA; MO                      |
| <i>imatinib oral tablet 100 mg, 400 mg</i> (Gleevec)                                          | Tier 4 | PA; MO                      |
| IMBRUVICA ORAL CAPSULE 140 MG, 70 MG                                                          | Tier 4 | PA; MO                      |
| IMBRUVICA ORAL SUSPENSION 70 MG/ML                                                            | Tier 4 | PA; MO                      |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG                                                  | Tier 4 | PA; MO                      |
| IMKELDI ORAL SOLUTION 80 MG/ML                                                                | Tier 5 | PA; MO                      |
| INLYTA ORAL TABLET 1 MG, 5 MG                                                                 | Tier 4 | PA; MO                      |
| INREBIC ORAL CAPSULE 100 MG                                                                   | Tier 5 | PA; MO; QL (4 EA per 1 day) |
| IRESSA ORAL TABLET 250 MG (gefitinib)                                                         | Tier 5 | PA                          |
| ITOVEBI ORAL TABLET 3 MG, 9 MG                                                                | Tier 4 | PA; MO                      |
| IWILFIN ORAL TABLET 192 MG                                                                    | Tier 4 | PA; MO                      |
| JAYPIRCA ORAL TABLET 100 MG, 50 MG                                                            | Tier 5 | PA; MO                      |
| 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 4 | PA; MO                      |
| <i>lapatinib oral tablet 250 mg</i> (Tykerb)                                                  | Tier 4 | PA; MO                      |
| LAZCLUZE ORAL TABLET 240 MG, 80 MG                                                            | Tier 5 | PA; MO                      |

| Drug                                                                                                                                                                                                              | Status | Notes  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------|
| 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 X2), 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 4 | PA; MO |
| LORBRENA ORAL TABLET 100 MG, 25 MG                                                                                                                                                                                | Tier 4 | PA; MO |
| LYNPARZA ORAL TABLET 100 MG, 150 MG                                                                                                                                                                               | Tier 4 | PA; MO |
| 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 4 | PA; MO |
| NERLYNX ORAL TABLET 40 MG                                                                                                                                                                                         | Tier 4 | PA     |
| NEXAVAR ORAL TABLET 200 MG (sorafenib)                                                                                                                                                                            | Tier 5 | PA     |
| <i>nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg</i> (Tasigna)                                                                                                                                                 | Tier 4 | PA; MO |
| NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG                                                                                                                                                                           | Tier 4 | PA; MO |
| OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG                                                                                                                                                                         | Tier 5 | PA; MO |
| OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG                                                                                                                                                                        | Tier 4 | PA; MO |
| <i>pazopanib oral tablet 200 mg</i> (Votrient)                                                                                                                                                                    | Tier 4 | PA; MO |
| PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG                                                                                                                                                                        | Tier 4 | PA; MO |
| PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)                                                                                                              | Tier 4 | PA; MO |
| QINLOCK ORAL TABLET 50 MG                                                                                                                                                                                         | Tier 4 | PA; MO |
| RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG                                                                                                                                                                  | Tier 4 | PA; MO |
| REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG                                                                                                                                                                        | Tier 5 | PA; MO |
| ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG                                                                                                                                                                         | Tier 5 | PA     |
| ROZLYTREK ORAL CAPSULE 100 MG, 200 MG                                                                                                                                                                             | Tier 4 | PA; MO |
| ROZLYTREK ORAL PELLETS IN PACKET 50 MG                                                                                                                                                                            | Tier 4 | PA; MO |
| RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG                                                                                                                                                                        | Tier 5 | PA; MO |
| RYDAPT ORAL CAPSULE 25 MG                                                                                                                                                                                         | Tier 4 | PA; MO |

| Drug                                                                       | Status | Notes                   |
|----------------------------------------------------------------------------|--------|-------------------------|
| SCSEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG                                 | Tier 4 | PA; MO                  |
| sorafenib oral tablet 200 mg (Nexavar)                                     | Tier 4 | PA                      |
| SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG (dasatinib) | Tier 5 | PA; MO                  |
| STIVARGA ORAL TABLET 40 MG                                                 | Tier 4 | PA                      |
| sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg (Sutent)      | Tier 4 | PA                      |
| SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG (sunitinib malate)      | Tier 5 | PA                      |
| TABRECTA ORAL TABLET 150 MG, 200 MG                                        | Tier 4 | PA; MO                  |
| TAGRISSO ORAL TABLET 40 MG, 80 MG                                          | Tier 4 | PA; MO                  |
| TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG      | Tier 4 | PA                      |
| TARCEVA ORAL TABLET 100 MG (erlotinib)                                     | Tier 5 | PA; MO                  |
| TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG (nilotinib hcl)                 | Tier 5 | PA; MO                  |
| TEPMETKO ORAL TABLET 225 MG                                                | Tier 4 | PA; MO                  |
| TRUQAP ORAL TABLET 160 MG, 200 MG                                          | Tier 4 | PA; MO                  |
| TUKYSA ORAL TABLET 150 MG, 50 MG                                           | Tier 4 | PA; MO                  |
| TURALIO ORAL CAPSULE 125 MG                                                | Tier 4 | PA; MO                  |
| TYKERB ORAL TABLET 250 MG (lapatinib)                                      | Tier 5 | PA; MO                  |
| VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG                                      | Tier 4 | PA; MO                  |
| VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG                         | Tier 4 | PA; MO                  |
| VITRAKVI ORAL CAPSULE 100 MG, 25 MG                                        | Tier 4 | PA; MO                  |
| VITRAKVI ORAL SOLUTION 20 MG/ML                                            | Tier 4 | PA; MO                  |
| VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG                                   | Tier 4 | PA; MO                  |
| VONJO ORAL CAPSULE 100 MG                                                  | Tier 5 | PA; QL (4 EA per 1 day) |
| VOTRIENT ORAL TABLET 200 MG (pazopanib)                                    | Tier 5 | PA; MO                  |
| WAYRILZ ORAL TABLET 400 MG                                                 | Tier 5 | PA; MO                  |
| XALKORI ORAL CAPSULE 200 MG, 250 MG                                        | Tier 4 | PA; MO                  |
| XALKORI ORAL PELLETT 150 MG, 20 MG, 50 MG                                  | Tier 4 | PA; MO                  |
| XOSPATA ORAL TABLET 40 MG                                                  | Tier 4 | PA; MO                  |

| Drug                                                              | Status | Notes  |
|-------------------------------------------------------------------|--------|--------|
| ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG                         | Tier 4 | PA; MO |
| ZYDELIG ORAL TABLET 100 MG, 150 MG                                | Tier 4 | PA; MO |
| ZYKADIA ORAL TABLET 150 MG                                        | Tier 4 | PA; MO |
| <b>Antineoplastic,Histone Deacetylase Inhibitors,Hdis</b>         |        |        |
| ZOLINZA ORAL CAPSULE 100 MG                                       | Tier 4 |        |
| <b>Antineoplastic-B Cell Lymphoma-2(Bcl-2) Inhibitors</b>         |        |        |
| VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG                        | Tier 4 | PA; MO |
| VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG-100 MG | Tier 4 | PA     |
| <b>Antineoplastic-Enzyme Inhib, Antiandrogen Comb.</b>            |        |        |
| AKEEGA ORAL TABLET 100-500 MG, 50-500 MG                          | Tier 4 | PA; MO |
| <b>Antineoplastic-Hypoxia Inducible Factor (Hif) Inh</b>          |        |        |
| WELIREG ORAL TABLET 40 MG                                         | Tier 4 | PA; MO |
| <b>Antineoplastic-Isocitrate Dehydrogenase Inhibitors</b>         |        |        |
| IDHIFA ORAL TABLET 100 MG, 50 MG                                  | Tier 5 | PA; MO |
| REZLIDHIA ORAL CAPSULE 150 MG                                     | Tier 4 | PA; MO |
| TIBSOVO ORAL TABLET 250 MG                                        | Tier 4 | PA; MO |
| VORANIGO ORAL TABLET 10 MG, 40 MG                                 | Tier 4 | PA; MO |
| <b>Antineoplastics,Miscellaneous</b>                              |        |        |
| <i>etoposide oral capsule 50 mg</i>                               | Tier 2 |        |
| LYSODREN ORAL TABLET 500 MG                                       | Tier 4 | MO     |
| MATULANE ORAL CAPSULE 50 MG                                       | Tier 4 |        |
| RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5 ML                        | Tier 5 |        |
| <i>tretinoin (antineoplastic) oral capsule 10 mg</i>              | Tier 4 |        |



| 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 4 | PA; MO                 |
| <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 |                        |
| MESNEX ORAL TABLET 400 MG (mesna)                                                                                                                                                                                                     | Tier 4 |                        |
| VISTOGARD ORAL GRANULES IN PACKET 10 GRAM                                                                                                                                                                                             | Tier 4 | QL (24 EA per 14 days) |
| <b>Intraleural 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>Radioactive Therapeutic Agents</b>                                                                                                                                                                                                 |        |                        |
| <i>sodium iodide-123 oral capsule 3.7 mbq (100 microci), 7.4 mbq (200 microci)</i>                                                                                                                                                    | Tier 2 |                        |
| <b>Selective Estrogen Receptor Modulators (Serm)</b>                                                                                                                                                                                  |        |                        |
| FARESTON ORAL TABLET 60 MG (toremifene)                                                                                                                                                                                               | Tier 5 | PA; MO                 |
| ORSERDU ORAL TABLET 345 MG, 86 MG                                                                                                                                                                                                     | Tier 5 | PA; MO                 |
| SOLTAMOX ORAL SOLUTION 20 MG/10 ML                                                                                                                                                                                                    | Tier 1 | MO                     |
| <i>tamoxifen oral tablet 10 mg, 20 mg</i>                                                                                                                                                                                             | Tier 1 | MO                     |
| <i>toremifene oral tablet 60 mg</i> (Fareston)                                                                                                                                                                                        | Tier 4 | PA; MO                 |

| Drug                                                                                               | Status | Notes  |
|----------------------------------------------------------------------------------------------------|--------|--------|
| <b>Selective Retinoid X Receptor Agonists (Rxr)</b>                                                |        |        |
| <i>bexarotene oral capsule 75 mg</i> (Targretin)                                                   | Tier 4 | PA; MO |
| TARGRETIN ORAL CAPSULE 75 MG (bexarotene)                                                          | Tier 5 | PA; MO |
| <b>Steroid Antineoplastics</b>                                                                     |        |        |
| <i>megestrol oral tablet 20 mg, 40 mg</i>                                                          | Tier 2 |        |
| <b>Neurological Disease - Miscellaneous</b>                                                        |        |        |
| <b>Agents To Treat Multiple Sclerosis</b>                                                          |        |        |
| AUBAGIO ORAL TABLET 14 MG, 7 MG (teriflunomide)                                                    | Tier 5 | PA; MO |
| AVONEX INTRAMUSCULAR PEN INJECTOR 30 MCG/0.5 ML                                                    | Tier 4 | PA; MO |
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML                                                | Tier 4 | PA; MO |
| AVONEX INTRAMUSCULAR SYRINGE 30 MCG/0.5 ML                                                         | Tier 4 | PA; MO |
| AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML                                                     | Tier 4 | PA; MO |
| BAFIERTAM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 95 MG                                                | Tier 5 | PA; MO |
| BETASERON SUBCUTANEOUS KIT 0.3 MG                                                                  | Tier 4 | PA; MO |
| COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML (glatiramer)                                                | Tier 5 | PA; MO |
| COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML (glatiramer)                                                | Tier 4 | PA; MO |
| <i>dimethyl fumarate oral capsule, delayed release(drlec) 120 mg (14)- 240 mg (46)</i> (Tecfidera) | Tier 4 | PA     |
| <i>dimethyl fumarate oral capsule, delayed release(drlec) 120 mg, 240 mg</i> (Tecfidera)           | Tier 4 | PA; MO |
| <i>fingolimod oral capsule 0.5 mg</i> (Gilenya)                                                    | Tier 4 | PA; MO |
| GILENYA ORAL CAPSULE 0.25 MG                                                                       | Tier 5 | PA; MO |
| GILENYA ORAL CAPSULE 0.5 MG (fingolimod)                                                           | Tier 5 | PA; MO |
| <i>glatiramer subcutaneous syringe 20 mg/ml</i> (Glatopa)                                          | Tier 4 | PA; MO |
| <i>glatiramer subcutaneous syringe 40 mg/ml</i> (Copaxone)                                         | Tier 4 | PA; MO |
| GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML (glatiramer)                                       | Tier 4 | PA; MO |
| KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML                                                | Tier 4 | PA; MO |
| MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG                                                       | Tier 4 | PA; MO |
| MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG                                                        | Tier 4 | PA; MO |

| Drug                                                                          | Status | Notes  |
|-------------------------------------------------------------------------------|--------|--------|
| MAVENCLAD (5 TABLET PACK) ORAL<br>TABLET 10 MG                                | Tier 4 | PA; MO |
| MAVENCLAD (6 TABLET PACK) ORAL<br>TABLET 10 MG                                | Tier 4 | PA; MO |
| MAVENCLAD (7 TABLET PACK) ORAL<br>TABLET 10 MG                                | Tier 4 | PA; MO |
| MAVENCLAD (8 TABLET PACK) ORAL<br>TABLET 10 MG                                | Tier 4 | PA; MO |
| MAVENCLAD (9 TABLET PACK) ORAL<br>TABLET 10 MG                                | Tier 4 | PA; MO |
| MAYZENT ORAL TABLET 0.25 MG, 1<br>MG, 2 MG                                    | Tier 4 | PA; MO |
| MAYZENT STARTER(FOR 1MG<br>MAINT) ORAL TABLETS,DOSE PACK<br>0.25 MG (7 TABS)  | Tier 4 | PA     |
| MAYZENT STARTER(FOR 2MG<br>MAINT) ORAL TABLETS,DOSE PACK<br>0.25 MG (12 TABS) | Tier 4 | PA     |
| PLEGRIDY INTRAMUSCULAR<br>SYRINGE 125 MCG/0.5 ML                              | Tier 4 | PA; MO |
| PLEGRIDY SUBCUTANEOUS PEN<br>INJECTOR 125 MCG/0.5 ML                          | Tier 4 | PA; MO |
| PLEGRIDY SUBCUTANEOUS PEN<br>INJECTOR 63 MCG/0.5 ML- 94<br>MCG/0.5 ML         | Tier 4 | PA     |
| PLEGRIDY SUBCUTANEOUS<br>SYRINGE 125 MCG/0.5 ML                               | Tier 4 | PA; MO |
| PLEGRIDY SUBCUTANEOUS<br>SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5<br>ML              | Tier 4 | PA     |
| PONVORY 14-DAY STARTER PACK<br>ORAL TABLETS,DOSE PACK 2 MG (2)<br>- 10 MG (3) | Tier 5 | PA     |
| PONVORY ORAL TABLET 20 MG                                                     | Tier 5 | PA; MO |
| REBIF (WITH ALBUMIN)<br>SUBCUTANEOUS SYRINGE 22<br>MCG/0.5 ML, 44 MCG/0.5 ML  | Tier 4 | PA; MO |
| REBIF REBIDOSE SUBCUTANEOUS<br>PEN INJECTOR 22 MCG/0.5 ML, 44<br>MCG/0.5 ML   | Tier 4 | PA; MO |
| REBIF REBIDOSE SUBCUTANEOUS<br>PEN INJECTOR 8.8MCG/0.2ML-22<br>MCG/0.5ML (6)  | Tier 4 | PA     |
| REBIF TITRATION PACK<br>SUBCUTANEOUS SYRINGE<br>8.8MCG/0.2ML-22 MCG/0.5ML (6) | Tier 4 | PA     |

| Drug                                                                                                | Status | Notes                                                                                                                                                                                                                                                                       |
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| TASCENSO ODT ORAL<br>TABLET,DISINTEGRATING 0.25 MG,<br>0.5 MG                                       | Tier 5 | PA; MO                                                                                                                                                                                                                                                                      |
| TECFIDERA ORAL (dimethyl fumarate)<br>CAPSULE,DELAYED<br>RELEASE(DR/EC) 120 MG (14)- 240<br>MG (46) | Tier 5 | PA                                                                                                                                                                                                                                                                          |
| TECFIDERA ORAL (dimethyl fumarate)<br>CAPSULE,DELAYED<br>RELEASE(DR/EC) 120 MG, 240 MG              | Tier 5 | PA; MO                                                                                                                                                                                                                                                                      |
| <i>teriflunomide oral tablet 14 mg, 7 mg</i> (Aubagio)                                              | Tier 4 | PA; MO                                                                                                                                                                                                                                                                      |
| VUMERITY ORAL CAPSULE,DELAYED<br>RELEASE(DR/EC) 231 MG                                              | Tier 4 | PA; MO                                                                                                                                                                                                                                                                      |
| <b>Agts Tx Neuromusc Transmission<br/>Dis,Pot-Chan Blkr</b>                                         |        |                                                                                                                                                                                                                                                                             |
| AMPYRA ORAL TABLET EXTENDED (dalfampridine)<br>RELEASE 12 HR 10 MG                                  | Tier 5 | PA; MO                                                                                                                                                                                                                                                                      |
| <i>dalfampridine oral tablet extended<br/>release 12 hr 10 mg</i> (Ampyra)                          | Tier 4 | PA; MO                                                                                                                                                                                                                                                                      |
| FIRDAPSE ORAL TABLET 10 MG                                                                          | Tier 5 | PA; MO                                                                                                                                                                                                                                                                      |
| <b>Amyotrophic Lateral Sclerosis Agents</b>                                                         |        |                                                                                                                                                                                                                                                                             |
| RADICAVA ORS ORAL SUSPENSION<br>105 MG/5 ML                                                         | Tier 5 | MO                                                                                                                                                                                                                                                                          |
| RADICAVA ORS STARTER KIT SUSP<br>ORAL SUSPENSION 105 MG/5 ML                                        | Tier 5 | MO                                                                                                                                                                                                                                                                          |
| RILUTEK ORAL TABLET 50 MG (riluzole)                                                                | Tier 4 | MO                                                                                                                                                                                                                                                                          |
| <i>riluzole oral tablet 50 mg</i>                                                                   | Tier 2 | MO                                                                                                                                                                                                                                                                          |
| TEGLUTIK ORAL SUSPENSION 50<br>MG/10 ML                                                             | Tier 5 | PA; MO                                                                                                                                                                                                                                                                      |
| TIGLUTIK ORAL SUSPENSION 50<br>MG/10 ML                                                             | Tier 5 | PA; MO                                                                                                                                                                                                                                                                      |
| <b>Fibromyalgia Agents,Serotonin-<br/>Norepineph Ru Inhib</b>                                       |        |                                                                                                                                                                                                                                                                             |
| SAVELLA ORAL TABLET 100 MG, 12.5<br>MG, 25 MG, 50 MG                                                | Tier 4 | MO; ST: Must meet 2 of the<br>following requirements:<br>Amitriptyline tablets,<br>Cyclobenzaprine IR tablets,<br>Duloxetine (20, 30, 60mg)<br>capsules, generic<br>Gabapentin IR tablets and<br>capsules, or Pregabalin IR<br>capsules in 365 days; QL<br>(2 EA per 1 day) |

| Drug                                                                                                         | Status | Notes                                                                                                                                                                                                                                                                |
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| SAVELLA ORAL TABLETS,DOSE<br>PACK 12.5 MG (5)-25 MG(8)-50 MG(42)                                             | Tier 4 | ST: Must meet 2 of the following requirements:<br>Amitriptyline tablets,<br>Cyclobenzaprine IR tablets,<br>Duloxetine (20, 30, 60mg)<br>capsules, generic<br>Gabapentin IR tablets and<br>capsules, or Pregabalin IR<br>capsules in 365 days; QL<br>(2 EA per 1 day) |
| <b>Glypromate (Gpe) Analogs</b>                                                                              |        |                                                                                                                                                                                                                                                                      |
| DAYBUE ORAL SOLUTION 200 MG/ML                                                                               | Tier 5 | PA; MO                                                                                                                                                                                                                                                               |
| <b>Heat Shock Protein (Hsp) Modulating Agents</b>                                                            |        |                                                                                                                                                                                                                                                                      |
| MIPLYFFA ORAL CAPSULE 124 MG,<br>47 MG, 62 MG, 93 MG                                                         | Tier 4 | PA; MO                                                                                                                                                                                                                                                               |
| <b>Metabolic Disease Enzyme Replacement, Mocd</b>                                                            |        |                                                                                                                                                                                                                                                                      |
| NULIBRY INTRAVENOUS RECON<br>SOLN 9.5 MG                                                                     | Tier 5 | PA; MO                                                                                                                                                                                                                                                               |
| <b>Movement Disorders(Drug Therapy)</b>                                                                      |        |                                                                                                                                                                                                                                                                      |
| AUSTEDO ORAL TABLET 12 MG, 9 MG                                                                              | Tier 4 | PA; MO; QL (4 EA per 1 day)                                                                                                                                                                                                                                          |
| AUSTEDO ORAL TABLET 6 MG                                                                                     | Tier 4 | PA; MO; QL (2 EA per 1 day)                                                                                                                                                                                                                                          |
| AUSTEDO XR ORAL TABLET<br>EXTENDED RELEASE 24 HR 12 MG,<br>18 MG, 24 MG, 30 MG, 36 MG, 42 MG,<br>48 MG, 6 MG | Tier 4 | PA; MO; QL (1 EA per 1 day)                                                                                                                                                                                                                                          |
| AUSTEDO XR TITRATION KT(WK1-4)<br>ORAL TABLET, EXT REL 24HR DOSE<br>PACK 12-18-24-30 MG                      | Tier 4 | PA                                                                                                                                                                                                                                                                   |
| HORIZANT ORAL TABLET EXTENDED<br>RELEASE 300 MG                                                              | Tier 4 | MO; ST: Must meet any of the following requirements:<br>Gabapentin, Pramipexole<br>IR, or Ropinirole IR in 120<br>days; QL (30 EA per 30<br>days)                                                                                                                    |
| HORIZANT ORAL TABLET EXTENDED<br>RELEASE 600 MG                                                              | Tier 4 | MO; ST: Must meet any of the following requirements:<br>Gabapentin, Pramipexole<br>IR, or Ropinirole IR in 120<br>days; QL (2 EA per 1 day)                                                                                                                          |
| INGREZZA INITIATION PK(TARDIV)<br>ORAL CAPSULE,DOSE PACK 40 MG<br>(7)- 80 MG (21)                            | Tier 4 | PA; QL (1 EA per 1 day)                                                                                                                                                                                                                                              |
| INGREZZA ORAL CAPSULE 40 MG, 60<br>MG, 80 MG                                                                 | Tier 4 | PA; MO; QL (1 EA per 1 day)                                                                                                                                                                                                                                          |

| Drug                                                                      | Status | Notes                                                                                                                                                                                                                                                                                                                                                                                                  |
|---------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG              | Tier 4 | PA; MO; QL (1 EA per 1 day)                                                                                                                                                                                                                                                                                                                                                                            |
| <i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> (Xenazine)                | Tier 4 | PA; MO                                                                                                                                                                                                                                                                                                                                                                                                 |
| XENAZINE ORAL TABLET 12.5 MG, 25 MG (tetrabenazine)                       | Tier 5 | PA; MO                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Neuropathic Agents</b>                                                 |        |                                                                                                                                                                                                                                                                                                                                                                                                        |
| LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG (pregabalin) | Tier 4 | MO; ST: Must meet 2 of the following requirements:<br>Amitriptyline HCL, Desipramine HCL, Divalproex Sodium, Doxepin HCL, Drizalma Sprinkle, Duloxetine HCL, Gabapentin, Gralise, Imipramine HCL, Imipramine Pamoate, Maprotiline HCL, Neuraptine, Nortriptyline HCL, Pregabalin, Sodium Valproate, Valproic Acid (as Sodium Salt), Valproic Acid, or Venlafaxine HCL in 365 days; QL (3 EA per 1 day) |
| LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG (pregabalin)          | Tier 4 | MO; ST: Must meet 2 of the following requirements:<br>Amitriptyline HCL, Desipramine HCL, Divalproex Sodium, Doxepin HCL, Drizalma Sprinkle, Duloxetine HCL, Gabapentin, Gralise, Imipramine HCL, Imipramine Pamoate, Maprotiline HCL, Neuraptine, Nortriptyline HCL, Pregabalin, Sodium Valproate, Valproic Acid (as Sodium Salt), Valproic Acid, or Venlafaxine HCL in 365 days; QL (2 EA per 1 day) |

| Drug                                                                                | Status | Notes                                                                                                                                                                                                                                                                                                                                                                                                           |
|-------------------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>pregabalin oral tablet extended release</i> (Lyrica CR)<br>24 hr 165 mg, 82.5 mg | Tier 2 | MO; ST: Must meet 2 of the following requirements:<br>Amitriptyline HCL,<br>Desipramine HCL,<br>Divalproex Sodium,<br>Doxepin HCL, Drizalma Sprinkle, Duloxetine HCL, Gabapentin, Gralise, Imipramine HCL, Imipramine Pamoate, Maprotiline HCL, Neuraptine, Nortriptyline HCL, Pregabalin, Sodium Valproate, Valproic Acid (as Sodium Salt), Valproic Acid, or Venlafaxine HCL in 365 days; QL (3 EA per 1 day) |
| <i>pregabalin oral tablet extended release</i> (Lyrica CR)<br>24 hr 330 mg          | Tier 2 | MO; ST: Must meet 2 of the following requirements:<br>Amitriptyline HCL,<br>Desipramine HCL,<br>Divalproex Sodium,<br>Doxepin HCL, Drizalma Sprinkle, Duloxetine HCL, Gabapentin, Gralise, Imipramine HCL, Imipramine Pamoate, Maprotiline HCL, Neuraptine, Nortriptyline HCL, Pregabalin, Sodium Valproate, Valproic Acid (as Sodium Salt), Valproic Acid, or Venlafaxine HCL in 365 days; QL (2 EA per 1 day) |
| <b>Nuclear Factor Erythroid 2-Rel. Factor 2 Activator</b>                           |        |                                                                                                                                                                                                                                                                                                                                                                                                                 |
| SKYCLARYS ORAL CAPSULE 50 MG                                                        | Tier 5 | PA; MO                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Postherpetic Neuralgia Agents</b>                                                |        |                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <i>gabapentin oral tablet extended release</i> (Gralise)<br>24 hr 300 mg            | Tier 2 | ST: Must meet the following requirements:<br>Gabapentin immediate release in 120 days; QL (1 EA per 1 day)                                                                                                                                                                                                                                                                                                      |
| <i>gabapentin oral tablet extended release</i> (Gralise)<br>24 hr 600 mg            | Tier 2 | ST: Must meet the following requirements:<br>Gabapentin immediate release in 120 days; QL (2 EA per 1 day)                                                                                                                                                                                                                                                                                                      |

| Drug                                                                              | Status | Notes                                                                                                   |
|-----------------------------------------------------------------------------------|--------|---------------------------------------------------------------------------------------------------------|
| GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 450 MG                                 | Tier 4 | ST: Must meet the following requirements: Gabapentin immediate release in 120 days; QL (1 EA per 1 day) |
| GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 750 MG, 900 MG                         | Tier 4 | ST: Must meet the following requirements: Gabapentin immediate release in 120 days; QL (2 EA per 1 day) |
| <b>Pseudobulbar Affect (Pba) Agents, Nmda Antagonists</b>                         |        |                                                                                                         |
| NUDEXTA ORAL CAPSULE 20-10 MG                                                     | Tier 4 | PA                                                                                                      |
| <b>Sphingosine 1-Phosphate (S1p) Receptor Modulator</b>                           |        |                                                                                                         |
| VELSIPITY ORAL TABLET 2 MG                                                        | Tier 5 | PA; MO                                                                                                  |
| ZEPOSIA ORAL CAPSULE 0.92 MG                                                      | Tier 5 | PA; MO                                                                                                  |
| ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21) | Tier 5 | PA                                                                                                      |
| ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)      | Tier 5 | PA                                                                                                      |
| <b>Oral/Pharyngeal Disorders</b>                                                  |        |                                                                                                         |
| <b>Dental Aids And Preparations</b>                                               |        |                                                                                                         |
| <i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> (Periogard)       | Tier 2 |                                                                                                         |
| ORALONE DENTAL PASTE 0.1 % (triamcinolone acetonide)                              | Tier 2 |                                                                                                         |
| PERIDEX MUCOUS MEMBRANE MOUTHWASH 0.12 % (chlorhexidine gluconate)                | Tier 4 |                                                                                                         |
| PERIOGARD MUCOUS MEMBRANE MOUTHWASH 0.12 % (chlorhexidine gluconate)              | 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> (Oralene)                       | Tier 2 |                                                                                                         |
| <b>Nose Preparations, Miscellaneous (Rx)</b>                                      |        |                                                                                                         |
| <i>cocaine nasal solution 4 %</i> (Numbrino)                                      | Tier 2 |                                                                                                         |
| GOPRELTO NASAL SOLUTION 4 % (cocaine)                                             | Tier 4 |                                                                                                         |
| <i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)</i>                | Tier 2 | MO                                                                                                      |
| <i>ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)</i>                | Tier 2 |                                                                                                         |
| NUMBRINO NASAL SOLUTION 4 % (cocaine)                                             | Tier 2 |                                                                                                         |



| Drug                                                                           | Status | Notes                                                                                                                                     |
|--------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------|
| <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 |                                                                                                                                           |
| PROTHELIAL MUCOUS MEMBRANE PASTE 1 GRAM/10 ML                                  | Tier 4 |                                                                                                                                           |
| <b>Antineoplastic - Systemic Enzyme Inhibitors Combs</b>                       |        |                                                                                                                                           |
| AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG                                    | Tier 5 | PA; MO                                                                                                                                    |
| <b>Antipsychotics, Muscarinic Agonist/Antagonist Comb</b>                      |        |                                                                                                                                           |
| COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG                                      | Tier 4 | MO; ST: Must meet any of the following requirements: generic atypical antipsychotic, Rexulti, or Vraylar in 120 days; QL (2 EA per 1 day) |
| COBENFY ORAL CAPSULE 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 |                                                                                                                                           |
| <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 | MO                                                                                                                                        |
| <i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>                       | Tier 2 | MO; ST: Must meet the following requirement: Megestrol Acetate 40mg/mL suspension in 120 days                                             |

| Drug                                                                                                       | Status | Notes |
|------------------------------------------------------------------------------------------------------------|--------|-------|
| <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>Calcium Channel Blocker And Nsaid, Cox-2 Inhibitor</b>                                                  |        |       |
| CONSENSI ORAL TABLET 10-200 MG, 2.5-200 MG, 5-200 MG                                                       | Tier 4 | MO    |
| <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 |       |
| CARDIOPLEGIA MAINTENANCE 4:1 PERFUSION SOLUTION 20 MEQ/810 ML (POTASSIUM), 36 MEQ/L (POTASSIUM)            | Tier 2 |       |
| CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/477.5 ML (POTASSIUM)                                | Tier 2 |       |
| CARDIOPLEGIA WARM INDUCT 4:1 PERFUSION SOLUTION 40 MEQ/500 ML (POTASSIUM)                                  | Tier 4 |       |
| <i>cardioplegic no.17(induct 4:1) perfusion solution 50 meq/500 ml (potassium)</i>                         | Tier 2 |       |
| <i>cardioplegic no.19 (maint 4:1) perfusion solution 40 meq/l (potassium)</i>                              | Tier 2 |       |

| Drug                                                                           | Status | Notes |
|--------------------------------------------------------------------------------|--------|-------|
| <i>cardioplegic soln perfusion solution 16 meq/l (= k+)</i> (Plegisol)         | Tier 2 |       |
| <i>cardioplegic solution no.25 perfusion solution 29 mmol/l (potassium)</i>    | Tier 2 |       |
| <i>microplegic solution no.1 perfusion solution 7.84 %-8.56 % (0.92 molar)</i> | Tier 2 |       |
| PLEGISOL PERFUSION SOLUTION 16 MEQ/L (= K+) (cardioplegic soln)                | Tier 4 |       |
| <b>Cholinesterase Reactivat.&amp;Muscarinic Antg.Antidote</b>                  |        |       |
| DUODOTE INTRAMUSCULAR PEN INJECTOR 600-2.1 MG/2ML-MG/0.7ML                     | Tier 4 |       |
| <b>Cholinesterase Reactivating,Organophos. Antidotes</b>                       |        |       |
| <i>pralidoxime intramuscular pen injector 600 mg/2 ml</i>                      | Tier 4 |       |
| <b>Coloring Agents And Dyes</b>                                                |        |       |
| <i>methylene blue (bulk-solid) powder</i>                                      | Tier 4 |       |
| <b>Condoms</b>                                                                 |        |       |
| AIMSCO LATEX CONDOM DEVICE                                                     | Tier 1 |       |
| DUREX AVANTI BARE REAL FEEL                                                    | Tier 1 |       |
| DUREX EXTRA SENSITIVE CONDOM DEVICE                                            | Tier 1 |       |
| DUREX TROPICAL CONDOM DEVICE                                                   | Tier 1 |       |
| FANTASY CONDOM DEVICE                                                          | Tier 1 |       |
| FC2 FEMALE CONDOM                                                              | Tier 1 |       |
| KIMONO LUBRICATED CONDOMS DEVICE                                               | Tier 1 |       |
| KIMONO MICROTHIN AQUA LUBE CON DEVICE                                          | Tier 1 |       |
| KIMONO MICROTHIN CONDOMS DEVICE                                                | Tier 1 |       |
| KIMONO MICROTHIN LARGE CONDOMS DEVICE                                          | Tier 1 |       |
| KIMONO TEXTURED CONDOMS DEVICE                                                 | Tier 1 |       |
| KIMONO THIN LUBRICATED CONDOMS DEVICE                                          | Tier 1 |       |
| TROJAN ULTRA RIBBED CONDOM DEVICE                                              | Tier 1 |       |
| TRUE COVER CONDOM DEVICE                                                       | Tier 1 |       |
| TRUSTEX LATEX CONDOM DEVICE                                                    | Tier 1 |       |
| TRUSTEX LUBRICATED CONDOMS DEVICE                                              | Tier 1 |       |

| Drug                                                                                             | Status | Notes                                                                                                                                   |
|--------------------------------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------|
| TRUSTEX NON-LUB CONDOMS DEVICE                                                                   | Tier 1 |                                                                                                                                         |
| TRUSTEX-RIA LUB/SPERMICIDE DEVICE                                                                | Tier 1 |                                                                                                                                         |
| TRUSTEX-RIA LUBRICATED CONDOMS DEVICE                                                            | Tier 1 |                                                                                                                                         |
| TRUSTEX-RIA NON-LUB CONDOMS DEVICE                                                               | Tier 1 |                                                                                                                                         |
| <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 | MO; 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 Preparations,Misc.</b>                                                             |        |                                                                                                                                         |
| ADVANCED DNA MEDICATED COLLECT MUCOUS MEMBRANE KIT 2 %                                           | Tier 4 |                                                                                                                                         |
| ARIDOL BRONCHIAL CHALLENGE INHALATION CAPSULE, W/INHALATION DEVICE 0-5-10-20-40 MG               | Tier 4 |                                                                                                                                         |
| <i>kit for tc 99m-sod thiosulfate recon soln 2 mg</i>                                            | Tier 4 |                                                                                                                                         |
| <i>methacholine chloride inhalation solution (Provocholine) for nebulization 0 to 48 mg/3 ml</i> | Tier 2 |                                                                                                                                         |
| PRO DNA COLLECTION MUCOUS MEMBRANE KIT 2 %                                                       | Tier 4 |                                                                                                                                         |
| PROVOCHOLINE INHALATION RECON SOLN 100 MG                                                        | Tier 4 |                                                                                                                                         |
| TOXICOLOGY SALIVA COLLECTION ORAL KIT 600 MG                                                     | Tier 4 |                                                                                                                                         |
| VUEBLU SOLUTION 0.5 %                                                                            | Tier 4 |                                                                                                                                         |
| XENOVUE PREPARATION GAS BLEND INHALATION GAS 1,000 ML                                            | Tier 4 |                                                                                                                                         |
| <b>Diagnostic Test Devices And Supplies</b>                                                      |        |                                                                                                                                         |
| BD VERITOR SARS-COV-2, FLU A-B KIT                                                               | Tier 1 |                                                                                                                                         |
| BD VERITOR SYSTEM SARS-COV-2 KIT                                                                 | Tier 1 |                                                                                                                                         |
| BINAXNOW COVID-19 AG CARD KIT                                                                    | Tier 1 |                                                                                                                                         |

| Drug                                                              | Status | Notes  |
|-------------------------------------------------------------------|--------|--------|
| CORDX TYFAST FLU-COVID-19 TEST KIT                                | Tier 1 |        |
| <i>covid19 test adm.by pharmacist</i>                             | Tier 1 |        |
| <i>eua patient assessment</i>                                     | Tier 1 |        |
| FASTEP COVID-19 AG HOME TEST KIT                                  | Tier 1 |        |
| FLOWFLEX PLUS COVID-19 AND FLU KIT                                | Tier 1 |        |
| ID NOW COVID-19 TEST KIT KIT                                      | Tier 1 |        |
| PIXEL COVID19 HOME COLLECT KIT (covid-19 test specimen collect)   | Tier 1 |        |
| QUICKVUE SARS ANTIGEN KIT                                         | Tier 1 |        |
| RAPIDGO FLU AND COVID-19 TEST KIT                                 | Tier 1 |        |
| SOFIA SARS ANTIGEN FIA KIT                                        | Tier 1 |        |
| SOFIA2 FLU-SARS ANTIGEN FIA KIT                                   | Tier 1 |        |
| SPEEDYSWAB COVID-19 AND FLU KIT                                   | Tier 1 |        |
| <b>Diluent Solutions</b>                                          |        |        |
| DILUTING MEDIUM FOR NOVOLOG INJECTION SOLUTION                    | Tier 4 | MO     |
| <b>Drugs To Treat Hereditary Tyrosinemia</b>                      |        |        |
| HARLIKU ORAL TABLET 2 MG                                          | Tier 5 | PA; MO |
| <i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i> (Orfadin) | Tier 4 | PA; MO |
| NITYR ORAL TABLET 10 MG, 2 MG, 5 MG                               | Tier 4 | PA; MO |
| ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (nitisinone)        | Tier 4 | PA; MO |
| ORFADIN ORAL SUSPENSION 4 MG/ML                                   | Tier 4 | PA; MO |
| <b>Drugs To Tx Gaucher Dx-Type 1, Substrate Reducing</b>          |        |        |
| CERDELGA ORAL CAPSULE 84 MG                                       | Tier 4 | MO     |
| <i>miglustat oral capsule 100 mg</i> (Yargesa)                    | Tier 4 | PA; MO |
| OPFOLDA ORAL CAPSULE 65 MG                                        | Tier 5 | PA; MO |
| YARGESA ORAL CAPSULE 100 MG (miglustat)                           | Tier 4 | PA; MO |
| ZAVESCA ORAL CAPSULE 100 MG (miglustat)                           | Tier 5 | PA; MO |
| <b>Environment Allergens And Irritants, Other</b>                 |        |        |
| T.R.U.E. TEST ALLERGEN TOPICAL ADHESIVE PATCH,MEDICATED           | Tier 4 |        |

| Drug                                                                        | Status | Notes  |
|-----------------------------------------------------------------------------|--------|--------|
| <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<br>SUBCUTANEOUS AUTO-INJECTOR<br>200 MG/1.2 ML        | Tier 5 | PA; MO |
| <b>Fallopian Tube Ultrasound Contrast Agents</b>                            |        |        |
| EXEM INTRAUTERINE INFUSION<br>FOAM IN SYRINGE                               | Tier 4 |        |
| <b>Fluorescence Imaging Agents - Malignant Tissue</b>                       |        |        |
| GLEOLAN ORAL RECON SOLN 30<br>MG/ML                                         | Tier 4 |        |
| <b>Gastrointestinal Radiopaque Diagnostics</b>                              |        |        |
| <i>diatrizoate meg-diatrizoat sod oral solution 66-10 %</i> (MD-Gastroview) | Tier 2 |        |
| ENTERO VU ORAL SUSPENSION 24 %                                              | Tier 4 |        |
| E-Z DISK ORAL TABLET 700 MG                                                 | Tier 4 |        |
| E-Z-HD BARIUM ORAL SUSPENSION<br>FOR RECONSTITUTION 98 %                    | Tier 4 |        |
| E-Z-PAQUE ORAL SUSPENSION FOR<br>RECONSTITUTION 96 % (W/W)                  | Tier 4 |        |
| E-Z-PASTE ORAL CREAM 60 %                                                   | Tier 4 |        |
| GASTROGRAFIN ORAL SOLUTION 66-10 % (diatrizoate meg-diatrizoat sod)         | Tier 4 |        |
| GASTROMARK ORAL SUSPENSION<br>175 MCG/ML IRON                               | Tier 4 |        |
| LIQUID E-Z PAQUE ORAL<br>SUSPENSION 60 % (W/V)                              | Tier 4 |        |
| LIQUID POLIBAR PLUS ORAL<br>SUSPENSION 105 % (W/V), 58 % (W/W)              | Tier 4 |        |
| MD-GASTROVIEW ORAL SOLUTION 66-10 % (diatrizoate meg-diatrizoat sod)        | Tier 2 |        |
| NEULUMEX ORAL SUSPENSION 0.1 %                                              | Tier 4 |        |
| POLIBAR ACB RECTAL ENEMA 96 %                                               | Tier 4 |        |
| READI-CAT 2 ORAL SUSPENSION 2 % (W/V)                                       | Tier 4 |        |
| SITZMARKS FOR KIDS ORAL<br>CAPSULE 24 MARKERS                               | Tier 4 |        |

| Drug                                                                        | Status | Notes |
|-----------------------------------------------------------------------------|--------|-------|
| SITZMARKS ORAL CAPSULE 24 MARKERS                                           | Tier 4 |       |
| TAGITOL V ORAL SUSPENSION 40 % (W/V)                                        | Tier 4 |       |
| VARIBAR HONEY ORAL SUSPENSION 40 % (W/V) 29% (W/W)                          | Tier 4 |       |
| VARIBAR NECTAR ORAL SUSPENSION 40 % (W/V)                                   | Tier 4 |       |
| VARIBAR PUDDING ORAL PASTE 40 % (W/V), 30% (W/W)                            | Tier 4 |       |
| VARIBAR THIN HONEY ORAL SUSPENSION 40 % (W/V), 29% (W/W) (1500 CPS)         | Tier 4 |       |
| VARIBAR THIN LIQUID ORAL POWDER 81 % (W/W)                                  | Tier 4 |       |
| <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 |       |
| FORANE INHALATION LIQUID 99.9 % (isoflurane)                                | Tier 4 |       |
| <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 |       |
| ULTANE INHALATION LIQUID 99.97 % (sevoflurane)                              | Tier 4 |       |
| <b>General Inhalation Agents</b>                                            |        |       |
| HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %                        | Tier 4 |       |
| HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 7 % (sodium chloride)        | Tier 4 |       |
| NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 % (sodium chloride)          | Tier 2 |       |
| NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %                            | Tier 4 |       |
| PULMOSAL INHALATION SOLUTION FOR NEBULIZATION 7 % (sodium chloride)         | Tier 4 |       |
| <i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %</i>     | Tier 2 |       |
| <i>sodium chloride inhalation solution for nebulization 3 %</i> (NebuSal)   | Tier 2 |       |
| <i>sodium chloride inhalation solution for nebulization 7 %</i> (Hyper-Sal) | Tier 2 |       |

| Drug                                                                               | Status | Notes  |
|------------------------------------------------------------------------------------|--------|--------|
| <b>Genetic Disorder Therapy - Hdac Inhibitor</b>                                   |        |        |
| DUVYZAT ORAL SUSPENSION 8.86 MG/ML                                                 | Tier 5 | PA; MO |
| <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 |        |
| SYZYGIUM COMPOSITUM ORAL DROPS                                                     | Tier 4 |        |
| VERTIGOHEEL ORAL DROPS                                                             | Tier 4 |        |
| VERTIGOHEEL ORAL TABLET,SOLUBLE                                                    | Tier 4 |        |
| <b>Metabolic Deficiency Agents</b>                                                 |        |        |
| <i>betaine oral powder 1 gram/scoop</i> (Cystadane)                                | Tier 4 | PA; MO |
| CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML (levocarnitine)                      | Tier 4 | MO     |
| CARNITOR ORAL SOLUTION 100 MG/ML (levocarnitine (with sugar))                      | Tier 4 | MO     |
| CARNITOR ORAL TABLET 330 MG (levocarnitine)                                        | Tier 4 | MO     |
| CYSTADANE ORAL POWDER 1 GRAM/SCOOP (betaine)                                       | Tier 5 | PA; MO |
| <i>levocarnitine (with sugar) oral solution 100 mg/ml</i> (Carnitor)               | Tier 2 | MO     |
| <i>levocarnitine oral solution 100 mg/ml</i> (Carnitor (sugar-free))               | Tier 2 | MO     |
| <i>levocarnitine oral tablet 330 mg</i> (Carnitor)                                 | Tier 2 | MO     |
| <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 4 | PA; MO |



| Drug                                                                               | Status | Notes  |
|------------------------------------------------------------------------------------|--------|--------|
| <b>Metabolic Dx Enzyme Replacemt,Sev.Comb.Immune Def.</b>                          |        |        |
| REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)                           | Tier 5 | PA; MO |
| <b>Metabolic Function Diagnostics</b>                                              |        |        |
| METOPIRONE ORAL CAPSULE 250 MG                                                     | Tier 5 |        |
| <b>Metallic Poison,Agents To Treat</b>                                             |        |        |
| CHEMET ORAL CAPSULE 100 MG                                                         | Tier 4 |        |
| CUVRIOR ORAL TABLET 300 MG                                                         | Tier 5 | PA; MO |
| <i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i> (Jadenu Sprinkle) | Tier 4 | PA; MO |
| <i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i> (Jadenu)                      | Tier 4 | PA; MO |
| <i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i> (Exjade)        | Tier 4 | PA; MO |
| <i>deferiprone oral tablet 1,000 mg, 500 mg</i> (Ferriprox)                        | Tier 4 | PA; MO |
| <i>deferoxamine injection recon soln 2 gram</i>                                    | Tier 2 | PA     |
| <i>deferoxamine injection recon soln 500 mg</i> (Desferal)                         | Tier 2 | PA     |
| DESFERAL INJECTION RECON SOLN 500 MG (deferoxamine)                                | Tier 4 | PA     |
| EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG (deferasirox)               | Tier 5 | PA; MO |
| FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG                   | Tier 5 | PA; MO |
| FERRIPROX ORAL SOLUTION 100 MG/ML                                                  | Tier 5 | PA; MO |
| FERRIPROX ORAL TABLET 1,000 MG, 500 MG (deferiprone)                               | Tier 5 | PA; MO |
| GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)                                     | Tier 4 |        |
| JADENU ORAL TABLET 180 MG, 360 MG, 90 MG (deferasirox)                             | Tier 5 | PA; MO |
| JADENU SPRINKLE ORAL GRANULES IN PACKET 180 MG, 360 MG, 90 MG (deferasirox)        | Tier 5 | PA; MO |
| RADIOGARDASE ORAL CAPSULE 0.5 GRAM                                                 | Tier 4 |        |
| SYPRINE ORAL CAPSULE 250 MG (trientine)                                            | Tier 5 | PA; MO |
| <i>trientine oral capsule 250 mg</i> (Syprine)                                     | Tier 4 | PA; MO |
| <i>trientine oral capsule 500 mg</i>                                               | Tier 4 | PA; MO |

| Drug                                                                                                                                                                                                                                                                    | Status | Notes |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------|
| <b>Muscarinic Receptor Antagonists</b>                                                                                                                                                                                                                                  |        |       |
| ATROPEN INTRAMUSCULAR PEN<br>INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7<br>ML                                                                                                                                                                                                     | Tier 4 |       |
| <b>Needles/Needleless Devices</b>                                                                                                                                                                                                                                       |        |       |
| 1ST TIER UNIFINE PENTIPS 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 5/32"                                                                                                                  | Tier 6 | MO    |
| 1ST TIER UNIFINE PENTIPS PLUS (pen needle, diabetic)<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 5/32"                                                                                                             | Tier 6 | MO    |
| ADVOCATE PEN NEEDLE NEEDLE 31 (pen needle, diabetic)<br>GAUGE X 3/16", 31 GAUGE X 5/16", 32<br>GAUGE X 5/32", 33 GAUGE X 5/32"                                                                                                                                          | Tier 6 | MO    |
| AQINJECT PEN NEEDLE NEEDLE 31 (pen needle, diabetic)<br>GAUGE X 3/16", 32 GAUGE X 5/32"                                                                                                                                                                                 | Tier 6 | MO    |
| ASSURE ID DUO PRO SFTY PEN NDL (pen needle, diabetic,<br>NEEDLE 31 GAUGE X 3/16" safety)                                                                                                                                                                                | Tier 6 | MO    |
| ASSURE ID PEN NEEDLE NEEDLE 30<br>GAUGE X 5/16"                                                                                                                                                                                                                         | Tier 6 | MO    |
| ASSURE ID PRO PEN NEEDLE<br>NEEDLE 30 GAUGE X 3/16"                                                                                                                                                                                                                     | Tier 6 | MO    |
| AUTOSHIELD DUO PEN NEEDLE<br>NEEDLE 30 GAUGE X 3/16"                                                                                                                                                                                                                    | Tier 6 | MO    |
| 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 6 | MO    |
| 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 6 | MO    |
| CLICKFINE PEN NEEDLE NEEDLE 31 (pen needle, diabetic)<br>GAUGE X 1/4", 31 GAUGE X 5/16", 32<br>GAUGE X 5/32"                                                                                                                                                            | Tier 6 | MO    |
| COMFORT EZ PEN NEEDLES 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 1/4", 32 GAUGE X 3/16", 32<br>GAUGE X 5/16", 32 GAUGE X 5/32", 33<br>GAUGE X 1/4", 33 GAUGE X 3/16", 33<br>GAUGE X 5/32" | Tier 6 | MO    |
| COMFORT EZ PEN NEEDLES NEEDLE<br>33 GAUGE X 5/16"                                                                                                                                                                                                                       | Tier 6 | MO    |

| Drug                                                                                                                                                                                                                                                                       | Status | Notes |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------|
| COMFORT EZ PRO SAFETY PEN NDL<br>NEEDLE 30 GAUGE X 5/16"                                                                                                                                                                                                                   | Tier 6 | MO    |
| COMFORT EZ PRO SAFETY PEN NDL (pen needle, diabetic,<br>NEEDLE 31 GAUGE X 3/16", 31 safety)<br>GAUGE X 5/32"                                                                                                                                                               | Tier 6 | MO    |
| COMFORT TOUCH PEN NEEDLE (pen needle, diabetic)<br>NEEDLE 31 GAUGE X 1/4", 31 GAUGE<br>X 3/16", 31 GAUGE X 5/16", 31 GAUGE<br>X 5/32", 32 GAUGE X 1/4", 32 GAUGE<br>X 3/16", 32 GAUGE X 5/16", 32 GAUGE<br>X 5/32", 33 GAUGE X 1/4", 33 GAUGE<br>X 3/16", 33 GAUGE X 5/32" | Tier 6 | MO    |
| DROPLET MICRON PEN NEEDLE<br>NEEDLE 34 GAUGE X 9/64"                                                                                                                                                                                                                       | Tier 6 | MO    |
| DROPLET 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 3/16", 31<br>GAUGE X 5/16", 32 GAUGE X 1/4", 32<br>GAUGE X 3/16", 32 GAUGE X 5/16", 32<br>GAUGE X 5/32"                                              | Tier 6 | MO    |
| DROPLET PEN NEEDLE NEEDLE 29<br>GAUGE X 3/8"                                                                                                                                                                                                                               | Tier 6 | MO    |
| DROPSAFE PEN NEEDLE NEEDLE 31<br>GAUGE X 1/4", 31 GAUGE X 5/16"                                                                                                                                                                                                            | Tier 6 | MO    |
| DROPSAFE PEN NEEDLE NEEDLE 31 (pen needle, diabetic,<br>GAUGE X 3/16" safety)                                                                                                                                                                                              | Tier 6 | MO    |
| EASY COMFORT PEN NEEDLES<br>NEEDLE 29 GAUGE X 3/16", 29<br>GAUGE X 5/32"                                                                                                                                                                                                   | Tier 6 | MO    |
| EASY COMFORT PEN NEEDLES (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", 33 GAUGE X 1/4", 33 GAUGE<br>X 3/16", 33 GAUGE X 5/32"                                                                              | Tier 6 | MO    |
| EASY COMFORT SAFETY PEN<br>NEEDLE NEEDLE 31 GAUGE X 1/4", 32<br>GAUGE X 5/32"                                                                                                                                                                                              | Tier 6 | MO    |
| EASY COMFORT SAFETY PEN (pen needle, diabetic,<br>NEEDLE NEEDLE 31 GAUGE X 3/16" safety)                                                                                                                                                                                   | Tier 6 | MO    |
| EASY GLIDE PEN NEEDLE NEEDLE (pen needle, diabetic)<br>33 GAUGE X 5/32"                                                                                                                                                                                                    | Tier 6 | MO    |
| EASY TOUCH NEEDLE 29 GAUGE X (pen needle, diabetic)<br>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 3/16", 32 GAUGE X<br>5/32"                                                                                             | Tier 6 | MO    |
| EASY TOUCH PEN NEEDLE NEEDLE (pen needle, diabetic)<br>30 GAUGE X 5/16"                                                                                                                                                                                                    | Tier 6 | MO    |

| Drug                                                                                                                                                                                    | Status | Notes |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------|
| EASY TOUCH SAFETY PEN NEEDLE<br>NEEDLE 29 GAUGE X 3/16", 29<br>GAUGE X 5/16", 30 GAUGE X 1/4", 30<br>GAUGE X 3/16", 30 GAUGE X 5/16"                                                    | Tier 6 | MO    |
| EMBRACE PEN NEEDLE NEEDLE 29 (pen needle, diabetic)<br>GAUGE X 1/2", 30 GAUGE X 3/16", 30<br>GAUGE X 5/16", 31 GAUGE X 1/4", 31<br>GAUGE X 3/16", 31 GAUGE X 5/16", 32<br>GAUGE X 5/32" | Tier 6 | MO    |
| 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 6 | MO    |
| 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 6 | MO    |
| 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 6 | MO    |
| MAXICOMFORT II PEN NEEDLE (pen needle, diabetic)<br>NEEDLE 31 GAUGE X 1/4"                                                                                                              | Tier 6 | MO    |
| MAXICOMFORT SAFETY PEN<br>NEEDLE NEEDLE 29 GAUGE X 3/16",<br>29 GAUGE X 5/16"                                                                                                           | Tier 6 | MO    |
| MINI ULTRA-THIN II NEEDLE 31 (pen needle, diabetic)<br>GAUGE X 3/16"                                                                                                                    | Tier 6 | MO    |
| NANO 2ND GEN PEN NEEDLE (pen needle, diabetic)<br>NEEDLE 32 GAUGE X 5/32"                                                                                                               | Tier 6 | MO    |
| NANO PEN NEEDLE NEEDLE 32 (pen needle, diabetic)<br>GAUGE X 5/32"                                                                                                                       | Tier 6 | MO    |
| NOVOFINE 32 NEEDLE 32 GAUGE X (pen needle, diabetic)<br>1/4"                                                                                                                            | Tier 6 | MO    |
| NOVOFINE PLUS NEEDLE 32 GAUGE<br>X 1/6"                                                                                                                                                 | Tier 6 | MO    |
| PEN NEEDLE NEEDLE 29 GAUGE X (pen needle, diabetic)<br>1/2", 30 GAUGE X 5/16", 31 GAUGE X<br>1/4", 31 GAUGE X 3/16", 31 GAUGE X<br>5/16", 32 GAUGE X 5/32"                              | Tier 6 | MO    |
| <i>pen needle, diabetic needle 29 gauge x<br/>1/2", 31 gauge x 1/4", 31 gauge x 3/16",<br/>31 gauge x 5/16", 32 gauge x 5/32"</i> (1st Tier Unifine Pentips)                            | Tier 6 | MO    |
| <i>pen needle, diabetic needle 29 gauge x<br/>15/32", 31 gauge x 1/3", 31 gauge x 1/6",<br/>31 gauge x 13/64", 31 gauge x 15/64"</i>                                                    | Tier 6 | MO    |
| <i>pen needle, diabetic needle 30 gauge x<br/>3/16"</i> (Embrace Pen Needle)                                                                                                            | Tier 6 | MO    |

| Drug                                                                                                                                    |                                  | Status | Notes |
|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------|-------|
| <i>pen needle, diabetic needle 30 gauge x 5/16", 32 gauge x 1/4", 32 gauge x 3/16"</i>                                                  | (CareFine Pen Needle)            | Tier 6 | MO    |
| <i>pen needle, diabetic needle 31 gauge x 5/32"</i>                                                                                     | (Comfort Touch Pen Needle)       | Tier 6 | MO    |
| <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 6 | MO    |
| <i>pen needle, diabetic needle 33 gauge x 5/32"</i>                                                                                     | (Advocate Pen Needle)            | Tier 6 | MO    |
| <i>pen needle, diabetic, safety needle 31 gauge x 3/16"</i>                                                                             | (Assure ID Duo Pro Sfty Pen Ndl) | Tier 6 | MO    |
| <i>pen needle, diabetic, safety needle 31 gauge x 5/32"</i>                                                                             | (Comfort EZ PRO Safety Pen Ndl)  | Tier 6 | MO    |
| 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 6 | MO    |
| PIP PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32"                                                                                | (pen needle, diabetic)           | Tier 6 | MO    |
| PREVENT DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"                                                                    |                                  | Tier 6 | MO    |
| PRO COMFORT PEN NEEDLE NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"                                                       | (pen needle, diabetic)           | Tier 6 | MO    |
| 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 6 | MO    |
| PURE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32"                                                                 |                                  | Tier 6 | MO    |
| PURE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16"                                                                                  | (pen needle, diabetic, safety)   | Tier 6 | MO    |
| SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16"                                                                                               | (pen needle, diabetic, safety)   | Tier 6 | MO    |
| SECURESAFE PEN NEEDLE NEEDLE 30 GAUGE X 5/16"                                                                                           |                                  | Tier 6 | MO    |
| SIMPLI PEN NEEDLE NEEDLE 32 GAUGE X 5/32"                                                                                               | (pen needle, diabetic)           | Tier 6 | MO    |
| SKY SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16"                                                                         |                                  | Tier 6 | MO    |
| SURE COMFORT PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" | (pen needle, diabetic)           | Tier 6 | MO    |

| Drug                                                                                                                                                                                                                               | Status | Notes |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------|
| SURE COMFORT SAFETY PEN<br>NEEDLE NEEDLE 31 GAUGE X 1/4", 32<br>GAUGE X 5/32"                                                                                                                                                      | Tier 6 | MO    |
| 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 6 | MO    |
| 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 6 | MO    |
| TECHLITE PLUS PEN NEEDLE (pen needle, diabetic)<br>NEEDLE 32 GAUGE X 5/32"                                                                                                                                                         | Tier 6 | MO    |
| TOPCARE CLICKFINE NEEDLE 31 (pen needle, diabetic)<br>GAUGE X 1/4", 31 GAUGE X 5/16"                                                                                                                                               | Tier 6 | MO    |
| 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 6 | MO    |
| TRUE COMFORT SAFETY PEN<br>NEEDLE NEEDLE 31 GAUGE X 1/4", 32<br>GAUGE X 5/32"                                                                                                                                                      | Tier 6 | MO    |
| TRUE COMFORT SAFETY PEN (pen needle, diabetic,<br>NEEDLE NEEDLE 31 GAUGE X 3/16" safety)                                                                                                                                           | Tier 6 | MO    |
| 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 6 | MO    |
| 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 6 | MO    |
| ULTICARE SAFETY PEN NEEDLE<br>NEEDLE 30 GAUGE X 3/16", 30<br>GAUGE X 5/16"                                                                                                                                                         | Tier 6 | MO    |
| 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 6 | MO    |
| ULTILET PEN NEEDLE NEEDLE 29<br>GAUGE                                                                                                                                                                                              | Tier 6 | MO    |
| ULTILET PEN NEEDLE NEEDLE 32 (pen needle, diabetic)<br>GAUGE X 5/32"                                                                                                                                                               | Tier 6 | MO    |

| Drug                                                                                                                                                                          | Status | Notes |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------|
| ULTRA FLO PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" (pen needle, diabetic)                                    | Tier 6 | MO    |
| ULTRA THIN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)                                                                                                          | Tier 6 | MO    |
| ULTRACARE PEN NEEDLE NEEDLE 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", 33 GAUGE X 5/32" (pen needle, diabetic) | Tier 6 | MO    |
| ULTRA-FINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4" (pen needle, diabetic)                                                      | Tier 6 | MO    |
| ULTRA-THIN II (SHORT) PEN NDL NEEDLE 31 GAUGE X 5/16" (pen needle, diabetic)                                                                                                  | Tier 6 | MO    |
| ULTRA-THIN II INS PEN NEEDLES NEEDLE 29 GAUGE X 1/2" (pen needle, diabetic)                                                                                                   | Tier 6 | MO    |
| UNIFINE OTC PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)                                                                                       | Tier 6 | MO    |
| UNIFINE PENTIPS MAXFLOW NEEDLE 30 GAUGE X 3/16" (pen needle, diabetic)                                                                                                        | Tier 6 | MO    |
| 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 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32" (pen needle, diabetic)       | Tier 6 | MO    |
| UNIFINE PENTIPS PLUS MAXFLOW NEEDLE 30 GAUGE X 3/16" (pen needle, diabetic)                                                                                                   | Tier 6 | MO    |
| 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", 33 GAUGE X 5/32" (pen needle, diabetic)                   | Tier 6 | MO    |
| UNIFINE PROTECT NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16", 32 GAUGE X 5/32"                                                                                                   | Tier 6 | MO    |
| UNIFINE SAFECONTROL PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32"                                                 | Tier 6 | MO    |
| UNIFINE SAFECONTROL PEN NEEDLE NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic, safety)                                                                                         | Tier 6 | MO    |
| UNIFINE ULTRA PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)                                                  | Tier 6 | MO    |

| Drug                                                                                                                                     | Status | Notes  |
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| VERIFINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" (pen needle, diabetic) | Tier 6 | MO     |
| VERIFINE PLUS PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)                              | Tier 6 | MO     |
| VERIFINE PLUS PEN NEEDLE-SHARP NEEDLE 32 GAUGE X 5/32"                                                                                   | Tier 6 | MO     |
| <b>Ointment/Cream Bases</b>                                                                                                              |        |        |
| RADIAGEL TOPICAL GEL                                                                                                                     | Tier 4 |        |
| <b>Ophthalmic Trpm8 Agonists</b>                                                                                                         |        |        |
| TRYPTYR OPHTHALMIC (EYE) DROPPERETTE 0.003 %                                                                                             | Tier 4 | PA; MO |
| <b>Oral Lipid Supplements</b>                                                                                                            |        |        |
| DOJOLVI ORAL LIQUID 8.3 KCAL/ML                                                                                                          | Tier 5 | PA; MO |
| <b>Oral Mucositis/Stomatitis Agents</b>                                                                                                  |        |        |
| GELCLAIR MUCOUS MEMBRANE GEL IN PACKET                                                                                                   | Tier 4 |        |
| MUGARD MUCOUS MEMBRANE SOLUTION                                                                                                          | Tier 4 |        |
| ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH                                                                                                     | Tier 4 |        |
| ORAPEUTIC MUCOUS MEMBRANE GEL                                                                                                            | Tier 4 |        |
| <b>Protein Replacement</b>                                                                                                               |        |        |
| AQNEURSA ORAL GRANULES IN PACKET 1 GRAM                                                                                                  | Tier 4 | PA; MO |
| <b>Radioactive Diagnostics, General</b>                                                                                                  |        |        |
| XENON XE-133 INHALATION GAS 370 MBQ (10 MCI), 740 MBQ (20 MCI)                                                                           | Tier 4 |        |
| <b>Radiopharmaceuticals Elements</b>                                                                                                     |        |        |
| INDICLOR SOLUTION 5 MCI/0.5 ML (185 MBQ) (indium-111 chloride)                                                                           | Tier 4 |        |
| <b>Saliva Stimulant Agents</b>                                                                                                           |        |        |
| NUMOISYN MUCOUS MEMBRANE LOZENGE 0.3 GRAM                                                                                                | Tier 4 |        |
| <b>Saliva Substitute Agents</b>                                                                                                          |        |        |
| AQUORAL MUCOUS MEMBRANE AEROSOL, SPRAY                                                                                                   | Tier 4 |        |
| CAPHOSOL MUCOUS MEMBRANE SOLUTION                                                                                                        | Tier 4 |        |
| MUCOSITISRX MUCOUS MEMBRANE POWDER IN PACKET 351 MG                                                                                      | Tier 4 |        |



| Drug                                                                                                   | Status | Notes  |
|--------------------------------------------------------------------------------------------------------|--------|--------|
| NUMOISYN MUCOUS MEMBRANE LIQUID                                                                        | Tier 4 |        |
| SALIVAMAX MUCOUS MEMBRANE POWDER IN PACKET 351 MG                                                      | Tier 4 |        |
| <b>Solvents</b>                                                                                        |        |        |
| <i>isopropyl alcohol solution 70 %</i> (Alcohol, Rubbing)                                              | Tier 4 |        |
| <i>isopropyl alcohol solution 91 %, 99 %</i>                                                           | Tier 4 |        |
| MURI-LUBE OIL                                                                                          | Tier 4 |        |
| <b>Somatostatic Agents</b>                                                                             |        |        |
| MYCAPSSA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 20 MG                                                   | Tier 5 | PA; MO |
| <i>octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml</i>                                  | Tier 4 | MO     |
| <i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i> (Sandostatin)           | Tier 4 | MO     |
| <i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>     | Tier 4 | MO     |
| SANDOSTATIN INJECTION SOLUTION (octreotide acetate) 100 MCG/ML, 50 MCG/ML, 500 MCG/ML                  | Tier 5 | MO     |
| SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)                    | Tier 5 | PA; MO |
| <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 UNIT/ML (10ML), 2.5 TO 6.5 UNIT/ML (2 ML), 2.5 TO 6.5 UNIT/ML (4 ML) | Tier 4 |        |
| TISSEEL VHSD (APROTININ, SYN) TOPICAL KIT 10 ML, 2 ML, 4 ML                                            | Tier 4 |        |
| TISSEEL VHSD (APROTININ, SYN) TOPICAL SYRINGE 10 ML, 2 ML, 4 ML                                        | Tier 4 |        |
| <b>Topical Nitric Oxide Releasing Agents</b>                                                           |        |        |
| ZELSUVM TOPICAL GEL 10.3 %                                                                             | Tier 4 | PA     |
| <b>Treatment Of Hyperphagia In Prader-Willi Syndrome</b>                                               |        |        |
| VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 25 MG, 75 MG                                       | Tier 5 | PA; MO |

| Drug                                                                  | Status | Notes  |
|-----------------------------------------------------------------------|--------|--------|
| <b>Urinary Tract Radiopaque Diagnostics</b>                           |        |        |
| CYSTO-CONRAY II URETHRAL SOLUTION 17.2 %                              | Tier 4 |        |
| CYSTOGRAFIN URETHRAL SOLUTION 30 %                                    | Tier 4 |        |
| CYSTOGRAFIN-DILUTE URETHRAL SOLUTION 18 %                             | Tier 4 |        |
| <b>Urine Acetone Test Aids</b>                                        |        |        |
| KETONE CARE STRIP                                                     | Tier 4 | MO     |
| KETONE URINE TEST STRIP                                               | Tier 4 | MO     |
| KETOSTIX STRIP                                                        | Tier 4 | MO     |
| TRUEPLUS KETONE STRIP                                                 | Tier 4 | MO     |
| <b>Wound Healing Agents, Local</b>                                    |        |        |
| <i>balsam peru-castor oil topical ointment</i> (BPCO)                 | Tier 2 |        |
| <i>balsam peru-castor oil topical ointment in packet</i> (Venelex)    | Tier 2 |        |
| BPCO TOPICAL OINTMENT (balsam peru-castor oil)                        | Tier 2 |        |
| DERMACINRX CLORHEXACIN TOPICAL KIT 2-4-5 %                            | Tier 4 |        |
| DERMACINRX SURGICAL PHARMAPAK TOPICAL KIT 2-4-5 %                     | Tier 4 |        |
| DERMAWERX SURGICAL PLUS PAK TOPICAL KIT 2-4-5 %                       | Tier 4 |        |
| DERMULCERA TOPICAL OINTMENT (balsam peru-castor oil)                  | Tier 4 |        |
| FILSUVEZ TOPICAL GEL 10 %                                             | Tier 5 | PA; MO |
| VENELEX TOPICAL OINTMENT (balsam peru-castor oil)                     | Tier 4 |        |
| VENELEX TOPICAL OINTMENT IN PACKET (balsam peru-castor oil)           | Tier 4 |        |
| WHYTEDESK SURGIPAK TOPICAL KIT 2-4-2 %                                | Tier 4 |        |
| <b>Other Respiratory Disorders</b>                                    |        |        |
| <b>Antifibrotic Therapy - Pyridone Analogs</b>                        |        |        |
| ESBRIET ORAL CAPSULE 267 MG (pirfenidone)                             | Tier 5 | PA; MO |
| ESBRIET ORAL TABLET 267 MG, 801 MG (pirfenidone)                      | Tier 5 | PA; MO |
| <i>pirfenidone oral capsule 267 mg</i> (Esbriet)                      | Tier 4 | PA; MO |
| <i>pirfenidone oral tablet 267 mg, 801 mg</i> (Esbriet)               | Tier 4 | PA; MO |
| <i>pirfenidone oral tablet 534 mg</i>                                 | Tier 4 | PA; MO |
| <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 4 | PA; MO |
| KALYDECO ORAL TABLET 150 MG                                           | Tier 4 | PA; MO |

| Drug                                                                                                  | Status | Notes                       |
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| <b>Cystic Fibrosis-Cftr Potentiator &amp; Corrector Comb.</b>                                         |        |                             |
| ALYFTREK ORAL TABLET 10-50-125 MG, 4-20-50 MG                                                         | Tier 4 | PA; MO                      |
| ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG                                      | Tier 4 | PA; MO                      |
| ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG                                                            | Tier 4 | PA; MO                      |
| SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)                  | Tier 4 | PA; MO                      |
| TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N) | Tier 4 | PA; MO                      |
| TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)            | Tier 4 | PA; MO                      |
| <b>Dipeptidyl Peptidase 1 (Dpp1) Inhibitor</b>                                                        |        |                             |
| BRINSUPRI ORAL TABLET 10 MG, 25 MG                                                                    | Tier 5 | PA; MO; 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 4 | PA; MO                      |
| <b>Pulmonary Fibrosis - Systemic Enzyme Inhibitors</b>                                                |        |                             |
| OFEV ORAL CAPSULE 100 MG, 150 MG                                                                      | Tier 4 | PA; MO                      |
| <b>Pain Management - Analgesics</b>                                                                   |        |                             |
| <b>Analgesic, Non-Salicylate &amp; Barbiturate Comb.</b>                                              |        |                             |
| <i>butalbital-acetaminophen oral capsule 50-300 mg</i>                                                | Tier 2 | QL (6 EA per 1 day)         |

| Drug                                                                       | Status | Notes                                                                                                                                           |
|----------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>butalbital-acetaminophen oral tablet 50-300 mg</i>                      | Tier 2 | ST: Must meet the following requirement:<br>Generic<br>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-caffeine oral capsule 50-325-40 mg</i>               | Tier 2 |                                                                                                                                                 |
| <i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>                | Tier 2 |                                                                                                                                                 |
| <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 solution 50-325-40 mg/15 ml</i>      | Tier 2 |                                                                                                                                                 |
| <i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>              | Tier 2 |                                                                                                                                                 |
| ESGIC ORAL TABLET 50-325-40 MG (butalbital-acetaminophen-caff)             | Tier 4 |                                                                                                                                                 |
| 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)                          | Tier 1 | MO                                                                                                                                              |
| <i>aspirin oral tablet, delayed release (dr/ec) 325 mg</i> (Bayer Aspirin) | Tier 1 | MO                                                                                                                                              |
| BAYER ASPIRIN ORAL TABLET 325 MG (aspirin)                                 | Tier 1 | MO                                                                                                                                              |
| BAYER ASPIRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG (aspirin)        | Tier 1 | MO                                                                                                                                              |
| <i>choline, magnesium salicylate oral liquid 500 mg/5 ml</i>               | Tier 2 |                                                                                                                                                 |
| <i>diflunisal oral tablet 500 mg</i>                                       | Tier 2 |                                                                                                                                                 |
| DISALCID ORAL TABLET 500 MG, 750 MG (salsalate)                            | Tier 4 |                                                                                                                                                 |
| DOLOBID ORAL TABLET 250 MG (diflunisal)                                    | Tier 4 |                                                                                                                                                 |
| DOLOBID ORAL TABLET 375 MG                                                 | Tier 2 |                                                                                                                                                 |

| Drug                                                                                                             | Status | Notes                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------------------------------|
| ECOTRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (aspirin)                                                     | Tier 1 | MO                                                                                                                                     |
| salsalate oral tablet 500 mg, 750 mg (Disalcid)                                                                  | Tier 2 |                                                                                                                                        |
| <b>Analgesics, Narcotic Agonist And Nsaid Combination</b>                                                        |        |                                                                                                                                        |
| hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg                                                | Tier 2 |                                                                                                                                        |
| SEGLENTIS ORAL TABLET 44-56 MG                                                                                   | Tier 4 |                                                                                                                                        |
| <b>Analgesics, Non-Narcotics</b>                                                                                 |        |                                                                                                                                        |
| clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml) (Duraclon (PF))                                    | Tier 2 |                                                                                                                                        |
| clonidine (pf) epidural solution 5,000 mcg/10 ml                                                                 | Tier 2 |                                                                                                                                        |
| DURACLON (PF) EPIDURAL SOLUTION 1,000 MCG/10 ML (100 MCG/ML) (clonidine (pf))                                    | Tier 4 |                                                                                                                                        |
| 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)   |
| belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg                                             | Tier 2 |                                                                                                                                        |
| buprenorphine hcl injection solution 0.3 mg/ml                                                                   | Tier 2 | ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription                        |
| buprenorphine hcl injection syringe 0.3 mg/ml                                                                    | Tier 2 | ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription                        |
| buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour (Butrans) | Tier 2 | ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 28 days) |
| butorphanol injection solution 1 mg/ml, 2 mg/ml                                                                  | Tier 2 |                                                                                                                                        |
| butorphanol nasal spray,non-aerosol 10 mg/ml                                                                     | Tier 2 |                                                                                                                                        |

| Drug                                                                                                                                          | Status | Notes                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------------------------------|
| BUTRANS TRANSDERMAL PATCH (buprenorphine)<br>WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR, 7.5 MCG/HOUR                           | Tier 4 | ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 28 days) |
| <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 |                                                                                                                                        |
| DEMEROL INJECTION SOLUTION 50 MG/ML (meperidine)                                                                                              | 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 |                                                                                                                                        |
| DILAUDID ORAL LIQUID 1 MG/ML (hydromorphone)                                                                                                  | Tier 4 |                                                                                                                                        |
| DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG (hydromorphone)                                                                                         | Tier 4 |                                                                                                                                        |
| DISKETS ORAL TABLET,SOLUBLE 40 MG (methadone)                                                                                                 | Tier 4 | QL (1 EA per 1 day)                                                                                                                    |
| DSUVIA SUBLINGUAL TABLET IN APPLICATOR 30 MCG                                                                                                 | Tier 4 | PA                                                                                                                                     |
| <i>fentanyl (pf)-bupivacaine-nacl epidural prefilled pump reservoir 2 mcg/ml- 0.1 %, 2 mcg/ml- 0.125 %</i>                                    | Tier 2 |                                                                                                                                        |
| <i>fentanyl (pf)-bupivacaine-nacl epidural syringe 2 mcg/ml- 0.125 %</i>                                                                      | Tier 2 |                                                                                                                                        |
| <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 syring 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 citrate buccal tablet, effervescent 400 mcg, 600 mcg, 800 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                    |

| Drug                                                                                                                      | Status | Notes                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------------------------------------|
| <i>fentanyl-ropivacaine-nacl (pf) epidural prefilled pump reservoir 2-0.2 mcg/ml-%</i>                                    | Tier 2 |                                                                                                                                      |
| <i>fentanyl-ropivacaine-nacl (pf) epidural solution 2-0.1 mcg/ml-%, 2-0.125 mcg/ml-%</i>                                  | Tier 2 |                                                                                                                                      |
| <i>fentanyl-ropivacaine-nacl (pf) epidural syringe 100 mcg/50 ml (2 mcg/ml)-0.1%, 100 mcg/50 ml (2mcg/ml)-0.15%</i>       | Tier 2 |                                                                                                                                      |
| <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) |
| <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, 60 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) |

| Drug                                                                                | Status | Notes                                                                                                                                |
|-------------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------------------------------------|
| <i>levorphanol tartrate oral tablet 2 mg, 3 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)                                                                                                                  |
| METHADONE INTENSOL ORAL (methadone)<br>CONCENTRATE 10 MG/ML                         | 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)                                                                                                                 |
| <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 CONCENTRATE (methadone)<br>10 MG/ML                                  | Tier 4 | QL (4 ML 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) |



| Drug                                                                                                   | Status | Notes                                                                                                                                |
|--------------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------------------------------------|
| <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 4 |                                                                                                                                      |
| <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 (MS Contin) mg, 30 mg, 60 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 rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>                                           | Tier 2 |                                                                                                                                      |
| MS CONTIN ORAL TABLET (morphine)<br>EXTENDED RELEASE 100 MG, 15 MG,<br>200 MG, 30 MG, 60 MG            | Tier 4 | ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day) |
| <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 |                                                                                                                                      |

| Drug                                                                                                 | Status | Notes                                                                                                                                |
|------------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------------------------------------|
| <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 |                                                                                                                                      |
| <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 |                                                                                                                                      |
| QDOLO ORAL SOLUTION 5 MG/ML (tramadol)                                                               | Tier 4 | PA                                                                                                                                   |
| ROXICODONE ORAL TABLET 15 MG, 30 MG (oxycodone)                                                      | Tier 4 |                                                                                                                                      |
| ROXYBOND ORAL TABLET, ORAL ONLY 10 MG, 15 MG, 30 MG, 5 MG (oxycodone)                                | Tier 4 |                                                                                                                                      |

| Drug                                                                            | Status | Notes                                                                                                                                                    |
|---------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>tramadol oral capsule,er biphasic 24 hr</i> (ConZip)<br>17-83 300 mg         | 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 capsule,er biphasic 24 hr</i> (ConZip)<br>25-75 100 mg, 200 mg | 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 solution 5 mg/ml</i> (Qdolo)                                   | Tier 2 | PA                                                                                                                                                       |
| <i>tramadol oral tablet 100 mg</i>                                              | Tier 2 | QL (4 EA per 1 day); Age (Min 12 Years)                                                                                                                  |
| <i>tramadol oral tablet 25 mg, 75 mg</i>                                        | Tier 2 |                                                                                                                                                          |
| <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 multiphasic 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 multiphasic 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; MO; QL (1 ML per 30 days)                                                                                                        |
| AJOVY AUTOINJECTOR<br>SUBCUTANEOUS AUTO-INJECTOR<br>225 MG/1.5 ML                      | Tier 3 | PA; MO; QL (1.5 ML per 30 days)                                                                                                      |
| AJOVY SYRINGE SUBCUTANEOUS<br>SYRINGE 225 MG/1.5 ML                                    | Tier 3 | PA; MO; 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>diclofenac potassium oral powder in packet 50 mg</i>                                | Tier 2 |                                                                                                                                      |
| <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                                                                                                                                   |

| Drug                                                                                                  | Status | Notes                                                                                                        |
|-------------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------------|
| EMGALITY PEN SUBCUTANEOUS<br>PEN INJECTOR 120 MG/ML                                                   | Tier 3 | PA; MO; QL (1 ML per 30 days)                                                                                |
| EMGALITY SYRINGE<br>SUBCUTANEOUS SYRINGE 120<br>MG/ML                                                 | Tier 3 | PA; MO; 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)                                                                                        |
| FROVA ORAL TABLET 2.5 MG (frovatriptan)                                                               | Tier 4 | ST: Must meet the following requirement: Oral Sumatriptan or Rizatriptan in 180 days; QL (18 EA per 30 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) |
| IMITREX ORAL TABLET 100 MG, 25<br>MG, 50 MG (sumatriptan succinate)                                   | Tier 4 | QL (18 EA per 30 days)                                                                                       |
| IMITREX STATDOSE PEN<br>SUBCUTANEOUS PEN INJECTOR 4<br>MG/0.5 ML, 6 MG/0.5 ML (sumatriptan succinate) | Tier 4 | QL (18 ML per 30 days)                                                                                       |
| IMITREX STATDOSE REFILL<br>SUBCUTANEOUS CARTRIDGE 4<br>MG/0.5 ML, 6 MG/0.5 ML (sumatriptan succinate) | Tier 4 | QL (18 ML per 30 days)                                                                                       |
| MAXALT ORAL TABLET 10 MG (rizatriptan)                                                                | Tier 4 | QL (27 EA per 30 days)                                                                                       |
| MAXALT-MLT ORAL<br>TABLET,DISINTEGRATING 10 MG (rizatriptan)                                          | Tier 4 | QL (27 EA per 30 days)                                                                                       |
| MIGERGOT RECTAL SUPPOSITORY<br>2-100 MG                                                               | Tier 4 | PA                                                                                                           |
| MIGRANAL NASAL SPRAY, NON-<br>AEROSOL 0.5 MG/PUMP ACT. (4<br>MG/ML) (dihydroergotamine)               | Tier 4 | ST: Must meet the following requirement: Oral Sumatriptan or Rizatriptan in 180 days; QL (8 ML per 28 days)  |
| MIGRANOW KIT, GEL AND TABLET 50<br>MG- 10 %-4 %                                                       | Tier 4 |                                                                                                              |
| <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)                                                                                   |
| ONZETRA XSAIL NASAL AEROSOL<br>POWDR BREATH ACTIVATED 11 MG                                           | Tier 4 | ST: Must meet the following requirement: generic Sumatriptan nasal spray in 180 days; QL (32 EA per 30 days) |

| Drug                                                                                                   | Status | Notes                                                                                                                                                                                                                                                                                                                             |
|--------------------------------------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG                                                                | Tier 3 | PA; MO; QL (1 EA per 1 day)                                                                                                                                                                                                                                                                                                       |
| RELPAX ORAL TABLET 20 MG, 40 MG (eletriptan)                                                           | Tier 4 | ST: Must meet the following requirement: Oral Sumatriptan or Rizatriptan in 180 days; QL (18 EA per 30 days)                                                                                                                                                                                                                      |
| REYVOW ORAL TABLET 100 MG, 50 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)                                                                                                                                                                                                                                                                                                            |
| <i>sumatriptan-naproxen oral tablet 85-500 mg</i> (Treximet)                                           | Tier 2 | ST: Must meet any of the following requirements: Almotriptan Malate, Eletriptan Hydrobromide, Frovatriptan Succinate, Naratriptan HCL, Onzetra Xsail, Rizatriptan Benzoate, Sumatriptan Succ/naproxen Sodium, Sumatriptan Succinate, Sumatriptan, Tosymra, Zembrace Symtouch, or Zolmitriptan in 180 days; QL (18 EA per 30 days) |
| SYMBRAVO ORAL TABLET 10-20 MG                                                                          | Tier 4 |                                                                                                                                                                                                                                                                                                                                   |

| Drug                                                              | Status | Notes                                                                                                                            |
|-------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------------------------|
| TOSYMRA NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION                  | Tier 4 | ST: Must meet the following requirement: Oral Sumatriptan or Rizatriptan in 180 days; QL (24 EA per 30 days)                     |
| TRUDHESA NASAL SPRAY, NON-AEROSOL 0.725 MG/PUMP ACT. (4 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 MG                                 | Tier 3 | PA; QL (16 EA per 30 days)                                                                                                       |
| ZAVZPRET NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION                 | Tier 4 | PA; QL (8 EA per 30 days)                                                                                                        |
| ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML           | Tier 4 | ST: Must meet the following requirement: generic Sumatriptan injection in 120 days; QL (18 ML 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 NASAL SPRAY, NON-AEROSOL (zolmitriptan) 2.5 MG, 5 MG        | Tier 4 | 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)                     |

| Drug                                                                                   |                                 | Status | Notes                                                                                                               |
|----------------------------------------------------------------------------------------|---------------------------------|--------|---------------------------------------------------------------------------------------------------------------------|
| <b>Calcitonin Gene-Related Peptide (Cgrp) Inhibitors</b>                               |                                 |        |                                                                                                                     |
| EMGALITY SYRINGE<br>SUBCUTANEOUS SYRINGE 300 MG/3<br>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-caf-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-caf-cod oral capsule 50-325-40-30 mg</i>                      |                                 | Tier 2 | QL (6 EA per 1 day); Age (Min 12 Years)                                                                             |
| FIORICET WITH CODEINE ORAL CAPSULE 50-300-40-30 MG                                     | (butalbital-acetaminop-caf-cod) | Tier 4 | 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)                                                                                                  |
| <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)                                                                                               |



| Drug                                                                                                     |                           | Status | Notes                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------|---------------------------|--------|--------------------------------------------------------------------------------------------------------------------------------------------|
| <i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml, 10-325 mg/15 ml(15 ml), 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)                                                                                                                       |
| NALOCET ORAL TABLET 2.5-300 MG                                                                           | (oxycodone-acetaminophen) | Tier 2 | ST: Must meet the following requirements: generic Oxycodone IR and Oxycodone/Acetaminophen 325mg tablets in 365 days; QL (12 EA per 1 day) |
| <i>oxycodone-acetaminophen oral solution 10-300 mg/5 ml</i>                                              | (Prolate)                 | Tier 2 | QL (66 ML 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 10-300 mg</i>                                                     | (Primlev)                 | Tier 2 | ST: Must meet the following requirements: generic Oxycodone IR and Oxycodone/Acetaminophen 325mg tablets in 365 days; QL (13 EA 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)                                                                                                                       |
| <i>oxycodone-acetaminophen oral tablet 2.5-300 mg</i>                                                    | (Nalocet)                 | Tier 2 | ST: Must meet the following requirements: generic Oxycodone IR and Oxycodone/Acetaminophen 325mg tablets in 365 days; QL (12 EA per 1 day) |
| <i>oxycodone-acetaminophen oral tablet 5-300 mg, 7.5-300 mg</i>                                          | (Prolate)                 | Tier 2 | ST: Must meet the following requirements: generic Oxycodone IR and Oxycodone/Acetaminophen 325mg tablets in 365 days; QL (13 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)                                                                                                                       |
| PRIMLEV ORAL TABLET 10-300 MG                                                                            | (oxycodone-acetaminophen) | Tier 2 | ST: Must meet the following requirements: generic Oxycodone IR and Oxycodone/Acetaminophen 325mg tablets in 365 days; QL (13 EA per 1 day) |

| Drug                                                                                                 |                           | Status | Notes                                                                                                                                      |
|------------------------------------------------------------------------------------------------------|---------------------------|--------|--------------------------------------------------------------------------------------------------------------------------------------------|
| PRIMLEV ORAL TABLET 5-300 MG, 7.5-300 MG                                                             | (oxycodone-acetaminophen) | Tier 4 | ST: Must meet the following requirements: generic Oxycodone IR and Oxycodone/Acetaminophen 325mg tablets in 365 days; QL (13 EA per 1 day) |
| PROLATE ORAL SOLUTION 10-300 MG/5 ML                                                                 | (oxycodone-acetaminophen) | Tier 4 | QL (66 ML per 1 day)                                                                                                                       |
| PROLATE ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG                                                  | (oxycodone-acetaminophen) | Tier 2 | ST: Must meet the following requirements: generic Oxycodone IR and Oxycodone/Acetaminophen 325mg tablets in 365 days; QL (13 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 Analgesic, Non-Salicylate, Xanthine Comb</b>                                             |                           |        |                                                                                                                                            |
| <i>acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg</i>                                     | (Trexix)                  | Tier 2 | ST: Must meet the following requirement: Acetaminophen/Codeine tablets in 120 days; 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 |                                                                                                                                            |
| <i>buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>                      | (Suboxone)                | Tier 2 | MO                                                                                                                                         |
| <i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>                                     |                           | Tier 2 | MO                                                                                                                                         |
| SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG                                                   | (buprenorphine-naloxone)  | Tier 4 | MO                                                                                                                                         |
| SUBOXONE SUBLINGUAL FILM 8-2 MG                                                                      | (buprenorphine-naloxone)  | Tier 3 | MO                                                                                                                                         |
| 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, 8.6-2.1 MG |                           | Tier 3 | MO                                                                                                                                         |
| <b>Nsaid Analgesic &amp; Non-Salicylate Analgesic Combos</b>                                         |                           |        |                                                                                                                                            |
| COMBOGESIC ORAL TABLET 97.5-325 MG                                                                   |                           | Tier 4 |                                                                                                                                            |
| <b>Opioid Withdrawal Ther, Alpha-2 Adrenergic Agonist</b>                                            |                           |        |                                                                                                                                            |
| <i>lofexidine oral tablet 0.18 mg</i>                                                                | (Lucemyra)                | Tier 2 |                                                                                                                                            |
| LUCEMYRA ORAL TABLET 0.18 MG                                                                         | (lofexidine)              | Tier 4 |                                                                                                                                            |

| Drug                                                                                                                                              | Status | Notes                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------|
| <b>Skeletal Muscle Relaxant,Salicylate,Narc Analgesic</b>                                                                                         |        |                                                                                                             |
| <i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>                                                                                     | Tier 2 | QL (8 EA per 1 day); Age (Min 12 Years)                                                                     |
| <b>Parkinsons Disease</b>                                                                                                                         |        |                                                                                                             |
| <b>Antiparkinsonism Drugs,Anticholinergic</b>                                                                                                     |        |                                                                                                             |
| <i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>                                                                                                 | Tier 2 | MO                                                                                                          |
| <i>trihexyphenidyl oral elixir 0.4 mg/ml</i>                                                                                                      | Tier 2 | MO                                                                                                          |
| <i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>                                                                                                     | Tier 2 | MO                                                                                                          |
| <b>Antiparkinsonism Drugs,Other</b>                                                                                                               |        |                                                                                                             |
| <i>amantadine hcl oral capsule 100 mg</i>                                                                                                         | Tier 2 | MO                                                                                                          |
| <i>amantadine hcl oral solution 50 mg/5 ml</i>                                                                                                    | Tier 2 | MO                                                                                                          |
| <i>amantadine hcl oral tablet 100 mg</i>                                                                                                          | Tier 2 | MO                                                                                                          |
| APOKYN SUBCUTANEOUS (apomorphine) CARTRIDGE 10 MG/ML                                                                                              | Tier 5 | PA; MO                                                                                                      |
| <i>apomorphine subcutaneous cartridge 10 mg/ml</i> (APOKYN)                                                                                       | Tier 4 | PA; MO                                                                                                      |
| AZILECT ORAL TABLET 0.5 MG, 1 MG (rasagiline)                                                                                                     | Tier 4 | MO; QL (1 EA per 1 day)                                                                                     |
| <i>bromocriptine oral capsule 5 mg</i>                                                                                                            | Tier 2 | MO                                                                                                          |
| <i>bromocriptine oral tablet 2.5 mg</i>                                                                                                           | Tier 2 | MO                                                                                                          |
| <i>carbidopa-levodopa oral tablet 10-100 mg</i> (Sinemet)                                                                                         | Tier 2 | MO                                                                                                          |
| <i>carbidopa-levodopa oral tablet 25-100 mg</i> (Dhivy)                                                                                           | Tier 2 | MO                                                                                                          |
| <i>carbidopa-levodopa oral tablet 25-250 mg</i>                                                                                                   | Tier 2 | MO                                                                                                          |
| <i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>                                                                       | Tier 2 | MO                                                                                                          |
| <i>carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>                                                              | Tier 2 | MO                                                                                                          |
| <i>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</i> | Tier 2 | MO                                                                                                          |
| CREXONT ORAL CAPSULE,IR - EXTEND REL,BIPHASE 35-140 MG                                                                                            | Tier 4 | MO; 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 | MO; 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 | MO; 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 | MO; ST: Must meet the following requirement:<br>generic<br>Carbidopa/Levodopa ER in 120 days; QL (6 EA per 1 day)                                         |
| DHIVY ORAL TABLET 25-100 MG (carbidopa-levodopa)                                                                             | Tier 4 | MO                                                                                                                                                        |
| DUOPA J-TUBE INTESTINAL PUMP<br>SUSPENSION 4.63-20 MG/ML                                                                     | Tier 5 | PA; MO                                                                                                                                                    |
| <i>entacapone oral tablet 200 mg</i>                                                                                         | Tier 2 | MO                                                                                                                                                        |
| GOCOVRI ORAL<br>CAPSULE,EXTENDED RELEASE 24HR<br>137 MG, 68.5 MG                                                             | Tier 5 | PA; MO                                                                                                                                                    |
| INBRIJA INHALATION CAPSULE,<br>W/INHALATION DEVICE 42 MG                                                                     | Tier 5 | PA; MO                                                                                                                                                    |
| MIRAPEX ER ORAL TABLET (pramipexole)<br>EXTENDED RELEASE 24 HR 1.5 MG,<br>2.25 MG, 3 MG, 3.75 MG                             | Tier 4 | MO; ST: Must meet any of the following requirements:<br>Immediate-release<br>Pramipexole or immediate-release Ropinirole in 120 days; QL (1 EA per 1 day) |
| 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 | MO; ST: Must meet any of the following requirements:<br>Pramipexole IR or<br>Ropinirole IR in 120 days; QL (1 EA per 1 day)                               |
| NOURIANZ ORAL TABLET 20 MG, 40<br>MG                                                                                         | Tier 5 | PA; MO                                                                                                                                                    |
| ONAPGO SUBCUTANEOUS<br>CARTRIDGE 4.9 MG/ ML                                                                                  | Tier 5 | PA; MO                                                                                                                                                    |
| ONGENTYS ORAL CAPSULE 25 MG,<br>50 MG                                                                                        | Tier 4 | PA; MO                                                                                                                                                    |
| OSMOLEX ER ORAL TABLET, IR - ER,<br>BIPHASIC 24HR 129 MG, 193 MG, 258<br>MG, 322 MG/DAY(129 MG X1-193MG<br>X1)               | Tier 4 | PA; MO                                                                                                                                                    |

| Drug                                                                                              | Status | Notes                                                                                                                                               |
|---------------------------------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>                   | Tier 2 | MO                                                                                                                                                  |
| <i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 4.5 mg</i>                   | Tier 2 | MO; ST: Must meet any of the following requirements: Immediate-release Pramipexole or immediate-release Ropinirole in 120 days; QL (1 EA per 1 day) |
| <i>pramipexole oral tablet extended release 24 hr 1.5 mg, 2.25 mg, 3 mg, 3.75 mg</i> (Mirapex ER) | Tier 2 | MO; ST: Must meet any of the following requirements: Immediate-release Pramipexole or immediate-release Ropinirole in 120 days; QL (1 EA per 1 day) |
| <i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)                                              | Tier 2 | MO; QL (1 EA per 1 day)                                                                                                                             |
| <i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>                       | Tier 2 | MO                                                                                                                                                  |
| <i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>                | Tier 2 | MO; ST: Must meet any of the following requirements: Immediate-release Pramipexole or immediate-release Ropinirole 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 | MO; ST: Must meet the following requirement: generic Carbidopa/Levodopa ER in 120 days; QL (10 EA per 1 day)                                        |
| <i>selegiline hcl oral capsule 5 mg</i>                                                           | Tier 2 | MO                                                                                                                                                  |
| <i>selegiline hcl oral tablet 5 mg</i>                                                            | Tier 2 | MO                                                                                                                                                  |
| SINEMET ORAL TABLET 10-100 MG, 25-100 MG (carbidopa-levodopa)                                     | Tier 4 | MO                                                                                                                                                  |
| TASMAR ORAL TABLET 100 MG (tolcapone)                                                             | Tier 4 | MO; ST: Must meet the following requirement: Entacapone in 120 days; QL (3 EA per 1 day)                                                            |
| <i>tolcapone oral tablet 100 mg</i> (Tasmar)                                                      | Tier 2 | MO; ST: Must meet the following requirement: Entacapone in 120 days; QL (3 EA per 1 day)                                                            |
| VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML                                        | Tier 5 | PA; MO                                                                                                                                              |

| Drug                                                                                                                                     | Status | Notes                                                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| XADAGO ORAL TABLET 100 MG, 50 MG                                                                                                         | Tier 4 | MO; ST: Must meet the following requirements: 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 | MO; ST: Must meet the following requirement: 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 | MO                                                                                                                                                    |
| LODOSYN ORAL TABLET 25 MG (carbidopa)                                                                                                    | Tier 4 | MO                                                                                                                                                    |
| <b>Seizure Disorder</b>                                                                                                                  |        |                                                                                                                                                       |
| <b>Anticonvulsant - Benzodiazepine Type</b>                                                                                              |        |                                                                                                                                                       |
| <i>clobazam oral suspension 2.5 mg/ml</i> (Onfi)                                                                                         | Tier 2 | MO; QL (480 ML per 30 days)                                                                                                                           |
| <i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)                                                                                          | Tier 2 | MO; QL (2 EA per 1 day)                                                                                                                               |
| <i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Klonopin)                                                                              | Tier 2 | MO                                                                                                                                                    |
| <i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>                                                       | Tier 2 | MO                                                                                                                                                    |
| <i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>                                                                       | Tier 2 |                                                                                                                                                       |
| KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG (clonazepam)                                                                                     | Tier 4 | MO                                                                                                                                                    |
| 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)                                                                                                                                |
| ONFI ORAL SUSPENSION 2.5 MG/ML (clobazam)                                                                                                | Tier 4 | MO; QL (480 ML per 30 days)                                                                                                                           |
| ONFI ORAL TABLET 10 MG, 20 MG (clobazam)                                                                                                 | Tier 4 | MO; QL (2 EA per 1 day)                                                                                                                               |
| SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG                                                                                                    | Tier 4 | PA; MO                                                                                                                                                |
| 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)                                                                                                                                |

| Drug                                                                                  | Status | Notes                                                                                                                                                                                                            |
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| <b>Anticonvulsant - Cannabinoid Type</b>                                              |        |                                                                                                                                                                                                                  |
| EPIDIOLEX ORAL SOLUTION 100 MG/ML                                                     | Tier 4 | MO; ST: Must meet any of the following generic anticonvulsants requirements: Clobazam, Lamotrigine, Levetiracetam, Topiramate, Vigabatrin, Carbamazepine, Oxcarbazepine or Valproic Acid Derivatives in 365 days |
| <b>Anticonvulsants</b>                                                                |        |                                                                                                                                                                                                                  |
| APTOM ORAL TABLET 200 MG, 400 MG (eslicarbazepine)                                    | Tier 4 | MO; QL (1 EA per 1 day)                                                                                                                                                                                          |
| APTOM ORAL TABLET 600 MG, 800 MG (eslicarbazepine)                                    | Tier 4 | MO; QL (2 EA per 1 day)                                                                                                                                                                                          |
| BANZEL ORAL SUSPENSION 40 MG/ML (rufinamide)                                          | Tier 4 | MO; ST: Must meet any of the following requirements: Valproic Acid, Divalproex, Clobazam in 120 Days; QL (80 ML per 1 day)                                                                                       |
| BANZEL ORAL TABLET 200 MG (rufinamide)                                                | Tier 4 | MO; ST: Must meet any of the following requirements: Valproic Acid, Divalproex, Clobazam in 120 Days; QL (16 EA per 1 day)                                                                                       |
| BANZEL ORAL TABLET 400 MG (rufinamide)                                                | Tier 4 | MO; ST: Must meet any of the following requirements: Valproic Acid, Divalproex, Clobazam in 120 Days; QL (8 EA per 1 day)                                                                                        |
| BRIVIACT ORAL SOLUTION 10 MG/ML                                                       | Tier 3 | MO; QL (600 ML per 30 days)                                                                                                                                                                                      |
| BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG                               | Tier 3 | MO; QL (2 EA per 1 day)                                                                                                                                                                                          |
| carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg (Carbatrol)    | Tier 2 | MO                                                                                                                                                                                                               |
| carbamazepine oral suspension 100 mg/5 ml (Tegretol)                                  | Tier 2 | MO                                                                                                                                                                                                               |
| carbamazepine oral tablet 200 mg (Tegretol)                                           | Tier 2 | MO                                                                                                                                                                                                               |
| carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg (Tegretol XR) | Tier 2 | MO                                                                                                                                                                                                               |
| carbamazepine oral tablet, chewable 100 mg, 200 mg                                    | Tier 2 | MO                                                                                                                                                                                                               |

| Drug                                                                                         | Status | Notes                                                                                                                                  |
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| CARBATROL ORAL CAPSULE, ER<br>MULTIPHASE 12 HR 100 MG, 200 MG,<br>300 MG (carbamazepine)     | Tier 4 | MO                                                                                                                                     |
| CELONTIN ORAL CAPSULE 300 MG (methsuximide)                                                  | Tier 4 | MO                                                                                                                                     |
| DEPAKOTE ER ORAL TABLET<br>EXTENDED RELEASE 24 HR 250 MG,<br>500 MG (divalproex)             | Tier 4 | MO                                                                                                                                     |
| DEPAKOTE ORAL TABLET, DELAYED<br>RELEASE (DR/EC) 125 MG, 250 MG,<br>500 MG (divalproex)      | Tier 4 | MO                                                                                                                                     |
| DEPAKOTE SPRINKLES ORAL<br>CAPSULE, DELAYED REL SPRINKLE<br>125 MG (divalproex)              | Tier 4 | MO                                                                                                                                     |
| DIACOMIT ORAL CAPSULE 250 MG,<br>500 MG                                                      | Tier 5 | PA; MO                                                                                                                                 |
| DIACOMIT ORAL POWDER IN<br>PACKET 250 MG, 500 MG                                             | Tier 5 | PA; MO                                                                                                                                 |
| DILANTIN EXTENDED ORAL<br>CAPSULE 100 MG (phenytoin sodium<br>extended)                      | Tier 4 | MO                                                                                                                                     |
| DILANTIN INFATABS ORAL<br>TABLET, CHEWABLE 50 MG (phenytoin)                                 | Tier 4 | MO                                                                                                                                     |
| DILANTIN ORAL CAPSULE 30 MG                                                                  | Tier 4 | MO                                                                                                                                     |
| DILANTIN-125 ORAL SUSPENSION<br>125 MG/5 ML (phenytoin)                                      | Tier 4 | MO                                                                                                                                     |
| <i>divalproex oral capsule, delayed rel<br/>sprinkle 125 mg</i> (Depakote Sprinkles)         | Tier 2 | MO                                                                                                                                     |
| <i>divalproex oral tablet extended release<br/>24 hr 250 mg, 500 mg</i> (Depakote ER)        | Tier 2 | MO                                                                                                                                     |
| <i>divalproex oral tablet, delayed release<br/>(dr/ec) 125 mg, 250 mg, 500 mg</i> (Depakote) | Tier 2 | MO                                                                                                                                     |
| ELEPSIA XR ORAL TABLET<br>EXTENDED RELEASE 24 HR 1,000 MG                                    | Tier 4 | MO; ST: Must meet the<br>following requirement:<br>generic Levetiracetam ER<br>in 120 days; QL (3 EA per<br>1 day); Age (Min 12 Years) |
| ELEPSIA XR ORAL TABLET<br>EXTENDED RELEASE 24 HR 1,500 MG                                    | Tier 4 | MO; ST: Must meet the<br>following requirement:<br>generic Levetiracetam ER<br>in 120 days; QL (2 EA per<br>1 day); Age (Min 12 Years) |
| EPITOL ORAL TABLET 200 MG (carbamazepine)                                                    | Tier 2 | MO                                                                                                                                     |
| EPRONTIA ORAL SOLUTION 25<br>MG/ML (topiramate)                                              | Tier 4 | PA; MO                                                                                                                                 |
| <i>eslicarbazepine oral tablet 200 mg, 400<br/>mg</i> (Aptiom)                               | Tier 2 | MO; QL (1 EA per 1 day)                                                                                                                |



| Drug                                                                                                   | Status | Notes                       |
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| <i>eslicarbazepine oral tablet 600 mg, 800 mg</i> (Aptiom)                                             | Tier 2 | MO; QL (2 EA per 1 day)     |
| <i>ethosuximide oral capsule 250 mg</i> (Zarontin)                                                     | Tier 2 | MO                          |
| <i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)                                               | Tier 2 | MO                          |
| <i>felbamate oral suspension 600 mg/5 ml</i>                                                           | Tier 2 | MO                          |
| <i>felbamate oral tablet 400 mg, 600 mg</i> (Felbatol)                                                 | Tier 2 | MO                          |
| FELBATOL ORAL TABLET 400 MG, 600 MG (felbamate)                                                        | Tier 4 | MO                          |
| FINTEPLA ORAL SOLUTION 2.2 MG/ML                                                                       | Tier 5 | PA; MO                      |
| FYCOMPA ORAL SUSPENSION 0.5 MG/ML                                                                      | Tier 3 | MO; QL (680 ML per 28 days) |
| FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG (perampanel)                                                    | Tier 4 | MO; QL (30 EA per 30 days)  |
| FYCOMPA ORAL TABLET 2 MG (perampanel)                                                                  | Tier 4 | MO; QL (120 EA per 30 days) |
| FYCOMPA ORAL TABLET 4 MG, 6 MG (perampanel)                                                            | Tier 4 | MO; QL (60 EA per 30 days)  |
| <i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i> (Neurontin)                                      | Tier 2 | MO                          |
| <i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)                                                | Tier 2 | MO                          |
| <i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>                                 | Tier 2 | MO                          |
| <i>gabapentin oral tablet 600 mg, 800 mg</i> (Neurontin)                                               | Tier 2 | MO                          |
| GABARONE ORAL TABLET 100 MG, 400 MG (gabapentin)                                                       | Tier 2 | MO                          |
| KEPPRA ORAL SOLUTION 100 MG/ML (levetiracetam)                                                         | Tier 4 | MO                          |
| KEPPRA ORAL TABLET 1,000 MG, 250 MG, 500 MG, 750 MG (levetiracetam)                                    | Tier 4 | MO                          |
| KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG (levetiracetam)                            | Tier 4 | MO                          |
| <i>lacosamide oral solution 10 mg/ml</i> (Vimpat)                                                      | Tier 2 | MO                          |
| <i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Vimpat)                                   | Tier 2 | MO                          |
| LAMICTAL ODT ORAL TABLET, DISINTEGRATING 100 MG, 200 MG, 25 MG, 50 MG (lamotrigine)                    | Tier 4 | MO                          |
| LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG (21) -50 MG (7) (lamotrigine)    | Tier 4 |                             |
| LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK 50 MG (42) -100 MG (14) (lamotrigine) | Tier 4 |                             |

| Drug                                                                                                                              | Status | Notes |
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| LAMICTAL ODT STARTER (ORANGE) (lamotrigine)<br>ORAL TABLET DISINTEGRATING,<br>DOSE PK 25 MG(14)-50 MG (14)-100<br>MG (7)          | Tier 4 |       |
| LAMICTAL ORAL TABLET 100 MG, 150<br>MG, 200 MG, 25 MG (lamotrigine)                                                               | Tier 4 | MO    |
| LAMICTAL ORAL TABLET, CHEWABLE (lamotrigine)<br>DISPERSIBLE 25 MG, 5 MG                                                           | Tier 4 | MO    |
| LAMICTAL STARTER (BLUE) KIT (lamotrigine)<br>ORAL TABLETS,DOSE PACK 25 MG<br>(35)                                                 | Tier 4 |       |
| LAMICTAL STARTER (GREEN) KIT (lamotrigine)<br>ORAL TABLETS,DOSE PACK 25 MG<br>(84) -100 MG (14)                                   | Tier 4 |       |
| LAMICTAL STARTER (ORANGE) KIT (lamotrigine)<br>ORAL TABLETS,DOSE PACK 25 MG<br>(42) -100 MG (7)                                   | Tier 4 |       |
| LAMICTAL XR ORAL TABLET (lamotrigine)<br>EXTENDED RELEASE 24HR 100 MG,<br>200 MG, 25 MG, 250 MG, 300 MG, 50<br>MG                 | Tier 4 | MO    |
| LAMICTAL XR STARTER (BLUE) ORAL<br>TABLET EXTENDED REL,DOSE PACK<br>25 MG (21) -50 MG (7)                                         | Tier 4 |       |
| 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> (Lamictal)                                                       | Tier 2 | MO    |
| <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 | MO    |
| <i>lamotrigine oral tablet, chewable<br/>dispersible 25 mg, 5 mg</i> (Lamictal)                                                   | Tier 2 | MO    |

| Drug                                                                                              | Status | Notes                                                                                                                                                                                                                |
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| <i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i> (Lamictal ODT)        | Tier 2 | MO                                                                                                                                                                                                                   |
| <i>lamotrigine oral tablets, dose pack 25 mg (35)</i> (Lamictal Starter (Blue) Kit)               | Tier 2 |                                                                                                                                                                                                                      |
| <i>lamotrigine oral tablets, dose pack 25 mg (42) -100 mg (7)</i> (Lamictal Starter (Orange) Kit) | Tier 2 |                                                                                                                                                                                                                      |
| <i>lamotrigine oral tablets, dose pack 25 mg (84) -100 mg (14)</i> (Lamictal Starter (Green) Kit) | Tier 2 |                                                                                                                                                                                                                      |
| <i>levetiracetam oral solution 100 mg/ml</i> (Keppra)                                             | Tier 2 | MO                                                                                                                                                                                                                   |
| <i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> (Keppra)                        | Tier 2 | MO                                                                                                                                                                                                                   |
| <i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> (Keppra XR)                | Tier 2 | MO                                                                                                                                                                                                                   |
| LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG (pregabalin)      | Tier 4 | MO                                                                                                                                                                                                                   |
| LYRICA ORAL SOLUTION 20 MG/ML (pregabalin)                                                        | Tier 4 | MO                                                                                                                                                                                                                   |
| <i>methsuximide oral capsule 300 mg</i> (Celontin)                                                | Tier 2 | MO                                                                                                                                                                                                                   |
| MOTPOLY XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG                             | Tier 4 | PA; MO                                                                                                                                                                                                               |
| MYSOLINE ORAL TABLET 250 MG, 50 MG (primidone)                                                    | Tier 4 | MO                                                                                                                                                                                                                   |
| NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG (gabapentin)                                        | Tier 4 | MO                                                                                                                                                                                                                   |
| NEURONTIN ORAL SOLUTION 250 MG/5 ML (gabapentin)                                                  | Tier 4 | MO                                                                                                                                                                                                                   |
| NEURONTIN ORAL TABLET 600 MG, 800 MG (gabapentin)                                                 | Tier 4 | MO                                                                                                                                                                                                                   |
| <i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> (Trileptal)                           | Tier 2 | MO                                                                                                                                                                                                                   |
| <i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal)                               | Tier 2 | MO                                                                                                                                                                                                                   |
| <i>oxcarbazepine oral tablet extended release 24 hr 150 mg, 300 mg</i> (Oxtellar XR)              | Tier 2 | MO; ST: Must meet 2 of the following requirements: Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam IR/ER, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide in 365 days; QL (3 EA per 1 day) |

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

| Drug                                                          |                 | Status | Notes                                                                                                                                     |
|---------------------------------------------------------------|-----------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------|
| QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG                | (topiramate)    | Tier 4 | MO; ST: Must meet the following requirement: Topiramate immediate-release (tablets, sprinkles, capsules) in 120 days; QL (3 EA per 1 day) |
| QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 150 MG, 200 MG        | (topiramate)    | Tier 4 | MO; ST: Must meet the following requirement: Topiramate immediate-release (tablets, sprinkles, capsules) in 120 days; QL (2 EA per 1 day) |
| QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 25 MG                 | (topiramate)    | Tier 4 | MO; ST: Must meet the following requirement: Topiramate immediate-release (tablets, sprinkles, capsules) in 120 days; QL (1 EA per 1 day) |
| QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 50 MG                 | (topiramate)    | Tier 4 | MO; ST: Must meet the following requirement: Topiramate immediate-release (tablets, sprinkles, capsules) in 120 days; QL (7 EA per 1 day) |
| ROWEEPRA ORAL TABLET 500 MG                                   | (levetiracetam) | Tier 4 | MO                                                                                                                                        |
| ROWEEPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG | (levetiracetam) | Tier 4 | MO                                                                                                                                        |
| <i>rufinamide oral suspension 40 mg/ml</i>                    | (Banzel)        | Tier 2 | MO; ST: Must meet any of the following requirements: Valproic Acid, Divalproex, Clobazam in 120 Days; QL (80 ML per 1 day)                |
| <i>rufinamide oral tablet 200 mg</i>                          | (Banzel)        | Tier 2 | MO; ST: Must meet any of the following requirements: Valproic Acid, Divalproex, Clobazam in 120 Days; QL (16 EA per 1 day)                |
| <i>rufinamide oral tablet 400 mg</i>                          | (Banzel)        | Tier 2 | MO; ST: Must meet any of the following requirements: Valproic Acid, Divalproex, Clobazam in 120 Days; QL (8 EA per 1 day)                 |
| SABRIL ORAL POWDER IN PACKET 500 MG                           | (vigabatrin)    | Tier 5 | PA; MO                                                                                                                                    |
| SABRIL ORAL TABLET 500 MG                                     | (vigabatrin)    | Tier 5 | PA; MO                                                                                                                                    |

| Drug                                                                                             | Status | Notes                                                                                                                                                                                                                                     |
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| SPRITAM ORAL TABLET FOR<br>SUSPENSION 1,000 MG, 500 MG, 750<br>MG                                | Tier 4 | PA; MO                                                                                                                                                                                                                                    |
| SPRITAM ORAL TABLET FOR<br>SUSPENSION 250 MG (levetiracetam)                                     | Tier 4 | PA; MO                                                                                                                                                                                                                                    |
| SUBVENITE ORAL TABLET 100 MG,<br>150 MG, 200 MG, 25 MG (lamotrigine)                             | Tier 4 | MO                                                                                                                                                                                                                                        |
| SUBVENITE STARTER (BLUE) KIT<br>ORAL TABLETS,DOSE PACK 25 MG<br>(35) (lamotrigine)               | Tier 4 |                                                                                                                                                                                                                                           |
| SUBVENITE STARTER (GREEN) KIT<br>ORAL TABLETS,DOSE PACK 25 MG<br>(84) -100 MG (14) (lamotrigine) | Tier 4 |                                                                                                                                                                                                                                           |
| SUBVENITE STARTER (ORANGE) KIT<br>ORAL TABLETS,DOSE PACK 25 MG<br>(42) -100 MG (7) (lamotrigine) | Tier 4 |                                                                                                                                                                                                                                           |
| TEGRETOL ORAL SUSPENSION 100<br>MG/5 ML (carbamazepine)                                          | Tier 4 | MO                                                                                                                                                                                                                                        |
| TEGRETOL ORAL TABLET 200 MG (carbamazepine)                                                      | Tier 4 | MO                                                                                                                                                                                                                                        |
| TEGRETOL XR ORAL TABLET<br>EXTENDED RELEASE 12 HR 100 MG,<br>200 MG, 400 MG (carbamazepine)      | Tier 4 | MO                                                                                                                                                                                                                                        |
| <i>tiagabine oral tablet 12 mg, 2 mg, 4 mg</i>                                                   | Tier 2 | MO; ST: Must meet 2 of the following requirements:<br>Carbamazepine,<br>Divalproex, Gabapentin,<br>Lamotrigine, Levetiracetam<br>IR/ER, Oxcarbazepine,<br>Topiramate, Valproic Acid,<br>or Zonisamide in 365 days;<br>QL (4 EA per 1 day) |
| <i>tiagabine oral tablet 16 mg</i>                                                               | Tier 2 | MO; ST: Must meet 2 of the following requirements:<br>Carbamazepine,<br>Divalproex, Gabapentin,<br>Lamotrigine, Levetiracetam<br>IR/ER, Oxcarbazepine,<br>Topiramate, Valproic Acid,<br>or Zonisamide in 365 days;<br>QL (3 EA per 1 day) |
| TOPAMAX ORAL CAPSULE,<br>SPRINKLE 15 MG, 25 MG (topiramate)                                      | Tier 4 | MO                                                                                                                                                                                                                                        |
| TOPAMAX ORAL TABLET 100 MG, 200<br>MG, 25 MG, 50 MG (topiramate)                                 | Tier 4 | MO                                                                                                                                                                                                                                        |
| <i>topiramate oral capsule, sprinkle 15 mg,<br/>25 mg (Topamax)</i>                              | Tier 2 | MO                                                                                                                                                                                                                                        |
| <i>topiramate oral capsule, sprinkle 50 mg</i>                                                   | Tier 2 | MO                                                                                                                                                                                                                                        |

| Drug                                                           |                 | Status | Notes                                                                                                                                     |
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| <i>topiramate oral capsule,extended release 24hr 100 mg</i>    | (Trokendi XR)   | Tier 2 | MO; QL (3 EA per 1 day)                                                                                                                   |
| <i>topiramate oral capsule,extended release 24hr 200 mg</i>    | (Trokendi XR)   | Tier 2 | MO; QL (2 EA per 1 day)                                                                                                                   |
| <i>topiramate oral capsule,extended release 24hr 25 mg</i>     | (Trokendi XR)   | Tier 2 | MO; QL (8 EA per 1 day)                                                                                                                   |
| <i>topiramate oral capsule,extended release 24hr 50 mg</i>     | (Trokendi XR)   | Tier 2 | MO; QL (7 EA per 1 day)                                                                                                                   |
| <i>topiramate oral capsule,sprinkle,er 24hr 100 mg</i>         |                 | Tier 2 | MO; ST: Must meet the following requirement: Topiramate immediate-release (tablets, sprinkles, capsules) in 120 days; QL (3 EA per 1 day) |
| <i>topiramate oral capsule,sprinkle,er 24hr 150 mg, 200 mg</i> |                 | Tier 2 | MO; ST: Must meet the following requirement: Topiramate immediate-release (tablets, sprinkles, capsules) in 120 days; QL (2 EA per 1 day) |
| <i>topiramate oral capsule,sprinkle,er 24hr 25 mg</i>          |                 | Tier 2 | MO; ST: Must meet the following requirement: Topiramate immediate-release (tablets, sprinkles, capsules) in 120 days; QL (1 EA per 1 day) |
| <i>topiramate oral capsule,sprinkle,er 24hr 50 mg</i>          |                 | Tier 2 | MO; ST: Must meet the following requirement: Topiramate immediate-release (tablets, sprinkles, capsules) in 120 days; QL (7 EA per 1 day) |
| <i>topiramate oral solution 25 mg/ml</i>                       | (Eprontia)      | Tier 2 | PA; MO                                                                                                                                    |
| <i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>     | (Topamax)       | Tier 2 | MO                                                                                                                                        |
| TRILEPTAL ORAL SUSPENSION 300 MG/5 ML (60 MG/ML)               | (oxcarbazepine) | Tier 4 | MO                                                                                                                                        |
| TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG                   | (oxcarbazepine) | Tier 4 | MO                                                                                                                                        |
| TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG          | (topiramate)    | Tier 4 | MO; QL (3 EA per 1 day)                                                                                                                   |
| TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG          | (topiramate)    | Tier 4 | MO; QL (2 EA per 1 day)                                                                                                                   |
| TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 25 MG           | (topiramate)    | Tier 4 | MO; QL (8 EA per 1 day)                                                                                                                   |

| Drug                                                                                                                              | Status | Notes                   |
|-----------------------------------------------------------------------------------------------------------------------------------|--------|-------------------------|
| TROKENDI XR ORAL (topiramate)<br>CAPSULE,EXTENDED RELEASE 24HR<br>50 MG                                                           | Tier 4 | MO; QL (7 EA per 1 day) |
| <i>valproic acid (as sodium salt) oral<br/>solution 250 mg/5 ml</i>                                                               | Tier 2 | MO                      |
| <i>valproic acid oral capsule 250 mg</i>                                                                                          | Tier 2 | MO                      |
| <i>vigabatrin oral powder in packet 500 mg</i> (Vigadrone)                                                                        | Tier 4 | PA; MO                  |
| <i>vigabatrin oral tablet 500 mg</i> (Vigadrone)                                                                                  | Tier 4 | PA; MO                  |
| VIGADRONE ORAL POWDER IN (vigabatrin)<br>PACKET 500 MG                                                                            | Tier 4 | PA; MO                  |
| VIGADRONE ORAL TABLET 500 MG (vigabatrin)                                                                                         | Tier 4 | PA; MO                  |
| VIGAFYDE ORAL SOLUTION 100<br>MG/ML                                                                                               | Tier 5 | PA                      |
| VIGPODER ORAL POWDER IN (vigabatrin)<br>PACKET 500 MG                                                                             | Tier 4 | PA; MO                  |
| VIMPAT ORAL SOLUTION 10 MG/ML (lacosamide)                                                                                        | Tier 4 | MO                      |
| VIMPAT ORAL TABLET 100 MG, 150 (lacosamide)<br>MG, 200 MG, 50 MG                                                                  | Tier 4 | MO                      |
| XCOPRI MAINTENANCE PACK ORAL<br>TABLET 250MG/DAY(150 MG X1-<br>100MG X1)                                                          | Tier 3 | MO; QL (1 EA per 1 day) |
| XCOPRI MAINTENANCE PACK ORAL<br>TABLET 350 MG/DAY (200 MG X1-<br>150MG X1)                                                        | Tier 3 | MO; QL (2 EA per 1 day) |
| XCOPRI ORAL TABLET 100 MG, 150<br>MG, 25 MG, 50 MG                                                                                | Tier 3 | MO; QL (1 EA per 1 day) |
| XCOPRI ORAL TABLET 200 MG                                                                                                         | Tier 3 | MO; QL (2 EA per 1 day) |
| XCOPRI TITRATION PACK ORAL<br>TABLETS,DOSE PACK 12.5 MG (14)-<br>25 MG (14), 150 MG (14)- 200 MG (14),<br>50 MG (14)- 100 MG (14) | Tier 3 | QL (1 EA per 1 day)     |
| ZARONTIN ORAL CAPSULE 250 MG (ethosuximide)                                                                                       | Tier 4 | MO                      |
| ZARONTIN ORAL SOLUTION 250 MG/5 (ethosuximide)<br>ML                                                                              | Tier 4 | MO                      |
| ZONEGRAN ORAL CAPSULE 100 MG, (zonisamide)<br>25 MG                                                                               | Tier 4 | MO                      |
| ZONISADE ORAL SUSPENSION 100<br>MG/5 ML                                                                                           | Tier 4 | PA; MO                  |
| <i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)                                                                           | Tier 2 | MO                      |
| <i>zonisamide oral capsule 50 mg</i>                                                                                              | Tier 2 | MO                      |
| <b>Neuroactive Steroid Gaba-A Receptor<br/>Modulator</b>                                                                          |        |                         |
| ZTALMY ORAL SUSPENSION 50<br>MG/ML                                                                                                | Tier 5 | PA; MO                  |



| Drug                                                                    |                    | Status | Notes                                                                                         |
|-------------------------------------------------------------------------|--------------------|--------|-----------------------------------------------------------------------------------------------|
| <b>Skeletal Muscle Disorder</b>                                         |                    |        |                                                                                               |
| <b>Agents To Tx Periodic Paralysis - Carbon Anhyd Inh</b>               |                    |        |                                                                                               |
| <i>dichlorphenamide oral tablet 50 mg</i>                               | (Keveyis)          | Tier 4 | PA; MO                                                                                        |
| KEVEYIS ORAL TABLET 50 MG                                               | (dichlorphenamide) | Tier 4 | PA; MO                                                                                        |
| ORMALVI ORAL TABLET 50 MG                                               | (dichlorphenamide) | Tier 4 | PA; MO                                                                                        |
| <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; MO                                                                                        |
| <b>Skeletal Muscle Relax.&amp; Top.Irritant Counter-Irritant</b>        |                    |        |                                                                                               |
| CYCLOPAK KIT 5 MG-2.5 %- 2.5 %                                          |                    | Tier 4 |                                                                                               |
| <b>Skeletal Muscle Relaxants</b>                                        |                    |        |                                                                                               |
| <i>baclofen oral solution 10 mg/5 ml (2 mg/ml)</i>                      | (Ozobax DS)        | Tier 2 | PA; MO                                                                                        |
| <i>baclofen oral solution 5 mg/5 ml</i>                                 | (Ozobax)           | Tier 2 | PA; MO                                                                                        |
| <i>baclofen oral suspension 25 mg/5 ml (5 mg/ml)</i>                    | (Fleqsuvy)         | Tier 2 | PA; MO                                                                                        |
| <i>baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg</i>                   |                    | Tier 2 | MO                                                                                            |
| <i>carisoprodol oral tablet 250 mg, 350 mg</i>                          | (Soma)             | Tier 2 |                                                                                               |
| <i>carisoprodol-aspirin oral tablet 200-325 mg</i>                      |                    | Tier 2 |                                                                                               |
| <i>chlorzoxazone oral tablet 250 mg</i>                                 |                    | Tier 2 | ST: Must meet the following requirement: Chlorzoxazone 500mg in 120 days; QL (4 EA per 1 day) |
| <i>chlorzoxazone oral tablet 375 mg, 750 mg</i>                         | (Lorzone)          | Tier 2 | ST: Must meet the following requirement: Chlorzoxazone 500mg in 120 days; QL (4 EA per 1 day) |
| <i>chlorzoxazone oral tablet 500 mg</i>                                 |                    | Tier 2 |                                                                                               |
| <i>cyclobenzaprine oral capsule, extended release 24hr 15 mg, 30 mg</i> | (Amrix)            | Tier 2 | QL (1 EA per 1 day)                                                                           |
| <i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>                          |                    | Tier 2 |                                                                                               |
| <i>cyclobenzaprine oral tablet 7.5 mg</i>                               | (Fexmid)           | Tier 2 |                                                                                               |
| CYCLOTENS REFILL COMBO PACK 10 MG                                       |                    | Tier 4 |                                                                                               |
| CYCLOTENS STARTER COMBO PACK 10 MG                                      |                    | Tier 4 |                                                                                               |
| DANTRIUM ORAL CAPSULE 25 MG                                             | (dantrolene)       | Tier 4 | MO                                                                                            |
| <i>dantrolene oral capsule 100 mg, 50 mg</i>                            |                    | Tier 2 | MO                                                                                            |
| <i>dantrolene oral capsule 25 mg</i>                                    | (Dantrium)         | Tier 2 | MO                                                                                            |

| Drug                                                                                         | Status | Notes               |
|----------------------------------------------------------------------------------------------|--------|---------------------|
| FEXMID ORAL TABLET 7.5 MG (cyclobenzaprine)                                                  | Tier 4 |                     |
| FLEQSUVY ORAL SUSPENSION 25 MG/5 ML (5 MG/ML) (baclofen)                                     | Tier 4 | PA; MO              |
| LYVISPAH ORAL GRANULES IN PACKET 10 MG, 20 MG, 5 MG                                          | Tier 4 | PA; MO              |
| <i>metaxalone oral tablet 400 mg, 640 mg, 800 mg</i>                                         | Tier 2 |                     |
| <i>methocarbamol oral tablet 1,000 mg</i> (Tanlor)                                           | Tier 2 |                     |
| <i>methocarbamol oral tablet 500 mg, 750 mg</i>                                              | Tier 2 |                     |
| NORGESIC FORTE ORAL TABLET 50-770-60 MG (orphenadrine-asa-caffeine)                          | Tier 4 | QL (4 EA per 1 day) |
| <i>orphenadrine citrate oral tablet extended release 100 mg</i>                              | Tier 2 |                     |
| <i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i> (Norgesic)                         | Tier 2 | QL (8 EA per 1 day) |
| ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG (orphenadrine-asa-caffeine)                       | Tier 2 | QL (4 EA per 1 day) |
| OZOBAX ORAL SOLUTION 5 MG/5 ML (baclofen)                                                    | Tier 4 | PA; MO              |
| SOMA ORAL TABLET 250 MG, 350 MG (carisoprodol)                                               | Tier 4 |                     |
| TANLOR ORAL TABLET 1,000 MG (methocarbamol)                                                  | Tier 2 |                     |
| <i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i> (Zanaflex)                                   | Tier 2 | MO                  |
| <i>tizanidine oral tablet 2 mg</i>                                                           | Tier 2 | MO                  |
| <i>tizanidine oral tablet 4 mg</i> (Zanaflex)                                                | Tier 2 | MO                  |
| VANADOM ORAL TABLET 350 MG (carisoprodol)                                                    | Tier 4 |                     |
| ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG (tizanidine)                                          | Tier 4 | MO                  |
| ZANAFLEX ORAL TABLET 4 MG (tizanidine)                                                       | Tier 4 | MO                  |
| <b>Smoking Cessation</b>                                                                     |        |                     |
| <b>Smoking Deterrent Agents (Ganglionic Stim,Others)</b>                                     |        |                     |
| <i>nicotine (polacrilex) buccal gum 2 mg</i> (Quit 2)                                        | Tier 1 |                     |
| <i>nicotine (polacrilex) buccal gum 4 mg</i> (Quit 4)                                        | Tier 1 |                     |
| <i>nicotine (polacrilex) buccal lozenge 2 mg</i> (Quit 2)                                    | Tier 1 |                     |
| <i>nicotine (polacrilex) buccal lozenge 4 mg</i> (Quit 4)                                    | Tier 1 |                     |
| <i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i> (Nicorette)                      | Tier 1 |                     |
| <i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i> (Nicoderm CQ) | Tier 1 |                     |
| <i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>                     | Tier 1 |                     |
| NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML                                                 | Tier 1 |                     |
| QUIT 2 BUCCAL GUM 2 MG (nicotine (polacrilex))                                               | Tier 1 |                     |

| Drug                                                                                                                                                                                                               | Status | Notes                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------|
| QUIT 2 BUCCAL LOZENGE 2 MG (nicotine (polacrilex))                                                                                                                                                                 | Tier 1 |                                                                                  |
| QUIT 4 BUCCAL GUM 4 MG (nicotine (polacrilex))                                                                                                                                                                     | Tier 1 |                                                                                  |
| QUIT 4 BUCCAL LOZENGE 4 MG (nicotine (polacrilex))                                                                                                                                                                 | Tier 1 |                                                                                  |
| STOP SMOKING AID BUCCAL LOZENGE 2 MG, 4 MG (nicotine (polacrilex))                                                                                                                                                 | Tier 1 |                                                                                  |
| <b>Smoking Deterrent-Nicotinic Recept.Partial Agonist</b>                                                                                                                                                          |        |                                                                                  |
| <i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i> (Chantix)                                                                                                                                                     | Tier 1 |                                                                                  |
| <i>varenicline tartrate oral tablets,dose pack 0.5 mg (11)- 1 mg (42)</i> (Chantix Starting Month Box)                                                                                                             | Tier 1 |                                                                                  |
| <b>Smoking Deterrents, Other</b>                                                                                                                                                                                   |        |                                                                                  |
| <i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>                                                                                                                                     | Tier 1 |                                                                                  |
| <b>Upper Gastrointestinal Disorders - Digestive</b>                                                                                                                                                                |        |                                                                                  |
| <b>Gastric Enzymes</b>                                                                                                                                                                                             |        |                                                                                  |
| SUCRAID ORAL SOLUTION 8,500 UNIT/ML                                                                                                                                                                                | Tier 5 | PA; MO                                                                           |
| <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 | MO                                                                               |
| 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 | MO                                                                               |
| 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 | MO; 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 | MO; 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 | MO                                                                                                          |
| <b>Upper Gastrointestinal Disorders - Spastic Disease</b>                                                                                                                                                                                                                    |        |                                                                                                             |
| <b>Anticholinergics/Antispasmodics</b>                                                                                                                                                                                                                                       |        |                                                                                                             |
| <i>dicyclomine 10 mg/5 ml soln</i>                                                                                                                                                                                                                                           | Tier 2 | MO                                                                                                          |
| <i>dicyclomine oral capsule 10 mg</i>                                                                                                                                                                                                                                        | Tier 2 | MO                                                                                                          |
| <i>dicyclomine oral tablet 20 mg</i>                                                                                                                                                                                                                                         | Tier 2 | MO                                                                                                          |
| <i>dicyclomine oral tablet 40 mg</i>                                                                                                                                                                                                                                         | Tier 2 | MO; QL (4 EA per 1 day)                                                                                     |
| <b>Belladonna Alkaloids</b>                                                                                                                                                                                                                                                  |        |                                                                                                             |
| ANASPAZ ORAL TABLET,DISINTEGRATING 0.125 MG (hyoscyamine sulfate)                                                                                                                                                                                                            | Tier 4 | MO                                                                                                          |
| DONNATAL ORAL ELIXIR 16.2 MG-0.1037 MG/5 ML (5 ML) (phenobarb-hyoscy-atropine-scop)                                                                                                                                                                                          | Tier 4 | ST: Must meet the following requirements: Dicyclomine and Hyoscyamine in 365 days; QL (1200 ML per 30 days) |
| DONNATAL ORAL TABLET 16.2-0.1037 -0.0194 MG (phenobarb-hyoscy-atropine-scop)                                                                                                                                                                                                 | Tier 4 | ST: Must meet the following requirements: Dicyclomine and Hyoscyamine in 365 days; QL (8 EA per 1 day)      |
| ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG (hyoscyamine sulfate)                                                                                                                                                                                                            | Tier 2 | MO                                                                                                          |
| <i>hyoscyamine sulfate oral drops 0.125 mg/ml</i> (Hyosyne)                                                                                                                                                                                                                  | Tier 2 | MO                                                                                                          |
| <i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i> (Hyosyne)                                                                                                                                                                                                               | Tier 2 | MO                                                                                                          |
| <i>hyoscyamine sulfate oral tablet 0.125 mg</i> (Oscimin)                                                                                                                                                                                                                    | Tier 2 | MO                                                                                                          |
| <i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i> (Levbid)                                                                                                                                                                                              | Tier 2 | MO                                                                                                          |
| <i>hyoscyamine sulfate oral tablet,disintegrating 0.125 mg</i> (Ed-Spaz)                                                                                                                                                                                                     | Tier 2 | MO                                                                                                          |
| <i>hyoscyamine sulfate sublingual tablet 0.125 mg</i> (Oscimin SL)                                                                                                                                                                                                           | Tier 2 | MO                                                                                                          |
| HYOSYNE ORAL DROPS 0.125 MG/ML (hyoscyamine sulfate)                                                                                                                                                                                                                         | Tier 2 | MO                                                                                                          |
| HYOSYNE ORAL ELIXIR 0.125 MG/5 ML (hyoscyamine sulfate)                                                                                                                                                                                                                      | Tier 2 | MO                                                                                                          |
| LEVVID ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG (hyoscyamine sulfate)                                                                                                                                                                                                     | Tier 4 | MO                                                                                                          |

| Drug                                                                          |                                  | Status | Notes                                                                                                       |
|-------------------------------------------------------------------------------|----------------------------------|--------|-------------------------------------------------------------------------------------------------------------|
| LEVSIN ORAL TABLET 0.125 MG                                                   | (hyoscyamine sulfate)            | Tier 4 | MO                                                                                                          |
| LEVSIN/SL SUBLINGUAL TABLET 0.125 MG                                          | (hyoscyamine sulfate)            | Tier 4 | MO                                                                                                          |
| <i>methscopolamine oral tablet 2.5 mg, 5 mg</i>                               |                                  | Tier 2 |                                                                                                             |
| NULEV ORAL TABLET,DISINTEGRATING 0.125 MG                                     | (hyoscyamine sulfate)            | Tier 4 | MO                                                                                                          |
| OSCIMIN ORAL TABLET 0.125 MG                                                  | (hyoscyamine sulfate)            | Tier 2 | MO                                                                                                          |
| OSCIMIN SL SUBLINGUAL TABLET 0.125 MG                                         | (hyoscyamine sulfate)            | Tier 2 | MO                                                                                                          |
| <i>phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 -0.0194 mg/5 ml</i> | (Phenohydro)                     | Tier 4 | ST: Must meet the following requirements: Dicyclomine and Hyoscyamine in 365 days; QL (1200 ML per 30 days) |
| <i>phenobarb-hyoscy-atropine-scop oral tablet 16.2-0.1037 -0.0194 mg</i>      | (Donnatal)                       | Tier 2 | ST: Must meet the following requirements: Dicyclomine and Hyoscyamine in 365 days; QL (8 EA per 1 day)      |
| PHENOHYTRO ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML                            | (phenobarb-hyoscy-atropine-scop) | Tier 4 | ST: Must meet the following requirements: Dicyclomine and Hyoscyamine in 365 days; QL (1200 ML per 30 days) |
| PHENOHYTRO ORAL TABLET 16.2-0.1037 -0.0194 MG                                 | (phenobarb-hyoscy-atropine-scop) | Tier 4 | ST: Must meet the following requirements: Dicyclomine and Hyoscyamine in 365 days; QL (8 EA per 1 day)      |
| SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG)   | (hyoscyamine sulfate)            | Tier 4 | MO                                                                                                          |
| SYMAX FASTABS ORAL TABLET,DISINTEGRATING 0.125 MG                             | (hyoscyamine sulfate)            | Tier 4 | MO                                                                                                          |
| SYMAX-SL SUBLINGUAL TABLET 0.125 MG                                           | (hyoscyamine sulfate)            | Tier 4 | MO                                                                                                          |
| SYMAX-SR ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG                          | (hyoscyamine sulfate)            | Tier 4 | MO                                                                                                          |
| <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 |                                                                                                             |
| CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML)                                   | (glycopyrrolate)                 | Tier 4 | MO                                                                                                          |

| 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);<br>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 | MO                                                                                                                     |
| <i>glycopyrrolate oral tablet 1 mg</i>                               | (Robinul)                        | Tier 2 | MO                                                                                                                     |
| <i>glycopyrrolate oral tablet 1.5 mg</i>                             | (Glycate)                        | Tier 2 | MO; ST: Must meet the following requirement:<br>Glycopyrrolate 2mg in 120 days; QL (3 EA per 1 day)                    |
| <i>glycopyrrolate oral tablet 2 mg</i>                               | (Robinul Forte)                  | Tier 2 | MO                                                                                                                     |
| GLYRX-PF INJECTION SYRINGE 0.6 MG/3 ML (0.2 MG/ML)                   | (glycopyrrolate (pf))            | Tier 4 |                                                                                                                        |
| LIBRAX (WITH CLIDINIUM) ORAL CAPSULE 5-2.5 MG                        | (chlordiazepoxide-clidinium)     | Tier 4 |                                                                                                                        |
| ROBINUL FORTE ORAL TABLET 2 MG                                       | (glycopyrrolate)                 | Tier 4 | MO                                                                                                                     |
| ROBINUL ORAL TABLET 1 MG                                             | (glycopyrrolate)                 | Tier 4 | MO                                                                                                                     |
| <b>Anti-Ulcer Preparations</b>                                       |                                  |        |                                                                                                                        |
| CARAFATE ORAL SUSPENSION 100 MG/ML                                   | (sucralfate)                     | Tier 4 | MO                                                                                                                     |
| CARAFATE ORAL TABLET 1 GRAM                                          | (sucralfate)                     | Tier 4 | MO                                                                                                                     |
| CYTOTEC ORAL TABLET 100 MCG, 200 MCG                                 | (misoprostol)                    | Tier 4 | MO                                                                                                                     |
| <i>misoprostol oral tablet 100 mcg, 200 mcg</i>                      | (Cytotec)                        | Tier 2 | MO                                                                                                                     |
| <i>sucralfate oral suspension 100 mg/ml</i>                          | (Carafate)                       | Tier 2 | MO                                                                                                                     |
| <i>sucralfate oral tablet 1 gram</i>                                 | (Carafate)                       | Tier 2 | MO                                                                                                                     |
| <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 PACK 20 MG-500 MG- 500 MG (40)              |                                  | Tier 4 |                                                                                                                        |
| PYLERA ORAL CAPSULE 140-125-125 MG                                   | (bismuth subcit k-metronidz-tcn) | Tier 4 |                                                                                                                        |
| TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG           |                                  | Tier 4 | QL (168 EA per 14 days);<br>Age (Min 18 Years)                                                                         |
| VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84)            |                                  | Tier 4 | PA; QL (112 EA per 14 days)                                                                                            |

| Drug                                                                          | Status | Notes                                                                                                                         |
|-------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------|
| VOQUEZNA TRIPLE PAK ORAL 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 | MO                                                                                                                            |
| <i>cimetidine oral tablet 200 mg</i> (Acid Reducer (cimetidine))              | Tier 2 | MO                                                                                                                            |
| <i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>                          | Tier 2 | MO                                                                                                                            |
| <i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>     | Tier 2 | MO                                                                                                                            |
| <i>famotidine oral tablet 20 mg, 40 mg</i> (Pepcid)                           | Tier 2 | MO                                                                                                                            |
| <i>nizatidine oral capsule 150 mg, 300 mg</i>                                 | Tier 2 | MO                                                                                                                            |
| PEPCID ORAL TABLET 20 MG, 40 MG (famotidine)                                  | Tier 4 | MO                                                                                                                            |
| <b>Intestinal Motility Stimulants</b>                                         |        |                                                                                                                               |
| GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY                                      | Tier 5 | PA                                                                                                                            |
| <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 |                                                                                                                               |
| MOTEGRITY ORAL TABLET 1 MG, 2 MG (prucalopride)                               | Tier 4 | MO; QL (1 EA per 1 day)                                                                                                       |
| <i>prucalopride oral tablet 1 mg, 2 mg</i> (Motegrity)                        | Tier 2 | MO; QL (1 EA per 1 day)                                                                                                       |
| REGLAN ORAL TABLET 10 MG, 5 MG (metoclopramide hcl)                           | Tier 4 |                                                                                                                               |
| <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 ORAL TABLET, DELAYED RELEASE (DR/EC) 20 MG (rabeprazole)              | Tier 4 | MO; QL (1 EA per 1 day)                                                                                                       |
| ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 10 MG (rabeprazole)       | Tier 4 | MO; 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 | MO; ST: Must meet 2 of the following requirements: Lansoprazole, Omeprazole, or Pantoprazole in 365 days; QL (1 EA per 1 day) |
| DEXILANT ORAL CAPSULE, BIPHASE DELAYED RELEASE 30 MG, 60 MG (dexlansoprazole) | Tier 4 | MO; ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Pantoprazole in 120 days; QL (1 EA per 1 day)  |



| Drug                                                                                                         | Status | Notes                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------|--------|------------------------------------------------------------------------------------------------------------------------------|
| <i>dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg</i> (Dexilant)                           | Tier 2 | MO; 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> (Nexium)                             | Tier 2 | MO; QL (1 EA per 1 day)                                                                                                      |
| <i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i> (Nexium)                             | Tier 2 | MO; 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 | MO; QL (1 EA per 1 day)                                                                                                      |
| <i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i> (Nexium Packet)                      | Tier 2 | MO; QL (2 EA per 1 day)                                                                                                      |
| KONVOMEPRAL SUSPENSION FOR RECONSTITUTION 2-84 MG/ML                                                         | Tier 4 | PA; MO                                                                                                                       |
| <i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i> (Acid Reducer (lansoprazole))                  | Tier 2 | MO                                                                                                                           |
| <i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i> (Prevacid)                                     | Tier 2 | MO                                                                                                                           |
| <i>lansoprazole oral tablet,disintegrat, delay rel 15 mg, 30 mg</i> (Prevacid SoluTab)                       | Tier 2 | MO; ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, or Pantoprazole in 120 days                   |
| NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG (esomeprazole magnesium)                                    | Tier 4 | MO; QL (1 EA per 1 day)                                                                                                      |
| NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 40 MG (esomeprazole magnesium)                                    | Tier 4 | MO; QL (2 EA per 1 day)                                                                                                      |
| NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG (esomeprazole magnesium)        | Tier 4 | MO; QL (1 EA per 1 day)                                                                                                      |
| NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 40 MG (esomeprazole magnesium)                             | Tier 4 | MO; QL (2 EA per 1 day)                                                                                                      |
| <i>omeprazole dr 40 mg capsule</i>                                                                           | Tier 2 | MO                                                                                                                           |
| <i>omeprazole dr 40 mg capsule never launched</i>                                                            | Tier 2 | MO                                                                                                                           |
| <i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg</i>                                           | Tier 2 | MO                                                                                                                           |
| <i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram</i> (Zegerid OTC)                               | Tier 2 | MO; ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Pantoprazole in 120 days; QL (1 EA per 1 day) |



| Drug                                                                             | Status | Notes                                                                                                                              |
|----------------------------------------------------------------------------------|--------|------------------------------------------------------------------------------------------------------------------------------------|
| <i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>                 | Tier 2 | MO; 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; MO                                                                                                                             |
| <i>pantoprazole oral granules dr for susp in packet 40 mg</i> (Protonix)         | Tier 2 | MO; 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 | MO                                                                                                                                 |
| PREVACID ORAL CAPSULE, DELAYED RELEASE (DR/EC) 30 MG (lansoprazole)              | Tier 4 | MO                                                                                                                                 |
| PREVACID SOLUTAB ORAL TABLET, DISINTEGRAT, DELAY REL 15 MG, 30 MG (lansoprazole) | Tier 4 | MO; ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, or Pantoprazole in 120 days                         |
| PRILOSEC ORAL SUSP, DELAYED RELEASE FOR RECON 10 MG, 2.5 MG                      | Tier 4 | MO; ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Pantoprazole in 120 days                            |
| PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET 40 MG (pantoprazole)                | Tier 4 | MO; ST: Must meet any of the following requirements: Omeprazole, Pantoprazole capsules/tablets, or Prilosec suspension in 120 days |
| PROTONIX ORAL TABLET, DELAYED RELEASE (DR/EC) 20 MG, 40 MG (pantoprazole)        | Tier 4 | MO                                                                                                                                 |
| <i>rabeprazole oral capsule, delayed rel sprinkle 10 mg</i> (AcipHex Sprinkle)   | Tier 2 | MO; 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 | MO; 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 | MO                                                                                                                                 |
| AVODART ORAL CAPSULE 0.5 MG (dutasteride)                                        | Tier 4 | MO                                                                                                                                 |

| Drug                                                                       |                          | Status | Notes                                                                                                                                                 |
|----------------------------------------------------------------------------|--------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>dutasteride oral capsule 0.5 mg</i>                                     | (Avodart)                | Tier 2 | MO                                                                                                                                                    |
| <i>finasteride oral tablet 5 mg</i>                                        | (Proscar)                | Tier 2 | MO                                                                                                                                                    |
| FLOMAX ORAL CAPSULE 0.4 MG                                                 | (tamsulosin)             | Tier 4 | MO                                                                                                                                                    |
| PROSCAR ORAL TABLET 5 MG                                                   | (finasteride)            | Tier 4 | MO                                                                                                                                                    |
| RAPAFLO ORAL CAPSULE 4 MG, 8 MG                                            | (silodosin)              | Tier 4 | MO                                                                                                                                                    |
| <i>silodosin oral capsule 4 mg, 8 mg</i>                                   | (Rapaflo)                | Tier 2 | MO                                                                                                                                                    |
| <i>tamsulosin oral capsule 0.4 mg</i>                                      | (Flomax)                 | Tier 2 | MO                                                                                                                                                    |
| UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HR 10 MG                         | (alfuzosin)              | Tier 4 | MO                                                                                                                                                    |
| <b>Bph Agent-5-Alpha-Reductase Inh And Pde5 Inh Comb</b>                   |                          |        |                                                                                                                                                       |
| ENTADFI ORAL CAPSULE 5-5 MG                                                | (finasteride-tadalafil)  | Tier 4 | PA                                                                                                                                                    |
| <b>Bph Agents,5-Alpha-Red Inh &amp; Alpha-1-Adr Antg Cmb</b>               |                          |        |                                                                                                                                                       |
| <i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i> | (Jalyn)                  | Tier 2 | MO; ST: Must meet any of the following requirements: Alfuzosin, Doxazosin, Finasteride 5mg, Prazosin, Silodosin, Tamsulosin, or Terazosin in 120 days |
| JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR 0.5-0.4 MG                         | (dutasteride-tamsulosin) | Tier 4 | MO; ST: Must meet any of the following requirements: 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 | MO                                                                                                                                                    |
| PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG                   |                          | Tier 4 | PA; MO                                                                                                                                                |
| PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG                 |                          | Tier 4 | PA; MO                                                                                                                                                |
| <b>Endothelin-Angiotensin Receptor Antagonist</b>                          |                          |        |                                                                                                                                                       |
| FILSPARI ORAL TABLET 200 MG, 400 MG                                        |                          | Tier 5 | PA; MO                                                                                                                                                |
| <b>Kidney Stone Agents</b>                                                 |                          |        |                                                                                                                                                       |
| THIOLA EC ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG, 300 MG              | (tiopronin)              | Tier 4 | MO                                                                                                                                                    |
| THIOLA ORAL TABLET 100 MG                                                  | (tiopronin)              | Tier 5 | MO                                                                                                                                                    |
| <i>tiopronin oral tablet 100 mg</i>                                        | (Thiola)                 | Tier 4 | MO                                                                                                                                                    |

| Drug                                                                                                                                                                                  |                                  | Status | Notes                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------|---------------------------------------------------------------------------------------------------------------|
| <i>tiopronin oral tablet, delayed release (dr/ec) 100 mg, 300 mg</i>                                                                                                                  | (Thiola EC)                      | Tier 4 | MO                                                                                                            |
| VENXXIVA ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG, 300 MG                                                                                                                          | (tiopronin)                      | Tier 4 | MO                                                                                                            |
| <b>Overactive Bladder Agents, Beta-3 Adrenergic Recep</b>                                                                                                                             |                                  |        |                                                                                                               |
| GEMTESA ORAL TABLET 75 MG                                                                                                                                                             |                                  | Tier 4 | MO; ST: Must meet the following requirements: Myrbetriq and Oxybutynin IR/XR in 365 days; QL (1 EA per 1 day) |
| MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON 8 MG/ML                                                                                                                                 |                                  | Tier 3 | MO                                                                                                            |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG                                                                                                                             | (mirabegron)                     | Tier 2 | MO; QL (1 EA per 1 day)                                                                                       |
| <b>Oxalosis Agent - Oxalate Inhibitor, Sirna Based</b>                                                                                                                                |                                  |        |                                                                                                               |
| RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML)                                                                                                                               |                                  | Tier 5 | MO                                                                                                            |
| RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML                                                                                                                                |                                  | Tier 5 | MO                                                                                                            |
| <b>Polycystic Kidney Disease Agent, Avp Recep. Antag</b>                                                                                                                              |                                  |        |                                                                                                               |
| JYNARQUE ORAL TABLET 15 MG, 30 MG                                                                                                                                                     | (tolvaptan (polycys kidney dis)) | Tier 4 | PA; MO                                                                                                        |
| JYNARQUE 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)                              | (tolvaptan (polycys kidney dis)) | Tier 4 | PA; MO                                                                                                        |
| <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 4 | PA; MO                                                                                                        |
| <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 | MO                                                                                                            |

| Drug                                                                              | Status | Notes                                                                                    |
|-----------------------------------------------------------------------------------|--------|------------------------------------------------------------------------------------------|
| <i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15)        | Tier 2 | MO                                                                                       |
| <i>potassium citrate oral tablet extended release 5 meq (540 mg)</i>              | Tier 2 | MO                                                                                       |
| RENACIDIN IRRIGATION SOLUTION<br>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 |                                                                                          |
| UROCIT-K 10 ORAL TABLET<br>EXTENDED RELEASE 10 MEQ (1,080 MG) (potassium citrate) | Tier 4 | MO                                                                                       |
| UROCIT-K 15 ORAL TABLET<br>EXTENDED RELEASE 15 MEQ (potassium citrate)            | Tier 4 | MO                                                                                       |
| UROQID-ACID NO.2 ORAL TABLET<br>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 |                                                                                          |
| PYRIDIUM ORAL TABLET 100 MG, 200 MG (phenazopyridine)                             | Tier 4 |                                                                                          |
| <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 | MO                                                                                       |
| <i>solifenacin oral tablet 10 mg, 5 mg</i> (Vesicare)                             | Tier 2 | MO                                                                                       |
| VESICARE LS ORAL SUSPENSION 1 MG/ML                                               | Tier 4 | PA; MO                                                                                   |
| VESICARE ORAL TABLET 10 MG, 5 MG (solifenacin)                                    | Tier 4 | MO                                                                                       |
| <b>Urinary Tract Antispasmodic/Antiincontinence Agent</b>                         |        |                                                                                          |
| <i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i> (Toviaz)        | Tier 2 | MO; QL (1 EA per 1 day)                                                                  |
| <i>flavoxate oral tablet 100 mg</i>                                               | Tier 2 | MO                                                                                       |
| <i>oxybutynin chloride oral syrup 5 mg/5 ml</i>                                   | Tier 2 | MO                                                                                       |
| <i>oxybutynin chloride oral tablet 2.5 mg, 5 mg</i>                               | Tier 2 | MO                                                                                       |
| <i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>   | Tier 2 | MO                                                                                       |
| OXYTROL TRANSDERMAL PATCH<br>SEMIWEEKLY 3.9 MG/24 HR                              | Tier 4 | MO; ST: Must meet the following requirements: Myrbetriq and Oxybutynin IR/XR in 365 days |

| Drug                                                                | Status | Notes                                                                                                                                                                                  |
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| <i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i>    | Tier 2 | MO                                                                                                                                                                                     |
| <i>tolterodine oral tablet 1 mg, 2 mg</i>                           | Tier 2 | MO                                                                                                                                                                                     |
| TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG (fesoterodine) | Tier 4 | MO; QL (1 EA per 1 day)                                                                                                                                                                |
| <i>trospium oral capsule,extended release 24hr 60 mg</i>            | Tier 2 | MO                                                                                                                                                                                     |
| <i>trospium oral tablet 20 mg</i>                                   | Tier 2 | MO                                                                                                                                                                                     |
| <b>Vaginal Disorders</b>                                            |        |                                                                                                                                                                                        |
| <b>Vaginal Antibiotics</b>                                          |        |                                                                                                                                                                                        |
| CLEOCIN VAGINAL CREAM 2 % (clindamycin phosphate)                   | Tier 4 |                                                                                                                                                                                        |
| 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 % (37.5mg/5 gram)</i> (Vandazole) | Tier 2 |                                                                                                                                                                                        |
| NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM) (metronidazole)            | Tier 4 |                                                                                                                                                                                        |
| VANAZOLE VAGINAL GEL 0.75 % (37.5MG/5 GRAM) (metronidazole)         | Tier 4 |                                                                                                                                                                                        |
| XACIATO VAGINAL GEL 2 %                                             | 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                                                                                                                                                       |
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| <b>Vaginal Estrogen Preparations</b>                                                                                                                         |        |                                                                                                                                                             |
| ESTRACE VAGINAL CREAM 0.01 % (0.1 MG/GRAM) (estradiol)                                                                                                       | Tier 4 | MO                                                                                                                                                          |
| <i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> (Estrace)                                                                                                | Tier 2 | MO                                                                                                                                                          |
| <i>estradiol vaginal tablet 10 mcg</i> (Yuvaferm)                                                                                                            | Tier 2 | MO                                                                                                                                                          |
| ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)                                                                                                                 | Tier 4 | MO; 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 | MO; 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 | MO                                                                                                                                                          |
| VAGIFEM VAGINAL TABLET 10 MCG (estradiol)                                                                                                                    | Tier 4 | MO                                                                                                                                                          |
| YUVAFEM VAGINAL TABLET 10 MCG (estradiol)                                                                                                                    | Tier 2 | MO                                                                                                                                                          |
| <b>Vitamin And/Or Mineral Deficiency</b>                                                                                                                     |        |                                                                                                                                                             |
| <b>Fluoride Preparations</b>                                                                                                                                 |        |                                                                                                                                                             |
| CLINPRO 5000 DENTAL PASTE 1.1 % (fluoride (sodium))                                                                                                          | Tier 4 | MO                                                                                                                                                          |
| DENTA 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))                                                                                                       | Tier 2 | MO                                                                                                                                                          |
| DENTA 5000 PLUS SENSITIVE DENTAL PASTE 1.1-5 % (sodium fluoride-pot nitrate)                                                                                 | Tier 2 | MO                                                                                                                                                          |
| DENTAGEL DENTAL GEL 1.1 % (fluoride (sodium))                                                                                                                | Tier 2 | MO                                                                                                                                                          |
| <i>fluoride (sodium) dental cream 1.1 %</i> (Denta 5000 Plus)                                                                                                | Tier 2 | MO                                                                                                                                                          |
| <i>fluoride (sodium) dental gel 1.1 %</i> (DentaGel)                                                                                                         | Tier 2 | MO                                                                                                                                                          |
| <i>fluoride (sodium) dental paste 1.1 %</i> (Sodium Fluoride 5000 Dry Mouth)                                                                                 | Tier 2 | MO                                                                                                                                                          |
| <i>fluoride (sodium) dental solution 0.2 %</i> (PrevDent)                                                                                                    | Tier 2 | MO                                                                                                                                                          |
| <i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i> (SoluVita)                                                                                | Tier 1 | MO; \$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) | Tier 1 | MO; \$0 COPAY IF 6 MONTHS TO 6 YEARS OF AGE                                                                                                                 |
| FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 % (fluoride (sodium))                                                                                               | Tier 4 | MO                                                                                                                                                          |

| Drug                                               |                               | Status | Notes |
|----------------------------------------------------|-------------------------------|--------|-------|
| FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 %  | (sodium fluoride-pot nitrate) | Tier 4 | MO    |
| FLUORIMAX 5000 DENTAL PASTE 1.1 %                  | (fluoride (sodium))           | Tier 4 | MO    |
| FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 %      | (sodium fluoride-pot nitrate) | Tier 4 | MO    |
| FRAICHE 5000 DENTAL GEL 1.1 %                      | (fluoride (sodium))           | Tier 4 | MO    |
| FRAICHE 5000 PREVI DENTAL GEL 1.1-3 %              |                               | Tier 4 | MO    |
| FRAICHE 5000 SENSITIVE DENTAL GEL 1.1-4.5 %        |                               | Tier 4 | MO    |
| JUST RIGHT 5000 DENTAL PASTE 1.1 %                 | (fluoride (sodium))           | Tier 4 | MO    |
| PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 %     | (fluoride (sodium))           | Tier 4 | MO    |
| PREVIDENT 5000 DRY MOUTH DENTAL PASTE 1.1 %        | (fluoride (sodium))           | Tier 4 | MO    |
| PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE 1.1-5 % | (sodium fluoride-pot nitrate) | Tier 4 | MO    |
| PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 %    | (fluoride (sodium))           | Tier 4 | MO    |
| PREVIDENT 5000 PLUS DENTAL CREAM 1.1 %             | (fluoride (sodium))           | Tier 4 | MO    |
| PREVIDENT 5000 SENSITIVE DENTAL PASTE 1.1-5 %      | (sodium fluoride-pot nitrate) | Tier 4 | MO    |
| PREVIDENT DENTAL GEL 1.1 %                         | (fluoride (sodium))           | Tier 4 | MO    |
| PREVIDENT DENTAL SOLUTION 0.2 %                    | (fluoride (sodium))           | Tier 4 | MO    |
| PREVIDENT KIDS DENTAL PASTE 1.1 %                  | (fluoride (sodium))           | Tier 4 | MO    |
| SF 5000 PLUS DENTAL CREAM 1.1 %                    | (fluoride (sodium))           | Tier 2 | MO    |
| SF DENTAL GEL 1.1 %                                | (fluoride (sodium))           | Tier 2 | MO    |
| SODIUM FLUORIDE 5000 DRY MOUTH DENTAL PASTE 1.1 %  | (fluoride (sodium))           | Tier 2 | MO    |
| SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 %       | (fluoride (sodium))           | Tier 2 | MO    |
| sodium fluoride-pot nitrate dental paste 1.1-5 %   | (Denta 5000 Plus Sensitive)   | Tier 2 | MO    |
| <b>Folic Acid Preparations</b>                     |                               |        |       |
| folic acid injection solution 5 mg/ml              |                               | Tier 2 |       |
| folic acid oral tablet 1 mg                        |                               | Tier 2 | MO    |
| folic acid oral tablet 400 mcg                     | (PureVita Folic Acid)         | Tier 1 | MO    |
| folic acid oral tablet 800 mcg                     |                               | Tier 1 | MO    |
| PUREVITA FOLIC ACID ORAL TABLET 400 MCG            | (folic acid)                  | Tier 1 | MO    |

| Drug                                                                                     | Status | Notes |
|------------------------------------------------------------------------------------------|--------|-------|
| <b>Iron Replacement</b>                                                                  |        |       |
| ACCRUFER ORAL CAPSULE 30 MG                                                              | Tier 4 |       |
| CITRANATAL BLOOM ORAL TABLET<br>90-1-12-50 MG-MG-MCG-MG                                  | Tier 4 |       |
| TRIFERIC HEMODIALYSIS POWDER<br>IN PACKET 272 MG IRON                                    | Tier 4 | MO    |
| TRIFERIC HEMODIALYSIS SOLUTION<br>27.2 MG IRON/5 ML                                      | Tier 4 | MO    |
| <b>Multivitamin Preparations</b>                                                         |        |       |
| FOLET ONE ORAL CAPSULE 38 MG<br>IRON-1 MG -25 MG-225 MG                                  | Tier 4 | MO    |
| OBSTETRIX ONE ORAL CAPSULE 38<br>MG IRON-1 MG -25 MG-225 MG                              | Tier 4 | MO    |
| TARON-PREX PRENATAL-DHA ORAL<br>CAPSULE 30 MG IRON-1.2 MG-55 MG-<br>265 MG               | Tier 2 | MO    |
| <b>Prenatal Vitamin Preparations</b>                                                     |        |       |
| BAL-CARE DHA ESSENTIAL ORAL<br>COMBO PACK, TABLET AND CAP, DR<br>27 MG IRON-1 MG -374 MG | Tier 1 | MO    |
| BAL-CARE DHA ORAL COMBO<br>PACK, TABLET AND CAP, DR 27-1-430<br>MG                       | Tier 1 | MO    |
| CADEAU DHA ORAL CAPSULE 29 MG<br>IRON- 1 MG-150 MG                                       | Tier 1 | MO    |
| CITRANATAL (DUAL-IRON) ORAL<br>TABLET 27 MG IRON-1 MG -50 MG                             | Tier 4 | MO    |
| CITRANATAL 90 DHA (ALGAL OIL)<br>ORAL COMBO PACK 90 MG IRON-1<br>MG -50 MG-300 MG        | Tier 4 | MO    |
| CITRANATAL ASSURE ORAL COMBO<br>PACK 35 MG IRON-1 MG -50 MG-300<br>MG                    | Tier 4 | MO    |
| CITRANATAL DHA (ALGAL OIL) ORAL<br>COMBO PACK 27 MG IRON-1 MG -50<br>MG-250 MG           | Tier 4 | MO    |
| CITRANATAL HARMONY (IRON FUM)<br>ORAL CAPSULE 27 MG IRON-1 MG -<br>50 MG-260 MG          | Tier 4 | MO    |
| COMPLETE NATAL DHA ORAL<br>COMBO PACK 29 MG IRON- 1 MG-200<br>MG                         | Tier 1 | MO    |
| COMPLETENATE ORAL<br>TABLET, CHEWABLE 29 MG IRON- 1<br>MG                                | Tier 1 | MO    |



| Drug                                                                                                | Status | Notes |
|-----------------------------------------------------------------------------------------------------|--------|-------|
| KPN ORAL TABLET 9 MG IRON- 267 MCG                                                                  | Tier 1 | MO    |
| MINI PRENATAL ORAL TABLET 6.75 MG IRON- 200 MCG                                                     | Tier 1 | MO    |
| M-NATAL PLUS ORAL TABLET 27 MG IRON- 1 MG (pnv,calcium 72-iron-folic acid)                          | Tier 1 | MO    |
| MYNATAL ADVANCE ORAL TABLET 90-1-50 MG                                                              | Tier 1 | MO    |
| MYNATAL ORAL CAPSULE 65 MG IRON- 1 MG                                                               | Tier 1 | MO    |
| MYNATAL ORAL TABLET 90-1-50 MG                                                                      | Tier 1 | MO    |
| MYNATAL PLUS ORAL TABLET 65 MG IRON- 1 MG                                                           | Tier 1 | MO    |
| MYNATAL-Z ORAL TABLET 65 MG IRON- 1 MG                                                              | Tier 1 | MO    |
| MYNATE 90 PLUS ORAL TABLET EXTENDED RELEASE 90 MG IRON-1 MG                                         | Tier 1 | MO    |
| NEONATAL PLUS VITAMIN ORAL TABLET 27 MG IRON- 1 MG                                                  | Tier 1 | MO    |
| NEO-VITAL RX ORAL TABLET 27 MG IRON- 1 MG                                                           | Tier 1 | MO    |
| NEXA PLUS ORAL CAPSULE 29 MG IRON-1.25 MG-55 MG                                                     | Tier 4 | MO    |
| OBSTETRIX DHA ORAL COMBO PACK, TABLET AND CAP, DR 29 MG IRON-1 MG -50 MG                            | Tier 1 | MO    |
| OBSTETRIX DHA PRENATAL DUO ORAL COMB PACK, TABLET DR, CAPSULE DR 29 MG IRON- 1,700 MCG DFE          | Tier 1 | MO    |
| OBSTETRIX EC ORAL TABLET, DELAYED RELEASE (DR/EC) 29 MG IRON- 1,700 MCG DFE, 29 MG IRON-1 MG -50 MG | Tier 1 | MO    |
| OBTREX DHA ORAL COMBO PACK, TABLET AND CAP, DR 29 MG IRON-1 MG -50 MG                               | Tier 4 | MO    |
| ONE DAILY PRENATAL ORAL COMBO PACK 28-800-440 MG-MCG-MG                                             | Tier 1 | MO    |
| ONE-A-DAY PRENATAL-1 ORAL CAPSULE 27 MG IRON- 800 MCG-235 MG                                        | Tier 1 | MO    |
| <i>pnv no.95-ferrous fumarate-fa oral tablet</i> (Prenatal)<br>28 mg iron- 800 mcg                  | Tier 1 | MO    |

| Drug                                                                                 | Status | Notes |
|--------------------------------------------------------------------------------------|--------|-------|
| PNV-DHA + DOCUSATE ORAL CAPSULE 27-1.25-55-300 MG                                    | Tier 1 | MO    |
| PNV-SELECT ORAL TABLET 27-1 MG                                                       | Tier 1 | MO    |
| PR NATAL 400 EC ORAL COMBO PACK, TABLET AND CAP, DR 29-1-400 MG                      | Tier 1 | MO    |
| PR NATAL 400 ORAL COMBO PACK 29-1-400 MG                                             | Tier 1 | MO    |
| PR NATAL 430 EC ORAL COMBO PACK, TABLET AND CAP, DR 29-1-430 MG                      | Tier 1 | MO    |
| PR NATAL 430 ORAL COMBO PACK 29 MG IRON-1 MG -430 MG                                 | Tier 1 | MO    |
| PRENAISSANCE ORAL CAPSULE 29-1.25-55-325 MG                                          | Tier 2 | MO    |
| PRENAISSANCE PLUS ORAL CAPSULE 28-1-50-250 MG                                        | Tier 2 | MO    |
| PRENATA ORAL TABLET, CHEWABLE 29 MG IRON- 1 MG                                       | Tier 1 | MO    |
| PRENATABS FA ORAL TABLET 29-1 MG                                                     | Tier 1 | MO    |
| PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG                                            | Tier 1 | MO    |
| PRENATAL + DHA ORAL COMBO PACK 28 MG IRON- 975 MCG-200 MG, 28 MG IRON-800 MCG-200 MG | Tier 1 | MO    |
| PRENATAL 19 (WITH DOCUSATE) ORAL TABLET 29 MG IRON- 1 MG-25 MG                       | Tier 1 | MO    |
| PRENATAL 19 ORAL TABLET 29 MG IRON- 1 MG                                             | Tier 1 | MO    |
| PRENATAL 19 ORAL TABLET, CHEWABLE 29 MG IRON- 1 MG                                   | Tier 1 | MO    |
| PRENATAL COMPLETE ORAL TABLET 14 MG IRON- 400 MCG                                    | Tier 1 | MO    |
| PRENATAL ESSENTIALS ORAL CAPSULE 6 MG IRON- 272 MCG DFE                              | Tier 1 | MO    |
| PRENATAL FORMULA ORAL TABLET 9 MG IRON- 267 MCG                                      | Tier 1 | MO    |
| PRENATAL FORMULA-DHA ORAL CAPSULE 28 MG-800 MCG- 200 MG                              | Tier 1 | MO    |
| PRENATAL MULTI ORAL TABLET 27-800 MG-MCG                                             | Tier 1 | MO    |

| Drug                                                                                                  | Status | Notes |
|-------------------------------------------------------------------------------------------------------|--------|-------|
| PRENATAL MULTI-DHA (ALGAL OIL)<br>ORAL CAPSULE 27MG IRON- 800<br>MCG-250 MG                           | Tier 1 | MO    |
| PRENATAL MULTI-DHA(WITH VIT K)<br>ORAL CAPSULE 27 MG IRON-800<br>MCG-260 MG                           | Tier 1 | MO    |
| PRENATAL MULTIVITAMINS ORAL<br>TABLET 28 MG IRON- 800 MCG (pnv no.95-ferrous<br>fumarate-fa)          | Tier 1 | MO    |
| PRENATAL ONE DAILY ORAL TABLET<br>27 MG IRON- 800 MCG                                                 | Tier 1 | MO    |
| PRENATAL ORAL TABLET 28 MG<br>IRON- 800 MCG (pnv no.95-ferrous<br>fumarate-fa)                        | Tier 1 | MO    |
| PRENATAL ORAL TABLET 28-800 MG-<br>MCG                                                                | Tier 1 | MO    |
| PRENATAL PLUS (CALCIUM CARB)<br>ORAL TABLET 27 MG IRON- 1 MG (pnv,calcium 72-iron-folic<br>acid)      | Tier 1 | MO    |
| PRENATAL PLUS DHA ORAL COMBO<br>PACK 27 MG IRON-1 MG -312 MG-250<br>MG                                | Tier 1 | MO    |
| PRENATAL PLUS ORAL TABLET 29<br>MG IRON- 1 MG (pnv,calcium 72-iron,carb-<br>folic)                    | Tier 1 | MO    |
| PRENATAL PLUS VITAMIN-MINERAL<br>ORAL TABLET 27 MG IRON- 1 MG                                         | Tier 1 | MO    |
| PRENATAL TABLET ORAL TABLET 28<br>MG IRON- 800 MCG (prenatal vit-iron fum-folic<br>ac)                | Tier 1 | MO    |
| <i>prenatal vit no.179-iron-folic oral tablet<br/>28 mg iron- 800 mcg</i>                             | Tier 1 | MO    |
| PRENATAL VITAMIN ORAL TABLET 27<br>MG IRON- 0.8 MG, 27 MG IRON- 800<br>MCG                            | Tier 1 | MO    |
| PRENATAL VITAMIN PLUS LOW IRON<br>ORAL TABLET 27 MG IRON- 1 MG (pnv,calcium 72-iron-folic<br>acid)    | Tier 1 | MO    |
| PRENATAL VITAMIN WITH MINERALS<br>ORAL TABLET 28 MG IRON- 800 MCG (prenatal vit-iron fum-folic<br>ac) | Tier 1 | MO    |
| <i>prenatal vit-iron fum-folic ac oral tablet<br/>28 mg iron- 800 mcg</i> (Prenatal Tablet)           | Tier 1 | MO    |
| PRENATAL WITH DHA-FOLIC ACID<br>ORAL TABLET,CHEWABLE 400-32.5<br>MCG-MG                               | Tier 1 | MO    |
| PROVIDA OB ORAL CAPSULE 40 MG<br>IRON- 1.25 MG                                                        | Tier 1 | MO    |
| SE-NATAL 19 CHEWABLE ORAL<br>TABLET,CHEWABLE 29 MG IRON- 1<br>MG                                      | Tier 1 | MO    |
| SE-NATAL 19 ORAL TABLET 29 MG<br>IRON- 1 MG                                                           | Tier 1 | MO    |

| Drug                                                                          | Status | Notes |
|-------------------------------------------------------------------------------|--------|-------|
| SIMILAC PRENATAL ORAL COMBO<br>PACK 27 MG IRON-800 MCG-200 MG                 | Tier 1 | MO    |
| STUART ONE ORAL CAPSULE 27 MG<br>IRON- 800 MCG-200 MG                         | Tier 1 | MO    |
| THERANATAL COMPLETE ORAL<br>COMBO PACK 27 MG IRON- 1 MG-150<br>MG             | Tier 1 | MO    |
| THERANATAL ONE ORAL CAPSULE<br>27 MG IRON-1000 MCG-300 MG                     | Tier 1 | MO    |
| THERANATAL ORAL TABLET 27 MG<br>IRON- 1 MG                                    | Tier 1 | MO    |
| THERANATAL PLUS ORAL COMBO<br>PACK 27 MG IRON- 1 MG-300 MG                    | Tier 1 | MO    |
| THRIVITE RX ORAL TABLET 29 MG<br>IRON- 1 MG                                   | Tier 1 | MO    |
| TRICARE ORAL TABLET 27 MG IRON-<br>1 MG                                       | Tier 1 | MO    |
| TRINATAL RX 1 ORAL TABLET 60 MG<br>IRON-1 MG                                  | Tier 1 | MO    |
| TRINATE ORAL TABLET 28 MG IRON-<br>1 MG                                       | Tier 1 | MO    |
| ULTRA PRENATAL PLUS DHA ORAL<br>CAPSULE 27 MG-800 MCG- 250 MG-<br>200 MG      | Tier 1 | MO    |
| VITAFOL FE+ (WITH DOCUSATE)<br>ORAL CAPSULE 90 MG IRON-1 MG -<br>50 MG-200 MG | Tier 4 | MO    |
| VP-CH-PNV ORAL CAPSULE 30 MG<br>IRON-1 MG -50 MG-260 MG                       | Tier 2 | MO    |
| WESNATAL DHA COMPLETE ORAL<br>COMBO PACK 29 MG IRON- 1 MG-200<br>MG           | Tier 1 | MO    |
| WESTAB PLUS ORAL TABLET 27 MG (pnv,calcium 72-iron-folic<br>IRON- 1 MG acid)  | Tier 1 | MO    |
| WOMEN'S PRENATAL PLUS DHA<br>ORAL COMBO PACK 28 MG-975 MCG-<br>200 MG         | Tier 1 | MO    |
| <b>Prenatal Vitamins Without Iron</b>                                         |        |       |
| ALTRIXA OB ORAL TABLET 15 MG<br>IRON- 1,750 MCG DFE                           | Tier 1 | MO    |
| MATERVIA ORAL CAPSULE 6.5 MG<br>IRON- 500 MCG                                 | Tier 1 | MO    |
| ONE-A-DAY PRENATAL ORAL<br>TABLET,CHEWABLE 400 MCG- 25 MG                     | Tier 1 | MO    |

| Drug                                                                                      | Status | Notes |
|-------------------------------------------------------------------------------------------|--------|-------|
| PRENATAL GUMMIES ORAL<br>TABLET,CHEWABLE 400 MCG-35 MG-<br>25 MG-5 MG                     | Tier 1 | MO    |
| PRENATAL GUMMIES(ZINC<br>CHELATE) ORAL TABLET,CHEWABLE<br>180 MCG-35 MG- 25 MG-5 MG       | Tier 1 |       |
| PRENATAL ORAL<br>TABLET,CHEWABLE 400 MCG                                                  | Tier 1 | MO    |
| THERANATAL OVAVITE ORAL<br>COMBO PACK 18-1-125 MG-MG-UNIT                                 | Tier 1 | MO    |
| VITAFOL GUMMIES ORAL<br>TABLET,CHEWABLE 3.33 MG IRON-<br>0.33 MG                          | Tier 1 | MO    |
| <b>Vitamin B Preparations</b>                                                             |        |       |
| B COMPLEX 100 INJECTION<br>SOLUTION 100-2-100-2-2 MG/ML                                   | Tier 2 |       |
| B-COMPLEX INJECTION INJECTION<br>SOLUTION 100-2-100-2-2 MG/ML                             | Tier 2 |       |
| <b>Vitamin B1 Preparations</b>                                                            |        |       |
| <i>thiamine hcl (vitamin b1) injection<br/>solution 100 mg/ml</i>                         | Tier 2 |       |
| <b>Vitamin B12 Preparations</b>                                                           |        |       |
| <i>cyanocobalamin (vitamin b-12) injection (Dodex)<br/>solution 1,000 mcg/ml</i>          | Tier 2 | MO    |
| <i>cyanocobalamin (vitamin b-12) nasal (Nascobal)<br/>spray,non-aerosol 500 mcg/spray</i> | Tier 2 | MO    |
| DODEX INJECTION SOLUTION 1,000 (cyanocobalamin (vitamin<br>MCG/ML b-12))                  | Tier 2 | MO    |
| <i>hydroxocobalamin intramuscular solution<br/>1,000 mcg/ml</i>                           | Tier 2 |       |
| <i>mecobalamin (vitamin b12) injection<br/>recon soln 10,000 mcg</i>                      | Tier 2 |       |
| <b>Vitamin B6 Preparations</b>                                                            |        |       |
| <i>pyridoxine (vitamin b6) injection solution<br/>100 mg/ml</i>                           | Tier 2 |       |
| <b>Vitamin C Preparations</b>                                                             |        |       |
| ASCOR INTRAVENOUS SOLUTION<br>500 MG/ML                                                   | Tier 4 |       |
| <i>ascorbic acid (vitamin c) injection<br/>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 | MO    |
| <i>calcitriol oral solution 1 mcg/ml (Rocaltrol)</i>                                      | Tier 2 | MO    |
| <i>ergocalciferol (vitamin d2) oral capsule (Vitamin D2)<br/>1,250 mcg (50,000 unit)</i>  | Tier 2 | MO    |

| Drug                                                                                                      | Status | Notes                         |
|-----------------------------------------------------------------------------------------------------------|--------|-------------------------------|
| ROCALTROL ORAL SOLUTION 1 MCG/ML (calcitriol)                                                             | Tier 4 | MO                            |
| VITAMIN D2 ORAL CAPSULE 1,250 MCG (50,000 UNIT) (ergocalciferol (vitamin d2))                             | Tier 2 | MO                            |
| <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, 5 MG/0.5 ML, 7.5 MG/0.5 ML | Tier 3 | PA; MO; QL (2 ML per 28 days) |
| ZEPBOUND SUBCUTANEOUS PEN INJECTOR 2.5 MG/0.5 ML                                                          | Tier 3 | PA; QL (2 ML per 28 days)     |
| ZEPBOUND SUBCUTANEOUS SOLUTION 10 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML                                   | Tier 3 | PA; MO                        |
| ZEPBOUND SUBCUTANEOUS SOLUTION 2.5 MG/0.5 ML                                                              | Tier 3 | PA                            |
| <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; MO; QL (3 ML per 28 days) |

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