



# 2026 3-Tier State Mandate Formulary Guide (2950)

Includes generic and brand-name medications

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Everybody Benefits



**Dear Member,**

The prescription drug benefit is one of the most important and frequently utilized elements of health plan coverage. To help you identify which medications are covered under your plan, we are pleased to provide the **3-Tier State Mandate Formulary Guide**. This booklet provides you with easy to understand information about your prescription drug coverage including descriptions of prescription drug safety and cost-saving programs.

The **3-Tier State Mandate Formulary Guide** lists commonly prescribed medications and their tier classifications. The medications listed have been approved by the Food and Drug Administration (FDA) as safe and effective and were selected in consultation with a team of health care professionals because they meet our criteria for safety, quality and value. We continually review and update our formulary.

**The drugs listed in the formulary and program descriptions may not apply to all plans.**

This booklet includes the Formulary Guide and prescription drug benefit information. Please refer to this booklet when you see your healthcare practitioner or are prescribed a medication.

The drugs listed in the formulary and program descriptions may not apply to all plans. Please see your plan documents for a complete description of your pharmacy benefit.

If you have questions or need additional information, please visit our website, **ExcellusBCBS.com** or contact the Pharmacy Help Desk at **1-800-499-1275**.



## What is a Formulary?

A formulary is a list of brand-name and generic drugs that are covered under your prescription drug benefit.

### How is the Formulary developed?

Drugs listed on the formulary were selected by our independent Pharmacy and Therapeutics (P&T) Committee, which is made up of practicing health care providers and clinical pharmacists. The P&T Committee reviews each drug based upon scientific evidence, findings by federal government agencies, professional medical associations and journals to help ensure that the medications covered meet criteria for safety, effectiveness and value.

### How do I use the Formulary?

There are two ways to find your drug within the formulary:

#### Medical condition

Drugs are listed in alphabetical order according to drug categories. For example, drugs used to treat heart conditions are listed under the category “Cardiovascular.” Drugs are listed in alphabetical order by condition.

#### Alphabetical listing

If you are not sure what category to look under, look for your drug in the Index that follows the formulary. The Index provides an alphabetical listing of all of the drugs included in the formulary and the page where they can be found in the formulary.

#### 3-tier drug benefit

Your 3-tier prescription drug benefit allows you to make informed choices and encourages value when choosing your prescription medications. Your copayment will vary depending on the tier in which your prescription drug is placed.

- **Tier 1:** This tier includes the most cost-effective generic drugs.
- **Tier 2:** This tier includes preferred brand-name drugs that have clinical advantages and offer overall greater value over other products in the same drug class. Select generic drugs may also be placed in Tier 2 based on safety, efficacy and overall value.
- **Tier 3:** This tier contains all other brand-name and generic drugs, many of which have more cost-effective alternatives.

The 3-Tier State Mandate Formulary Guide lists commonly used medications and their tier designations. Because there are thousands of medications included in your pharmacy benefit, we list only the most commonly prescribed.

*Your plan may not cover all medications listed in this booklet. Please see your plan documents for a complete description of your pharmacy benefit, or call the Pharmacy Help Desk at 1-800-499-1275.*

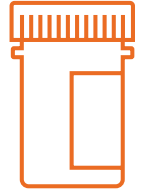
### Can the Formulary change?

Our P&T Committee regularly reviews the drugs on our formulary to be sure they meet the criteria for safety, effectiveness and value. Drugs may be added or moved to a lower tier at any time. Drugs may be removed or moved to a higher tier yearly.

### Generics are real medicine

#### Generic drugs: safe, effective, affordable!

To help keep your prescription drug costs down, choose a generic drug over a brand. Generics are as safe and effective as their brand-name counterparts – *they just cost a lot less.*



In fact, you’ll save money when you choose a generic because generics have the lowest copay. That means you’ll always pay the lowest out-of-pocket amount for a generic.

Generic drugs treat your illness or condition with the same effectiveness and safety as their brand-name equivalents because they have to meet the same rigorous FDA requirements as brand-name drugs.

Experience has shown that more than 90 percent of members who start on a generic will stay on a generic. So the next time you need your brand prescription filled, ask your doctor or pharmacist if a generic is right for you.

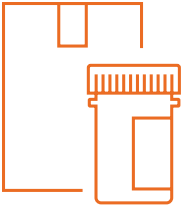
### High deductible health plan

#### Preventive drug list

The Preventive Drug List contains medications that are used for the prevention or the recurrence of certain medical conditions or diseases, such as high cholesterol, diabetes, and osteoporosis. The Preventive Drug list is based on the nature of the drug, not on individual circumstances for which the drug may be prescribed.

For High Deductible Health Plans with a Preventive Drug benefit, drugs on this list are not subject to deductible. Our plan’s formulary and tier status will apply. Step therapy, prior authorization and quantity limits are also applicable and will be subject to review. Excluded drugs, such as medical foods and drugs that are not FDA-approved drugs, are not included on the Preventive Drug List.

The list only applies to non-formulary drugs if a formulary exception has been approved. When part of the benefit, the Generic Advantage Program may be applicable. Some plans include diabetic drugs, equipment, and supplies as part of the medical benefit and therefore a different cost share may apply.



## Where can I purchase my prescription medications?

You have access to more than 65,000 participating pharmacies in our nationwide Pharmacy Network, including national chains and most independents. Just show your Member Card at any participating pharmacy; it identifies you as having prescription drug coverage. A list of participating pharmacies in your area is available on our website, [ExcellusBCBS.com](https://www.excellusbcbs.com).

## Mail Service pharmacy

Get your prescriptions delivered right to your door! When you use Express Scripts Home Delivery Pharmacy<sup>SM</sup> or Wegmans<sup>®</sup> Home Delivery Pharmacy, you get the convenience of home delivery and the ease of ordering new prescriptions and refills either by phone or via our website, [ExcellusBCBS.com](https://www.excellusbcbs.com). Some benefits offer copay savings for ordering prescriptions through Express Scripts Home Delivery Pharmacy<sup>SM</sup> or Wegmans<sup>®</sup> Home Delivery Pharmacy.

Using a home delivery pharmacy is ideal for those who take prescription medication on a continuing basis. For more information on how to use Express Scripts Home Delivery Pharmacy<sup>SM</sup> or Wegmans<sup>®</sup> Home Delivery Pharmacy, please visit our website at [ExcellusBCBS.com](https://www.excellusbcbs.com) or contact the Pharmacy Help Desk at **1-800-499-1275**.

## Specialty pharmacy

Specialty pharmacies focus on you and your individual health care needs. Because they work exclusively with specialty medications, they are experts in handling and administering these complex medications. Nationally recognized specialty pharmacy Accredo Health participates in our network. Accredo Health offers outstanding customer service and is dedicated to providing quality care to our members. With a single, toll-free phone call they take care of all the details – they will contact your doctor for your prescription and arrange delivery to your home. There are several local/regional specialty pharmacies also participating in our specialty pharmacy network. A complete listing of participating specialty pharmacies is available on our website, [ExcellusBCBS.com](https://www.excellusbcbs.com).

## Are there any restrictions on coverage?

Some covered drugs may have additional requirements or limits for coverage. If a drug has requirements or limits, it will be noted in the formulary.

If your health-care practitioner determines that you need a medication that has a requirement or limit, we have an exception process in place. Your health-care practitioner must submit a request to the Health Plan supporting your need.

## Coverage requirements or limits may include:

### Prior authorization

Prior authorization helps ensure that a prescribed drug is safe and appropriate for your medical condition. Certain medications require that your doctor gets approval **before** the medication is covered. Our clinical pharmacists and physicians review medication requests to make sure that the choice of drug or dose is appropriately prescribed based on FDA and manufacturer guidelines, medical literature, safety, use and benefit design.

### Step therapy

In some cases you may be required to first try one or more drugs to treat your medical condition before another drug for that condition will be covered. The medication treatment moves along a series of “steps.” For example, if **Drug A** and **Drug B** both treat your medical condition, we may not cover **Drug B** unless you try **Drug A** first. If **Drug A** does not work, we will then cover **Drug B**.

### Specialty drug benefit

Specialty medications are designed for conditions like multiple sclerosis, rheumatoid arthritis, hepatitis C, and others that are difficult to treat with traditional medications. These medications are self-administered, either taken orally or by injection.

Your prescription drug benefit may require that you purchase certain specialty medications at a specialty pharmacy that participates in the Specialty Pharmacy Network in order to receive coverage. If a participating specialty pharmacy is not used, you may be responsible for the full cost of the prescription. A complete listing of participating specialty pharmacies can be found on our website, [ExcellusBCBS.com](https://www.excellusbcbs.com).

### Quantity limits

For certain drugs, we limit the amount of the drug that we will cover. The amount of drug we cover is based on FDA approved dosing and usage guidelines.

### Generic Advantage program

The Generic Advantage program promotes the use of generic medications. If you fill your prescription with a brand-name medication when there is a generic equivalent available, you will pay the difference between the pharmacy’s charge for the more costly brand-name medication and our price for the less expensive generic. Check your benefits summary to find out if the Generic Advantage program applies to your plan.

### Key:

- MS** = Drug must be purchased at a participating network specialty pharmacy for coverage
- PA** = Prior authorization required
- PV** = Preventive drug list
- QL** = Quantity limit applies
- S** = Specialty drugs
- ST** = Step therapy required

CURRENT AS OF 6/1/2026

| Product Description   | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| <b>ALTERNATIVE THERAPY</b>  |      |                           |
| <b>ALTERNATIVE THERAPY - UNCLASSIFIED</b>   |      |                           |
| 5-HYDROXYTRYPTOPHAN (5-HTP) ORAL TABLET,DISINTEGRATING                                    | 3    | PA                        |
| ACTIVE Q ORAL SUSPENSION  | 3    | PA                        |
| ANGINOX   | 3    | PA                        |
| ARGUMENT AT   | 3    | PA                        |
| ATP IGNITE WORKOUT  | 3    | PA                        |
| BLUES AWAY POSTPARTUM SUPPORT   | 3    | PA                        |
| BRAINSUSTAIN  | 3    | PA                        |
| BRAINSUSTAIN FOR KIDS   | 3    | PA                        |
| CHILDREN'S DIARESQ  | 3    | PA                        |
| CYTO-Q MAX  | 3    | PA                        |
| CYTO-Q T-F  | 3    | PA                        |
| DIARESQ   | 3    | PA                        |
| D-MANNOSE   | 3    | PA                        |
| ENTERADE ADVANCED ONCOLOGY  | 3    | PA                        |
| GI BALANCE ORAL POWDER  | 3    | PA                        |
| GRIPE WATER (GINGER, FENNEL)  | 3    | PA                        |
| IG 26 DF ORAL POWDER  | 3    | PA                        |
| LIQSORB ORAL LIQUID   | 3    | PA                        |
| LITTLE REMEDIES GRIPE WATER   | 3    | PA                        |
| MANNXTRA  | 3    | PA                        |
| OPTIFIBER LEAN ORAL POWDER  | 3    | PA                        |
| ORGANIX PHYTOFOOD   | 3    | PA                        |
| OVASITOL  | 3    | PA                        |
| PREGNITUDE  | 3    | PA                        |
| PUSH 20 PLUS  | 3    | PA                        |
| QH LIQUID   | 3    | PA                        |
| Q-UP  | 3    | PA                        |
| RE:IMMUNE   | 3    | PA                        |
| RELAXMAX  | 3    | PA                        |
| SAM-E-TMG   | 3    | PA                        |
| TODDLER'S DIARESQ   | 3    | PA                        |
| URITRAX   | 3    | PA                        |
| UTYMAX  | 3    | PA                        |
| <b>ANALGESIC, ANTI-INFLAMMATORY OR ANTIPYRETIC</b>  |      |                           |
| <b>ANALGESIC - SELECTIVE SODIUM CHANNEL BLOCKERS</b>                                      |      |                           |
| JOURNAVX  | 3    | PA; QL                    |
| <b>ANALGESIC OPIOID AGONISTS</b>  |      |                           |
| codeine sulfate   | 1    |                           |
| CONZIP  | 3    | PA                        |
| DILAUDID  | 3    |                           |
| DISKETS   | 3    | PA                        |
| DSUVIA  | 3    |                           |
| fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr | 1    | PA                        |
| fentanyl transdermal patch 72 hour 37.5 mcg/hour, 62.5 mcg/hour, 87.5 mcg/hour            | 3    | PA                        |

| Product Description   | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| hydrocodone bitartrate  | 1    | PA                        |
| hydromorphone oral liquid   | 1    |                           |
| hydromorphone oral tablet   | 1    |                           |
| hydromorphone oral tablet extended release 24 hr  | 3    | PA                        |
| hydromorphone rectal  | 1    |                           |
| HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG | 3    | PA                        |
| levorphanol tartrate  | 3    | PA                        |
| meperidine oral solution  | 1    |                           |
| meperidine oral tablet 50 mg  | 1    |                           |
| METHADONE INTENSOL  | 3    | PA                        |
| methadone oral concentrate  | 3    | PA                        |
| methadone oral solution   | 1    | PA                        |
| methadone oral tablet   | 1    | PA                        |
| methadone oral tablet,soluble   | 3    | PA                        |
| METHADOSE ORAL CONCENTRATE  | 3    | PA                        |
| METHADOSE ORAL TABLET,SOLUBLE   | 3    | PA                        |
| morphine concentrate oral solution  | 1    |                           |
| morphine oral capsule, er multiphase 24 hr  | 1    | PA                        |
| morphine oral solution  | 1    |                           |
| morphine oral tablet  | 1    |                           |
| morphine oral tablet extended release   | 1    | PA                        |
| morphine rectal   | 1    |                           |
| MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG, 60 MG                                | 3    | PA                        |
| NUCYNTA   | 2    |                           |
| NUCYNTA ER  | 2    | PA                        |
| oxycodone oral capsule  | 1    |                           |
| oxycodone oral concentrate  | 1    |                           |
| oxycodone oral solution   | 1    |                           |
| oxycodone oral tablet   | 1    |                           |
| OXYCODONE ORAL TABLET, ORAL ONLY 15 MG  | 3    | PA                        |
| oxycodone oral tablet, oral only 30 mg, 5 mg  | 3    | PA                        |
| OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 20 MG, 40 MG, 80 MG                         | 3    | PA                        |
| OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR   | 3    | PA                        |
| oxymorphone oral tablet   | 1    |                           |
| oxymorphone oral tablet extended release 12 hr  | 1    | PA                        |
| QDOLO   | 3    |                           |
| ROXICODONE ORAL TABLET 15 MG, 30 MG   | 3    |                           |
| ROXYBOND  | 3    | PA                        |
| tapentadol oral tablet  | 1    |                           |
| tapentadol oral tablet extended release 12 hr   | 3    | PA                        |
| tramadol hcl 100 mg tablet  | 3    |                           |
| TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 17-83  | 3    | PA                        |
| TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG                               | 3    | PA                        |
| TRAMADOL ORAL SOLUTION  | 3    |                           |
| tramadol oral tablet 100 mg   | 3    |                           |
| TRAMADOL ORAL TABLET 25 MG  | 3    | QL                        |
| tramadol oral tablet 50 mg  | 1    |                           |
| TRAMADOL ORAL TABLET 75 MG  | 3    | PA; QL; S                 |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| tramadol oral tablet extended release 24 hr  | 3    | PA                        |
| tramadol oral tablet, er multiphase 24 hr  | 3    | PA                        |
| XTAMPZA ER   | 2    | PA                        |
| XYVONA   | 3    | PA                        |
| <b>ANALGESIC OPIOID CODEINE COMBINATIONS</b>   |      |                           |
| acetaminophen-codeine  | 1    |                           |
| ascomp with codeine  | 1    |                           |
| butalbital-acetaminop-caf-cod  | 1    | QL                        |
| codeine-butalbital-asa-caff  | 1    |                           |
| <b>ANALGESIC OPIOID DIHYDROCODEINE COMBINATIONS</b>  |      |                           |
| acetaminophen-caff-dihydrocod 320.5-30-16 mg   | 1    |                           |
| TREZIX   | 3    |                           |
| <b>ANALGESIC OPIOID DIHYDROCODEINE, NON-SALICYLATE ANALGESIC,XANTHINE</b>                              |      |                           |
| acetaminophen-caff-dihydrocod 320.5-30-16 mg   | 1    |                           |
| TREZIX   | 3    |                           |
| <b>ANALGESIC OPIOID HYDROCODONE AND NON-SALICYLATE COMBINATIONS</b>                                    |      |                           |
| hydrocodone-acetaminophen oral solution  | 1    |                           |
| hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg | 1    |                           |
| hydrocodone-acetaminophen oral tablet 2.5-325 mg   | 1    | PA                        |
| <b>ANALGESIC OPIOID HYDROCODONE AND NSAID COMBINATIONS</b>   |      |                           |
| hydrocodone-ibuprofen  | 1    |                           |
| <b>ANALGESIC OPIOID HYDROCODONE COMBINATIONS</b>   |      |                           |
| hydrocodone-acetaminophen oral solution  | 1    |                           |
| hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg | 1    |                           |
| hydrocodone-acetaminophen oral tablet 2.5-325 mg   | 1    | PA                        |
| hydrocodone-ibuprofen  | 1    |                           |
| <b>ANALGESIC OPIOID OXYCODONE AND NON-SALICYLATE COMBINATIONS</b>                                      |      |                           |
| endocet  | 1    |                           |
| NALOCET  | 3    | PA                        |
| oxycodone-acetaminophen oral solution 10-300 mg/5 ml   | 3    | PA                        |
| oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 5-300 mg, 7.5-300 mg                        | 3    | PA                        |
| oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg                        | 1    |                           |
| PERCOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG   | 3    |                           |
| PROLATE  | 3    | PA                        |
| <b>ANALGESIC OPIOID OXYCODONE COMBINATIONS</b>   |      |                           |
| endocet  | 1    |                           |
| NALOCET  | 3    | PA                        |
| oxycodone-acetaminophen oral solution 10-300 mg/5 ml   | 3    | PA                        |
| oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 5-300 mg, 7.5-300 mg                        | 3    | PA                        |
| oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg                        | 1    |                           |
| PERCOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG   | 3    |                           |
| PROLATE  | 3    | PA                        |
| <b>ANALGESIC OPIOID PARTIAL-MIXED AGONISTS</b>   |      |                           |
| BELBUCA  | 3    | PA                        |

| Product Description   | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| buprenorphine   | 1    | PA                        |
| butorphanol nasal   | 1    | QL                        |
| BUTRANS   | 3    | PA                        |
| pentazocine-naloxone  | 1    |                           |
| <b>ANALGESIC OPIOID TRAMADOL AND NON-SALICYLATE COMBINATIONS</b>                      |      |                           |
| tramadol-acetaminophen  | 1    |                           |
| <b>ANALGESIC OPIOID TRAMADOL COMBINATIONS</b>   |      |                           |
| tramadol-acetaminophen  | 1    |                           |
| <b>ANALGESIC OR ANTIPYRETIC NON-OPIOID/SEDATIVE COMBINATIONS</b>                      |      |                           |
| butalbital-acetaminophen oral capsule   | 3    | QL                        |
| butalbital-acetaminophen oral tablet 50-300 mg  | 3    | QL                        |
| butalbital-acetaminophen oral tablet 50-325 mg  | 1    |                           |
| butalbital-acetaminophen-caff oral capsule 50-300-40 mg                               | 1    |                           |
| butalbital-acetaminophen-caff oral capsule 50-325-40 mg                               | 3    |                           |
| butalbital-acetaminophen-caff oral solution   | 1    | PA; QL                    |
| butalbital-acetaminophen-caff oral tablet   | 3    |                           |
| FIORICET  | 3    |                           |
| TENCON  | 3    |                           |
| <b>ANTI-INFLAMMATORY - ANTIMITOTICS</b>   |      |                           |
| LODOCO  | 3    | PA; QL                    |
| <b>ANTI-INFLAMMATORY - COMPLEMENT (C5) RECEPTOR INHIBITORS</b>                        |      |                           |
| TAVNEOS   | 3    | PA; QL; S                 |
| <b>ANTI-INFLAMMATORY - INTERLEUKIN-1 RECEPTOR ANTAGONIST</b>                          |      |                           |
| ARCALYST  | 3    | PA; QL; S                 |
| <b>ANTI-INFLAMMATORY AND ANTIPRURITIC-BRUTON'S TYROSINE KINASE INHIBITORS</b>         |      |                           |
| RHAPSIDO  | 3    | PA; QL; MS; S             |
| <b>ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITING AGENTS, NON-SELECTIVE</b>       |      |                           |
| ENBREL MINI   | 2    | PA; QL; MS; S             |
| ENBREL SUBCUTANEOUS SOLUTION  | 2    | PA; QL; MS; S             |
| ENBREL SUBCUTANEOUS SYRINGE   | 2    | PA; QL; MS; S             |
| ENBREL SURECLICK  | 2    | PA; QL; MS; S             |
| <b>ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITING AGENTS, TNF-ALPHA SELECTIVE</b> |      |                           |
| ABRILADA(CF)  | 3    | PA; QL; S                 |
| ABRILADA(CF) PEN  | 3    | PA; QL; S                 |
| ADALIMUMAB-AACF SUBCUTANEOUS PEN INJECTOR KIT   | 3    | PA; QL; MS; S             |
| ADALIMUMAB-AACF SUBCUTANEOUS SYRINGE KIT  | 3    | PA; QL; MS; S             |
| ADALIMUMAB-AACF(CF) PEN CROHNS  | 3    | PA; QL; MS; S             |
| ADALIMUMAB-AACF(CF) PEN PS-UV   | 3    | PA; QL; MS; S             |
| ADALIMUMAB-AATY   | 3    | PA; QL; S                 |
| ADALIMUMAB-AATY(CF) AI CROHNS   | 3    | PA; QL; MS; S             |
| ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR   | 3    | PA; QL; MS; S             |
| adalimumab-adaz subcutaneous syringe 10 mg/0.1 ml                                     | 3    | PA; QL; MS; S             |
| ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE 20 MG/0.2 ML, 40 MG/0.4 ML                       | 3    | PA; QL; MS; S             |
| ADALIMUMAB-ADBIM (BOEHRINGER ING.)  | 3    | PA; QL; MS; S             |
| ADALIMUMAB-FKJP SUBCUTANEOUS PEN INJECTOR KIT   | 3    | PA; QL; S                 |
| ADALIMUMAB-FKJP SUBCUTANEOUS SYRINGE KIT  | 3    | PA; QL; S                 |
| adalimumab-ryvk subcutaneous auto-injector, kit 80 mg/0.8 ml                          | 3    | PA; QL; MS; S             |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| AMJEVITA(CF) AUTOINJECTOR  | 3    | PA; QL; MS; S             |
| AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.2 ML, 40 MG/0.4 ML, 40 MG/0.8 ML | 3    | PA; QL; MS; S             |
| CIMZIA   | 3    | PA; QL; MS; S             |
| CIMZIA STARTER KIT   | 3    | PA; QL; MS; S             |
| CYLTEZO(CF)  | 3    | PA; QL; MS; S             |
| CYLTEZO(CF) PEN  | 3    | PA; QL; MS; S             |
| HADLIMA  | 2    | PA; QL; MS; S             |
| HADLIMA PUSHTOUCH  | 2    | PA; QL; MS; S             |
| HADLIMA(CF)  | 2    | PA; QL; MS; S             |
| HADLIMA(CF) PUSHTOUCH  | 2    | PA; QL; MS; S             |
| HULIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT  | 3    | PA; QL; S                 |
| HULIO(CF) SUBCUTANEOUS SYRINGE KIT   | 3    | PA; QL; S                 |
| HUMIRA PEN (ABBVIE)  | 2    | PA; QL; MS; S             |
| HUMIRA SYRINGE KIT (ABBVIE)  | 2    | PA; QL; MS; S             |
| HUMIRA(CF) (ABBVIE)  | 2    | PA; QL; MS; S             |
| HUMIRA(CF) PEN (ABBVIE)  | 2    | PA; QL; MS; S             |
| HUMIRA(CF) PEN CROHNS-UC-HS (ABBVIE)   | 2    | PA; QL; MS; S             |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS (ABBVIE)  | 2    | PA; QL; MS; S             |
| HYRIMOZ PEN CROHN'S-UC STARTER (SANDOZ)  | 3    | PA; QL; MS; S             |
| HYRIMOZ PEN PSORIASIS STARTER (SANDOZ)   | 3    | PA; QL; MS; S             |
| HYRIMOZ(CF) (SANDOZ)   | 3    | PA; QL; MS; S             |
| HYRIMOZ(CF) PEDI CROHN STARTER (SANDOZ)  | 3    | PA; QL; MS; S             |
| HYRIMOZ(CF) PEN (SANDOZ)   | 3    | PA; QL; MS; S             |
| SIMLANDI(CF) AUTOINJECTOR  | 2    | PA; QL; MS; S             |
| SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML                         | 2    | PA; QL; MS; S             |
| SIMPONI  | 3    | PA; QL; MS; S             |
| YUFLYMA(CF)  | 3    | PA; QL; S                 |
| YUFLYMA(CF) AI CROHN'S-UC-HS   | 3    | PA; QL; S                 |
| YUFLYMA(CF) AUTOINJECTOR   | 3    | PA; QL; S                 |
| YUSIMRY(CF) PEN  | 3    | PA; QL; S                 |
| ZYMFENTRA  | 3    | PA; QL; MS; S             |
| <b>DMARD - ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITING AGENTS</b>                 |      |                           |
| ABRILADA(CF)   | 3    | PA; QL; S                 |
| ABRILADA(CF) PEN   | 3    | PA; QL; S                 |
| ADALIMUMAB-AACF SUBCUTANEOUS PEN INJECTOR KIT  | 3    | PA; QL; MS; S             |
| ADALIMUMAB-AACF SUBCUTANEOUS SYRINGE KIT   | 3    | PA; QL; MS; S             |
| ADALIMUMAB-AACF(CF) PEN CROHNS   | 3    | PA; QL; MS; S             |
| ADALIMUMAB-AACF(CF) PEN PS-UV  | 3    | PA; QL; MS; S             |
| ADALIMUMAB-AATY  | 3    | PA; QL; S                 |
| ADALIMUMAB-AATY(CF) AI CROHNS  | 3    | PA; QL; MS; S             |
| ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR  | 3    | PA; QL; MS; S             |
| adalimumab-adaz subcutaneous syringe 10 mg/0.1 ml  | 3    | PA; QL; MS; S             |
| ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE 20 MG/0.2 ML, 40 MG/0.4 ML                          | 3    | PA; QL; MS; S             |
| ADALIMUMAB-ADBIM (BOEHRINGER ING.)   | 3    | PA; QL; MS; S             |
| ADALIMUMAB-FKJP SUBCUTANEOUS PEN INJECTOR KIT  | 3    | PA; QL; S                 |
| ADALIMUMAB-FKJP SUBCUTANEOUS SYRINGE KIT   | 3    | PA; QL; S                 |
| adalimumab-ryvk subcutaneous auto-injector, kit 80 mg/0.8 ml                             | 3    | PA; QL; MS; S             |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| AMJEVITA(CF) AUTOINJECTOR  | 3    | PA; QL; MS; S             |
| AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.2 ML, 40 MG/0.4 ML, 40 MG/0.8 ML | 3    | PA; QL; MS; S             |
| CIMZIA   | 3    | PA; QL; MS; S             |
| CIMZIA STARTER KIT   | 3    | PA; QL; MS; S             |
| CYLTEZO(CF)  | 3    | PA; QL; MS; S             |
| CYLTEZO(CF) PEN  | 3    | PA; QL; MS; S             |
| ENBREL MINI  | 2    | PA; QL; MS; S             |
| ENBREL SUBCUTANEOUS SOLUTION   | 2    | PA; QL; MS; S             |
| ENBREL SUBCUTANEOUS SYRINGE  | 2    | PA; QL; MS; S             |
| ENBREL SURECLICK   | 2    | PA; QL; MS; S             |
| HADLIMA  | 2    | PA; QL; MS; S             |
| HADLIMA PUSHTOUCH  | 2    | PA; QL; MS; S             |
| HADLIMA(CF)  | 2    | PA; QL; MS; S             |
| HADLIMA(CF) PUSHTOUCH  | 2    | PA; QL; MS; S             |
| HULIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT  | 3    | PA; QL; S                 |
| HULIO(CF) SUBCUTANEOUS SYRINGE KIT   | 3    | PA; QL; S                 |
| HUMIRA PEN (ABBVIE)  | 2    | PA; QL; MS; S             |
| HUMIRA SYRINGE KIT (ABBVIE)  | 2    | PA; QL; MS; S             |
| HUMIRA(CF) (ABBVIE)  | 2    | PA; QL; MS; S             |
| HUMIRA(CF) PEN (ABBVIE)  | 2    | PA; QL; MS; S             |
| HUMIRA(CF) PEN CROHNS-UC-HS (ABBVIE)   | 2    | PA; QL; MS; S             |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS (ABBVIE)  | 2    | PA; QL; MS; S             |
| HYRIMOZ PEN CROHN'S-UC STARTER (SANDOZ)  | 3    | PA; QL; MS; S             |
| HYRIMOZ PEN PSORIASIS STARTER (SANDOZ)   | 3    | PA; QL; MS; S             |
| HYRIMOZ(CF) (SANDOZ)   | 3    | PA; QL; MS; S             |
| HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML                         | 3    | PA; QL; MS; S             |
| HYRIMOZ(CF) PEN (SANDOZ)   | 3    | PA; QL; MS; S             |
| SIMLANDI(CF) AUTOINJECTOR  | 2    | PA; QL; MS; S             |
| SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML                         | 2    | PA; QL; MS; S             |
| SIMPONI  | 3    | PA; QL; MS; S             |
| YUFLYMA(CF)  | 3    | PA; QL; S                 |
| YUFLYMA(CF) AI CROHN'S-UC-HS   | 3    | PA; QL; S                 |
| YUFLYMA(CF) AUTOINJECTOR   | 3    | PA; QL; S                 |
| YUSIMRY(CF) PEN  | 3    | PA; QL; S                 |
| <b>DMARD - ANTIMALARIALS</b>   |      |                           |
| hydroxychloroquine oral tablet 100 mg, 300 mg, 400 mg                                    | 1    | QL                        |
| hydroxychloroquine oral tablet 200 mg  | 1    |                           |
| PLAQUENIL  | 3    |                           |
| SOVUNA   | 3    | PA; QL                    |
| <b>DMARD - ANTIMETABOLITES</b>   |      |                           |
| JYLAMVO  | 3    | PA; QL                    |
| methotrexate sodium  | 1    |                           |
| methotrexate sodium (pf) injection solution  | 1    |                           |
| RASUVO (PF)  | 3    | PA; QL                    |
| TREXALL  | 3    |                           |
| XATMEP   | 3    | PA                        |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| <b>DMARD - ANTIINFLAMMATORY, SELECT. COSTIMULATION MODULATOR,T-CELL INHIB.</b> |      |                           |
| ORENCIA  | 3    | PA; QL; MS; S             |
| ORENCIA CLICKJECT  | 3    | PA; QL; MS; S             |
| <b>DMARD - GOLD COMPOUNDS</b>  |      |                           |
| auranofin  | 3    | PA; QL                    |
| RIDAURA  | 3    | PA; QL                    |
| <b>DMARD - IMMUNOSUPPRESSIVES</b>  |      |                           |
| AZASAN   | 3    | PA; QL; S; PV             |
| azathioprine oral tablet 100 mg, 75 mg   | 3    | PA; QL; S; PV             |
| azathioprine oral tablet 50 mg   | 1    | S; PV                     |
| CELLCEPT   | 3    | S; PV                     |
| cyclophosphamide oral capsule  | 1    |                           |
| CYCLOPHOSPHAMIDE ORAL TABLET 50 MG   | 3    |                           |
| cyclosporine modified  | 1    | S; PV                     |
| cyclosporine oral capsule  | 1    | S; PV                     |
| gengraf oral capsule   | 1    | S; PV                     |
| IMURAN   | 3    | S; PV                     |
| mycophenolate mofetil  | 1    | S; PV                     |
| NEORAL   | 3    | S; PV                     |
| SANDIMMUNE ORAL CAPSULE  | 3    | S; PV                     |
| <b>DMARD - INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)</b>                      |      |                           |
| KINERET  | 3    | PA; QL; S                 |
| <b>DMARD - INTERLEUKIN-6 (IL-6) RECEPTOR INHIBITORS, MONOCLONAL ANTIBODY</b>   |      |                           |
| ACTEMRA ACTPEN   | 2    | PA; QL; MS; S             |
| ACTEMRA SUBCUTANEOUS   | 2    | PA; QL; MS; S             |
| AVTOZMA AUTOINJECTOR   | 3    | PA; QL; S                 |
| AVTOZMA SUBCUTANEOUS   | 3    | PA; QL; S                 |
| KEVZARA SUBCUTANEOUS PEN INJECTOR  | 3    | PA; QL; MS; S             |
| KEVZARA SUBCUTANEOUS SYRINGE 200 MG/1.14 ML                                    | 3    | PA; QL; MS; S             |
| TYENNE AUTOINJECTOR  | 2    | PA; QL; MS; S             |
| TYENNE SUBCUTANEOUS  | 2    | PA; QL; MS; S             |
| <b>DMARD - JANUS KINASE (JAK) INHIBITORS</b>                                   |      |                           |
| OLUMIANT   | 3    | PA; QL; MS; S             |
| RINVOQ   | 2    | PA; QL; MS; S             |
| RINVOQ LQ  | 2    | PA; QL; MS; S             |
| XELJANZ ORAL SOLUTION  | 2    | PA; QL; MS; S             |
| XELJANZ ORAL TABLET 5 MG   | 2    | PA; QL; MS; S             |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG                            | 2    | PA; QL; MS; S             |
| <b>DMARD - OTHER</b>   |      |                           |
| AZULFIDINE   | 3    |                           |
| AZULFIDINE EN-TABS   | 3    |                           |
| CUPRIMINE  | 3    | PA; QL                    |
| DEPEN TITRATABS  | 3    |                           |
| minocycline oral capsule   | 1    |                           |
| minocycline oral tablet  | 1    |                           |
| penicillamine oral capsule (generic for cuprimine)                             | 1    | QL                        |
| penicillamine oral tablet (generic for depen)                                  | 3    | PA                        |
| sulfasalazine  | 1    |                           |

| Product Description   | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| <b>DMARD - PHOSPHODIESTERASE-4 (PDE4) INHIBITORS</b>  |      |                           |
| OTEZLA  | 2    | PA; QL; MS; S             |
| OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47) | 2    | PA; QL; MS; S             |
| OTEZLA XR   | 2    | PA; QL; MS; S             |
| OTEZLA XR INITIATION  | 2    | PA; QL; MS; S             |
| <b>DMARD - PYRIMIDINE SYNTHESIS INHIBITORS</b>  |      |                           |
| ARAVA   | 3    |                           |
| leflunomide   | 1    |                           |
| <b>IMMUNOMODULATOR - RHO KINASE INHIBITOR</b>   |      |                           |
| REZUROCK  | 3    | PA; QL; MS; S             |
| <b>IMMUNOMODULATOR B-LYMPHOCYTE STIMULATOR (BLYS)-SPECIFIC INHIBITOR MCAB</b>               |      |                           |
| BENLYSTA SUBCUTANEOUS   | 3    | QL; MS; S                 |
| <b>NSAID ANALGESIC AND HISTAMINE H2 RECEPTOR ANTAGONIST COMBINATIONS</b>                    |      |                           |
| ibuprofen-famotidine  | 3    | PA; QL                    |
| <b>NSAID ANALGESIC AND NON-SALICYLATE ANALGESIC COMBINATION</b>                             |      |                           |
| COMBOGESIC  | 3    | PA                        |
| <b>NSAID ANALGESIC AND PROSTAGLANDIN ANALOG COMBINATIONS</b>                                |      |                           |
| ARTHROTEC 50  | 3    | QL                        |
| ARTHROTEC 75  | 3    | QL                        |
| diclofenac-misoprostol  | 3    | QL                        |
| <b>NSAID ANALGESIC AND PROTON PUMP INHIBITOR COMBINATIONS</b>                               |      |                           |
| naproxen-esomeprazole   | 3    | PA; QL                    |
| <b>NSAID ANALGESIC, CYCLOOXYGENASE-2 (COX-2) SELECTIVE INHIBITORS</b>                       |      |                           |
| CELEBREX  | 3    | QL                        |
| celecoxib   | 1    | QL                        |
| VYSCOXA   | 3    | PA; QL                    |
| <b>NSAID ANALGESICS (COX NON-SPECIFIC) - ANTHRANILIC ACID DERIVATIVES</b>                   |      |                           |
| MECLOFENAMATE   | 3    | PA                        |
| mefenamic acid  | 3    |                           |
| <b>NSAID ANALGESICS (COX NON-SPECIFIC) - OTHER</b>  |      |                           |
| ketorolac oral  | 1    | QL                        |
| nabumetone  | 1    | QL                        |
| RELAFEN DS  | 3    | PA; QL                    |
| SPRIX   | 3    | PA; QL; S                 |
| sulindac  | 1    |                           |
| TOLECTIN 600  | 3    | PA; QL                    |
| TOLECTIN DS   | 3    | PA; QL                    |
| tolmetin oral capsule   | 3    | PA                        |
| tolmetin oral tablet 600 mg   | 3    | PA; QL                    |
| <b>NSAID ANALGESICS (COX NON-SPECIFIC) - OXICAM DERIVATIVES</b>                             |      |                           |
| MELOXICAM ORAL SUSPENSION   | 3    | PA; QL                    |
| meloxicam oral tablet   | 1    |                           |
| meloxicam submicronized   | 3    | PA; QL                    |
| piroxicam   | 1    |                           |
| VIVLODEX  | 3    | PA; QL                    |
| ZYBIC   | 3    | PA; QL                    |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| <b>NSAID ANALGESICS (COX NON-SPECIFIC) - PHENYLACETIC ACID DERIVATIVES</b>   |      |                           |
| CAMBIA   | 3    | QL                        |
| diclofenac potassium oral capsule  | 3    | PA; QL                    |
| diclofenac potassium oral powder in packet                                   | 3    | QL                        |
| diclofenac potassium oral tablet 25 mg                                       | 3    | PA; QL                    |
| diclofenac potassium oral tablet 50 mg                                       | 1    |                           |
| diclofenac sodium oral   | 1    |                           |
| DICLOFENAC SUBMICRONIZED   | 3    | PA; QL                    |
| LOFENA   | 3    | PA; QL                    |
| ZIPSOR   | 3    | PA; QL                    |
| ZORVOLEX   | 3    | PA; QL                    |
| <b>NSAID ANALGESICS (COX NON-SPECIFIC) - PROPIONIC ACID DERIVATIVES</b>      |      |                           |
| ANAPROX DS   | 3    |                           |
| COXANTO  | 3    | PA; QL                    |
| EC-NAPROSYN  | 3    |                           |
| FENOPROFEN ORAL CAPSULE 200 MG   | 3    | PA                        |
| fenoprofen oral capsule 400 mg   | 3    | PA                        |
| fenoprofen oral tablet   | 3    | PA                        |
| FENOPRON   | 3    | PA                        |
| flurbiprofen oral tablet 100 mg  | 3    |                           |
| ibu  | 1    |                           |
| ibuprofen 300 mg tablet  | 1    | PA; QL                    |
| ibuprofen oral tablet 400 mg, 600 mg, 800 mg                                 | 1    |                           |
| ketoprofen oral capsule 25 mg  | 3    | PA                        |
| ketoprofen oral capsule 50 mg  | 1    |                           |
| ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg                        | 3    |                           |
| LURBIRO  | 3    |                           |
| NALFON ORAL CAPSULE 400 MG   | 3    | PA                        |
| NALFON ORAL TABLET   | 3    | PA                        |
| NAPRELAN CR  | 3    | PA                        |
| NAPROSYN ORAL SUSPENSION   | 3    | PA                        |
| NAPROSYN ORAL TABLET 500 MG  | 3    |                           |
| naproxen oral suspension   | 3    | PA                        |
| naproxen oral tablet   | 1    |                           |
| naproxen oral tablet,delayed release (dr/ec)                                 | 3    |                           |
| naproxen sodium oral tablet 275 mg, 550 mg                                   | 3    |                           |
| naproxen sodium oral tablet, er multiphase 24 hr                             | 3    | PA                        |
| OXAPROZIN ORAL CAPSULE   | 3    | PA; QL                    |
| oxaprozin oral tablet  | 3    | QL                        |
| <b>NSAID ANALGESICS (CYCLOOXYGENASE INHIBITORS-NON-SELECTIVE)</b>            |      |                           |
| CAMBIA   | 3    | QL                        |
| diclofenac potassium oral powder in packet                                   | 3    | QL                        |
| <b>NSAID ANALGESICS, (COX NON-SPECIFIC) - INDOLE ACETIC ACID DERIVATIVES</b> |      |                           |
| etodolac   | 1    |                           |
| INDOCIN  | 3    | PA                        |
| indomethacin oral capsule  | 1    |                           |
| indomethacin oral capsule, extended release                                  | 1    |                           |
| indomethacin oral suspension   | 3    | PA                        |

| Product Description   | Tier | Limits/Restrictions/Notes                 |
|---|------|---|
| indomethacin rectal suppository 50 mg   | 3    | PA  |
| LODINE ORAL TABLET  | 3    |   |
| <b>SALICYLATE ANALGESIC AND SEDATIVE COMBINATIONS</b>                             |      |   |
| butalbital-aspirin-caffeine oral capsule  | 1    | QL  |
| butalbital-aspirin-caffeine oral tablet   | 3    |   |
| <b>SALICYLATE ANALGESICS</b>  |      |   |
| ADULT ASPIRIN REGIMEN   | 3    | QL; Covered in full age 59 and under*; PV |
| ASPIRIN CHILDRENS   | 1    | QL; Covered in full age 59 and under*; PV |
| aspirin oral tablet, chewable   | 1    | QL; Covered in full age 59 and under*; PV |
| aspirin oral tablet, delayed release (dr/ec) 81 mg                                | 1    | QL; Covered in full age 59 and under*; PV |
| bayer low dose aspirin  | 1    | QL; Covered in full age 59 and under*; PV |
| CHILDREN'S ASPIRIN  | 1    | QL; Covered in full age 59 and under*; PV |
| diflunisal  | 1    |   |
| DOLOBID ORAL TABLET 250 MG  | 3    | PA  |
| DOLOBID ORAL TABLET 375 MG  | 3    | PA; QL                                    |
| ecotrin low strength  | 1    | QL; Covered in full age 59 and under*; PV |
| salsalate   | 1    |   |
| ST JOSEPH ASPIRIN   | 3    | QL; Covered in full age 59 and under*; PV |
| ST. JOSEPH ASPIRIN  | 3    | QL; Covered in full age 59 and under*; PV |
| <b>ANESTHETICS</b>  |      |   |
| <b>LOCAL ANESTHETIC - AMIDES</b>  |      |   |
| lidocaine (pf) injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %) | 1    |   |
| lidocaine hcl laryngotracheal   | 1    |   |
| XYLOCAINE-MPF INJECTION SOLUTION 10 MG/ML (1 %), 20 MG/ML (2 %), 5 MG/ML (0.5 %)  | 3    |   |
| <b>ANORECTAL PREPARATIONS</b>   |      |   |
| <b>ANAL FISSURE PAIN/TREATMENT AGENTS - NITRATES</b>                              |      |   |
| nitroglycerin rectal  | 1    | QL  |
| RECTIV  | 3    | QL  |
| <b>ANORECTAL - GLUCOCORTICOIDS</b>  |      |   |
| ANUSOL-HC TOPICAL   | 3    |   |
| hydrocortisone acetate topical cream with perineal applicator                     | 1    | PA; QL                                    |
| hydrocortisone topical cream with perineal applicator                             | 1    |   |
| MICORT-HC   | 3    | PA; QL                                    |
| procto-med hc   | 1    |   |
| proctosol hc topical  | 1    |   |
| proctozone-hc   | 1    |   |
| <b>ANORECTAL - HEMORRHOIDAL RECTAL GLUCOCORTICOID-LOCAL ANESTHETIC COMB</b>       |      |   |
| ANALPRAM-HC RECTAL CREAM 1-1 %  | 3    |   |
| lidocaine hcl-hydrocortison ac rectal cream                                       | 1    |   |
| lidocaine hcl-hydrocortison ac rectal gel   | 1    |   |
| PROCTOFOAM HC   | 3    |   |
| <b>ANTIDOTES AND OTHER REVERSAL AGENTS</b>  |      |   |
| <b>ANTIDOTE - ACETAMINOPHEN POISONING</b>   |      |   |
| ACETADOTE   | 3    |   |
| acetylcysteine  | 1    |   |
| acetylcysteine intravenous  | 3    |   |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| <b>ANTIDOTE - RADIOACTIVE AGENTS</b>                       |      |                           |
| RADIOGARDASE   | 3    |                           |
| <b>ANTIDOTE OTHERS</b>                                     |      |                           |
| GALZIN   | 3    | PA; S                     |
| RADIOGARDASE   | 3    |                           |
| <b>CHELATING AGENTS - COPPER</b>                           |      |                           |
| CUPRIMINE  | 3    | PA; QL                    |
| CUVRIOR  | 3    | PA; QL; S                 |
| DEPEN TITRATABS  | 3    |                           |
| penicillamine oral capsule (generic for cuprimine)         | 1    | QL                        |
| penicillamine oral tablet (generic for depen)              | 3    | PA                        |
| SYPRINE  | 3    | PA                        |
| trientine oral capsule 250 mg                              | 2    | PA                        |
| TRIENTINE ORAL CAPSULE 500 MG                              | 3    | PA; QL                    |
| <b>CHELATING AGENTS - IRON</b>                             |      |                           |
| deferasirox oral granules in packet                        | 3    | MS; S                     |
| deferasirox oral tablet                                    | 1    | MS; S                     |
| deferasirox oral tablet, dispersible                       | 1    | MS; S                     |
| deferiprone  | 3    | MS; S                     |
| EXJADE   | 3    | MS; S                     |
| FERRIPROX (2 TIMES A DAY)                                  | 3    | S                         |
| FERRIPROX ORAL SOLUTION                                    | 3    | S                         |
| FERRIPROX ORAL TABLET 1,000 MG                             | 3    | S                         |
| JADENU   | 3    | MS; S                     |
| JADENU SPRINKLE  | 3    | MS; S                     |
| <b>CHELATING AGENTS - LEAD POISONING</b>                   |      |                           |
| CHEMET   | 3    |                           |
| <b>MU-OPIOID RECEPTOR ANTAGONISTS, PERIPHERALLY-ACTING</b> |      |                           |
| alvimopan  | 1    |                           |
| MOVANTIK   | 2    | QL                        |
| RELISTOR ORAL  | 3    | ST; QL                    |
| RELISTOR SUBCUTANEOUS SOLUTION                             | 3    | QL                        |
| RELISTOR SUBCUTANEOUS SYRINGE                              | 3    | QL                        |
| SYMPROIC   | 3    | ST; QL                    |
| <b>OPIOID REVERSAL AGENTS - OPIOID ANTAGONISTS</b>         |      |                           |
| ft naloxone hcl 4 mg nasal spr (otc)                       | 3    |                           |
| gnp naloxone hcl 4 mg nasal sp (otc)                       | 3    |                           |
| KLOXXADO   | 2    | PV                        |
| LIFEMS NALOXONE  | 3    | PV                        |
| naloxone hcl 4 mg nasal spray inner (otc)                  | 3    |                           |
| naloxone hcl 4 mg nasal spray outer (otc)                  | 3    |                           |
| naloxone injection solution                                | 1    | PV                        |
| naloxone injection syringe                                 | 1    | PV                        |
| naloxone nasal spray,non-aerosol 4 mg/actuation            | 1    | PV                        |
| NARCAN   | 3    | PV                        |
| OPVEE  | 2    |                           |
| REXTOVY  | 2    | PV                        |
| ZIMHI  | 2    | PV                        |
| ZURNAI   | 2    |                           |

| Product Description   | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| <b>ANTI-INFECTIVE AGENTS</b>  |      |                           |
| <b>AMEBICIDES</b>   |      |                           |
| HUMATIN   | 3    | MS; S                     |
| <b>AMINOGLYCOSIDE ANTIBIOTIC</b>  |      |                           |
| ARIKAYCE  | 3    | PA; QL; S                 |
| gentamicin injection  | 1    |                           |
| neomycin  | 1    |                           |
| tobramycin sulfate injection solution                                     | 1    |                           |
| <b>AMINOMETHYLCYCLINE ANTIBIOTICS</b>                                     |      |                           |
| NUZYRA ORAL   | 3    | PA; QL                    |
| <b>AMINOPENICILLIN ANTIBIOTIC</b>   |      |                           |
| amoxicillin oral capsule  | 1    |                           |
| amoxicillin oral suspension for reconstitution                            | 1    |                           |
| amoxicillin oral tablet   | 1    |                           |
| amoxicillin oral tablet, chewable 125 mg, 250 mg                          | 1    |                           |
| ampicillin oral capsule 500 mg  | 1    |                           |
| MOXATAG   | 3    | PA                        |
| PIVYA   | 3    | PA; QL                    |
| <b>AMINOPENICILLIN ANTIBIOTIC - BETA-LACTAMASE INHIBITOR COMBINATIONS</b> |      |                           |
| amoxicillin-pot clavulanate   | 1    |                           |
| AUGMENTIN ES-600  | 3    |                           |
| AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML            | 3    |                           |
| <b>ANTHELMINTIC AGENTS - BENZIMIDAZOLE DERIVATIVES</b>                    |      |                           |
| albendazole   | 1    |                           |
| EMVERM  | 3    | PA; QL                    |
| <b>ANTHELMINTIC AGENTS - MACROCYCLIC LACTONES</b>                         |      |                           |
| ivermectin oral tablet 3 mg   | 1    |                           |
| ivermectin oral tablet 6 mg   | 3    |                           |
| STROMEKTOL  | 3    |                           |
| <b>ANTHELMINTIC AGENTS OTHER</b>  |      |                           |
| praziquantel  | 1    |                           |
| <b>ANTIBACTERIAL FOLATE ANTAGONIST - OTHER COMBINATIONS</b>               |      |                           |
| BACTRIM   | 3    |                           |
| BACTRIM DS  | 3    |                           |
| sulfamethoxazole-trimethoprim oral  | 1    |                           |
| sulfatrim   | 1    |                           |
| <b>ANTIBACTERIAL FOLATE ANTAGONIST OTHERS</b>                             |      |                           |
| PRIMSOL   | 3    |                           |
| trimethoprim  | 1    |                           |
| <b>ANTIBACTERIAL NITROFURAN DERIVATIVES</b>                               |      |                           |
| FURADANTIN  | 3    |                           |
| MACROBID  | 3    |                           |
| nitrofurantoin macrocrystal   | 1    |                           |
| nitrofurantoin monohydrate macrocrystals                                  | 1    |                           |
| nitrofurantoin oral suspension 25 mg/5 ml                                 | 3    |                           |
| NITROFURANTOIN ORAL SUSPENSION 50 MG/5 ML                                 | 3    |                           |
| <b>ANTIBACTERIAL OTHER</b>  |      |                           |
| fosfomicin tromethamine   | 1    |                           |

| Product Description                                       | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| <b>ANTIFUNGAL - ALLYLAMINES</b>                           |      |                           |
| terbinafine hcl oral                                      | 1    |                           |
| <b>ANTIFUNGAL - AMPHOTERIC POLYENE MACROLIDES</b>         |      |                           |
| amphotericin b  | 1    |                           |
| AMPHOTERICIN B (BULK)                                     | 3    |                           |
| nystatin oral tablet                                      | 1    |                           |
| <b>ANTIFUNGAL - FLUORINATED PYRIMIDINE-TYPE AGENTS</b>    |      |                           |
| ANCOBON   | 3    |                           |
| flucytosine   | 1    |                           |
| <b>ANTIFUNGAL - IMIDAZOLES</b>                            |      |                           |
| ketoconazole oral   | 1    |                           |
| ORAVIG  | 3    | PA                        |
| <b>ANTIFUNGAL - TETRAZOLES</b>                            |      |                           |
| VIVJOA  | 3    | PA; QL; S                 |
| <b>ANTIFUNGAL - TRIAZOLES</b>                             |      |                           |
| CRESEMBA ORAL   | 3    |                           |
| DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML      | 3    |                           |
| fluconazole   | 1    |                           |
| itraconazole oral capsule                                 | 2    |                           |
| itraconazole oral solution                                | 3    |                           |
| NOXAFIL ORAL SUSP, DELAYED RELEASE FOR RECON              | 3    |                           |
| posaconazole oral   | 3    |                           |
| SPORANOX ORAL CAPSULE                                     | 3    |                           |
| TOLSURA   | 3    | PA; QL                    |
| VFEND ORAL SUSPENSION FOR RECONSTITUTION                  | 3    |                           |
| voriconazole oral suspension for reconstitution           | 3    |                           |
| voriconazole oral tablet 200 mg                           | 3    | QL                        |
| voriconazole oral tablet 50 mg                            | 3    |                           |
| <b>ANTIFUNGAL OTHER</b>                                   |      |                           |
| griseofulvin microsize                                    | 1    |                           |
| griseofulvin ultramicrosize oral tablet 125 mg, 250 mg    | 1    |                           |
| griseofulvin ultramicrosize oral tablet 165 mg            | 3    | PA                        |
| <b>ANTI-INFECTIVE IMMUNOLOGIC ADJUVANTS - INTERFERONS</b> |      |                           |
| ACTIMMUNE   | 3    | PA; QL; MS; S             |
| <b>ANTILEPROTIC - IMMUNOMODULATORS</b>                    |      |                           |
| THALOMID ORAL CAPSULE 100 MG, 50 MG                       | 3    | QL; MS; S                 |
| <b>ANTILEPROTIC - SULFONE AGENTS</b>                      |      |                           |
| dapsone oral  | 1    |                           |
| <b>ANTIMALARIAL COMBINATIONS</b>                          |      |                           |
| atovaquone-proguanil                                      | 1    |                           |
| COARTEM   | 3    |                           |
| MALARONE  | 3    |                           |
| MALARONE PEDIATRIC  | 3    |                           |
| <b>ANTIMALARIALS</b>                                      |      |                           |
| ARAKODA   | 3    |                           |
| chloroquine phosphate                                     | 1    |                           |
| DARAPRIM  | 3    | PA; S                     |
| hydroxychloroquine oral tablet 100 mg, 300 mg, 400 mg     | 1    | QL                        |
| hydroxychloroquine oral tablet 200 mg                     | 1    |                           |
| KRINTAFEL   | 3    |                           |

| Product Description   | Tier | Limits/Restrictions/Notes             |
|---|------|---------------------------------------|
| mefloquine  | 1    |                                       |
| PLAQUENIL   | 3    |                                       |
| PRIMAQUINE 26.3 MG TABLET (SANOFI)  | 3    |                                       |
| primaquine oral tablet 26.3 mg (15 mg base)                                 | 1    |                                       |
| pyrimethamine   | 3    | PA; MS; S                             |
| QUALAQUIN   | 3    | PA                                    |
| quinine sulfate   | 3    | PA                                    |
| SOVUNA  | 3    | PA; QL                                |
| <b>ANTIPROTOZOAL AGENTS - NITROFURAN DERIVATIVES</b>                        |      |                                       |
| LAMPIT  | 3    |                                       |
| <b>ANTIPROTOZOAL AGENTS - NITROIMIDAZOLE DERIVATIVES</b>                    |      |                                       |
| BENZNIDAZOLE  | 3    | QL                                    |
| <b>ANTIPROTOZOAL AGENTS - OTHER</b>   |      |                                       |
| atovaquone  | 1    |                                       |
| IMPAVIDO  | 3    | PA; QL                                |
| MEPRON  | 3    |                                       |
| <b>ANTIPROTOZOAL AGENTS (ANTIPARASITIC) - 5-NITROTHIAZOLYL DERIVATIVES</b>  |      |                                       |
| ALINIA  | 3    | QL                                    |
| nitazoxanide  | 1    | QL                                    |
| <b>ANTIPROTOZOAL-ANTIBACTERIAL 1ST GENERATION 2-METHYL-5-NITROIMIDAZOLE</b> |      |                                       |
| metronidazole oral capsule  | 3    | PA                                    |
| metronidazole oral tablet 125 mg  | 3    | PA                                    |
| metronidazole oral tablet 250 mg, 500 mg                                    | 1    |                                       |
| <b>ANTIPROTOZOAL-ANTIBACTERIAL 2ND GENERATION 2-METHYL-5-NITROIMIDAZOLE</b> |      |                                       |
| tinidazole  | 1    |                                       |
| <b>ANTIRETROVIRAL - CAPSID INHIBITORS</b>                                   |      |                                       |
| SUNLENCA 4- 300 MG TABLET   | 3    | QL                                    |
| SUNLENCA 5- 300 MG TABLET   | 3    | QL                                    |
| YEZTUGO   | 3    | QL; S; Covered in full for PrEP only* |
| <b>ANTIRETROVIRAL - CCR5 CO-RECEPTOR ANTAGONIST</b>                         |      |                                       |
| maraviroc   | 1    | QL; S                                 |
| SELZENTRY ORAL SOLUTION   | 2    | S                                     |
| SELZENTRY ORAL TABLET 150 MG, 300 MG  | 3    | QL; S                                 |
| <b>ANTIRETROVIRAL - CD4 ATTACHMENT INHIBITORS</b>                           |      |                                       |
| RUKOBIA   | 3    | S                                     |
| <b>ANTIRETROVIRAL - HIV-1 INTEGRASE STRAND TRANSFER INHIBITORS</b>          |      |                                       |
| APRETUDE ER 600 MG/3 ML VIAL INNER, SUV                                     | 3    | QL; S; Covered in full for PrEP only* |
| APRETUDE ER 600 MG/3 ML VIAL OUTER, SUV                                     | 3    | QL; S; Covered in full for PrEP only* |
| APRETUDE ER 600 MG/3 ML VIAL SAMPLE, SUV                                    | 3    | QL; S; Covered in full for PrEP only* |
| ISENTRESS HD  | 2    | S                                     |
| ISENTRESS ORAL POWDER IN PACKET   | 2    | S                                     |
| ISENTRESS ORAL TABLET   | 2    | QL; S                                 |
| ISENTRESS ORAL TABLET,CHEWABLE  | 2    | QL; S                                 |
| TIVICAY ORAL TABLET 50 MG   | 3    | S                                     |
| TIVICAY PD  | 3    | S                                     |
| <b>ANTIRETROVIRAL - INTEGRASE INHIBITOR AND NNRTI COMBINATIONS</b>          |      |                                       |
| JULUCA  | 2    | S                                     |

| Product Description   | Tier | Limits/Restrictions/Notes             |
|---|------|---------------------------------------|
| <b>ANTIRETROVIRAL - INTEGRASE INHIBITOR AND NRTI COMBINATIONS</b>             |      |                                       |
| DOVATO  | 2    | S                                     |
| <b>ANTIRETROVIRAL - NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIB (NNRTI)</b>    |      |                                       |
| EDURANT   | 3    | S                                     |
| EDURANT PED   | 3    | S                                     |
| efavirenz oral tablet   | 1    | S                                     |
| etravirine  | 1    | S                                     |
| INTELENCE ORAL TABLET 100 MG, 200 MG  | 3    | S                                     |
| INTELENCE ORAL TABLET 25 MG   | 2    | S                                     |
| nevirapine  | 1    | S                                     |
| PIFELTRO  | 3    | QL; S                                 |
| rilpivirine hcl   | 3    | S                                     |
| <b>ANTIRETROVIRAL - NUCLEOSIDE AND NUCLEOTIDE ANALOG RTIS COMBINATIONS</b>    |      |                                       |
| CIMDUO  | 3    | QL; S                                 |
| DESCOVY   | 2    | S; Covered in full for PrEP only*     |
| emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg  | 1    | S                                     |
| emtricitabine-tenofovir (tdf) oral tablet 200-300 mg                          | 1    | S; Covered in full for PrEP only*     |
| TRUVADA   | 3    | S                                     |
| <b>ANTIRETROVIRAL - NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)</b>    |      |                                       |
| abacavir  | 1    | S                                     |
| emtricitabine   | 1    | S                                     |
| EMTRIVA   | 3    | S                                     |
| EPIVIR  | 3    | S                                     |
| lamivudine oral solution  | 1    | S                                     |
| lamivudine oral tablet 150 mg, 300 mg   | 1    | S                                     |
| RETROVIR ORAL CAPSULE   | 3    | S                                     |
| RETROVIR ORAL SYRUP   | 3    | S                                     |
| ZIAGEN ORAL SOLUTION  | 3    | S                                     |
| zidovudine  | 1    | S                                     |
| <b>ANTIRETROVIRAL - NUCLEOTIDE ANALOG REVERSE TRANSCRIPTASE INHIBITORS</b>    |      |                                       |
| tenofovir disoproxil fumarate   | 1    | S                                     |
| VIREAD  | 3    | S                                     |
| <b>ANTIRETROVIRAL - PRE-EXPOSURE PROPHYLAXIS (PREP)</b>                       |      |                                       |
| YEZTUGO   | 3    | QL; S; Covered in full for PrEP only* |
| <b>ANTIRETROVIRAL COMBINATIONS - PROTEASE INHIBITORS</b>                      |      |                                       |
| EVOTAZ  | 3    | QL; S                                 |
| KALETRA   | 3    | S                                     |
| lopinavir-ritonavir oral tablet   | 1    | S                                     |
| PREZCOBIX ORAL TABLET 675-150 MG  | 3    | QL                                    |
| PREZCOBIX ORAL TABLET 800-150 MG-MG   | 3    | QL; S                                 |
| <b>ANTIRETROVIRAL- NUCLEOSIDE AND NUCLEOTIDE ANALOGS,PROTEASE INHIBITORS</b>  |      |                                       |
| SYM TUZA  | 3    | QL; S                                 |
| <b>ANTIRETROVIRAL-INTEGRASE INHIBITOR,NUCLEOSIDE AND NUCLEOTIDE RTIS COMB</b> |      |                                       |
| BIKTARVY  | 2    | QL; S                                 |
| GENVOYA   | 2    | S                                     |

| Product Description   | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| STRIBILD  | 3    | QL; S                     |
| <b>ANTIRETROVIRAL-NUCLEOSIDE ANALOGS AND INTEGRASE INHIBITOR COMBINATIONS</b>     |      |                           |
| TRIUMEQ   | 2    | S                         |
| TRIUMEQ PD  | 2    | QL; S                     |
| <b>ANTIRETROVIRAL-NUCLEOSIDE ANALOGS AND NON-NUCLEOSIDE RTIS COMBINATIONS</b>     |      |                           |
| IDVYNZO   | 3    | QL; S                     |
| <b>ANTIRETROVIRAL-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI) COMB</b>     |      |                           |
| abacavir-lamivudine   | 1    | S                         |
| lamivudine-zidovudine   | 1    | S                         |
| <b>ANTIRETROVIRAL-NUCLEOSIDE, NUCLEOTIDE ANALOGS AND NON-NUCLEOSIDE RTI</b>       |      |                           |
| COMPLERA  | 3    | S                         |
| DELSTRIGO   | 3    | QL; S                     |
| efavirenz-emtricitabin-tenofov  | 1    | QL; S                     |
| efavirenz-lamivu-tenofov disop  | 1    | QL; S                     |
| emtricitita-rilpivirine-tenof df  | 1    | S                         |
| ODEFSEY   | 3    | S                         |
| SYMFI   | 3    | QL; S                     |
| <b>ANTITUBERCULAR - D-ALANINE ANALOGS</b>   |      |                           |
| cycloserine   | 1    |                           |
| <b>ANTITUBERCULAR - DIARYLQUINOLINE ANTIBIOTICS</b>                               |      |                           |
| SIRTURO   | 3    |                           |
| <b>ANTITUBERCULAR - ISONICOTINIC ACID DERIVATIVES</b>                             |      |                           |
| isoniazid oral  | 1    |                           |
| <b>ANTITUBERCULAR - NIACINAMIDE DERIVATIVES</b>                                   |      |                           |
| pyrazinamide  | 1    |                           |
| <b>ANTITUBERCULAR - NITROIMIDAZOLE DERIVATIVES</b>                                |      |                           |
| PRETOMANID  | 3    | QL                        |
| <b>ANTITUBERCULAR - RIFAMYCIN AND DERIVATIVES</b>                                 |      |                           |
| PRIFTIN   | 3    |                           |
| rifabutin   | 1    |                           |
| rifampin oral   | 1    |                           |
| <b>ANTITUBERCULAR AGENTS OTHER</b>  |      |                           |
| ethambutol  | 1    |                           |
| <b>BACTERIAL TOPOISOMERASE II INHIBITORS, OTHERS</b>                              |      |                           |
| BLUJEPa   | 3    | PA; QL                    |
| <b>CEPHALOSPORIN ANTIBIOTICS - 1ST GENERATION</b>                                 |      |                           |
| cefadroxil oral capsule   | 1    |                           |
| cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml            | 1    |                           |
| cefadroxil oral tablet  | 1    |                           |
| cephalexin  | 1    |                           |
| <b>CEPHALOSPORIN ANTIBIOTICS - 2ND GENERATION</b>                                 |      |                           |
| cefaclor oral capsule   | 1    |                           |
| cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml | 1    |                           |
| cefaclor oral tablet extended release 12 hr                                       | 1    |                           |
| cefprozil   | 1    |                           |
| cefuroxime axetil oral tablet   | 1    |                           |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| <b>CEPHALOSPORIN ANTIBIOTICS - 3RD GENERATION</b>  |      |                           |
| cefdinir   | 1    |                           |
| cefixime oral capsule  | 1    |                           |
| cefixime oral suspension for reconstitution  | 1    |                           |
| cefixime oral tablet   | 3    | PA                        |
| cefpodoxime  | 1    |                           |
| <b>CMV ANTIVIRAL AGENT - NUCLEOSIDE ANALOGS</b>  |      |                           |
| VALCYTE ORAL RECON SOLN  | 3    |                           |
| valganciclovir   | 1    |                           |
| <b>CMV ANTIVIRAL AGENT - PROTEIN KINASE INHIBITORS</b>   |      |                           |
| LIVTENCITY   | 3    | PA; QL; S                 |
| <b>CMV ANTIVIRAL AGENT - TERMINASE COMPLEX INHIBITORS</b>  |      |                           |
| PREVYMIS ORAL  | 3    | PA; QL                    |
| <b>FLUOROQUINOLONE ANTIBIOTICS</b>   |      |                           |
| BAXDELA ORAL   | 3    | QL                        |
| CIPRO ORAL SUSPENSION, MICROCAPSULE RECON  | 3    |                           |
| CIPRO ORAL TABLET 250 MG, 500 MG   | 3    |                           |
| ciprofloxacin  | 1    |                           |
| ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg   | 1    |                           |
| levofloxacin oral  | 1    |                           |
| moxifloxacin oral  | 1    |                           |
| ofloxacin oral tablet 300 mg, 400 mg   | 1    |                           |
| <b>GLYCOPEPTIDE ANTIBIOTICS</b>  |      |                           |
| FIRVANQ  | 3    |                           |
| VANOCIN  | 3    |                           |
| VANCOMYCIN 25 MG/ML ORAL SOLN (WILSHIRE PHARMACEUTICALS)   | 3    |                           |
| VANCOMYCIN 25 MG/ML ORAL SOLN OUTER  | 3    |                           |
| vancomycin intravenous recon soln 1,000 mg, 1.25 gram, 1.5 gram, 10 gram, 5 gram, 500 mg, 750 mg | 3    |                           |
| vancomycin intravenous recon soln 1.75 gram, 2 gram  | 1    |                           |
| vancomycin oral capsule  | 1    |                           |
| vancomycin oral recon soln 25 mg/ml, 50 mg/ml  | 1    |                           |
| <b>HEPATITIS B TREATMENT- NUCLEOSIDE ANALOGS (ANTIVIRAL)</b>                                     |      |                           |
| BARACLUDE  | 3    | QL                        |
| entecavir  | 1    | QL                        |
| lamivudine oral tablet 100 mg  | 1    |                           |
| <b>HEPATITIS B TREATMENT- NUCLEOTIDE ANALOGS (ANTIVIRAL)</b>                                     |      |                           |
| adefovir   | 1    |                           |
| tenofovir disoproxil fumarate  | 1    | S                         |
| VELMIDY  | 3    | QL                        |
| VIREAD   | 3    | S                         |
| <b>HEPATITIS C - INTERFERONS</b>   |      |                           |
| PEGASYS  | 3    | PA; QL; MS; S             |
| <b>HEPATITIS C - NS5A INHIBITOR AND NS3/4A PROTEASE INHIBITOR COMBINATION</b>                    |      |                           |
| MAVYRET  | 3    | PA; QL; MS; S             |
| ZEPATIER   | 3    | PA; QL; MS; S             |
| <b>HEPATITIS C - NS5A, NS3/4A PROTEASE, NUCLEO.NS5B POLYMERASE INHIB COMB</b>                    |      |                           |
| VOSEVI   | 3    | PA; QL; MS; S             |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| <b>HEPATITIS C - NS5B POLYMERASE AND NS5A INHIBITOR COMBINATIONS</b> |      |                           |
| EPCLUSA  | 2    | PA; QL; MS; S             |
| HARVONI  | 2    | PA; QL; MS; S             |
| LEDIPASVIR-SOFOSBUVIR  | 2    | PA; QL; MS; S             |
| SOFOSBUVIR-VELPATASVIR   | 2    | PA; QL; MS; S             |
| <b>HEPATITIS C - NUCLEOS(T)IDE ANALOG NS5B POLYMERASE INHIBITORS</b> |      |                           |
| SOVALDI  | 3    | PA; QL; MS; S             |
| <b>HEPATITIS C - NUCLEOSIDE ANALOGS</b>                              |      |                           |
| ribavirin oral capsule   | 3    | PA; MS; S                 |
| ribavirin oral tablet 200 mg   | 3    | PA; MS; S                 |
| <b>HERPES ANTIVIRAL AGENT - PURINE ANALOGS</b>                       |      |                           |
| acyclovir oral capsule   | 1    |                           |
| acyclovir oral suspension 200 mg/5 ml                                | 1    |                           |
| acyclovir oral tablet  | 1    |                           |
| valacyclovir   | 1    |                           |
| VALTREX  | 3    |                           |
| <b>HERPES ANTIVIRAL AGENT - THYMIDINE ANALOGS</b>                    |      |                           |
| famciclovir oral tablet 125 mg, 250 mg                               | 1    |                           |
| famciclovir oral tablet 500 mg                                       | 1    | QL                        |
| <b>INFLUENZA ANTIVIRAL AGENTS - NEURAMINIDASE INHIBITORS</b>         |      |                           |
| oseltamivir  | 1    | QL                        |
| RELENZA DISKHALER  | 3    | QL                        |
| TAMIFLU ORAL CAPSULE 75 MG   | 3    | QL                        |
| TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION                           | 3    | QL                        |
| <b>INFLUENZA ANTIVIRAL AGENTS - PA ENDONUCLEASE INHIBITOR</b>        |      |                           |
| XOFLUZA ORAL TABLET 40 MG, 80 MG                                     | 3    | QL                        |
| <b>INFLUENZA-A ANTIVIRAL AGENTS</b>                                  |      |                           |
| FLUMADINE ORAL TABLET  | 3    |                           |
| rimantadine  | 1    |                           |
| <b>LINCOSAMIDE ANTIBIOTICS</b>                                       |      |                           |
| CLEOCIN HCL  | 3    |                           |
| CLEOCIN PEDIATRIC  | 3    |                           |
| clindamycin hcl  | 1    |                           |
| clindamycin pediatric  | 1    |                           |
| <b>MACROLIDE ANTIBIOTICS</b>   |      |                           |
| azithromycin oral  | 1    |                           |
| clarithromycin   | 1    |                           |
| DIFICID  | 3    |                           |
| E.E.S. 400 ORAL TABLET   | 3    |                           |
| E.E.S. GRANULES  | 3    |                           |
| ERYPED 200   | 3    |                           |
| ERYPED 400   | 3    |                           |
| ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg          | 1    |                           |
| ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG                  | 3    |                           |
| erythrocin (as stearate) oral tablet 250 mg                          | 1    |                           |
| erythromycin ethylsuccinate oral suspension for reconstitution       | 3    |                           |
| erythromycin ethylsuccinate oral tablet                              | 3    |                           |
| erythromycin oral  | 1    |                           |
| fidaxomicin  | 1    |                           |
| ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML             | 3    |                           |

| Product Description                                      | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| ZITHROMAX ORAL TABLET 250 MG, 500 MG                     | 3    |                           |
| ZITHROMAX TRI-PAK  | 3    |                           |
| ZITHROMAX Z-PAK  | 3    |                           |
| <b>MISC ANTI-INFECTIVE</b>                               |      |                           |
| methenamine hippurate                                    | 1    |                           |
| methenamine mandelate                                    | 1    |                           |
| NEBUPENT   | 3    |                           |
| pentamidine inhalation                                   | 1    |                           |
| UROQID-ACID NO.2   | 3    |                           |
| <b>MISC ANTI-INFECTIVE COMBINATIONS</b>                  |      |                           |
| methen-sod phos-meth blue-hyos                           | 1    |                           |
| URELLE   | 3    |                           |
| URETRON D-S  | 3    |                           |
| URIBEL TABS  | 3    |                           |
| urimar-t oral tablet                                     | 1    |                           |
| urogesic-blue  | 1    |                           |
| uro-mp   | 1    |                           |
| uryl   | 1    |                           |
| <b>OXAZOLIDINONE ANTIBIOTICS</b>                         |      |                           |
| linezolid oral suspension for reconstitution             | 1    |                           |
| linezolid oral tablet                                    | 1    | QL                        |
| SIVEXTRO ORAL  | 3    | PA; QL                    |
| ZYVOX ORAL SUSPENSION FOR RECONSTITUTION                 | 3    |                           |
| <b>PENEM ANTIBIOTIC COMBINATIONS</b>                     |      |                           |
| ORLYNVAH   | 3    | PA; QL                    |
| <b>PENICILLIN ANTIBIOTIC - NATURAL</b>                   |      |                           |
| penicillin v potassium                                   | 1    |                           |
| <b>PENICILLIN ANTIBIOTIC - PENICILLINASE-RESISTANT</b>   |      |                           |
| dicloxacillin  | 1    |                           |
| <b>PLEUROMUTILIN ANTIBIOTICS</b>                         |      |                           |
| XENLETA ORAL   | 3    | PA; QL                    |
| <b>PROTEASE INHIBITORS (NON-PEPTIDIC) ANTIRETROVIRAL</b> |      |                           |
| APTIVUS  | 3    | S                         |
| darunavir  | 1    | S                         |
| PREZCOBIX ORAL TABLET 675-150 MG                         | 3    | QL                        |
| PREZCOBIX ORAL TABLET 800-150 MG-MG                      | 3    | QL; S                     |
| PREZISTA ORAL SUSPENSION                                 | 3    | S                         |
| PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG       | 3    | S                         |
| <b>PROTEASE INHIBITORS (PEPTIDIC) ANTIRETROVIRAL</b>     |      |                           |
| atazanavir   | 1    | S                         |
| EVOTAZ   | 3    | QL; S                     |
| fosamprenavir  | 1    | S                         |
| NORVIR ORAL POWDER IN PACKET                             | 3    | S                         |
| NORVIR ORAL TABLET                                       | 3    | S                         |
| REYATAZ ORAL CAPSULE 200 MG, 300 MG                      | 3    | S                         |
| REYATAZ ORAL POWDER IN PACKET                            | 3    | S                         |
| ritonavir  | 1    | S                         |
| VIRACEPT ORAL TABLET                                     | 3    | S                         |
| <b>RIFAMYCINS AND RELATED DERIVATIVE ANTIBIOTICS</b>     |      |                           |
| PRIFTIN  | 3    |                           |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| rifabutin  | 1    |                           |
| rifampin oral  | 1    |                           |
| XIFAXAN ORAL TABLET 200 MG   | 2    |                           |
| XIFAXAN ORAL TABLET 550 MG   | 2    | QL                        |
| <b>SARS-COV-2 ANTIVIRAL AGENT - MAIN PROTEASE (MPRO) INHIBITORS</b>                  |      |                           |
| PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10), 300 MG (150 MG X 2)-100 MG | 2    | QL                        |
| PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)- 100 MG (5)                               | 2    | QL; Covered in full*      |
| <b>SARS-COV-2 ANTIVIRAL AGENT - RNA POLYMERASE INHIBITORS</b>                        |      |                           |
| LAGEVRIO (EUA)   | 2    | QL                        |
| <b>SULFONAMIDE ANTIBIOTIC</b>  |      |                           |
| sulfadiazine   | 1    |                           |
| <b>TETRACYCLINE ANTIBIOTICS</b>  |      |                           |
| avidoxy  | 1    |                           |
| demeclocycline   | 1    |                           |
| DORYX MPC ORAL TABLET,DELAYED RELEASE (DR/EC) 60 MG                                  | 3    | ST                        |
| DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 200 MG, 80 MG                              | 3    | ST                        |
| doxycycline hyclate oral capsule   | 1    |                           |
| doxycycline hyclate oral tablet 100 mg   | 1    |                           |
| doxycycline hyclate oral tablet 150 mg, 75 mg  | 3    | PA; QL                    |
| doxycycline hyclate oral tablet 50 mg  | 3    |                           |
| doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg, 150 mg, 75 mg        | 3    |                           |
| doxycycline hyclate oral tablet,delayed release (dr/ec) 200 mg, 50 mg                | 3    | ST                        |
| DOXYCYCLINE HYCLATE ORAL TABLET,DELAYED RELEASE (DR/EC) 80 MG                        | 3    | ST                        |
| doxycycline monohydrate oral capsule 100 mg, 50 mg                                   | 1    |                           |
| doxycycline monohydrate oral capsule 150 mg, 75 mg                                   | 3    |                           |
| doxycycline monohydrate oral capsule,ir - delay rel,biphase                          | 3    | PA; QL                    |
| doxycycline monohydrate oral suspension for reconstitution                           | 1    |                           |
| doxycycline monohydrate oral tablet  | 1    |                           |
| EMROSI   | 3    | PA; QL                    |
| minocycline oral capsule   | 1    |                           |
| MINOCYCLINE ORAL CAPSULE,EXTENDED RELEASE 24HR                                       | 3    | PA; QL                    |
| minocycline oral tablet  | 1    |                           |
| minocycline oral tablet extended release 24 hr                                       | 3    | QL                        |
| mondoxyne nl oral capsule 100 mg   | 1    |                           |
| MONDOXYNE NL ORAL CAPSULE 75 MG  | 3    |                           |
| morgidox oral capsule 50 mg  | 1    |                           |
| NUZYRA ORAL  | 3    | PA; QL                    |
| ORACEA   | 3    | PA; QL                    |
| SEYSARA  | 3    | PA; QL                    |
| TARGADOX   | 3    |                           |
| tetracycline oral capsule  | 3    |                           |
| tetracycline oral tablet   | 3    | PA; QL                    |
| XIMINO   | 3    | PA; QL                    |
| <b>VARIOLA (SMALLPOX) VIRUS ANTIVIRAL AGENTS</b>                                     |      |                           |
| TEMBEXA  | 3    |                           |

| Product Description   | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| <b>ANTINEOPLASTICS</b>  |      |                           |
| <b>ANTINEOPLASTIC-EPIDERM.GROWTH FACTOR-EGFR (ERBB1),HER-2 (ERBB2)R.INHIB</b> |      |                           |
| lapatinib   | 1    | PA; QL; MS; S             |
| TYKERB  | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - CYP17 (17 ALPHA-HYDROXYLASE/C17,20-LYASE) INHIBITOR</b>   |      |                           |
| abiraterone oral tablet 250 mg  | 1    | QL; MS; S                 |
| abiraterone oral tablet 500 mg  | 3    | PA; QL; MS; S             |
| YONSA   | 3    | PA; QL; MS; S             |
| ZYTIGA  | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - 1ST GENERATION EGFR TYROSINE KINASE INHIBITOR</b>         |      |                           |
| erlotinib   | 1    | PA; QL; MS; S             |
| gefitinib   | 1    | PA; QL; MS; S             |
| IRESSA  | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - 2ND GENERATION EGFR TYROSINE KINASE INHIBITOR</b>         |      |                           |
| GILOTRIF  | 3    | PA; QL; MS; S             |
| NERLYNX   | 3    | PA; QL; MS; S             |
| VIZIMPRO  | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - 3RD GENERATION EGFR TYROSINE KINASE INHIBITOR</b>         |      |                           |
| LAZCLUZE  | 3    | PA; QL; MS; S             |
| TAGRISSO  | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - AKT (PROTEIN KINASE B (PKB)) INHIBITOR</b>                |      |                           |
| TRUQAP  | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - ALKYLATING AGENT - ALKYL SULFONATES</b>                   |      |                           |
| MYLERAN   | 2    |                           |
| <b>ANTINEOPLASTIC - ALKYLATING AGENT - METHYLHYDRAZINES</b>                   |      |                           |
| MATULANE  | 3    | S                         |
| <b>ANTINEOPLASTIC - ALKYLATING AGENT - NITROGEN MUSTARDS</b>                  |      |                           |
| ALKERAN   | 3    |                           |
| cyclophosphamide oral capsule   | 1    |                           |
| CYCLOPHOSPHAMIDE ORAL TABLET 50 MG  | 3    |                           |
| LEUKERAN  | 3    |                           |
| <b>ANTINEOPLASTIC - ALKYLATING AGENT - NITROSOUREAS</b>                       |      |                           |
| GLEOSTINE   | 3    |                           |
| lomustine   | 1    |                           |
| <b>ANTINEOPLASTIC - ALKYLATING AGENT - TRIAZENES</b>                          |      |                           |
| temozolomide  | 1    | MS; S                     |
| <b>ANTINEOPLASTIC - ANAPLASTIC LYMPHOMA KINASE (ALK) INHIBITORS</b>           |      |                           |
| ALECENSA  | 3    | PA; QL; MS; S             |
| ALUNBRIG  | 3    | PA; QL; MS; S             |
| ENSACOVE  | 3    | PA; QL                    |
| LORBRENA  | 3    | PA; QL; MS; S             |
| XALKORI   | 3    | PA; QL; MS; S             |
| ZYKADIA   | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - ANTIADRENALS</b>  |      |                           |
| LYSODREN  | 3    | S                         |
| <b>ANTINEOPLASTIC - ANTIANDROGENS</b>   |      |                           |
| abiraterone oral tablet 250 mg  | 1    | QL; MS; S                 |
| abiraterone oral tablet 500 mg  | 3    | PA; QL; MS; S             |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| bicalutamide   | 1    |                           |
| CASODEX  | 3    |                           |
| ERLEADA  | 3    | PA; QL; MS; S             |
| nilutamide   | 1    |                           |
| NUBEQA   | 2    | PA; QL; MS; S             |
| XTANDI   | 2    | PA; QL; MS; S             |
| YONSA  | 3    | PA; QL; MS; S             |
| ZYTIGA   | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - ANTIMETABOLITE - FOLIC ACID ANALOGS</b>              |      |                           |
| JYLAMVO  | 3    | PA; QL                    |
| methotrexate sodium  | 1    |                           |
| methotrexate sodium (pf)   | 1    |                           |
| TREXALL  | 3    |                           |
| XATMEP   | 3    | PA                        |
| <b>ANTINEOPLASTIC - ANTIMETABOLITE - PURINE ANALOGS</b>                  |      |                           |
| mercaptopurine oral suspension   | 3    | PA; QL; MS; S             |
| mercaptopurine oral tablet   | 1    |                           |
| PURIXAN  | 3    | PA; QL; S                 |
| TABLOID  | 3    |                           |
| <b>ANTINEOPLASTIC - ANTIMETABOLITE - PYRIMIDINE ANALOGS</b>              |      |                           |
| capecitabine   | 1    | MS; S                     |
| cytarabine (pf)  | 1    |                           |
| ONUREG   | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - ANTIMETABOLITE - UREA DERIVATIVES</b>                |      |                           |
| HYDREA   | 3    |                           |
| hydroxyurea  | 1    |                           |
| <b>ANTINEOPLASTIC - ANTIMETABOLITES - PYRIMIDINE ANALOG COMBINATIONS</b> |      |                           |
| LONSURF  | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - AROMATASE INHIBITORS</b>                             |      |                           |
| anastrozole  | 1    | Covered in full*          |
| ARIMIDEX   | 3    |                           |
| AROMASIN   | 3    |                           |
| exemestane   | 1    | Covered in full*          |
| FEMARA   | 3    |                           |
| letrozole  | 1    |                           |
| <b>ANTINEOPLASTIC - B-CELL LYMPHOMA-2 (BCL-2) INHIBITORS</b>             |      |                           |
| VENCLEXTA  | 3    | PA; QL; S                 |
| VENCLEXTA STARTING PACK  | 3    | PA; QL; S                 |
| <b>ANTINEOPLASTIC - BRAF KINASE INHIBITORS</b>                           |      |                           |
| BRAFTOVI   | 3    | PA; QL; MS; S             |
| OJEMDA   | 3    | PA; QL; MS; S             |
| TAFINLAR   | 3    | PA; QL; MS; S             |
| ZELBORAF   | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - BRUTON'S TYROSINE KINASE (BTK) INHIBITOR</b>         |      |                           |
| BRUKINSA ORAL TABLET   | 3    | PA; QL; MS; S             |
| CALQUENCE (ACALABRUTINIB MAL)  | 3    | PA; QL; S                 |
| IMBRUVICA ORAL CAPSULE   | 3    | PA; QL; S                 |
| IMBRUVICA ORAL SUSPENSION  | 3    | PA; QL; MS; S             |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG                             | 3    | PA; QL; S                 |

| Product Description   | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| JAYPIRCA  | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - CASEINOLYTIC PROTEASE P (CLPP) ACTIVATORS</b>   |      |                           |
| MODEYSO   | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - CYCLIN-DEPENDENT KINASE (CDK) 4/6 INHIBITORS</b>  |      |                           |
| IBRANCE   | 3    | PA; QL; MS; S             |
| KISQALI   | 2    | PA; QL; MS; S             |
| VERZENIO  | 2    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - EPIDERMAL GROWTH FACTOR RECEPTOR-2 (HER2) INHIBITOR</b>   |      |                           |
| HERNEXEOS   | 3    | PA; QL; MS; S             |
| HYRNUO  | 3    | PA; QL; MS; S             |
| TUKYSA  | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - EPIPODOPHYLLOTOXINS</b>   |      |                           |
| etoposide oral  | 1    |                           |
| <b>ANTINEOPLASTIC - EXPORTIN-1 (XPO1) INHIBITORS</b>  |      |                           |
| XPOVIO 40 MG ONCE WEEKLY DOSE INNER   | 3    | PA; QL; S                 |
| XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 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), 80 MG/WEEK (80 MG X 1), 80MG TWICE WEEK (160 MG/WEEK) | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - FIBROBLAST GROWTH FACTOR RECEPTOR (FGFR) KINASE INHIB</b>   |      |                           |
| BALVERSA  | 3    | PA; QL; S                 |
| LYTGOBI   | 3    | PA; QL; MS; S             |
| PEMAZYRE  | 3    | PA; QL; S                 |
| <b>ANTINEOPLASTIC - FMS-LIKE TYROSINE KINASE 3 (FLT3) INHIBITORS</b>  |      |                           |
| VANFLYTA  | 3    | PA; QL; MS; S             |
| XOSPATA   | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - GAMMA-SECRETASE INHIBITOR (GSI)</b>   |      |                           |
| OGSIVEO ORAL TABLET 100 MG, 150 MG  | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - GLUCOCORTICOID RECEPTOR ANTAGONISTS</b>   |      |                           |
| LIFYORLI  | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITOR</b>  |      |                           |
| DAURISMO  | 3    | PA; QL; MS; S             |
| ERIVEDGE  | 3    | PA; QL; MS; S             |
| ODOMZO  | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - HISTONE DEACETYLASE (HDAC) INHIBITORS</b>   |      |                           |
| ZOLINZA   | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - HYPOXIA INDUCIBLE FACTOR (HIF) INHIBITORS</b>   |      |                           |
| WELIREG   | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - INTERFERONS</b>   |      |                           |
| BESREMI   | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - JANUS KINASE (JAK) INHIBITORS</b>   |      |                           |
| JAKAFI  | 3    | PA; QL; MS; S             |
| JAKAFI XR   | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - JANUS KINASE (JAK), ACVR1/ALK2 INHIBITORS</b>   |      |                           |
| OJJAARA   | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - JANUS KINASE(JAK),FMS-LIKE TYROSINE KINASE(FLT) INHIB</b>   |      |                           |
| INREBIC   | 3    | PA; QL; MS; S             |
| VONJO   | 3    | PA; QL; MS; S             |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| <b>ANTINEOPLASTIC - KIRSTEN RAT SARCOMA (KRAS) PROTEIN INHIBITOR</b>         |      |                           |
| KRAZATI  | 3    | PA; QL; MS; S             |
| LUMAKRAS   | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - LHRH (GNRH) AGONIST ANALOG PITUITARY SUPPRESSANTS</b>    |      |                           |
| leuprolide subcutaneous kit  | 1    | PA; MS; S                 |
| <b>ANTINEOPLASTIC - LHRH (GNRH) ANTAGONIST PITUITARY SUPPRESSANTS</b>        |      |                           |
| ORGOVYX  | 3    | PA; QL; S                 |
| <b>ANTINEOPLASTIC - MAST CELL STABILIZERS</b>                                |      |                           |
| cromolyn oral  | 1    |                           |
| GASTROCROM   | 3    |                           |
| <b>ANTINEOPLASTIC - MEK KINASE INHIBITORS</b>                                |      |                           |
| COTELLIC   | 3    | PA; QL; MS; S             |
| GOMEKLI  | 3    | PA; QL; S                 |
| KOSELUGO   | 3    | PA; QL; MS; S             |
| MEKINIST   | 3    | PA; QL; MS; S             |
| MEKTOVI  | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - MENIN INHIBITORS</b>                                     |      |                           |
| KOMZIFTI   | 3    | PA; QL; MS; S             |
| REVUFORJ   | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - MTOR KINASE INHIBITORS</b>                               |      |                           |
| AFINITOR   | 3    | PA; QL; MS; S             |
| AFINITOR DISPERZ   | 3    | PA; QL; MS; S             |
| everolimus (antineoplastic)  | 1    | PA; QL; MS; S             |
| TORPENZ  | 3    | PA; QL; S                 |
| <b>ANTINEOPLASTIC - MULTIKINASE INHIBITORS</b>                               |      |                           |
| CABOMETYX  | 3    | PA; QL; MS; S             |
| COMETRIQ   | 3    | PA; QL; MS; S             |
| ICLUSIG  | 3    | PA; QL; S                 |
| NEXAVAR  | 3    | PA; QL; MS; S             |
| sorafenib  | 1    | PA; QL; MS; S             |
| STIVARGA   | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - MUTANT ISOCITRATE DEHYDROGENASE 1 (MIDH1) INHIBITORS</b> |      |                           |
| REZLIDHIA  | 3    | PA; QL; S                 |
| TIBSOVO  | 3    | PA; QL; S                 |
| <b>ANTINEOPLASTIC - MUTANT ISOCITRATE DEHYDROGENASE 2 (MIDH2) INHIBITORS</b> |      |                           |
| IDHIFA   | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - ORNITHINE DECARBOXYLASE (ODC) INHIBITORS</b>             |      |                           |
| IWILFIN  | 3    | PA; QL; S                 |
| <b>ANTINEOPLASTIC - PARP INHIBITOR AND ANTIANDROGEN COMBINATIONS</b>         |      |                           |
| AKEEGA   | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS</b>      |      |                           |
| COPIKTRA   | 3    | PA; QL; S                 |
| ZYDELIG  | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - PI3K-ALPHA INHIBITORS</b>                                |      |                           |
| ITOVEBI  | 3    | PA; QL; MS; S             |
| PIQRAY   | 3    | PA; QL; MS; S             |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| <b>ANTINEOPLASTIC - PI3K-DELTA AND GAMMA INHIBITORS</b>                |      |                           |
| COPIKTRA   | 3    | PA; QL; S                 |
| <b>ANTINEOPLASTIC - PI3K-DELTA INHIBITORS</b>                          |      |                           |
| ZYDELIG  | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS</b> |      |                           |
| LYNPARZA   | 3    | PA; QL; MS; S             |
| RUBRACA ORAL TABLET 250 MG, 300 MG                                     | 3    | PA; QL; MS; S             |
| TALZENNA   | 3    | PA; QL; MS; S             |
| ZEJULA ORAL TABLET   | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - PROGESTINS</b>                                     |      |                           |
| megestrol oral tablet  | 1    |                           |
| <b>ANTINEOPLASTIC - PROTEASOME ENZYME INHIBITORS</b>                   |      |                           |
| NINLARO  | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - PROTEIN-TYROSINE KINASE INHIBITORS</b>             |      |                           |
| AUGTYRO  | 3    | PA; QL; MS; S             |
| AYVAKIT  | 3    | PA; QL; S                 |
| BOSULIF  | 3    | PA; QL; MS; S             |
| BRUKINSA ORAL TABLET   | 3    | PA; QL; MS; S             |
| CALQUENCE (ACALABRUTINIB MAL)  | 3    | PA; QL; S                 |
| CAPRELSA   | 3    | PA; QL; S                 |
| DANZITEN   | 3    | PA; QL; MS; S             |
| dasatinib  | 1    | PA; QL; MS; S             |
| FOTIVDA  | 3    | PA; QL; S                 |
| FRUZAQLA   | 3    | PA; QL; MS; S             |
| GLEEVEC  | 3    | QL; MS; S                 |
| IBTROZI  | 3    | PA; QL; MS; S             |
| imatinib   | 1    | QL; MS; S                 |
| IMBRUVICA ORAL CAPSULE   | 3    | PA; QL; S                 |
| IMBRUVICA ORAL SUSPENSION  | 3    | PA; QL; MS; S             |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG                           | 3    | PA; QL; S                 |
| IMKELDI  | 3    | PA; QL; MS; S             |
| INLYTA   | 3    | PA; QL; MS; S             |
| JAYPIRCA   | 3    | PA; QL; MS; S             |
| LENVIMA  | 3    | PA; QL; MS; S             |
| nilotinib d-tartrate   | 3    | PA; QL; MS; S             |
| nilotinib hcl  | 1    | PA; QL; MS; S             |
| nintedanib   | 1    | PA; QL; MS; S             |
| OFEV   | 2    | PA; QL; MS; S             |
| pazopanib oral tablet 200 mg   | 1    | PA; QL; MS; S             |
| PHYRAGO  | 3    | PA; QL; MS; S             |
| QINLOCK  | 3    | PA; QL; MS; S             |
| ROMVIMZA   | 3    | PA; QL; MS; S             |
| ROZLYTREK  | 3    | PA; QL; MS; S             |
| RYDAPT   | 3    | PA; QL; MS; S             |
| SCEMBLIX   | 3    | PA; QL; MS; S             |
| SPRYCEL  | 3    | PA; QL; MS; S             |
| sunitinib malate   | 1    | PA; QL; MS; S             |
| SUTENT   | 3    | PA; QL; MS; S             |
| TABRECTA   | 3    | PA; QL; MS; S             |
| TASIGNA  | 3    | PA; QL; MS; S             |

| Product Description   | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| TEPMETKO  | 3    | PA; QL; S                 |
| TURALIO   | 3    | PA; QL; S                 |
| VOTRIENT  | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - RETINOIDS</b>   |      |                           |
| tretinoin (antineoplastic)  | 1    |                           |
| <b>ANTINEOPLASTIC - SELECTIVE ESTROGEN RECEPTOR DEGRADERS (SERDS)</b>   |      |                           |
| INLURIYO  | 3    | PA; QL; MS; S             |
| ORSERDU   | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)</b>  |      |                           |
| FARESTON  | 3    |                           |
| SOLTAMOX  | 3    | PA; QL; Covered in full*  |
| tamoxifen   | 1    | Covered in full*          |
| toremifene  | 1    |                           |
| <b>ANTINEOPLASTIC - SELECTIVE INHIBITORS OF NUCLEAR EXPORT (SINE)</b>   |      |                           |
| XPOVIO 40 MG ONCE WEEKLY DOSE INNER   | 3    | PA; QL; S                 |
| XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 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), 80 MG/WEEK (80 MG X 1), 80MG TWICE WEEK (160 MG/WEEK) | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - SELECTIVE RET KINASE INHIBITOR</b>  |      |                           |
| GAVRETO   | 3    | PA; QL; S                 |
| RETEVMO ORAL TABLET   | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - SELECTIVE RETINOID X RECEPTOR AGONISTS</b>  |      |                           |
| bexarotene oral   | 1    | PA; QL; MS; S             |
| TARGRETIN ORAL  | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - SYSTEMIC ENZYME INHIBITORS COMBINATIONS</b>   |      |                           |
| AVMAPKI-FAKZYNJA  | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC - THALIDOMIDE ANALOGS</b>   |      |                           |
| lenalidomide  | 2    | QL; MS; S                 |
| pomalidomide  | 3    | PA; QL; MS; S             |
| POMALYST  | 3    | PA; QL; MS; S             |
| REVLIMID  | 2    | QL; MS; S                 |
| THALOMID ORAL CAPSULE 100 MG, 50 MG   | 3    | QL; MS; S                 |
| <b>ANTINEOPLASTIC - TOPOISOMERASE I INHIBITORS</b>  |      |                           |
| HYCAMTIN ORAL   | 2    | QL; MS; S                 |
| <b>ANTINEOPLASTIC - TROPOMYOSIN RECEPTOR KINASE (TRK) INHIBITOR</b>   |      |                           |
| VITRAKVI  | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC-ISOCITRATE DEHYDROGENASE-1 AND -2 (IDH1 AND IDH2) INHIB</b>   |      |                           |
| VORANIGO  | 3    | PA; QL; MS; S             |
| <b>ANTINEOPLASTIC-PYRIMIDINE ANALOG AND CYTIDINE DEAMINASE INHIBITOR COMB</b>   |      |                           |
| INQOVI  | 3    | PA; QL; MS; S             |
| <b>FLUOROURACIL AND RELATED RESCUE AGENTS</b>   |      |                           |
| VISTOGARD   | 3    | QL; S                     |
| <b>METHOTREXATE RESCUE AGENTS</b>   |      |                           |
| leucovorin calcium oral   | 1    | QL                        |
| <b>METHOTREXATE RESCUE AGENTS - FOLIC ACID ANTAGONIST TYPE</b>  |      |                           |
| leucovorin calcium oral   | 1    | QL                        |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| <b>URINARY TRACT PROTECTIVE AGENTS USED IN CONJUNCTION WITH CHEMOTHERAPY</b> |      |                           |
| mesna oral   | 3    |                           |
| MESNEX ORAL  | 3    |                           |
| <b>ANTISEPTICS AND DISINFECTANTS</b>   |      |                           |
| <b>ANTISEPTIC - ALCOHOLS</b>   |      |                           |
| ALCOHOL PADS   | 3    | PV                        |
| ALCOHOL PREP PADS  | 3    | PV                        |
| alcohol swabs  | 3    | PV                        |
| ALCOHOL WIPES  | 1    | PV                        |
| CARETOUCH ALCOHOL PREP PAD   | 3    | PV                        |
| CURITY ALCOHOL SWABS   | 3    | PV                        |
| DROPSAFE ALCOHOL PREP PADS   | 3    | PV                        |
| EASY COMFORT ALCOHOL PAD   | 3    | PV                        |
| EASY TOUCH ALCOHOL PREP PADS   | 3    | PV                        |
| INCONTROL ALCOHOL PADS   | 3    | PV                        |
| ISOPROPYL ALCOHOL TOPICAL  | 3    | PV                        |
| PRO COMFORT ALCOHOL PADS   | 3    | PV                        |
| PURE COMFORT ALCOHOL PADS  | 3    | PV                        |
| SURE COMFORT ALCOHOL PREP PADS   | 3    | PV                        |
| SURE-PREP ALCOHOL PREP PADS  | 3    | PV                        |
| TRUE COMFORT ALCOHOL PADS  | 3    | PV                        |
| TRUE COMFORT PRO ALCOHOL PADS  | 3    | PV                        |
| ULTILET ALCOHOL SWAB   | 3    | PV                        |
| WEBCOL   | 3    | PV                        |
| <b>ANTISEPTIC - CHLORINE RELEASING</b>                                       |      |                           |
| MICROCYN   | 3    |                           |
| <b>BIOLOGICALS</b>   |      |                           |
| <b>ALLERGENIC EXTRACTS - GRASS POLLEN</b>                                    |      |                           |
| GRASTEK  | 3    | QL                        |
| ORALAIR SUBLINGUAL   | 3    | QL; S                     |
| <b>ALLERGENIC EXTRACTS - MITE EXTRACTS</b>                                   |      |                           |
| ODACTRA  | 3    | QL                        |
| <b>ALLERGENIC EXTRACTS - WEED POLLEN</b>                                     |      |                           |
| RAGWITEK   | 3    | QL                        |
| <b>ANTIVIRAL MONOCLONAL ANTIBODIES - RESPIRATORY SYNCYTIAL VIRUS (RSV)</b>   |      |                           |
| BEYFORTUS INTRAMUSCULAR SYRINGE 50 MG/0.5 ML                                 | 3    |                           |
| <b>HEPATITIS A AND HEPATITIS B VACCINE COMBINATIONS</b>                      |      |                           |
| TWINRIX (PF)   | 3    | Covered in full*          |
| <b>HEPATITIS A VACCINE - SINGLE AGENTS</b>                                   |      |                           |
| HAVRIX (PF)  | 3    | Covered in full*          |
| VAQTA (PF)   | 3    | Covered in full*          |
| <b>HEPATITIS B VACCINE COMBINATIONS</b>                                      |      |                           |
| PEDIARIX (PF)  | 3    | Covered in full*          |
| VAXELIS (PF) INTRAMUSCULAR SYRINGE   | 3    | Covered in full*          |
| <b>HEPATITIS B VACCINES - SINGLE AGENTS</b>                                  |      |                           |
| ENGERIX-B (PF)   | 3    | Covered in full*          |
| ENGERIX-B PEDIATRIC (PF)   | 3    | Covered in full*          |
| HEPLISAV-B (PF)  | 3    | Covered in full*          |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| RECOMBIVAX HB (PF)   | 3    | Covered in full*          |
| <b>IMMUNE GLOBULIN - GAMMA GLOBULIN (IGG), HUMAN</b>           |      |                           |
| GAMMAGARD LIQUID   | 3    | PA; MS; S                 |
| GAMMAGARD S-D (IGA < 1 MCG/ML)                                 | 3    | PA; MS; S                 |
| GAMUNEX-C  | 3    | PA; MS; S                 |
| HIZENTRA   | 3    | PA; MS; S                 |
| PRIVIGEN   | 3    | PA; MS; S                 |
| <b>LIVE VACCINE AND LIVE VIRUS FORMULATIONS</b>                |      |                           |
| FLUMIST 2025-2026  | 3    | QL; Covered in full*; PV  |
| FLUMIST HOME 2025-2026   | 3    | QL; Covered in full*; PV  |
| JYNNEOS (PF)   | 3    | Covered in full*          |
| M-M-R II (PF)  | 3    | Covered in full*          |
| PRIORIX (PF)   | 3    | Covered in full*          |
| PROQUAD (PF)   | 3    | Covered in full*          |
| ROTARIX ORAL SUSPENSION  | 3    | Covered in full*          |
| ROTATEQ VACCINE  | 3    | Covered in full*          |
| VARIVAX (PF)   | 3    | Covered in full*          |
| <b>PEANUT DESENSITIZATION AGENTS</b>                           |      |                           |
| PALFORZIA (LEVEL 0)  | 3    | PA; QL; S                 |
| PALFORZIA (LEVEL 1)  | 3    | PA; QL; S                 |
| PALFORZIA (LEVEL 2)  | 3    | PA; QL; S                 |
| PALFORZIA (LEVEL 3)  | 3    | PA; QL; S                 |
| PALFORZIA (LEVEL 4)  | 3    | PA; QL; S                 |
| PALFORZIA (LEVEL 5)  | 3    | PA; QL; S                 |
| PALFORZIA (LEVEL 6)  | 3    | PA; QL; S                 |
| PALFORZIA (LEVEL 7)  | 3    | PA; QL; S                 |
| PALFORZIA (LEVEL 8)  | 3    | PA; QL; S                 |
| PALFORZIA (LEVEL 9)  | 3    | PA; QL; S                 |
| PALFORZIA (LEVEL 10)   | 3    | PA; QL; S                 |
| PALFORZIA (LEVEL 11 UP-DOSE)                                   | 3    | PA; QL; S                 |
| PALFORZIA INITIAL (1-3 YRS)                                    | 3    | PA; QL; S                 |
| PALFORZIA INITIAL (4-17 YRS)                                   | 3    | PA; QL; S                 |
| PALFORZIA LEVEL 11 MAINTENANCE                                 | 3    | PA; QL; S                 |
| <b>TOXOID VACCINE COMBINATIONS</b>                             |      |                           |
| ADACEL(TDAP ADOLESN/ADULT)(PF)                                 | 3    | Covered in full*          |
| BOOSTRIX TDAP INTRAMUSCULAR SYRINGE                            | 3    | Covered in full*          |
| DAPTACEL (DTAP PEDIATRIC) (PF)                                 | 3    | Covered in full*          |
| INFANRIX (DTAP) (PF)   | 3    | Covered in full*          |
| KINRIX (PF)  | 3    | Covered in full*          |
| PEDIARIX (PF)  | 3    | Covered in full*          |
| PENTACEL (PF)  | 3    | Covered in full*          |
| QUADRACEL (PF)   | 3    | Covered in full*          |
| TENIVAC (PF)   | 3    | Covered in full*          |
| VAXELIS (PF) INTRAMUSCULAR SYRINGE                             | 3    | Covered in full*          |
| <b>VACCINE BACTERIAL - GRAM NEGATIVE BACILLI (NON-ENTERIC)</b> |      |                           |
| ACTHIB (PF)  | 3    | Covered in full*          |
| PEDVAX HIB (PF)  | 3    | Covered in full*          |
| <b>VACCINE BACTERIAL - GRAM NEGATIVE COCCI</b>                 |      |                           |
| MENQUADFI (PF)   | 3    | Covered in full*          |
| MENVEO A-C-Y-W-135-DIP (PF)                                    | 3    | Covered in full*          |

| Product Description                                       | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| PENBRAYA (PF)   | 3    | Covered in full*          |
| PENMENVY MEN A-B-C-W-Y (PF)                               | 3    | Covered in full*          |
| <b>VACCINE BACTERIAL - GRAM POSITIVE COCCI</b>            |      |                           |
| PNEUMOVAX-23 INJECTION SYRINGE                            | 3    | Covered in full*          |
| PREVNAR 20 (PF)   | 3    | Covered in full*          |
| VAXNEUVANCE (PF)  | 3    | Covered in full*          |
| <b>VACCINE BACTERIAL - MENINGOCOCCAL GROUP B VACCINES</b> |      |                           |
| BEXSERO   | 3    | Covered in full*          |
| PENMENVY MEN A-B-C-W-Y (PF)                               | 3    | Covered in full*          |
| TRUMENBA  | 3    | Covered in full*          |
| <b>VACCINE MIXED COMBINATIONS (BACTERIAL AND VIRAL)</b>   |      |                           |
| VAXELIS (PF) INTRAMUSCULAR SYRINGE                        | 3    | Covered in full*          |
| <b>VACCINE VIRAL - COVID-19 (SARS-COV-2)</b>              |      |                           |
| COMIRNATY 2025-2026(5-11Y)(PF)                            | 3    | Covered in full*          |
| COMIRNATY 2025-26 (12Y UP)(PF)                            | 3    | Covered in full*          |
| MNEXSPIKE 2025-2026 (PF)                                  | 3    | Covered in full*          |
| NUVAXOVID 2025-2026 (PF)                                  | 3    | Covered in full*; PV      |
| SPIKEVAX 2025-2026(12Y UP)(PF)                            | 3    | Covered in full*          |
| SPIKEVAX 2025-26 (6M-11Y) (PF)                            | 3    | Covered in full*          |
| <b>VACCINE VIRAL - HUMAN PAPILOMAVIRUS (HPV) VACCINES</b> |      |                           |
| GARDASIL 9 (PF)   | 3    | Covered in full*          |
| <b>VACCINE VIRAL - INFLUENZA A (H5N1)</b>                 |      |                           |
| AUDENZ (NATIONAL STOCKPILE)                               | 3    | Covered in full*          |
| AUDENZ(PF)(NATIONAL STOCKPILE)                            | 3    | Covered in full*          |
| <b>VACCINE VIRAL - INFLUENZA A AND B</b>                  |      |                           |
| AFLURIA 2025-2026 (3YR UP)(PF)                            | 3    | QL; Covered in full*; PV  |
| FLUAD 2025-2026 (65 YR UP)(PF)                            | 3    | QL; Covered in full*; PV  |
| FLUARIX 2025-2026 (PF)                                    | 3    | QL; Covered in full*; PV  |
| FLUBLOK 2025-2026 (PF)                                    | 3    | QL; Covered in full*; PV  |
| FLUCELVAX 2025-2026 (PF)                                  | 3    | QL; Covered in full*; PV  |
| FLULAVAL 2025-2026 (PF)                                   | 3    | QL; Covered in full*; PV  |
| FLUMIST 2025-2026   | 3    | QL; Covered in full*; PV  |
| FLUMIST HOME 2025-2026                                    | 3    | QL; Covered in full*; PV  |
| FLUZONE 2025-2026 (PF)                                    | 3    | QL; Covered in full*; PV  |
| FLUZONE HIGH-DOSE 2025-26 (PF)                            | 3    | QL; Covered in full*; PV  |
| <b>VACCINE VIRAL - MEASLES</b>                            |      |                           |
| M-M-R II (PF)   | 3    | Covered in full*          |
| PRIORIX (PF)  | 3    | Covered in full*          |
| PROQUAD (PF)  | 3    | Covered in full*          |
| <b>VACCINE VIRAL - MPOX</b>                               |      |                           |
| JYNNEOS (PF)  | 3    | Covered in full*          |
| <b>VACCINE VIRAL - MUMPS AND RELATED</b>                  |      |                           |
| M-M-R II (PF)   | 3    | Covered in full*          |
| PRIORIX (PF)  | 3    | Covered in full*          |
| PROQUAD (PF)  | 3    | Covered in full*          |
| <b>VACCINE VIRAL - POLIOMYELITIS</b>                      |      |                           |
| IPOLE   | 3    | Covered in full*          |
| <b>VACCINE VIRAL - RESPIRATORY SYNCYTIAL VIRUS (RSV)</b>  |      |                           |
| ABRYOVO (PF)  | 3    | QL; Covered in full*      |
| AREXVY (PF)   | 3    | QL; Covered in full*      |

| Product Description   | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| MRESVIA (PF)  | 3    | QL; Covered in full*      |
| <b>VACCINE VIRAL - ROTAVIRUS</b>                              |      |                           |
| ROTARIX ORAL SUSPENSION                                       | 3    | Covered in full*          |
| ROTATEQ VACCINE   | 3    | Covered in full*          |
| <b>VACCINE VIRAL - RUBELLA</b>                                |      |                           |
| M-M-R II (PF)   | 3    | Covered in full*          |
| PRIORIX (PF)  | 3    | Covered in full*          |
| PROQUAD (PF)  | 3    | Covered in full*          |
| <b>VACCINE VIRAL - SMALLPOX</b>                               |      |                           |
| JYNNEOS (PF)  | 3    | Covered in full*          |
| <b>VACCINE VIRAL - VARICELLA</b>                              |      |                           |
| PROQUAD (PF)  | 3    | Covered in full*          |
| SHINGRIX (PF)   | 3    | Covered in full*          |
| VARIVAX (PF)  | 3    | Covered in full*          |
| <b>VACCINE VIRAL COMBINATIONS</b>                             |      |                           |
| M-M-R II (PF)   | 3    | Covered in full*          |
| PRIORIX (PF)  | 3    | Covered in full*          |
| PROQUAD (PF)  | 3    | Covered in full*          |
| <b>CARDIOVASCULAR THERAPY AGENTS</b>                          |      |                           |
| <b>ACE INHIBITOR AND CALCIUM CHANNEL BLOCKER COMBINATIONS</b> |      |                           |
| amlodipine-benazepril   | 1    | PV                        |
| LOTREL  | 3    | PV                        |
| PRESTALIA ORAL TABLET 14-10 MG, 7-5 MG                        | 3    | QL; PV                    |
| PRESTALIA ORAL TABLET 3.5-2.5 MG                              | 3    | PV                        |
| trandolapril-verapamil  | 3    | QL; PV                    |
| <b>ACE INHIBITOR AND DIURETIC COMBINATIONS</b>                |      |                           |
| benazepril-hydrochlorothiazide                                | 1    | PV                        |
| captopril-hydrochlorothiazide                                 | 1    | PV                        |
| enalapril-hydrochlorothiazide                                 | 1    | PV                        |
| fosinopril-hydrochlorothiazide                                | 1    | PV                        |
| lisinopril-hydrochlorothiazide                                | 1    | PV                        |
| LOTENSIN HCT  | 3    | PV                        |
| quinapril-hydrochlorothiazide                                 | 1    | PV                        |
| VASERETIC   | 3    | PV                        |
| ZESTORETIC  | 3    | PV                        |
| <b>ACE INHIBITORS</b>   |      |                           |
| ALTACE ORAL CAPSULE 1.25 MG, 2.5 MG, 5 MG                     | 3    | PV                        |
| benazepril  | 1    | PV                        |
| captopril   | 1    | PV                        |
| enalapril maleate oral solution                               | 3    | PA; QL; PV                |
| enalapril maleate oral tablet                                 | 1    | PV                        |
| EPANED  | 3    | PA; QL; PV                |
| fosinopril  | 1    | PV                        |
| lisinopril  | 1    | PV                        |
| LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG                      | 3    | PV                        |
| moexipril   | 1    | PV                        |
| perindopril erbumine  | 1    | PV                        |
| QBRELIS   | 3    | PA; QL; PV                |
| quinapril   | 1    | PV                        |
| ramipril  | 1    | PV                        |

| Product Description   | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| trandolapril  | 3    | PV                        |
| VASOTEC   | 3    | PV                        |
| ZESTRIL   | 3    | PV                        |
| <b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>                                       |      |                           |
| ALDACTONE   | 3    | PV                        |
| CAROSPIR  | 3    | QL; PV                    |
| eplerenone  | 1    | PV                        |
| INSPIRA ORAL TABLET 25 MG   | 3    | PV                        |
| KERENDIA  | 2    | PA; QL; PV                |
| spironolactone oral suspension  | 3    | QL; PV                    |
| spironolactone oral tablet  | 1    | PV                        |
| <b>ALPHA-BETA BLOCKERS</b>  |      |                           |
| carvedilol  | 1    | PV                        |
| carvedilol phosphate  | 3    | QL; PV                    |
| COREG   | 3    | PV                        |
| COREG CR  | 3    | QL; PV                    |
| labetalol oral tablet 100 mg, 200 mg, 300 mg                                  | 1    | PV                        |
| LABELALOL ORAL TABLET 400 MG  | 3    | PA; QL; PV                |
| <b>ANGIOTENSIN II RECEPTOR BLOCKER (ARB)-CALCIUM CHANNEL BLOCKER COMB.</b>    |      |                           |
| amlodipine-olmesartan   | 3    | QL; PV                    |
| amlodipine-valsartan  | 3    | QL; PV                    |
| AZOR  | 3    | QL; PV                    |
| EXFORGE   | 3    | QL; PV                    |
| telmisartan-amlodipine  | 3    | QL; PV                    |
| <b>ANGIOTENSIN II RECEPTOR BLOCKER (ARB)-CALCIUM CHANNEL BLOCKER-DIURETIC</b> |      |                           |
| amlodipine-valsartan-hcthiazid  | 3    | QL; PV                    |
| EXFORGE HCT   | 3    | QL; PV                    |
| olmesartan-amlodipin-hcthiazid  | 3    | QL; PV                    |
| TRIBENZOR   | 3    | QL; PV                    |
| WIDAPLIK  | 3    | QL                        |
| <b>ANGIOTENSIN II RECEPTOR BLOCKER (ARB)-DIURETIC COMBINATIONS</b>            |      |                           |
| ATACAND HCT   | 3    | PV                        |
| AVALIDE   | 3    | PV                        |
| BENICAR HCT   | 3    | PV                        |
| candesartan-hydrochlorothiazid  | 1    | PV                        |
| DIOVAN HCT  | 3    | PV                        |
| EDARBYCLOR  | 3    | ST; PV                    |
| HYZAAR  | 3    | PV                        |
| irbesartan-hydrochlorothiazide  | 1    | PV                        |
| losartan-hydrochlorothiazide  | 1    | PV                        |
| MICARDIS HCT  | 3    | PV                        |
| olmesartan-hydrochlorothiazide  | 1    | PV                        |
| telmisartan-hydrochlorothiazid  | 3    | PV                        |
| valsartan-hydrochlorothiazide   | 1    | PV                        |
| <b>ANGIOTENSIN II RECEPTOR BLOCKER-NEPRILYSIN INHIBITOR COMB. (ARNI)</b>      |      |                           |
| ENTRESTO  | 3    | QL; PV                    |
| ENTRESTO SPRINKLE   | 3    | QL; PV                    |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| sacubitril-valsartan   | 1    | QL; PV                    |
| <b>ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs)</b>               |      |                           |
| ARBLI  | 3    | PA; QL; PV                |
| ATACAND  | 3    | PV                        |
| AVAPRO ORAL TABLET 150 MG, 300 MG                            | 3    | PV                        |
| azilsartan medoxomil   | 3    | ST; PV                    |
| BENICAR  | 3    | PV                        |
| candesartan  | 1    | PV                        |
| COZAAR   | 3    | PV                        |
| DIOVAN   | 3    | PV                        |
| EDARBI   | 3    | ST; PV                    |
| irbesartan   | 1    | PV                        |
| losartan   | 1    | PV                        |
| MICARDIS ORAL TABLET 40 MG, 80 MG                            | 3    | PV                        |
| olmesartan   | 1    | PV                        |
| telmisartan  | 1    | PV                        |
| valsartan 20 mg/5 ml solution                                | 1    | PA; PV                    |
| VALSARTAN ORAL SOLUTION 4 MG/ML                              | 3    | PA; PV                    |
| valsartan oral tablet  | 1    | PV                        |
| <b>ANTIANGINAL - CORONARY VASODILATORS (NITRATES)</b>        |      |                           |
| GONITRO  | 3    | PA                        |
| ISORDIL  | 3    |                           |
| ISORDIL TITRADOSE ORAL TABLET 5 MG                           | 3    |                           |
| isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg   | 1    |                           |
| isosorbide dinitrate oral tablet 40 mg                       | 3    |                           |
| isosorbide mononitrate                                       | 1    |                           |
| NITRO-BID  | 3    |                           |
| NITRO-DUR  | 3    |                           |
| nitroglycerin sublingual                                     | 1    |                           |
| nitroglycerin transdermal patch 24 hour                      | 1    |                           |
| nitroglycerin translingual                                   | 1    | QL                        |
| NITROLINGUAL   | 3    | QL                        |
| NITROMIST  | 3    | QL                        |
| NITROSTAT  | 3    |                           |
| nitro-time   | 1    |                           |
| <b>ANTIANGINAL AND ANTI-ISCHEMIC AGENTS</b>                  |      |                           |
| VERQUVO  | 3    | PA; QL                    |
| <b>ANTIANGINAL AND ANTI-ISCHEMIC AGENTS, NON-HEMODYNAMIC</b> |      |                           |
| ASPRUZYO SPRINKLE  | 3    | PA; QL                    |
| ranolazine   | 1    | QL                        |
| <b>ANTIARRHYTHMIC - CLASS IA</b>                             |      |                           |
| disopyramide phosphate oral capsule                          | 1    | PV                        |
| NORPACE  | 3    | PV                        |
| NORPACE CR   | 3    | PV                        |
| quinidine gluconate oral                                     | 1    | PV                        |
| quinidine sulfate oral tablet                                | 1    | PV                        |
| <b>ANTIARRHYTHMIC - CLASS IB</b>                             |      |                           |
| lidocaine (pf) intravenous solution                          | 3    | PV                        |
| mexiletine   | 1    | PV                        |

| Product Description   | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| <b>ANTIARRHYTHMIC - CLASS IC</b>                                    |      |                           |
| flecainide  | 1    | PV                        |
| propafenone oral capsule,extended release 12 hr                     | 3    | PV                        |
| propafenone oral tablet   | 1    | PV                        |
| <b>ANTIARRHYTHMIC - CLASS II</b>                                    |      |                           |
| BETAPACE AF   | 3    | PV                        |
| BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG                          | 3    | PV                        |
| sotalol af  | 1    | PV                        |
| sotalol oral  | 1    | PV                        |
| SOTYLIZE  | 3    | PA; PV                    |
| <b>ANTIARRHYTHMIC - CLASS III</b>                                   |      |                           |
| amiodarone oral tablet 100 mg, 400 mg                               | 3    | PV                        |
| amiodarone oral tablet 200 mg                                       | 1    | PV                        |
| dofetilide  | 1    | PV                        |
| MULTAQ  | 2    | QL; PV                    |
| PACERONE ORAL TABLET 100 MG   | 3    | PV                        |
| pacerone oral tablet 200 mg   | 1    | PV                        |
| TIKOSYN   | 3    | PV                        |
| <b>ANTIARRHYTHMIC - CLASS IV</b>                                    |      |                           |
| CARDAMYST   | 3    | PA; QL                    |
| verapamil oral tablet   | 1    | PV                        |
| <b>ANTIHYPERTENSIVE - APOLIPOPROTEIN C-III SYNTHESIS INHIBITORS</b> |      |                           |
| REDEMPLO  | 3    | PA; QL; S                 |
| TRYNGOLZA   | 3    | PA; QL; S                 |
| <b>ANTIHYPERTENSIVE - APOLIPOPROTEIN INHIBITORS</b>                 |      |                           |
| REDEMPLO  | 3    | PA; QL; S                 |
| TRYNGOLZA   | 3    | PA; QL; S                 |
| <b>ANTIHYPERTENSIVE - ATP-CITRATE LYASE (ACLY) INHIBITOR</b>        |      |                           |
| NEXLETOL  | 3    | ST; QL; PV                |
| <b>ANTIHYPERTENSIVE - BILE ACID SEQUESTRANTS</b>                    |      |                           |
| cholestyramine light  | 1    | PV                        |
| colesevelam   | 1    | PV                        |
| COLESTID ORAL GRANULES  | 3    | PV                        |
| COLESTID ORAL TABLET  | 3    | PV                        |
| colestipol  | 1    | PV                        |
| prevalite   | 1    | PV                        |
| QUESTRAN  | 3    | PV                        |
| QUESTRAN LIGHT  | 3    | PV                        |
| WELCHOL   | 3    | PV                        |
| <b>ANTIHYPERTENSIVE - FIBRIC ACID DERIVATIVES</b>                   |      |                           |
| fenofibrate micronized oral capsule 130 mg                          | 3    | PA; PV                    |
| fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg    | 1    | PV                        |
| fenofibrate nanocrystallized oral tablet 145 mg                     | 1    | QL; PV                    |
| fenofibrate nanocrystallized oral tablet 48 mg                      | 3    | QL; PV                    |
| fenofibrate oral capsule  | 3    | PA; PV                    |
| fenofibrate oral tablet 120 mg, 40 mg                               | 3    | PA; QL; PV                |
| fenofibrate oral tablet 160 mg                                      | 1    | QL; PV                    |
| fenofibrate oral tablet 54 mg                                       | 1    | PV                        |
| fenofibric acid   | 3    | PA                        |
| fenofibric acid (choline)   | 1    | QL; PV                    |

| Product Description   | Tier | Limits/Restrictions/Notes          |
|---|------|------------------------------------|
| FIBRICOR  | 3    | PA                                 |
| gemfibrozil   | 1    | PV                                 |
| LIPOFEN   | 3    | PA; PV                             |
| LOPID   | 3    | PV                                 |
| <b>ANTHYPERLIPIDEMIC - HMG COA REDUCTASE INHIBITORS (STATINS)</b>     |      |                                    |
| ATORVALIQ   | 3    | QL; Covered in full age 40-75*; PV |
| atorvastatin oral tablet 10 mg, 20 mg                                 | 1    | Covered in full age 40-75*; PV     |
| atorvastatin oral tablet 40 mg, 80 mg                                 | 1    | PV                                 |
| CRESTOR   | 3    | QL; PV                             |
| EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 5 MG                   | 3    | Covered in full age 40-75*; PV     |
| EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 20 MG, 40 MG                  | 3    | PV                                 |
| FLOLIPID  | 3    | QL; Covered in full age 40-75*; PV |
| fluvastatin   | 3    | QL; Covered in full age 40-75*; PV |
| LESCOL XL   | 3    | QL; PV                             |
| LIPITOR   | 3    | PV                                 |
| LIVALO  | 3    | QL; PV                             |
| lovastatin oral tablet 10 mg, 20 mg                                   | 1    | Covered in full age 40-75*; PV     |
| lovastatin oral tablet 40 mg  | 1    | QL; Covered in full age 40-75*; PV |
| pitavastatin calcium  | 3    | QL; Covered in full age 40-75*; PV |
| pravastatin   | 1    | Covered in full age 40-75*; PV     |
| rosuvastatin oral tablet 10 mg, 5 mg                                  | 1    | QL; Covered in full age 40-75*; PV |
| rosuvastatin oral tablet 20 mg, 40 mg                                 | 1    | QL; PV                             |
| simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg                     | 1    | QL; Covered in full age 40-75*; PV |
| simvastatin oral tablet 80 mg   | 1    | QL; PV                             |
| ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG                                 | 3    | QL; PV                             |
| ZYPITAMAG   | 3    | Covered in full age 40-75*; PV     |
| <b>ANTHYPERLIPIDEMIC - NICOTINIC ACID DERIVATIVES</b>                 |      |                                    |
| niacin 500 mg tablet (rx)   | 3    |                                    |
| niacin oral tablet 500 mg   | 3    | PA; QL                             |
| niacin oral tablet extended release 24 hr                             | 3    | QL                                 |
| NIACOR  | 3    |                                    |
| <b>ANTHYPERLIPIDEMIC - OMEGA-3 FATTY ACID TYPE</b>                    |      |                                    |
| icosapent ethyl   | 2    | QL; PV                             |
| LOVAZA  | 3    | QL; PV                             |
| omega-3 acid ethyl esters   | 2    | QL; PV                             |
| VASCEPA   | 3    | QL; PV                             |
| <b>ANTHYPERLIPIDEMIC - PCSK9 INHIBITOR, FUSION PROTEIN</b>            |      |                                    |
| LEROCHOL  | 3    | ST; QL                             |
| <b>ANTHYPERLIPIDEMIC - PCSK9 INHIBITOR, MONOCLONAL ANTIBODY (MAB)</b> |      |                                    |
| PRALUENT PEN  | 3    | ST; QL; PV                         |
| REPATHA PUSHTRONEX  | 2    | QL; PV                             |
| REPATHA SURECLICK   | 2    | QL; PV                             |
| REPATHA SYRINGE   | 2    | QL; PV                             |
| <b>ANTHYPERLIPIDEMIC - PCSK9 INHIBITORS</b>                           |      |                                    |
| LEROCHOL  | 3    | ST; QL                             |
| PRALUENT PEN  | 3    | ST; QL; PV                         |
| REPATHA PUSHTRONEX  | 2    | QL; PV                             |
| REPATHA SURECLICK   | 2    | QL; PV                             |
| REPATHA SYRINGE   | 2    | QL; PV                             |

| Product Description   | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| <b>ANTIHYPERLIPIDEMIC - SELECTIVE CHOLESTEROL ABSORPTION INHIBITOR</b>        |      |                           |
| ezetimibe   | 1    | PV                        |
| ZETIA   | 3    | PV                        |
| <b>ANTIHYPERLIPIDEMIC- ATP-CITRATE LYASE AND CHOLESTEROL ABSORPTION INHIB</b> |      |                           |
| NEXLIZET  | 3    | ST; QL                    |
| <b>ANTIHYPERLIPIDEMIC HMG COA REDUCT INHIB AND CALCIUM CHANNEL BLOCKER</b>    |      |                           |
| amlodipine-atorvastatin   | 3    | QL                        |
| CADUET  | 3    | QL                        |
| <b>ANTIHYPERLIPIDEMIC-HMG COA REDUCT INHIB AND CHOLESTEROL ABSORP INHIBIT</b> |      |                           |
| EZETIMIBE-ROSUVASTATIN  | 2    | PV                        |
| ezetimibe-simvastatin   | 3    | PV                        |
| ROSZET  | 2    | PV                        |
| VYTORIN 10-10   | 3    | PV                        |
| VYTORIN 10-20   | 3    | PV                        |
| VYTORIN 10-40   | 3    | PV                        |
| VYTORIN 10-80   | 3    | PV                        |
| <b>ANTIHYPERLIPIDEMIC-MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP)INHIB</b> |      |                           |
| JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG                               | 3    | PA; QL; MS; S; PV         |
| JUXTAPID ORAL CAPSULE 2 MG  | 3    | PA; QL; MS; S             |
| <b>BETA BLOCKERS CARDIAC SELECTIVE</b>  |      |                           |
| atenolol  | 1    | PV                        |
| betaxolol oral  | 1    | PV                        |
| bisoprolol fumarate oral tablet 10 mg, 5 mg                                   | 1    | PV                        |
| bisoprolol fumarate oral tablet 2.5 mg  | 3    | PA; QL; PV                |
| BYSTOLIC  | 3    | QL; PV                    |
| KAPSPARGO SPRINKLE  | 3    | PV                        |
| LOPRESSOR ORAL SOLUTION   | 3    | PA; QL; PV                |
| LOPRESSOR ORAL TABLET 100 MG, 50 MG   | 3    | PV                        |
| LOPRESSOR ORAL TABLET 12.5 MG   | 3    | PA; QL                    |
| metoprolol succinate  | 1    | PV                        |
| metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg          | 1    | PV                        |
| metoprolol tartrate oral tablet 12.5 mg                                       | 3    | PA; QL; PV                |
| nebivolol   | 1    | QL; PV                    |
| TENORMIN  | 3    | PV                        |
| TOPROL XL   | 3    | PV                        |
| <b>BETA BLOCKERS CARDIAC SELECTIVE, INTRINSIC SYMPATHOMIMETIC ACTIVITY</b>    |      |                           |
| acebutolol  | 1    | PV                        |
| <b>BETA BLOCKERS NON-CARDIAC SELECT., INTRINSIC SYMPATHOMIMETIC ACTIVITY</b>  |      |                           |
| pindolol  | 1    | PV                        |
| <b>BETA BLOCKERS NON-CARDIAC SELECTIVE</b>                                    |      |                           |
| BETAPACE AF   | 3    | PV                        |
| BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG                                    | 3    | PV                        |
| HEMANGEOL   | 3    | S; PV                     |
| INDERAL LA  | 3    | PV                        |
| INDERAL XL  | 3    | PA; PV                    |

| Product Description   | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| INNOPRAN XL   | 3    | PA; PV                    |
| nadolol   | 1    | PV                        |
| propranolol oral  | 1    | PV                        |
| sotalol af  | 1    | PV                        |
| sotalol oral  | 1    | PV                        |
| SOTYLIZE  | 3    | PA; PV                    |
| timolol maleate oral  | 1    | PV                        |
| <b>BRADYKININ B2 RECEPTOR ANTAGONISTS</b>                                       |      |                           |
| FIRAZYR   | 3    | PA; QL; S                 |
| icatibant   | 1    | PA; QL; S                 |
| SAJAZIR   | 3    | PA; QL; MS; S             |
| <b>CALCIUM CHANNEL BLOCKER - NSAID, COX-2 SELECTIVE INHIBITOR COMBINATION</b>   |      |                           |
| CONSENSI ORAL TABLET 10-200 MG  | 3    | PA                        |
| CONSENSI ORAL TABLET 2.5-200 MG, 5-200 MG                                       | 3    | PA; QL                    |
| <b>CALCIUM CHANNEL BLOCKERS - BENZOTHIAZEPINES</b>                              |      |                           |
| CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG   | 3    | PV                        |
| CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR 360 MG                           | 3    | PA; PV                    |
| CARDIZEM LA   | 3    | PV                        |
| CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG                                       | 3    | PV                        |
| cartia xt   | 1    | PV                        |
| diltiazem hcl oral capsule,ext.rel 24h degradable                               | 1    | PV                        |
| diltiazem hcl oral capsule,extended release 12 hr                               | 1    | PV                        |
| diltiazem hcl oral capsule,extended release 24 hr                               | 1    | PV                        |
| diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg | 1    | PV                        |
| diltiazem hcl oral capsule,extended release 24hr 360 mg                         | 3    | PA; PV                    |
| diltiazem hcl oral tablet   | 1    | PV                        |
| diltiazem hcl oral tablet extended release 24 hr                                | 1    | PV                        |
| diilt-xr  | 1    | PV                        |
| MATZIM LA   | 3    | PV                        |
| tiadyt er   | 1    | PV                        |
| TIAZAC  | 3    | PV                        |
| <b>CALCIUM CHANNEL BLOCKERS - DIHYDROPYRIDINES</b>                              |      |                           |
| amlodipine  | 1    | PV                        |
| CONJUPRI  | 3    | PA; QL; PV                |
| felodipine  | 1    | PV                        |
| isradipine  | 3    | PV                        |
| KATERZIA  | 3    | PA; QL; PV                |
| LEVAMLODIPINE   | 3    | PA; QL; PV                |
| nicardipine oral  | 3    | PV                        |
| nifedipine  | 1    | PV                        |
| nisoldipine oral tablet extended release 24 hr 17 mg, 34 mg, 8.5 mg             | 3    | QL; PV                    |
| NORLIQVA  | 3    | PA; QL; PV                |
| NORVASC   | 3    | PV                        |
| PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG, 60 MG                     | 3    | PV                        |
| SDAMLO  | 3    | PA; QL                    |
| SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG                   | 3    | QL; PV                    |

| Product Description   | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| <b>CALCIUM CHANNEL BLOCKERS - DIHYDROPYRIDINES - CEREBROVASCULAR SPECIFIC</b> |      |                           |
| nimodipine oral capsule   | 1    | PV                        |
| nimodipine oral solution  | 3    | QL                        |
| NYMALIZE ORAL SOLUTION  | 3    | QL                        |
| NYMALIZE ORAL SYRINGE   | 3    | QL; PV                    |
| <b>CALCIUM CHANNEL BLOCKERS - PHENYLALKYLAMINES</b>                           |      |                           |
| CARDAMYST   | 3    | PA; QL                    |
| verapamil oral capsule, 24 hr er pellet ct                                    | 1    | PV                        |
| verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg          | 1    | PV                        |
| verapamil oral capsule,ext rel. pellets 24 hr 360 mg                          | 3    | PV                        |
| verapamil oral tablet   | 1    | PV                        |
| verapamil oral tablet extended release  | 1    | PV                        |
| <b>CARDIAC MYOSIN INHIBITOR</b>   |      |                           |
| CAMZYOS   | 3    | PA; QL; MS; S             |
| MYQORZO   | 3    | PA; QL; S                 |
| <b>CARDIAC SELECTIVE BETA BLOCKER-THIAZIDE DIURETIC AND RELATED COMB.</b>     |      |                           |
| atenolol-chlorthalidone   | 1    | PV                        |
| bisoprolol-hydrochlorothiazide  | 1    | PV                        |
| metoprolol ta-hydrochlorothiaz  | 1    | PV                        |
| <b>CARDIOVASCULAR SYMPATHOMIMETIC - ANAPHYLAXIS THERAPY SINGLE AGENTS</b>     |      |                           |
| ADRENALIN INJECTION   | 3    |                           |
| ADYPHREN  | 3    | QL                        |
| AUVI-Q  | 3    | QL                        |
| EPINEPHRINE (BULK)  | 3    |                           |
| epinephrine injection auto-injector   | 1    | QL                        |
| epinephrine injection solution  | 1    |                           |
| EPINEPHRINESNAP-V   | 3    |                           |
| EPIPEN  | 3    | QL                        |
| EPIPEN 2-PAK  | 3    | QL                        |
| EPIPEN JR   | 3    | QL                        |
| EPIPEN JR 2-PAK   | 3    | QL                        |
| NEFFY   | 3    | QL                        |
| <b>CARDIOVASCULAR SYMPATHOMIMETICS</b>  |      |                           |
| ADRENALIN INJECTION   | 3    |                           |
| droxidopa oral capsule 100 mg   | 3    | PA; QL; MS; S             |
| droxidopa oral capsule 200 mg, 300 mg   | 3    | PA; MS; S                 |
| epinephrine injection solution  | 1    |                           |
| midodrine   | 1    |                           |
| NORTHERA ORAL CAPSULE 100 MG  | 3    | PA; QL; MS; S             |
| NORTHERA ORAL CAPSULE 200 MG, 300 MG  | 3    | PA; MS; S                 |
| <b>CENTRAL ALPHA-2 RECEPTOR AGONISTS</b>                                      |      |                           |
| CATAPRES-TTS-1  | 3    | QL; PV                    |
| CATAPRES-TTS-2  | 3    | QL; PV                    |
| CATAPRES-TTS-3  | 3    | QL; PV                    |
| clonidine   | 1    | QL; PV                    |
| clonidine hcl oral tablet 0.05 mg   | 3    | PA; QL                    |
| clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg                              | 1    | PV                        |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| CLONIDINE HCL ORAL TABLET EXTENDED RELEASE 24 HR                         | 3    | PA; QL; PV                |
| guanfacine oral tablet   | 1    | PV                        |
| JAVADIN  | 3    | PA; QL                    |
| methyldopa   | 1    | PV                        |
| NEXICLON XR  | 3    | PA; QL; PV                |
| <b>DIGITALIS GLYCOSIDES</b>  |      |                           |
| digoxin oral solution  | 1    |                           |
| digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)                | 1    |                           |
| digoxin oral tablet 62.5 mcg (0.0625 mg)                                 | 3    | QL                        |
| LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)                | 3    |                           |
| LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG)                                 | 3    | QL                        |
| <b>DIRECT ACTING VASODILATORS</b>  |      |                           |
| hydralazine oral   | 1    | PV                        |
| minoxidil oral   | 1    | PV                        |
| <b>DIURETIC - ALDOSTERONE RECEPTOR ANTAGONIST, NON-SELECTIVE</b>         |      |                           |
| ALDACTONE  | 3    | PV                        |
| CAROSPIR   | 3    | QL; PV                    |
| spironolactone oral suspension   | 3    | QL; PV                    |
| spironolactone oral tablet   | 1    | PV                        |
| <b>DIURETIC - ALDOSTERONE RECEPTOR ANTAGONIST, SELECTIVE</b>             |      |                           |
| eplerenone   | 1    | PV                        |
| INSPRA ORAL TABLET 25 MG   | 3    | PV                        |
| <b>DIURETIC - CARBONIC ANHYDRASE INHIBITORS</b>                          |      |                           |
| acetazolamide  | 1    | PV                        |
| dichlorphenamide   | 3    | PA; MS; S                 |
| methazolamide  | 1    | PV                        |
| <b>DIURETIC - LOOP</b>   |      |                           |
| bumetanide oral  | 1    | PV                        |
| EDECRIN  | 3    | PV                        |
| ENBUMYST   | 3    | PA; QL                    |
| ethacrynic acid  | 1    | PV                        |
| FUROSCIX   | 3    | PA; QL; PV                |
| furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)                  | 1    | PV                        |
| furosemide oral tablet   | 1    | PV                        |
| LASIX  | 3    | PV                        |
| LASIX ONYU   | 3    | PA; QL                    |
| SOAANZ ORAL TABLET 40 MG   | 3    | PA; QL; PV                |
| toremide oral  | 1    | PV                        |
| <b>DIURETIC - POTASSIUM SPARING</b>                                      |      |                           |
| amiloride  | 1    | PV                        |
| DYRENIUM   | 3    | PV                        |
| triamterene  | 3    | PV                        |
| <b>DIURETIC - POTASSIUM SPARING-THIAZIDE AND RELATED COMBINATIONS</b>    |      |                           |
| amiloride-hydrochlorothiazide  | 1    | PV                        |
| spironolacton-hydrochlorothiaz   | 1    | PV                        |
| triamterene-hydrochlorothiazid   | 1    | PV                        |
| <b>DIURETIC - SELECTIVE ARGININE VASOPRESSIN V2 RECEPTOR ANTAGONISTS</b> |      |                           |
| SAMSCA   | 3    | QL; MS; S                 |

| Product Description   | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| tolvaptan   | 1    | QL; MS; S                 |
| <b>DIURETIC - THIAZIDES AND RELATED</b>                                       |      |                           |
| chlorthalidone oral tablet 25 mg, 50 mg                                       | 1    | PV                        |
| HEMICLOR  | 3    | QL; PV                    |
| hydrochlorothiazide   | 1    | PV                        |
| indapamide  | 1    | PV                        |
| INZIRQO   | 3    | PA; QL; PV                |
| metolazone  | 1    | PV                        |
| THALITONE   | 3    | ST; QL; PV                |
| <b>ENDOTHELIN RECEPTOR ANTAGONISTS</b>  |      |                           |
| TRYVIO  | 3    | PA; S                     |
| VANRAFIA  | 3    | PA; QL; S                 |
| <b>ENDOTHELIN-ANGIOTENSIN RECEPTOR ANTAGONIST</b>                             |      |                           |
| FILSPARI  | 3    | PA; QL; S                 |
| <b>FACTOR XII INHIBITORS</b>  |      |                           |
| ANDEMBRY AUTOINJECTOR   | 3    | PA; QL; MS; S             |
| <b>GANGLIONIC BLOCKING, NON-DEPOLARIZING</b>                                  |      |                           |
| VECAMYL   | 3    | PV                        |
| <b>HYPERPOLARIZATION-ACTIVATED CYCLIC NUCLEOTIDE-GATED CHANNEL INHIBITORS</b> |      |                           |
| CORLANOR ORAL SOLUTION  | 3    | QL; S                     |
| CORLANOR ORAL TABLET  | 3    | QL                        |
| ivabradine  | 1    | QL                        |
| <b>PAH AGENTS - SELECTIVE PROSTACYCLIN RECEPTOR (IP) AGONISTS</b>             |      |                           |
| UPTRAVI ORAL  | 3    | PA; QL; MS; S             |
| <b>PAH-ENDOTHELIN RECEPTOR ANTAGONIST-SELECTIVE CGMP PDES INHIBITOR COMB</b>  |      |                           |
| OPSYNVI   | 3    | PA; QL; MS; S             |
| <b>PERIPHERAL ALPHA-1 RECEPTOR BLOCKERS</b>                                   |      |                           |
| CARDURA   | 3    | PV                        |
| CARDURA XL  | 3    | PV                        |
| doxazosin   | 1    | PV                        |
| phenoxybenzamine  | 1    | PV                        |
| prazosin  | 1    | PV                        |
| terazosin   | 1    | PV                        |
| TEZRULY   | 3    | PA; QL; PV                |
| <b>PHEOCHROMOCYTOMA, AGENTS TO TREAT</b>                                      |      |                           |
| metyrosine  | 3    |                           |
| <b>PLASMA KALLIKREIN INHIBITOR AGENTS, RECOMBINANT MONOCLONAL ANTIBODY</b>    |      |                           |
| TAKHZYRO SUBCUTANEOUS SYRINGE   | 2    | PA; QL; MS; S             |
| <b>PLASMA KALLIKREIN INHIBITOR AGENTS, SMALL MOLECULE</b>                     |      |                           |
| EKTERLY   | 3    | PA; QL; MS; S             |
| ORLADEYO  | 3    | PA; QL; S                 |
| <b>PULMONARY ANTIHYPERTENSIVE AGENT - ACTIVIN RECEPTOR IIA-FC (ACTRIIA)</b>   |      |                           |
| WINREVAIR SUBCUTANEOUS KIT 45 MG, 60 MG                                       | 3    | PA; QL; MS; S             |
| <b>PULMONARY ANTIHYPERTENSIVE AGENTS - PROSTACYCLIN-TYPE</b>                  |      |                           |
| ORENITRAM   | 3    | PA; MS; S                 |
| ORENITRAM MONTH 1 TITRATION KT  | 3    | PA; MS; S                 |
| ORENITRAM MONTH 2 TITRATION KT  | 3    | PA; MS; S                 |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| ORENITRAM MONTH 3 TITRATION KT   | 3    | PA; MS; S                 |
| TYVASO   | 3    | PA; QL; MS; S             |
| TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16(112)-32(112) -48(28) MCG, 32 MCG, 32-64 MCG, 48 MCG, 48-64 MCG, 64 MCG, 80 MCG | 3    | PA; QL; MS; S             |
| TYVASO INSTITUTIONAL START KIT   | 3    | PA; QL; MS; S             |
| TYVASO REFILL KIT  | 3    | PA; QL; MS; S             |
| TYVASO STARTER KIT   | 3    | PA; QL; MS; S             |
| YUTREPIA   | 3    | PA; QL; MS; S             |
| <b>PULMONARY ANTIHYPERTENSIVE AGENTS-SOLUBLE GUANYLATE CYCLASE STIMULATOR</b>  |      |                           |
| ADEMPAS  | 3    | PA; QL; MS; S             |
| <b>PULMONARY ARTERIAL HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS</b>   |      |                           |
| ambrisentan  | 1    | PA; QL; MS; S             |
| bosentan   | 1    | PA; QL; MS; S             |
| LETAIRIS   | 3    | PA; QL; MS; S             |
| OPSUMIT  | 3    | PA; QL; MS; S             |
| TRACLEER   | 3    | PA; QL; MS; S             |
| <b>PULMONARY ARTERIAL HYPERTENSION - SELECTIVE CGMP-PDE5 INHIBITORS</b>  |      |                           |
| alyq   | 1    | PA; QL; S                 |
| REVATIO ORAL TABLET  | 3    | PA; QL; MS; S             |
| sildenafil (pulm.hypertension) oral  | 1    | PA; QL; MS; S             |
| tadalafil (pulm. hypertension)   | 1    | PA; QL; MS; S             |
| TADLIQ   | 3    | PA; QL; MS; S             |
| <b>RENIN INHIBITOR, DIRECT</b>   |      |                           |
| aliskiren  | 1    | QL; PV                    |
| TEKTURNA   | 3    | QL; PV                    |
| <b>VASODILATOR COMBINATIONS</b>  |      |                           |
| BIDIL  | 3    | QL                        |
| isosorbide-hydralazine   | 1    | QL                        |
| <b>CENTRAL NERVOUS SYSTEM AGENTS</b>   |      |                           |
| <b>AGENTS TO TREAT EPISODIC CLUSTER HEADACHES</b>  |      |                           |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)  | 2    | PA; QL                    |
| <b>ANTIANSXIETY AGENT - ANTIHISTAMINE TYPE</b>   |      |                           |
| hydroxyzine hcl oral solution 10 mg/5 ml   | 1    |                           |
| hydroxyzine hcl oral tablet  | 1    |                           |
| hydroxyzine pamoate  | 1    |                           |
| <b>ANTIANSXIETY AGENT - BENZODIAZEPINES</b>  |      |                           |
| alprazolam intensol  | 1    |                           |
| alprazolam oral tablet   | 1    |                           |
| alprazolam oral tablet extended release 24 hr  | 3    |                           |
| alprazolam oral tablet,disintegrating  | 3    |                           |
| ATIVAN ORAL  | 3    |                           |
| chlordiazepoxide hcl   | 1    |                           |
| clonazepam oral tablet   | 1    |                           |
| clonazepam oral tablet,disintegrating  | 3    |                           |
| clorazepate dipotassium  | 3    |                           |
| diazepam intensol  | 1    |                           |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| diazepam oral  | 1    |                           |
| KLONOPIN   | 3    |                           |
| lorazepam intensol   | 1    |                           |
| lorazepam oral   | 1    |                           |
| LOREEV XR  | 3    | PA; QL                    |
| oxazepam   | 3    |                           |
| VALIUM   | 3    |                           |
| XANAX  | 3    |                           |
| XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR 2 MG                 | 3    |                           |
| <b>ANTIANKXIETY AGENT - DICARBAMATE TYPE</b>                     |      |                           |
| meprobamate  | 3    |                           |
| <b>ANTIANKXIETY AGENT - NON-BENZODIAZEPINE</b>                   |      |                           |
| BUCAPSOL   | 3    | PA; QL                    |
| buspirone  | 1    |                           |
| <b>ANTICONVULSANT - AMPA-TYPE GLUTAMATE RECEPTOR ANTAGONISTS</b> |      |                           |
| FYCOMPA  | 3    | QL                        |
| perampanel   | 1    | QL                        |
| <b>ANTICONVULSANT - BARBITURATES AND DERIVATIVES</b>             |      |                           |
| MYSOLINE   | 3    |                           |
| phenobarbital  | 1    |                           |
| PRIMIDONE ORAL TABLET 125 MG                                     | 3    |                           |
| primidone oral tablet 250 mg, 50 mg                              | 1    |                           |
| <b>ANTICONVULSANT - BENZODIAZEPINES</b>                          |      |                           |
| clobazam oral suspension   | 1    |                           |
| clobazam oral tablet   | 1    | QL                        |
| clonazepam oral tablet   | 1    |                           |
| clonazepam oral tablet,disintegrating                            | 3    |                           |
| diazepam rectal  | 1    | QL                        |
| KLONOPIN   | 3    |                           |
| NAYZILAM   | 3    | QL                        |
| ONFI ORAL SUSPENSION   | 3    |                           |
| ONFI ORAL TABLET   | 3    | QL                        |
| SYMPAZAN   | 3    | QL                        |
| VALTOCO  | 3    | QL                        |
| <b>ANTICONVULSANT - CANNABINOID TYPE</b>                         |      |                           |
| EPIDIOLEX  | 3    | PA; QL; MS; S             |
| <b>ANTICONVULSANT - CARBAMATES</b>                               |      |                           |
| felbamate  | 1    |                           |
| FELBATOL ORAL TABLET   | 3    |                           |
| <b>ANTICONVULSANT - CARBOXYLIC ACID DERIVATIVES</b>              |      |                           |
| DEPAKOTE   | 3    |                           |
| DEPAKOTE ER  | 3    |                           |
| DEPAKOTE SPRINKLES   | 3    |                           |
| divalproex   | 1    |                           |
| valproic acid  | 1    |                           |
| valproic acid (as sodium salt)                                   | 1    |                           |
| <b>ANTICONVULSANT - FUNCTIONALIZED AMINO ACID</b>                |      |                           |
| lacosamide oral  | 1    | QL                        |
| MOTPOLY XR   | 3    | PA; QL                    |
| VIMPAT ORAL  | 3    | QL                        |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| <b>ANTICONVULSANT - GABA ANALOGS</b>   |      |                           |
| gabapentin oral capsule  | 1    |                           |
| gabapentin oral solution   | 1    |                           |
| gabapentin oral tablet 600 mg, 800 mg  | 1    |                           |
| GABARONE   | 3    | PA                        |
| LYRICA ORAL CAPSULE  | 3    |                           |
| LYRICA ORAL SOLUTION   | 3    | QL                        |
| NEURONTIN  | 3    |                           |
| pregabalin oral capsule  | 1    |                           |
| pregabalin oral solution   | 1    | QL                        |
| RELGAABI   | 3    | PA; QL                    |
| <b>ANTICONVULSANT - GABA RE-UPTAKE INHIBITOR, NIPECOTIC ACID DERIVATIVES</b> |      |                           |
| tiagabine  | 1    |                           |
| <b>ANTICONVULSANT - GABA TRANSAMINASE (GABA-T) INHIBITOR</b>                 |      |                           |
| SABRIL   | 3    | PA; QL; MS; S             |
| vigabatrin oral powder in packet   | 2    | PA; QL; MS; S             |
| vigabatrin oral tablet   | 3    | PA; QL; MS; S             |
| VIGADRONE ORAL POWDER IN PACKET  | 2    | PA; QL; S                 |
| VIGADRONE ORAL TABLET  | 3    | PA; QL; S                 |
| VIGAFYDE   | 3    | PA; QL; S                 |
| <b>ANTICONVULSANT - HYDANTOINS</b>   |      |                           |
| DILANTIN   | 2    |                           |
| DILANTIN EXTENDED  | 2    |                           |
| DILANTIN INFATABS  | 2    |                           |
| DILANTIN-125   | 2    |                           |
| PHENYTEK   | 2    |                           |
| phenytoin oral suspension 125 mg/5 ml  | 1    |                           |
| phenytoin oral tablet, chewable  | 1    |                           |
| phenytoin sodium extended  | 1    |                           |
| <b>ANTICONVULSANT - IMINOSTILBENE DERIVATIVES</b>                            |      |                           |
| APTIOM   | 3    | QL                        |
| carbamazepine oral capsule, er multiphase 12 hr                              | 1    | PV                        |
| carbamazepine oral suspension  | 1    | PV                        |
| carbamazepine oral tablet  | 1    | PV                        |
| carbamazepine oral tablet extended release 12 hr                             | 1    | PV                        |
| carbamazepine oral tablet, chewable 100 mg                                   | 1    | PV                        |
| CARBAMAZEPINE ORAL TABLET, CHEWABLE 200 MG                                   | 3    | PV                        |
| CARBATROL  | 3    | PV                        |
| EQUETRO  | 3    | PV                        |
| eslicarbazepine  | 3    | QL                        |
| oxcarbazepine oral suspension  | 1    |                           |
| oxcarbazepine oral tablet  | 1    |                           |
| oxcarbazepine oral tablet extended release 24 hr                             | 3    | QL                        |
| OXTELLAR XR  | 3    | QL                        |
| TEGRETOL ORAL SUSPENSION   | 3    | PV                        |
| TEGRETOL ORAL TABLET   | 3    | PV                        |
| TEGRETOL XR  | 3    | PV                        |
| TRILEPTAL  | 3    |                           |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| <b>ANTICONVULSANT - MONOSACCHARIDE DERIVATIVES</b>                                 |      |                           |
| EPRONTIA   | 3    | QL                        |
| TOPAMAX  | 3    |                           |
| topiramate 50 mg sprinkle cap  | 1    | PA                        |
| topiramate oral capsule, sprinkle 15 mg, 25 mg                                     | 2    |                           |
| topiramate oral capsule, sprinkle 50 mg  | 3    | PA                        |
| topiramate oral capsule,extended release 24hr                                      | 3    | QL                        |
| topiramate oral capsule,sprinkle,er 24hr   | 2    | QL                        |
| topiramate oral solution   | 1    | QL; PV                    |
| topiramate oral tablet   | 1    |                           |
| TROKENDI XR  | 3    | QL                        |
| <b>ANTICONVULSANT - NEUROACTIVE STEROID GABA-A RECEPTOR MODULATOR</b>              |      |                           |
| ZTALMY   | 3    | PA; QL; S                 |
| <b>ANTICONVULSANT - PHENYLTRIAZINE DERIVATIVES</b>                                 |      |                           |
| LAMICTAL ODT   | 3    | QL                        |
| LAMICTAL ODT STARTER (BLUE)  | 3    |                           |
| LAMICTAL ODT STARTER (GREEN)   | 3    |                           |
| LAMICTAL ODT STARTER (ORANGE)  | 3    |                           |
| LAMICTAL ORAL TABLET   | 3    |                           |
| LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG                             | 3    |                           |
| LAMICTAL STARTER (BLUE) KIT  | 3    |                           |
| LAMICTAL STARTER (GREEN) KIT   | 3    | QL                        |
| LAMICTAL STARTER (ORANGE) KIT  | 3    | QL                        |
| LAMICTAL XR  | 3    |                           |
| LAMICTAL XR STARTER (BLUE)   | 3    |                           |
| LAMICTAL XR STARTER (GREEN)  | 3    |                           |
| LAMICTAL XR STARTER (ORANGE)   | 3    |                           |
| lamotrigine oral tablet  | 1    |                           |
| lamotrigine oral tablet disintegrating, dose pk                                    | 1    |                           |
| lamotrigine oral tablet extended release 24hr                                      | 1    |                           |
| lamotrigine oral tablet, chewable dispersible                                      | 1    |                           |
| lamotrigine oral tablet,disintegrating   | 1    | QL                        |
| lamotrigine oral tablets,dose pack 25 mg (35)                                      | 1    |                           |
| lamotrigine oral tablets,dose pack 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14) | 1    | QL                        |
| SUBVENITE ORAL SUSPENSION  | 3    | PA; QL                    |
| subvenite oral tablet  | 1    |                           |
| subvenite starter (blue) kit   | 1    |                           |
| subvenite starter (green) kit  | 1    | QL                        |
| subvenite starter (orange) kit   | 1    | QL                        |
| <b>ANTICONVULSANT - PYRROLIDINE DERIVATIVES</b>                                    |      |                           |
| brivaracetam oral tablet   | 3    | QL                        |
| BRIVIACT ORAL  | 3    | QL                        |
| ELEPSIA XR   | 3    | QL                        |
| KEPPRA ORAL  | 3    |                           |
| KEPPRA XR  | 3    | QL                        |
| levetiracetam oral solution  | 1    |                           |
| levetiracetam oral tablet  | 1    |                           |
| levetiracetam oral tablet extended release 24 hr                                   | 1    | QL                        |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| levetiracetam oral tablet for suspension   | 3    | QL                        |
| roweepra   | 1    |                           |
| SPRITAM  | 3    | QL                        |
| <b>ANTICONVULSANT - SUCCINIMIDES</b>   |      |                           |
| CELONTIN ORAL CAPSULE 300 MG   | 3    |                           |
| ethosuximide   | 1    |                           |
| methsuximide   | 3    |                           |
| ZARONTIN   | 3    |                           |
| <b>ANTICONVULSANT - SULFONAMIDE DERIVATIVES</b>                                    |      |                           |
| ZONEGRAN ORAL CAPSULE 100 MG, 25 MG  | 3    |                           |
| ZONISADE   | 3    | PA; QL                    |
| zonisamide   | 1    |                           |
| <b>ANTICONVULSANT - TRIAZOLE DERIVATIVES</b>                                       |      |                           |
| BANZEL   | 3    |                           |
| rufinamide   | 3    |                           |
| <b>ANTICONVULSANT OTHERS</b>   |      |                           |
| DIACOMIT   | 3    | PA; QL; S                 |
| FINTEPLA   | 3    | PA; QL; S                 |
| XCOPRI   | 3    | QL                        |
| XCOPRI MAINTENANCE PACK  | 3    | QL                        |
| XCOPRI TITRATION PACK  | 3    | QL                        |
| <b>ANTIDEPRESSANT - ALPHA-2 RECEPTOR ANTAGONISTS (NASSA)</b>                       |      |                           |
| mirtazapine oral tablet  | 1    | PV                        |
| mirtazapine oral tablet, disintegrating  | 3    | PV                        |
| REMERON ORAL TABLET 15 MG, 30 MG   | 3    | PV                        |
| REMERON SOLTAB   | 3    | PV                        |
| <b>ANTIDEPRESSANT - AZAPIRONES</b>   |      |                           |
| EXXUA  | 3    | PA; QL                    |
| <b>ANTIDEPRESSANT - MAO INHIBITOR NONSELECTIVE AND IRREVERSIBLE-<br/>TYPES A,B</b> |      |                           |
| EMSAM  | 3    | ST; QL; PV                |
| MARPLAN  | 3    |                           |
| NARDIL   | 3    | PV                        |
| PARNATE  | 3    | PV                        |
| phenelzine   | 1    | PV                        |
| tranylcypromine  | 3    | PV                        |
| <b>ANTIDEPRESSANT - NDMA RECEPTOR ANTAGONIST AND NDRI<br/>COMBINATIONS</b>         |      |                           |
| AUVELITY   | 3    | PA; QL                    |
| <b>ANTIDEPRESSANT - NEUROACTIVE STEROID GABA-A RECEPTOR<br/>MODULATOR</b>          |      |                           |
| ZURZUVAE   | 3    | PA; QL; S                 |
| <b>ANTIDEPRESSANT - SELECTIVE SEROTONIN REUPTAKE INHIBITORS<br/>(SSRIS)</b>        |      |                           |
| CELEXA ORAL TABLET   | 3    | QL; PV                    |
| CITALOPRAM ORAL CAPSULE  | 3    | PA; QL; PV                |
| citalopram oral solution   | 1    | PV                        |
| citalopram oral tablet   | 1    | QL; PV                    |
| escitalopram 10 mg/10 ml cup inner   | 3    | PA; QL; PV                |
| escitalopram 10 mg/10 ml cup outer   | 3    | PA; QL; PV                |
| escitalopram oxalate oral capsule  | 3    | PA; QL; PV                |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| escitalopram oxalate oral solution 5 mg/5 ml                                 | 1    | PV                        |
| escitalopram oxalate oral tablet   | 1    | PV                        |
| fluoxetine oral capsule  | 1    | PV                        |
| fluoxetine oral capsule, delayed release(dr/ec)                              | 3    | QL; PV                    |
| fluoxetine oral solution   | 1    | PV                        |
| fluoxetine oral tablet   | 3    | PV                        |
| fluvoxamine oral capsule, extended release 24hr                              | 3    | QL; PV                    |
| fluvoxamine oral tablet  | 1    | PV                        |
| LEXAPRO ORAL TABLET  | 3    | PV                        |
| paroxetine hcl oral suspension   | 3    | PV                        |
| paroxetine hcl oral tablet   | 1    | PV                        |
| paroxetine hcl oral tablet extended release 24 hr                            | 3    | QL; PV                    |
| PAXIL  | 3    | PV                        |
| PAXIL CR   | 3    | QL; PV                    |
| PROZAC ORAL CAPSULE 10 MG, 20 MG   | 3    | PV                        |
| sertraline 150 mg capsule  | 1    | PA; QL                    |
| sertraline 200 mg capsule  | 1    | PA; QL                    |
| SERTRALINE ORAL CAPSULE 150 MG, 200 MG                                       | 3    | PA; QL; PV                |
| sertraline oral concentrate  | 1    | PV                        |
| sertraline oral tablet   | 1    | PV                        |
| ZOLOFT   | 3    | PV                        |
| <b>ANTIDEPRESSANT - SEROTONIN-2 ANTAGONIST-REUPTAKE INHIBITORS (SARIS)</b>   |      |                           |
| nefazodone oral tablet 100 mg, 50 mg   | 3    | QL; PV                    |
| nefazodone oral tablet 150 mg, 200 mg, 250 mg                                | 3    | PV                        |
| RALDESY  | 3    | PA; QL                    |
| trazodone  | 1    | PV                        |
| <b>ANTIDEPRESSANT - SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)</b> |      |                           |
| DESVENLAFAXINE   | 3    | PA; PV                    |
| desvenlafaxine succinate   | 1    | QL; PV                    |
| DRIZALMA SPRINKLE  | 3    | ST; QL; PV                |
| duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg          | 1    | QL; PV                    |
| duloxetine oral capsule, delayed release(dr/ec) 40 mg                        | 3    | PA; QL; PV                |
| EFFEXOR XR   | 3    | QL; PV                    |
| FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)           | 3    | QL; PV                    |
| FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR                                 | 3    | QL; PV                    |
| milnacipran  | 1    | QL                        |
| PRISTIQ  | 3    | QL; PV                    |
| SAVELLA  | 3    | ST; QL                    |
| VENLAFAXINE BESYLATE   | 3    | ST; QL                    |
| venlafaxine oral capsule, extended release 24hr                              | 1    | QL; PV                    |
| venlafaxine oral tablet  | 1    | PV                        |
| venlafaxine oral tablet extended release 24hr                                | 3    | ST; QL; PV                |
| <b>ANTIDEPRESSANT - SSRI AND 5HT1A PARTIAL AGONIST</b>                       |      |                           |
| VIIBRYD ORAL TABLET  | 3    | QL; PV                    |
| vilazodone   | 3    | QL; PV                    |
| <b>ANTIDEPRESSANT - SSRI AND SEROTONIN (5-HT) RECEPTOR MODULATOR</b>         |      |                           |
| TRINTELLIX   | 3    | QL; PV                    |

| Product Description   | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| <b>ANTIDEPRESSANT - TRICYCLIC AND ANTIPSYCHOTIC, PHENOTHIAZINE COMB</b>       |      |                           |
| perphenazine-amitriptyline  | 1    |                           |
| <b>ANTIDEPRESSANT - TRICYCLIC-BENZODIAZEPINE COMBINATIONS</b>                 |      |                           |
| amitriptyline-chlordiazepoxide  | 1    |                           |
| <b>ANTIDEPRESSANT- SSRI AND ATYPICAL ANTIPSYCH,DOPAMINE,SEROTONIN ANTAGON</b> |      |                           |
| olanzapine-fluoxetine   | 3    |                           |
| <b>ANTIDEPRESSANT-NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIBITORS (NDRIS)</b> |      |                           |
| APLENZIN  | 3    | PA; QL                    |
| bupropion hcl oral tablet   | 1    | PV                        |
| bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg               | 1    | QL; PV                    |
| BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG                       | 3    | QL; PV                    |
| bupropion hcl oral tablet sustained-release 12 hr                             | 1    | QL; PV                    |
| WELLBUTRIN SR   | 3    | QL; PV                    |
| WELLBUTRIN XL   | 3    | QL; PV                    |
| <b>ANTIDEPRESSANT-TRICYCLICS AND RELATED (NON-SELECT REUPTAKE INHIBITORS)</b> |      |                           |
| amitriptyline   | 1    | PV                        |
| amoxapine   | 1    | PV                        |
| ANAFRANIL   | 3    | PV                        |
| clomipramine  | 3    | PA; PV                    |
| desipramine   | 3    | PV                        |
| doxepin oral capsule  | 1    | PV                        |
| doxepin oral concentrate  | 1    |                           |
| imipramine hcl  | 1    | PV                        |
| imipramine pamoate  | 3    | PV                        |
| nortriptyline   | 1    | PV                        |
| protriptyline   | 3    | PV                        |
| trimipramine  | 1    | PV                        |
| <b>ANTIPARKINSON - DOPAMINERGIC-PERIPH COMT-DOPA-DECARBOXYLASE INHIB COMB</b> |      |                           |
| carbidopa-levodopa-entacapone   | 1    |                           |
| <b>ANTIPARKINSON - DOPAMINERG-PERIPHERAL DOPA-DECARBOXYLASE INHIBIT COMB</b>  |      |                           |
| carbidopa-levodopa oral capsule, extended release                             | 3    | PA; QL                    |
| carbidopa-levodopa oral tablet  | 1    |                           |
| carbidopa-levodopa oral tablet extended release                               | 1    |                           |
| carbidopa-levodopa oral tablet,disintegrating                                 | 3    |                           |
| CREXONT   | 3    | PA; QL                    |
| DHIVY   | 3    |                           |
| RYTARY  | 3    | PA; QL                    |
| SINEMET ORAL TABLET 10-100 MG, 25-100 MG                                      | 3    |                           |
| VYALEV  | 3    | PA; QL; MS; S             |
| <b>ANTIPARKINSON ADJUVANT - ADENOSINE RECEPTOR ANTAGONIST</b>                 |      |                           |
| NOURIANZ  | 3    | PA; QL; MS; S             |
| <b>ANTIPARKINSON ADJUVANT - CENTRAL/PERIPHERAL COMT INHIBITORS</b>            |      |                           |
| TASMAR ORAL TABLET 100 MG   | 3    |                           |
| tolcapone   | 1    |                           |

| Product Description   | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| <b>ANTIPARKINSON ADJUVANT - PERIPHERAL COMT INHIBITORS</b>                    |      |                           |
| entacapone  | 1    |                           |
| ONGENTYS  | 3    | QL                        |
| <b>ANTIPARKINSON ADJUVANT - PERIPHERAL DOPA-DECARBOXYLASE INHIBITORS</b>      |      |                           |
| carbidopa   | 3    |                           |
| LODOSYN   | 3    |                           |
| <b>ANTIPARKINSON THERAPY - ANTICHOLINERGIC AGENTS</b>                         |      |                           |
| benztropine oral  | 1    |                           |
| trihexyphenidyl   | 1    |                           |
| <b>ANTIPARKINSON THERAPY - DOPAMINE PRECURSORS</b>                            |      |                           |
| INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE                               | 3    | PA; QL; S                 |
| <b>ANTIPARKINSON THERAPY - ERGOT ALKALOIDS AND DERIVATIVES</b>                |      |                           |
| bromocriptine   | 1    |                           |
| <b>ANTIPARKINSON THERAPY - MONOAMINE OXIDASE INHIBITOR(MAO-B)</b>             |      |                           |
| AZILECT   | 3    | QL                        |
| rasagiline  | 1    | QL                        |
| selegiline hcl  | 1    |                           |
| XADAGO  | 3    | PA; QL                    |
| ZELAPAR   | 3    | PA; QL                    |
| <b>ANTIPARKINSON THERAPY - NON-ERGOT DOPAMINE AGONIST AGENTS</b>              |      |                           |
| amantadine hcl  | 1    |                           |
| APOKYN  | 3    | PA; QL; MS; S             |
| apomorphine   | 3    | PA; QL; S                 |
| GOCOVRI   | 3    | PA; QL; S                 |
| NEUPRO  | 3    | PA; QL                    |
| ONAPGO  | 3    | PA; QL; S                 |
| OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG                         | 3    | PA; QL; S                 |
| pramipexole oral tablet   | 1    |                           |
| pramipexole oral tablet extended release 24 hr                                | 3    | PA                        |
| ropinirole oral tablet  | 1    |                           |
| ropinirole oral tablet extended release 24 hr                                 | 1    | QL                        |
| <b>ANTIPSYCHOTIC - ATYP DOPAMINE-SEROTONIN ANTAG DIBENZO-OXEPINO PYRROLES</b> |      |                           |
| asenapine maleate   | 3    | QL; PV                    |
| SAPHRIS   | 3    | QL; PV                    |
| SECUADO   | 3    | ST; PV                    |
| <b>ANTIPSYCHOTIC - ATYPICAL DOPAMINE-SEROTONIN ANTAG-BENZISOTHIAZOLONES</b>   |      |                           |
| GEODON ORAL   | 3    | PV                        |
| LATUDA  | 3    | QL; PV                    |
| lurasidone  | 1    | QL; PV                    |
| ziprasidone hcl   | 1    | PV                        |
| <b>ANTIPSYCHOTIC - ATYPICAL DOPAMINE-SEROTONIN ANTAG-BENZISOXAZOLE DERIV</b>  |      |                           |
| ERZOFRI   | 3    |                           |
| FANAPT  | 3    | ST; QL; PV                |
| FANAPT TITRATION PACK A   | 3    | ST; QL; PV                |
| FANAPT TITRATION PACK B   | 3    | ST; QL; PV                |
| FANAPT TITRATION PACK C   | 3    | ST; QL; PV                |
| INVEGA HAFYERA  | 3    |                           |

| Product Description   | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 6 MG, 9 MG                     | 3    | QL; PV                    |
| INVEGA SUSTENNA   | 3    |                           |
| INVEGA TRINZA   | 3    |                           |
| paliperidone  | 3    | QL; PV                    |
| PERSERIS  | 3    |                           |
| RISPERDAL CONSTA  | 3    |                           |
| RISPERDAL ORAL SOLUTION   | 3    | PV                        |
| RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG                          | 3    | PV                        |
| risperidone microspheres  | 1    |                           |
| risperidone oral solution   | 1    | PV                        |
| risperidone oral tablet   | 1    | PV                        |
| risperidone oral tablet, disintegrating                                       | 3    | PV                        |
| RYKINDO   | 3    | QL                        |
| UZEDY   | 3    | QL                        |
| <b>ANTIPSYCHOTIC - ATYPICAL DOPAMINE-SEROTONIN ANTAG-BUTYROPHENONE DERIV</b>  |      |                           |
| CAPLYTA   | 3    | ST; QL; PV                |
| <b>ANTIPSYCHOTIC - ATYPICAL DOPAMINE-SEROTONIN ANTAG-DIBENZODIAZEPINE DER</b> |      |                           |
| clozapine oral tablet   | 1    | PV                        |
| clozapine oral tablet, disintegrating   | 3    | PV                        |
| CLOZARIL ORAL TABLET 100 MG, 25 MG  | 3    | PV                        |
| VERSACLOZ   | 3    |                           |
| <b>ANTIPSYCHOTIC - BUTYROPHENONE DERIVATIVES</b>                              |      |                           |
| haloperidol   | 1    | PV                        |
| haloperidol decanoate   | 1    |                           |
| haloperidol lactate oral  | 1    |                           |
| <b>ANTIPSYCHOTIC - DIBENZOXAZEPINE DERIVATIVES</b>                            |      |                           |
| loxapine succinate  | 1    | PV                        |
| <b>ANTIPSYCHOTIC - DIHYDROINDOLONES</b>                                       |      |                           |
| molindone   | 1    |                           |
| <b>ANTIPSYCHOTIC - DIPHENYLBUTYLPIPERIDINE DERIVATIVES</b>                    |      |                           |
| pimozide  | 1    |                           |
| <b>ANTIPSYCHOTIC - MUSCARINIC AGONIST/ANTAGONIST COMBINATIONS</b>             |      |                           |
| COBENFY   | 3    | PA; QL                    |
| COBENFY STARTER PACK  | 3    | PA; QL                    |
| <b>ANTIPSYCHOTIC - PHENOTHIAZINES, ALIPHATIC</b>                              |      |                           |
| chlorpromazine injection  | 1    |                           |
| chlorpromazine oral   | 1    | PV                        |
| <b>ANTIPSYCHOTIC - PHENOTHIAZINES, PIPERAZINE</b>                             |      |                           |
| COMPAZINE ORAL  | 3    | PV                        |
| fluphenazine decanoate  | 1    |                           |
| fluphenazine hcl injection  | 1    |                           |
| fluphenazine hcl oral   | 1    | PV                        |
| perphenazine  | 1    | PV                        |
| prochlorperazine maleate  | 1    | PV                        |
| trifluoperazine   | 1    | PV                        |
| <b>ANTIPSYCHOTIC - PHENOTHIAZINES, PIPERIDINE</b>                             |      |                           |
| thioridazine  | 1    | PV                        |

| Product Description   | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| <b>ANTIPSYCHOTIC - THIOXANTHENES</b>  |      |                           |
| thiothixene   | 1    | PV                        |
| <b>ANTIPSYCHOTIC -ATYPICAL DOPAMINE-SEROTONIN ANTAG-DIBENZOTHIAZEPINE DER</b>                     |      |                           |
| quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 50 mg                                       | 1    | PV                        |
| QUETIAPINE ORAL TABLET 150 MG   | 3    | PV                        |
| quetiapine oral tablet 400 mg   | 1    | QL; PV                    |
| quetiapine oral tablet extended release 24 hr   | 1    | QL; PV                    |
| SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG   | 3    | PV                        |
| SEROQUEL ORAL TABLET 400 MG   | 3    | QL; PV                    |
| SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR  | 3    | QL; PV                    |
| <b>ANTIPSYCHOTIC -ATYPICAL DOPAMINE-SEROTONIN ANTAG-THIENOBENZODIAZEPINES</b>                     |      |                           |
| LYBALVI   | 3    | PA; QL; PV                |
| olanzapine oral tablet  | 1    | PV                        |
| olanzapine oral tablet,disintegrating   | 3    | PV                        |
| olanzapine-fluoxetine   | 3    |                           |
| ZYPREXA ORAL TABLET 2.5 MG, 20 MG, 5 MG   | 3    | PV                        |
| ZYPREXA RELPREVV  | 3    |                           |
| ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 20 MG  | 3    | PA                        |
| <b>ANTIPSYCHOTIC-ATYP SELECTIVE SEROTONIN 5-HT2A INVERSE AGONISTS (SSIA)</b>                      |      |                           |
| NUPLAZID  | 3    | PA; QL; MS; S; PV         |
| <b>ANTIPSYCHOTIC-ATYPICAL,D2 RECEPTOR PARTIAL AGONIST-5HT SEROTONIN MIXED</b>                     |      |                           |
| ABILIFY ASIMTUFI  | 3    | QL                        |
| ABILIFY MAINTENA  | 3    |                           |
| ABILIFY ORAL TABLET   | 3    | QL; PV                    |
| aripiprazole oral solution  | 1    | QL; PV                    |
| aripiprazole oral tablet  | 1    | QL; PV                    |
| aripiprazole oral tablet,disintegrating   | 3    | QL; PV                    |
| ARISTADA INITIO   | 3    | QL                        |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML                             | 3    | QL                        |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML | 3    |                           |
| OPIZA   | 3    | PA; QL; PV                |
| REXULTI ORAL TABLET   | 3    | ST; QL; PV                |
| <b>ANTIPSYCHOTIC-ATYPICAL,D3/D2 RECEPTOR PARTIAL AGONIST-SEROTONIN MIXED</b>                      |      |                           |
| VRAYLAR ORAL CAPSULE  | 3    | ST; QL; PV                |
| <b>ANTIPSYCHOTICS,ATYPICAL,DOPAMINE,SEROTONIN ANTAG AND OPIOID ANTAG COMB</b>                     |      |                           |
| LYBALVI   | 3    | PA; QL; PV                |
| <b>ATTENTION DEFICIT-HYPERACT. DISORDER (ADHD)- ALPHA-2 RECEPTOR AGONIST</b>                      |      |                           |
| clonidine hcl oral tablet extended release 12 hr  | 1    | QL                        |
| guanfacine oral tablet extended release 24 hr   | 1    | QL                        |
| INTUNIV ER  | 3    | QL                        |
| ONYDA XR  | 3    | PA                        |
| <b>ATTENTION DEFICIT-HYPERACTIVITY (ADHD) THERAPY, STIMULANT-TYPE</b>                             |      |                           |
| ADDERALL  | 3    |                           |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| ADDERALL XR  | 3    | QL                        |
| ADZENYS XR-ODT   | 3    | PA; QL                    |
| amphetamine  | 3    | PA; QL                    |
| amphetamine sulfate  | 3    |                           |
| APTENSIO XR  | 3    | QL                        |
| ARYNTA   | 3    | PA; QL                    |
| AZSTARYS   | 3    | ST; QL                    |
| CONCERTA   | 3    | QL                        |
| COTEMPLA XR-ODT  | 3    | PA; QL                    |
| DAYTRANA   | 3    | QL                        |
| DESOXYN  | 3    | PA                        |
| DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG                          | 3    |                           |
| dexmethylphenidate oral capsule,er biphasic 50-50                                | 2    | QL                        |
| dexmethylphenidate oral tablet   | 1    |                           |
| dextroamphetamine sulfate oral capsule, extended release                         | 1    |                           |
| dextroamphetamine sulfate oral tablet 10 mg, 5 mg                                | 1    |                           |
| dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 30 mg, 7.5 mg        | 3    |                           |
| dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr                   | 3    | ST; QL                    |
| dextroamphetamine-amphetamine oral capsule,extended release 24hr                 | 1    | QL                        |
| dextroamphetamine-amphetamine oral tablet  | 1    |                           |
| DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR                                  | 3    | PA; QL                    |
| DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR                                  | 3    | ST; QL                    |
| EVEKEO   | 3    |                           |
| FOCALIN  | 3    |                           |
| FOCALIN XR   | 3    | QL                        |
| JORNAY PM  | 3    | PA; QL                    |
| lisdexamfetamine   | 2    | QL                        |
| METADATE CD  | 3    | QL                        |
| methamphetamine  | 3    | PA                        |
| METHYLIN ORAL SOLUTION   | 3    |                           |
| methylphenidate  | 3    | QL                        |
| methylphenidate hcl oral cap,er sprinkle,biphasic 40-60                          | 3    | QL                        |
| methylphenidate hcl oral capsule, er biphasic 30-70                              | 1    | QL                        |
| methylphenidate hcl oral capsule,er biphasic 50-50                               | 2    | QL                        |
| methylphenidate hcl oral solution  | 1    |                           |
| methylphenidate hcl oral tablet  | 1    |                           |
| methylphenidate hcl oral tablet extended release                                 | 1    |                           |
| methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg | 1    | QL                        |
| METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG               | 3    | QL                        |
| methylphenidate hcl oral tablet extended release 24hr 72 mg                      | 3    | QL                        |
| methylphenidate hcl oral tablet,chewable   | 1    |                           |
| MYDAYIS  | 3    | ST; QL                    |
| QUILLICHEW ER  | 3    | PA; QL                    |
| QUILLIVANT XR  | 3    | PA; QL                    |
| RELEXXII   | 3    | QL                        |
| RITALIN  | 3    |                           |
| VYVANSE  | 3    | QL                        |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| XELSTRYM   | 3    | ST; QL                    |
| ZENZEDI  | 3    |                           |
| <b>ATTENTION DEFICIT-HYPERACTIVITY DISORDER (ADHD) THERAPY, NRI-TYPE</b> |      |                           |
| atomoxetine  | 1    |                           |
| QELBREE  | 3    | PA; QL                    |
| <b>BENZODIAZEPINES</b>   |      |                           |
| alprazolam intensol  | 1    |                           |
| alprazolam oral tablet   | 1    |                           |
| alprazolam oral tablet extended release 24 hr                            | 3    |                           |
| alprazolam oral tablet,disintegrating                                    | 3    |                           |
| amitriptyline-chlordiazepoxide   | 1    |                           |
| ATIVAN ORAL  | 3    |                           |
| chlordiazepoxide hcl   | 1    |                           |
| chlordiazepoxide-clidinium   | 3    |                           |
| clobazam oral suspension   | 1    |                           |
| clobazam oral tablet   | 1    | QL                        |
| clonazepam oral tablet   | 1    |                           |
| clonazepam oral tablet,disintegrating                                    | 3    |                           |
| clorazepate dipotassium  | 3    |                           |
| diazepam intensol  | 1    |                           |
| diazepam oral  | 1    |                           |
| diazepam rectal  | 1    | QL                        |
| DORAL  | 3    |                           |
| estazolam  | 1    |                           |
| flurazepam   | 3    |                           |
| HALCION ORAL TABLET 0.25 MG  | 3    |                           |
| KLONOPIN   | 3    |                           |
| LIBRAX (WITH CLIDINIUM)  | 3    |                           |
| lorazepam intensol   | 1    |                           |
| lorazepam oral   | 1    |                           |
| LOREEV XR  | 3    | PA; QL                    |
| midazolam oral   | 1    |                           |
| NAYZILAM   | 3    | QL                        |
| ONFI ORAL SUSPENSION   | 3    |                           |
| ONFI ORAL TABLET   | 3    | QL                        |
| oxazepam   | 3    |                           |
| QUAZEPAM   | 3    |                           |
| RESTORIL   | 3    |                           |
| SYMPAZAN   | 3    | QL                        |
| temazepam oral capsule 15 mg, 30 mg                                      | 1    |                           |
| temazepam oral capsule 22.5 mg, 7.5 mg                                   | 3    |                           |
| triazolam  | 1    |                           |
| VALIUM   | 3    |                           |
| VALTOCO  | 3    | QL                        |
| XANAX  | 3    |                           |
| XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR 2 MG                         | 3    |                           |
| <b>BIPOLAR THERAPY AGENTS - ANTICONVULSANT TYPE</b>                      |      |                           |
| carbamazepine oral capsule, er multiphase 12 hr                          | 1    | PV                        |
| carbamazepine oral suspension  | 1    | PV                        |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| carbamazepine oral tablet  | 1    | PV                        |
| carbamazepine oral tablet extended release 12 hr                                   | 1    | PV                        |
| carbamazepine oral tablet,chewable 100 mg  | 1    | PV                        |
| CARBAMAZEPINE ORAL TABLET,CHEWABLE 200 MG  | 3    | PV                        |
| CARBATROL  | 3    | PV                        |
| DEPAKOTE   | 3    |                           |
| DEPAKOTE ER  | 3    |                           |
| DEPAKOTE SPRINKLES   | 3    |                           |
| divalproex   | 1    |                           |
| EQUETRO  | 3    | PV                        |
| LAMICTAL ODT   | 3    | QL                        |
| LAMICTAL ODT STARTER (BLUE)  | 3    |                           |
| LAMICTAL ODT STARTER (GREEN)   | 3    |                           |
| LAMICTAL ODT STARTER (ORANGE)  | 3    |                           |
| LAMICTAL STARTER (BLUE) KIT  | 3    |                           |
| LAMICTAL STARTER (GREEN) KIT   | 3    | QL                        |
| LAMICTAL STARTER (ORANGE) KIT  | 3    | QL                        |
| lamotrigine oral tablet disintegrating, dose pk                                    | 1    |                           |
| lamotrigine oral tablet,disintegrating   | 1    | QL                        |
| lamotrigine oral tablets,dose pack 25 mg (35)                                      | 1    |                           |
| lamotrigine oral tablets,dose pack 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14) | 1    | QL                        |
| subvenite starter (blue) kit   | 1    |                           |
| subvenite starter (green) kit  | 1    | QL                        |
| subvenite starter (orange) kit   | 1    | QL                        |
| TEGRETOL ORAL SUSPENSION   | 3    | PV                        |
| TEGRETOL ORAL TABLET   | 3    | PV                        |
| TEGRETOL XR  | 3    | PV                        |
| valproic acid  | 1    |                           |
| valproic acid (as sodium salt)   | 1    |                           |
| <b>BIPOLAR THERAPY AGENTS - ATYPICAL ANTIPSYCHOTICS</b>                            |      |                           |
| ABILIFY ORAL TABLET  | 3    | QL; PV                    |
| aripiprazole oral solution   | 1    | QL; PV                    |
| aripiprazole oral tablet   | 1    | QL; PV                    |
| aripiprazole oral tablet,disintegrating  | 3    | QL; PV                    |
| asenapine maleate  | 3    | QL; PV                    |
| GEODON ORAL  | 3    | PV                        |
| LYBALVI  | 3    | PA; QL; PV                |
| olanzapine oral tablet   | 1    | PV                        |
| olanzapine oral tablet,disintegrating  | 3    | PV                        |
| olanzapine-fluoxetine  | 3    |                           |
| OPIPZA   | 3    | PA; QL; PV                |
| quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 50 mg                        | 1    | PV                        |
| QUETIAPINE ORAL TABLET 150 MG  | 3    | PV                        |
| quetiapine oral tablet 400 mg  | 1    | QL; PV                    |
| quetiapine oral tablet extended release 24 hr                                      | 1    | QL; PV                    |
| RISPERDAL ORAL SOLUTION  | 3    | PV                        |
| RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG                               | 3    | PV                        |
| risperidone oral solution  | 1    | PV                        |
| risperidone oral tablet  | 1    | PV                        |

| Product Description   | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| risperidone oral tablet,disintegrating                                    | 3    | PV                        |
| SAPHRIS   | 3    | QL; PV                    |
| SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG                 | 3    | PV                        |
| SEROQUEL ORAL TABLET 400 MG   | 3    | QL; PV                    |
| SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR                            | 3    | QL; PV                    |
| VRAYLAR ORAL CAPSULE  | 3    | ST; QL; PV                |
| ziprasidone hcl   | 1    | PV                        |
| ZYPREXA ORAL TABLET 2.5 MG, 20 MG, 5 MG                                   | 3    | PV                        |
| ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 20 MG                            | 3    | PA                        |
| <b>BIPOLAR THERAPY AGENTS - LITHIUM</b>                                   |      |                           |
| lithium carbonate   | 1    | PV                        |
| lithium citrate   | 1    |                           |
| LITHOBID  | 3    | PV                        |
| <b>CANNABIS AND CANNABINOIDS</b>  |      |                           |
| dronabinol  | 1    |                           |
| MARINOL   | 3    |                           |
| SYNDROS   | 3    | PA                        |
| <b>CNS STIMULANT - AMPHETAMINE COMBINATIONS</b>                           |      |                           |
| ADDERALL  | 3    |                           |
| ADDERALL XR   | 3    | QL                        |
| ADZENYS XR-ODT  | 3    | PA; QL                    |
| amphetamine   | 3    | PA; QL                    |
| dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr            | 3    | ST; QL                    |
| dextroamphetamine-amphetamine oral capsule,extended release 24hr          | 1    | QL                        |
| dextroamphetamine-amphetamine oral tablet                                 | 1    |                           |
| DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR                           | 3    | PA; QL                    |
| DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR                           | 3    | ST; QL                    |
| MYDAYIS   | 3    | ST; QL                    |
| <b>CNS STIMULANT - AMPHETAMINES</b>                                       |      |                           |
| amphetamine sulfate   | 3    |                           |
| DESOXYN   | 3    | PA                        |
| DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG                   | 3    |                           |
| dextroamphetamine sulfate oral capsule, extended release                  | 1    |                           |
| dextroamphetamine sulfate oral solution                                   | 3    |                           |
| dextroamphetamine sulfate oral tablet 10 mg, 5 mg                         | 1    |                           |
| dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 30 mg, 7.5 mg | 3    |                           |
| EVEKEO  | 3    |                           |
| methamphetamine   | 3    | PA                        |
| PROCENTRA   | 3    |                           |
| XELSTRYM  | 3    | ST; QL                    |
| ZENZEDI   | 3    |                           |
| <b>CNS STIMULANT - ANALEPTICS, METHYLXANTHINE-TYPE</b>                    |      |                           |
| caffeine citrate oral   | 1    |                           |
| <b>DIABETIC PERIPHERAL NEUROPATHY AGENTS</b>                              |      |                           |
| LYRICA CR   | 3    | QL                        |
| pregabalin oral tablet extended release 24 hr                             | 3    | QL                        |
| <b>FIBROMYALGIA AGENTS - GABA ANALOGS</b>                                 |      |                           |
| LYRICA ORAL CAPSULE   | 3    |                           |
| LYRICA ORAL SOLUTION  | 3    | QL                        |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| pregabalin oral capsule  | 1    |                           |
| pregabalin oral solution   | 1    | QL                        |
| <b>FIBROMYALGIA AGENTS - SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIS)</b> |      |                           |
| DRIZALMA SPRINKLE  | 3    | ST; QL; PV                |
| duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg          | 1    | QL; PV                    |
| duloxetine oral capsule, delayed release(dr/ec) 40 mg                        | 3    | PA; QL; PV                |
| milnacipran  | 1    | QL                        |
| SAVELLA  | 3    | ST; QL                    |
| <b>HSDD AGENTS-MIXED SEROTONIN AGONIST/ANTAGONISTS</b>                       |      |                           |
| ADDYI  | 3    | PA                        |
| <b>HSDD AGENTS-NON-SELECTIVE MELANOCORTIN RECEPTOR AGONIST</b>               |      |                           |
| VYLEESI  | 3    | PA; QL; S                 |
| <b>HYPNOTICS - MELATONIN M1/M2 RECEPTOR AGONISTS</b>                         |      |                           |
| HETLIOZ  | 3    | PA; QL; MS; S             |
| HETLIOZ LQ   | 3    | PA; QL; MS; S             |
| ramelteon  | 1    | QL                        |
| ROZEREM  | 3    | QL                        |
| tasimelteon  | 3    | PA; QL; MS; S             |
| <b>MIGRAINE THERAPY - CARBOXYLIC ACID DERIVATIVES</b>                        |      |                           |
| DEPAKOTE ER  | 3    |                           |
| divalproex oral tablet extended release 24 hr                                | 1    |                           |
| <b>MIGRAINE THERAPY - CGRP LIGAND BLOCKER, MONOCLONAL ANTIBODY</b>           |      |                           |
| AJOVY AUTOINJECTOR   | 2    | PA; QL                    |
| AJOVY SYRINGE  | 2    | PA; QL                    |
| EMGALITY PEN   | 2    | PA; QL                    |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML                              | 2    | PA; QL                    |
| <b>MIGRAINE THERAPY - CGRP RECEPTOR BLOCKERS (GEPANTS AND MAB)</b>           |      |                           |
| AIMOVIG AUTOINJECTOR   | 2    | PA; QL                    |
| NURTEC ODT   | 2    | PA; QL                    |
| QULIPTA  | 2    | PA; QL                    |
| UBRELVY  | 2    | PA; QL                    |
| ZAVZPRET   | 3    | PA; QL                    |
| <b>MIGRAINE THERAPY - ERGOT ALKALOIDS AND DERIVATIVES</b>                    |      |                           |
| BREKIYA  | 3    | PA; QL                    |
| dihydroergotamine injection  | 3    | PA                        |
| DIHYDROERGOTAMINE NASAL  | 3    | PA; QL                    |
| ERGOMAR  | 3    | PA                        |
| MIGRANAL   | 3    | PA; QL                    |
| TRUDHESA   | 3    | PA; QL                    |
| <b>MIGRAINE THERAPY - ERGOT COMBINATIONS</b>                                 |      |                           |
| CAFERGOT   | 1    |                           |
| ergotamine-caffeine  | 1    |                           |
| MIGERGOT   | 3    |                           |
| <b>MIGRAINE THERAPY - NSAID ANALGESICS (CYCLOOXYGENASE INHIBITOR)</b>        |      |                           |
| CAMBIA   | 3    | QL                        |
| diclofenac potassium oral powder in packet                                   | 3    | QL                        |
| ELYXYB   | 3    | PA; QL                    |

| Product Description   | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| <b>MIGRAINE THERAPY - SELECTIVE SEROTONIN AGONISTS 5-HT(1)</b>                    |      |                           |
| almotriptan malate  | 3    | QL                        |
| eletriptan  | 2    | QL                        |
| FROVA   | 3    | QL                        |
| frovatriptan  | 3    | QL                        |
| IMITREX ORAL  | 3    | QL                        |
| IMITREX STATDOSE PEN  | 3    | QL                        |
| IMITREX STATDOSE REFILL   | 3    | QL                        |
| MAXALT ORAL TABLET 10 MG  | 3    | QL                        |
| MAXALT-MLT ORAL TABLET,DISINTEGRATING 10 MG                                       | 3    | QL                        |
| naratriptan oral tablet 1 mg  | 3    | QL                        |
| naratriptan oral tablet 2.5 mg  | 1    | QL                        |
| ONZETRA XSAIL   | 3    | ST; QL                    |
| RELPAX  | 3    | QL                        |
| rizatriptan   | 1    | QL                        |
| sumatriptan   | 1    | QL                        |
| sumatriptan succinate oral  | 1    | QL                        |
| sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml                          | 1    | QL                        |
| sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml                          | 2    | QL                        |
| sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml                       | 3    | QL                        |
| sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml                       | 2    | QL                        |
| sumatriptan succinate subcutaneous solution                                       | 2    | QL                        |
| TOSYMRA   | 3    | ST; QL                    |
| ZEMBRACE SYMTOUCH   | 3    | ST; QL                    |
| ZOLMITRIPTAN NASAL SPRAY, NON-AEROSOL 2.5 MG                                      | 3    | ST; QL                    |
| zolmitriptan nasal spray, non-aerosol 5 mg  | 3    | ST; QL                    |
| zolmitriptan oral tablet  | 1    | QL                        |
| zolmitriptan oral tablet, disintegrating  | 2    | QL                        |
| ZOMIG NASAL   | 3    | ST; QL                    |
| ZOMIG ORAL  | 3    | QL                        |
| <b>MIGRAINE THERAPY - SEROTONIN AGONIST 5-HT(1) AND NSAID COMB.</b>               |      |                           |
| sumatriptan-naproxen  | 1    | QL                        |
| TREXIMET  | 3    | QL                        |
| <b>MIGRAINE THERAPY - SEROTONIN AGONIST 5-HT(1) AND NSAID COX-2 COMB</b>          |      |                           |
| SYMBRAVO  | 3    | PA; QL                    |
| <b>MOVEMENT DISORDER DRUG THERAPY</b>   |      |                           |
| AUSTEDO   | 3    | PA; QL; MS; S             |
| AUSTEDO XR  | 3    | PA; QL; MS; S             |
| AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG | 3    | PA; QL; MS; S             |
| INGREZZA  | 3    | PA; QL; S                 |
| INGREZZA INITIATION PK(TARDIV)  | 3    | PA; QL; S                 |
| INGREZZA SPRINKLE   | 3    | PA; QL; S                 |
| tetrabenazine   | 2    | PA; QL; MS; S             |
| XENAZINE  | 3    | PA; QL; MS; S             |
| <b>MOVEMENT DISORDER THERAPY - HUNTINGTON'S DISEASE</b>                           |      |                           |
| AUSTEDO   | 3    | PA; QL; MS; S             |
| AUSTEDO XR  | 3    | PA; QL; MS; S             |

| Product Description   | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG | 3    | PA; QL; MS; S             |
| INGREZZA  | 3    | PA; QL; S                 |
| INGREZZA SPRINKLE   | 3    | PA; QL; S                 |
| tetrabenazine   | 2    | PA; QL; MS; S             |
| XENAZINE  | 3    | PA; QL; MS; S             |
| <b>MOVEMENT DISORDER THERAPY - RESTLESS LEGS SYNDROME</b>                         |      |                           |
| HORIZANT  | 3    | PA; QL                    |
| <b>MOVEMENT DISORDER THERAPY - TARDIVE DYSKINESIA</b>                             |      |                           |
| AUSTEDO   | 3    | PA; QL; MS; S             |
| AUSTEDO XR  | 3    | PA; QL; MS; S             |
| AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG | 3    | PA; QL; MS; S             |
| INGREZZA  | 3    | PA; QL; S                 |
| INGREZZA INITIATION PK(TARDIV)  | 3    | PA; QL; S                 |
| INGREZZA SPRINKLE   | 3    | PA; QL; S                 |
| <b>NARCOLEPSY AND CATAPLEXY THERAPY AGENTS - SEDATIVE-TYPE</b>                    |      |                           |
| LUMRYZ  | 3    | PA; QL; MS; S             |
| LUMRYZ STARTER PACK   | 3    | PA; QL; MS; S             |
| SODIUM OXYBATE  | 3    | PA; QL; S                 |
| XYREM   | 3    | PA; QL; S                 |
| XYWAV   | 3    | PA; QL; S                 |
| <b>NARCOLEPSY THERAPY AGENTS - DOPAMINE AND NE REUPTAKE INHIBITOR (DNRI)</b>      |      |                           |
| SUNOSI  | 3    | PA; QL                    |
| <b>NARCOLEPSY THERAPY AGENTS - H3-RECEPTOR ANTAGONIST/INVERSE AGONIST</b>         |      |                           |
| WAKIX   | 3    | PA; QL; MS; S             |
| <b>NARCOLEPSY THERAPY AGENTS - NON-SYMPATHOMIMETIC</b>                            |      |                           |
| armodafinil   | 1    | QL                        |
| modafinil   | 1    | QL                        |
| NUVIGIL   | 3    | QL                        |
| PROVIGIL  | 3    | QL                        |
| <b>NARCOLEPSY THERAPY AGENTS - STIMULANT-TYPE, PIPERADINE DERIVATIVE</b>          |      |                           |
| METHYLIN ORAL SOLUTION  | 3    |                           |
| methylphenidate hcl oral solution   | 1    |                           |
| methylphenidate hcl oral tablet   | 1    |                           |
| methylphenidate hcl oral tablet,chewable  | 1    |                           |
| RITALIN   | 3    |                           |
| <b>NARCOLEPSY THERAPY AGENTS- STIMULANT-TYPE,SYMPATHOMIMETIC,AMPHETAMINES</b>     |      |                           |
| ADDERALL  | 3    |                           |
| amphetamine sulfat  | 3    |                           |
| DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG                           | 3    |                           |
| dextroamphetamine sulfate oral capsule, extended release                          | 1    |                           |
| dextroamphetamine sulfate oral tablet 10 mg, 5 mg                                 | 1    |                           |
| dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 30 mg, 7.5 mg         | 3    |                           |
| dextroamphetamine-amphetamine oral tablet   | 1    |                           |
| EVEKEO  | 3    |                           |
| ZENZEDI   | 3    |                           |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| <b>NEUROPATHIC PAIN THERAPY</b>  |      |                           |
| LYRICA CR  | 3    | QL                        |
| pregabalin oral tablet extended release 24 hr                                | 3    | QL                        |
| <b>POSTHERPETIC NEURALGIA AGENTS</b>   |      |                           |
| gabapentin oral tablet extended release 24 hr 300 mg, 450 mg, 600 mg         | 3    | PA; QL                    |
| gabapentin oral tablet extended release 24 hr 750 mg, 900 mg                 | 1    | PA; QL                    |
| GRALISE ORAL TABLET EXTENDED RELEASE 24 HR                                   | 3    | PA; QL                    |
| LYRICA CR  | 3    | QL                        |
| pregabalin oral tablet extended release 24 hr                                | 3    | QL                        |
| <b>PSEUDOBULBAR AFFECT (PBA) AGENTS, NMDA ANTAGONISTS TYPE</b>               |      |                           |
| NUEDEXTA   | 3    | PA; QL                    |
| <b>SEDATIVE-HYPNOTIC - BARBITURATES</b>                                      |      |                           |
| phenobarbital  | 1    |                           |
| <b>SEDATIVE-HYPNOTIC - BENZODIAZEPINES</b>                                   |      |                           |
| DORAL  | 3    |                           |
| estazolam  | 1    |                           |
| flurazepam   | 3    |                           |
| HALCION ORAL TABLET 0.25 MG  | 3    |                           |
| midazolam oral   | 1    |                           |
| QUAZEPAM   | 3    |                           |
| RESTORIL   | 3    |                           |
| temazepam oral capsule 15 mg, 30 mg  | 1    |                           |
| temazepam oral capsule 22.5 mg, 7.5 mg                                       | 3    |                           |
| triazolam  | 1    |                           |
| <b>SEDATIVE-HYPNOTIC - GABA-RECEPTOR MODULATORS</b>                          |      |                           |
| AMBIEN   | 3    | QL                        |
| AMBIEN CR  | 3    | QL                        |
| EDLUAR   | 3    | ST; QL                    |
| eszopiclone  | 1    | QL                        |
| LUNESTA  | 3    | QL                        |
| zaleplon   | 1    | QL                        |
| ZOLPIDEM ORAL CAPSULE  | 3    | PA; QL                    |
| zolpidem oral tablet   | 1    | QL                        |
| zolpidem oral tablet,ext release multiphase                                  | 1    | QL                        |
| zolpidem sublingual  | 3    | QL                        |
| <b>SEDATIVE-HYPNOTIC - OREXIN RECEPTOR ANTAGONIST</b>                        |      |                           |
| BELSOMRA   | 3    | ST; QL                    |
| DAYVIGO  | 3    | ST; QL                    |
| QUVIVIQ  | 3    | ST; QL                    |
| <b>SEDATIVE-HYPNOTIC - TRICYCLIC ANTIDEPRESSANT TYPE</b>                     |      |                           |
| doxepin oral tablet  | 3    | QL                        |
| SILENOR  | 3    | QL                        |
| <b>CHEMICAL DEPENDENCY, AGENTS TO TREAT</b>                                  |      |                           |
| <b>AGENTS FOR OPIOID WITHDRAWAL, CENTRAL ALPHA-2 ADRENERGIC AGONIST-TYPE</b> |      |                           |
| lofexidine   | 3    | QL; PV                    |
| LUCEMYRA   | 3    | QL; PV                    |
| <b>AGENTS FOR OPIOID WITHDRAWAL, OPIOID-TYPE</b>                             |      |                           |
| BRIXADI  | 3    | S; PV                     |
| buprenorphine hcl sublingual   | 1    | PV                        |

| Product Description   | Tier | Limits/Restrictions/Notes    |
|---|------|------------------------------|
| buprenorphine-naloxone  | 1    | PV                           |
| SUBLOCADE   | 3    | S; PV                        |
| SUBOXONE  | 3    | PV                           |
| ZUBSOLV   | 2    | PV                           |
| <b>ALCOHOL ABSTINENCE THERAPY - GLUTAMATE AND GABA SYSTEM TYPE</b>          |      |                              |
| acamprosate   | 1    | QL                           |
| <b>ALCOHOL ABSTINENCE THERAPY - OPIOID RECEPTOR ANTAGONIST-TYPE</b>         |      |                              |
| naltrexone  | 1    | PV                           |
| VIVITROL  | 3    | S; PV                        |
| <b>ALCOHOL DETERRENTS</b>   |      |                              |
| disulfiram  | 1    |                              |
| <b>SMOKING DETERRENTS - NE AND DOPAMINE REUPTAKE INHIBITOR (NDRI)-TYPE</b>  |      |                              |
| bupropion hcl (smoking deter)   | 1    | Covered in full age 18+*     |
| <b>SMOKING DETERRENTS - NICOTINE-TYPE</b>                                   |      |                              |
| NICODERM CQ   | 3    | QL; Covered in full age 18+* |
| NICORETTE   | 3    | QL; Covered in full age 18+* |
| nicotine  | 1    | QL; Covered in full age 18+* |
| nicotine (polacrilex)   | 1    | QL; Covered in full age 18+* |
| NICOTROL NS   | 3    | QL; Covered in full age 18+* |
| STOP SMOKING AID  | 1    | QL; Covered in full age 18+* |
| <b>SMOKING DETERRENTS - NICOTINIC RECEPTOR PARTIAL AGONIST, ALPHA4BETA2</b> |      |                              |
| varenicline tartrate  | 1    | QL; Covered in full age 18+* |
| <b>CHEMICALS-PHARMACEUTICAL ADJUVANTS</b>                                   |      |                              |
| <b>BULK CHEMICALS</b>   |      |                              |
| AMPHOTERICIN B (BULK)   | 3    |                              |
| EPINEPHRINE (BULK)  | 3    |                              |
| <b>CHEMICALS - SOLVENTS</b>   |      |                              |
| cvs isopropyl alcohol 91% (otc)   | 3    |                              |
| CVS ISOPROPYL ALCOHOL 91% (OTC)   | 3    | PV                           |
| cvs isopropyl rub alcohol 70% (otc)   | 3    | PV                           |
| CVS ISOPROPYL RUB ALCOHOL 70% (OTC)   | 3    | PV                           |
| FT ISOPROPYL ALCOHOL 91% (OTC)  | 3    | PV                           |
| ft isopropyl rub alcohol 70% (otc)  | 3    |                              |
| ft isopropyl rub alcohol 70% (otc)  | 3    | PV                           |
| FT ISOPROPYL RUB ALCOHOL 70% (OTC)  | 3    | PV                           |
| gnp isopropyl alcohol 70% (otc)   | 3    |                              |
| GNP ISOPROPYL ALCOHOL 91% (OTC)   | 3    | PV                           |
| GS ISOPROPYL ALCOHOL 70% (OTC)  | 3    | PV                           |
| INSTACLEAN  | 3    | PV                           |
| ISOPROPANOL 70% LIQUID STERILE (RX)   | 3    | PV                           |
| isopropanol 70% solution 12's, sterile (rx)                                 | 3    |                              |
| ISOPROPANOL 70% SOLUTION STERILE (RX)                                       | 3    | PV                           |
| isopropanol 70% solution sterile, spray (rx)                                | 3    |                              |
| isopropanol 70% solution sterile,spray (rx)                                 | 3    |                              |
| isopropyl alcohol 70% (otc)   | 3    |                              |
| isopropyl alcohol solution 70 %, 91 %, 99 %                                 | 3    | PV                           |
| isopropyl rubbing alcohol 70% (otc)   | 3    | PV                           |
| ISOPROPYL RUBBING ALCOHOL 70% (OTC)   | 3    | PV                           |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| ISOPROPYL RUBBING ALCOHOL 91% (OTC)  | 3    | PV                        |
| <b>PHARMACEUTICAL ADJUVANT - INHALATION VEHICLES</b>                         |      |                           |
| HYPER-SAL  | 3    |                           |
| nebulal inhalation solution for nebulization 3 %                             | 1    |                           |
| sodium chloride inhalation   | 1    |                           |
| <b>PHARMACEUTICAL ADJUVANT - ORAL THICKENING AGENTS</b>                      |      |                           |
| DIAFOODS THICK-IT #2   | 3    |                           |
| DIAFOODS THICK-IT ORAL POWDER  | 1    |                           |
| DIAFOODS THICK-IT ORAL POWDER IN PACKET                                      | 3    |                           |
| GELMIX   | 3    |                           |
| INSTANT FOOD THICKENER   | 3    |                           |
| SIMPLYTHICK ORAL GEL IN PACKET 12 GRAM, 4 GRAM, 6 GRAM, 96 GRAM              | 3    |                           |
| SIMPLYTHICK ORAL GEL WITH PUMP   | 3    |                           |
| THICK AND EASY   | 3    |                           |
| THICK NOW  | 3    |                           |
| THICKEN UP CLEAR ORAL POWDER IN PACKET                                       | 3    |                           |
| THICK-IT #2 ORAL POWDER  | 1    |                           |
| THICK-IT #2 ORAL POWDER IN PACKET  | 3    |                           |
| THICK-IT ORAL POWDER   | 1    |                           |
| <b>COGNITIVE DISORDER THERAPY</b>  |      |                           |
| <b>ALZHEIMER'S DISEASE THERAPY - AMYLOID DIRECTED MONOCLONAL ANTIBODY</b>    |      |                           |
| LEQEMBI IQLIK  | 3    | PA; QL; S                 |
| <b>ALZHEIMER'S DISEASE THERAPY - CHOLINESTERASE INHIBITORS</b>               |      |                           |
| ADLARITY   | 3    | ST; QL                    |
| ARICEPT  | 3    |                           |
| donepezil  | 1    |                           |
| EXELON PATCH   | 3    |                           |
| galantamine  | 1    |                           |
| rivastigmine   | 1    |                           |
| rivastigmine tartrate  | 1    |                           |
| ZUNVEYL  | 3    | PA; QL                    |
| <b>ALZHEIMER'S DISEASE THERAPY - NMDA RECEPTOR ANTAGONISTS</b>               |      |                           |
| memantine oral capsule,sprinkle,er 24hr                                      | 1    | QL                        |
| memantine oral solution  | 1    |                           |
| memantine oral tablet  | 1    |                           |
| memantine oral tablets,dose pack   | 1    |                           |
| NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK                               | 3    | QL                        |
| NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR 7 MG                                | 3    | QL                        |
| <b>ALZHEIMER'S THX - NMDA RECEPTOR ANTAG. AND CHOLINESTERASE INHIB. COMB</b> |      |                           |
| memantine-donepezil  | 3    | PA; QL                    |
| NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR                                       | 3    | PA; QL                    |
| <b>COGNITIVE DISORDER THERAPY - CEREBRAL VASODILATORS</b>                    |      |                           |
| ergoloid   | 1    |                           |
| <b>RETT SYNDROME AGENTS - GLYPROMATE (GPE) ANALOGS</b>                       |      |                           |
| DAYBUE   | 3    | PA; QL; S                 |
| DAYBUE STIX  | 3    | PA; QL; S                 |

| Product Description   | Tier | Limits/Restrictions/Notes   |
|---|------|-----------------------------|
| <b>CONTRACEPTIVES</b>   |      |                             |
| <b>CONTRACEPTIVE - VAGINAL PH MODULATOR</b>   |      |                             |
| PHEXX   | 3    | Covered in full*; PV        |
| <b>CONTRACEPTIVE IMPLANT - PROGESTIN</b>  |      |                             |
| NEXPLANON   | 3    | S; Covered in full*; PV     |
| <b>CONTRACEPTIVE INJECTABLE - PROGESTIN</b>   |      |                             |
| medroxyprogesterone intramuscular   | 1    | Covered in full*; PV        |
| <b>CONTRACEPTIVE INTRAUTERINE - COPPER IUD</b>  |      |                             |
| MIUDELLA  | 3    | MS; S; Covered in full*; PV |
| PARAGARD T 380A   | 3    | S; Covered in full*; PV     |
| PARAGARD T380A (SINGLE HAND)  | 3    | S; Covered in full*; PV     |
| <b>CONTRACEPTIVE INTRAUTERINE - PROGESTERONE IUD</b>  |      |                             |
| KYLEENA   | 3    | S; Covered in full*; PV     |
| LILETTA   | 3    | MS; S; Covered in full*; PV |
| MIRENA  | 3    | S; Covered in full*; PV     |
| SKYLA   | 3    | S; Covered in full*; PV     |
| <b>CONTRACEPTIVE ORAL - BIPHASIC</b>  |      |                             |
| amethia   | 1    | Covered in full*; PV        |
| ashlyna   | 1    | Covered in full*; PV        |
| azurette (28)   | 1    | Covered in full*; PV        |
| camrese   | 1    | Covered in full*; PV        |
| camrese lo  | 1    | Covered in full*; PV        |
| daysee  | 1    | Covered in full*; PV        |
| desog-e.estradiol/e.estradiol   | 1    | Covered in full*; PV        |
| jaimiess  | 1    | Covered in full*; PV        |
| kariva (28)   | 1    | Covered in full*; PV        |
| l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7) | 1    | Covered in full*; PV        |
| LO LOESTRIN FE  | 2    | Covered in full*; PV        |
| lojaimiess  | 1    | Covered in full*; PV        |
| pimtrea (28)  | 1    | Covered in full*; PV        |
| simliya (28)  | 1    | Covered in full*; PV        |
| simpesse  | 1    | Covered in full*; PV        |
| viorele (28)  | 1    | Covered in full*; PV        |
| volnea (28)   | 1    | Covered in full*; PV        |
| <b>CONTRACEPTIVE ORAL - MONOPHASIC</b>  |      |                             |
| afirmelle   | 1    | Covered in full*; PV        |
| altavera (28)   | 1    | Covered in full*; PV        |
| alyacen 1/35 (28)   | 1    | Covered in full*; PV        |
| amethyst (28)   | 1    | Covered in full*; PV        |
| apri  | 1    | Covered in full*; PV        |
| aubra   | 1    | Covered in full*; PV        |
| aubra eq  | 1    | Covered in full*; PV        |
| aurovela 1.5/30 (21)  | 1    | Covered in full*; PV        |
| aurovela 1/20 (21)  | 1    | Covered in full*; PV        |
| aurovela 24 fe  | 1    | Covered in full*; PV        |
| aurovela fe 1.5/30 (28)   | 1    | Covered in full*; PV        |
| aurovela fe 1-20 (28)   | 1    | Covered in full*; PV        |
| AVERI   | 3    | Covered in full*; PV        |
| aviane  | 1    | Covered in full*; PV        |

| Product Description            | Tier | Limits/Restrictions/Notes |
|--------------------------------|------|---------------------------|
| ayuna                          | 1    | Covered in full*; PV      |
| BALCOLTRA                      | 3    | Covered in full*; PV      |
| balziva (28)                   | 1    | Covered in full*; PV      |
| BEYAZ                          | 3    | Covered in full*; PV      |
| blisovi 24 fe                  | 1    | Covered in full*; PV      |
| blisovi fe 1.5/30 (28)         | 1    | Covered in full*; PV      |
| blisovi fe 1/20 (28)           | 1    | Covered in full*; PV      |
| briellyn                       | 1    | Covered in full*; PV      |
| charlotte 24 fe                | 1    | Covered in full*; PV      |
| chateal eq (28)                | 1    | Covered in full*; PV      |
| cryselle (28)                  | 1    | Covered in full*; PV      |
| cyred                          | 1    | Covered in full*; PV      |
| cyred eq                       | 1    | Covered in full*; PV      |
| dasetta 1/35 (28)              | 1    | Covered in full*; PV      |
| dolishale                      | 1    | Covered in full*; PV      |
| drospirenone-e.estradiol-lm.fa | 1    | Covered in full*; PV      |
| drospirenone-ethinyl estradiol | 1    | Covered in full*; PV      |
| elinest                        | 1    | Covered in full*; PV      |
| enskyce                        | 1    | Covered in full*; PV      |
| estarylla                      | 1    | Covered in full*; PV      |
| falmina (28)                   | 1    | Covered in full*; PV      |
| FEIRZA                         | 1    | Covered in full*; PV      |
| FEMLYV                         | 3    | Covered in full*; PV      |
| finzala                        | 1    | Covered in full*; PV      |
| GALBRIELA                      | 1    | Covered in full*; PV      |
| gemmily                        | 1    | Covered in full*; PV      |
| hailey                         | 1    | Covered in full*; PV      |
| hailey 24 fe                   | 1    | Covered in full*; PV      |
| hailey fe 1.5/30 (28)          | 1    | Covered in full*; PV      |
| hailey fe 1/20 (28)            | 1    | Covered in full*; PV      |
| iclevia                        | 1    | Covered in full*; PV      |
| INTROVALE                      | 1    | Covered in full*; PV      |
| isibloom                       | 1    | Covered in full*; PV      |
| jasmiel (28)                   | 1    | Covered in full*; PV      |
| jolessa                        | 1    | Covered in full*; PV      |
| joyeaux                        | 1    | Covered in full*; PV      |
| juleber                        | 1    | Covered in full*; PV      |
| junel 1.5/30 (21)              | 1    | Covered in full*; PV      |
| junel 1/20 (21)                | 1    | Covered in full*; PV      |
| junel fe 1.5/30 (28)           | 1    | Covered in full*; PV      |
| junel fe 1/20 (28)             | 1    | Covered in full*; PV      |
| junel fe 24                    | 1    | Covered in full*; PV      |
| kaitlib fe                     | 1    | Covered in full*; PV      |
| kalliga                        | 1    | Covered in full*; PV      |
| kelnor 1/35 (28)               | 1    | Covered in full*; PV      |
| kurvelo (28)                   | 1    | Covered in full*; PV      |
| larin 1.5/30 (21)              | 1    | Covered in full*; PV      |
| larin 1/20 (21)                | 1    | Covered in full*; PV      |
| larin 24 fe                    | 1    | Covered in full*; PV      |
| larin fe 1.5/30 (28)           | 1    | Covered in full*; PV      |

| Product Description                                      | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| larin fe 1/20 (28)                                       | 1    | Covered in full*; PV      |
| lessina  | 1    | Covered in full*; PV      |
| levonorgest-eth.estradiol-iron                           | 1    | Covered in full*; PV      |
| levonorgestrel-ethinyl estrad                            | 1    | Covered in full*; PV      |
| LOESTRIN 1.5/30 (21)                                     | 3    | Covered in full*; PV      |
| LOESTRIN 1/20 (21)                                       | 3    | Covered in full*; PV      |
| LOESTRIN FE 1.5/30 (28-DAY)                              | 3    | Covered in full*; PV      |
| LOESTRIN FE 1/20 (28-DAY)                                | 3    | Covered in full*; PV      |
| loryna (28)  | 1    | Covered in full*; PV      |
| low-ogestrel (28)  | 1    | Covered in full*; PV      |
| lo-zumandimine (28)                                      | 1    | Covered in full*; PV      |
| LUIZZA   | 1    | Covered in full*; PV      |
| lutera (28)  | 1    | Covered in full*; PV      |
| marlissa (28)  | 1    | Covered in full*; PV      |
| mibelas 24 fe  | 1    | Covered in full*; PV      |
| microgestin 1.5/30 (21)                                  | 1    | Covered in full*; PV      |
| microgestin 1/20 (21)                                    | 1    | Covered in full*; PV      |
| microgestin fe 1.5/30 (28)                               | 1    | Covered in full*; PV      |
| microgestin fe 1/20 (28)                                 | 1    | Covered in full*; PV      |
| mili   | 1    | Covered in full*; PV      |
| MINZOYA  | 1    | Covered in full*; PV      |
| mono-linyah  | 1    | Covered in full*; PV      |
| necon 0.5/35 (28)  | 1    | Covered in full*; PV      |
| NEXTSTELLIS  | 3    | Covered in full*; PV      |
| nikki (28)   | 1    | Covered in full*; PV      |
| norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg   | 1    | Covered in full*; PV      |
| norethindrone-e.estradiol-iron oral capsule              | 1    | Covered in full*; PV      |
| norethindrone-e.estradiol-iron oral tablet,chewable      | 1    | Covered in full*; PV      |
| norgestimate-ethinyl estradiol oral tablet 0.25-0.035 mg | 1    | Covered in full*; PV      |
| nortrel 0.5/35 (28)                                      | 1    | Covered in full*; PV      |
| nortrel 1/35 (21)  | 1    | Covered in full*; PV      |
| nortrel 1/35 (28)  | 1    | Covered in full*; PV      |
| nylia 1/35 (28)  | 1    | Covered in full*; PV      |
| ocella   | 1    | Covered in full*; PV      |
| philith  | 1    | Covered in full*; PV      |
| portia 28  | 1    | Covered in full*; PV      |
| reclipsen (28)   | 1    | Covered in full*; PV      |
| SAFYRAL  | 3    | Covered in full*; PV      |
| setlakin   | 1    | Covered in full*; PV      |
| sprintec (28)  | 1    | Covered in full*; PV      |
| syeda  | 1    | Covered in full*; PV      |
| tarina 24 fe   | 1    | Covered in full*; PV      |
| tarina fe 1/20 (28)                                      | 1    | Covered in full*; PV      |
| tarina fe 1-20 eq (28)                                   | 1    | Covered in full*; PV      |
| TAYTULLA   | 3    | Covered in full*; PV      |
| turqoz (28)  | 1    | Covered in full*; PV      |
| TYBLUME  | 3    | Covered in full*; PV      |
| TYDEMY   | 1    | PV                        |
| VALTYA   | 1    | Covered in full*; PV      |
| vestura (28)   | 1    | Covered in full*; PV      |

| Product Description   | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| vienva  | 1    | Covered in full*; PV      |
| vyfemla (28)  | 1    | Covered in full*; PV      |
| vylibra   | 1    | Covered in full*; PV      |
| wera (28)   | 1    | Covered in full*; PV      |
| wymzya fe   | 1    | Covered in full*; PV      |
| XELRIA FE   | 1    | Covered in full*; PV      |
| YASMIN (28)   | 3    | Covered in full*; PV      |
| YAZ (28)  | 3    | Covered in full*; PV      |
| zarah   | 1    | Covered in full*; PV      |
| zovia 1-35 (28)   | 1    | Covered in full*; PV      |
| zumandimine (28)  | 1    | Covered in full*; PV      |
| <b>CONTRACEPTIVE ORAL - PROGESTIN</b>   |      |                           |
| camila  | 1    | Covered in full*; PV      |
| deblitane   | 1    | Covered in full*; PV      |
| emzahh  | 1    | Covered in full*; PV      |
| errin   | 1    | Covered in full*; PV      |
| heather   | 1    | Covered in full*; PV      |
| incassia  | 1    | Covered in full*; PV      |
| jencycla  | 1    | Covered in full*; PV      |
| lyleq   | 1    | Covered in full*; PV      |
| lyza  | 1    | Covered in full*; PV      |
| MELEYA  | 1    | Covered in full*; PV      |
| nora-be   | 1    | Covered in full*; PV      |
| norethindrone (contraceptive)   | 1    | Covered in full*; PV      |
| OPILL   | 3    | Covered in full*; PV      |
| ORQUIDEA  | 1    | Covered in full*; PV      |
| sharobel  | 1    | Covered in full*; PV      |
| SLYND   | 3    | Covered in full*; PV      |
| tulana  | 1    | Covered in full*; PV      |
| <b>CONTRACEPTIVE ORAL - QUADRAPHASIC</b>  |      |                           |
| NATAZIA   | 3    | Covered in full*; PV      |
| rivelsa   | 1    | Covered in full*; PV      |
| ROSYRAH   | 1    | Covered in full*; PV      |
| <b>CONTRACEPTIVE ORAL - TRIPHASIC</b>   |      |                           |
| alyacen 7/7/7 (28)  | 1    | Covered in full*; PV      |
| aranelle (28)   | 1    | Covered in full*; PV      |
| caziant (28)  | 1    | Covered in full*; PV      |
| dasetta 7/7/7 (28)  | 1    | Covered in full*; PV      |
| enpresse  | 1    | Covered in full*; PV      |
| levonest (28)   | 1    | Covered in full*; PV      |
| levonorg-eth estrad triphasic   | 1    | Covered in full*; PV      |
| norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28) | 1    | Covered in full*; PV      |
| nortrel 7/7/7 (28)  | 1    | Covered in full*; PV      |
| nylia 7/7/7 (28)  | 1    | Covered in full*; PV      |
| tilia fe  | 1    | Covered in full*; PV      |
| tri-estarylla   | 1    | Covered in full*; PV      |
| tri-legest fe   | 1    | Covered in full*; PV      |
| tri-linyah  | 1    | Covered in full*; PV      |
| tri-lo-estarylla  | 1    | Covered in full*; PV      |

| Product Description   | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| tri-lo-marzia   | 1    | Covered in full*; PV      |
| tri-lo-mili   | 1    | Covered in full*; PV      |
| tri-lo-sprintec   | 1    | Covered in full*; PV      |
| tri-mili  | 1    | Covered in full*; PV      |
| tri-sprintec (28)   | 1    | Covered in full*; PV      |
| tri-vylibra   | 1    | Covered in full*; PV      |
| tri-vylibra lo  | 1    | Covered in full*; PV      |
| velivet triphasic regimen (28)  | 1    | Covered in full*; PV      |
| XARAH FE  | 1    | Covered in full*; PV      |
| <b>CONTRACEPTIVE TRANSDERMAL COMBINATIONS - ESTROGEN AND PROGESTIN COMB.</b>  |      |                           |
| norelgestromin-ethin.estradiol  | 1    | Covered in full*; PV      |
| TWIRLA  | 3    | Covered in full*; PV      |
| xulane  | 1    | Covered in full*; PV      |
| zafemy  | 1    | Covered in full*; PV      |
| <b>CONTRACEPTIVES - INTRAVAGINAL, SYSTEMIC - ESTROGEN AND PROGESTIN COMB.</b> |      |                           |
| ANNOVERA  | 3    | Covered in full*; PV      |
| eluryng   | 1    | Covered in full*; PV      |
| enilloring  | 1    | Covered in full*; PV      |
| etonogestrel-ethinyl estradiol  | 1    | Covered in full*; PV      |
| haloette  | 1    | Covered in full*; PV      |
| NUVARING  | 3    | Covered in full*; PV      |
| <b>EMERGENCY CONTRACEPTIVES</b>   |      |                           |
| after pill  | 1    | Covered in full*; PV      |
| AFTERA  | 3    | Covered in full*; PV      |
| econtra ez  | 1    | Covered in full*; PV      |
| econtra one-step  | 1    | Covered in full*; PV      |
| ELLA  | 3    | Covered in full*; PV      |
| levonorgestrel  | 1    | Covered in full*; PV      |
| my choice   | 1    | Covered in full*; PV      |
| my way  | 1    | Covered in full*; PV      |
| new day   | 1    | Covered in full*; PV      |
| opcicon one-step  | 1    | Covered in full*; PV      |
| option-2  | 1    | Covered in full*; PV      |
| PLAN B ONE-STEP   | 3    | Covered in full*; PV      |
| TAKE ACTION   | 3    | Covered in full*; PV      |
| <b>EMERGENCY CONTRACEPTIVES - PROGESTERONE AGONIST/ANTAGONIST TYPE</b>        |      |                           |
| ELLA  | 3    | Covered in full*; PV      |
| <b>EMERGENCY CONTRACEPTIVES - PROGESTIN TYPE</b>                              |      |                           |
| after pill  | 1    | Covered in full*; PV      |
| AFTERA  | 3    | Covered in full*; PV      |
| econtra ez  | 1    | Covered in full*; PV      |
| econtra one-step  | 1    | Covered in full*; PV      |
| levonorgestrel  | 1    | Covered in full*; PV      |
| my choice   | 1    | Covered in full*; PV      |
| my way  | 1    | Covered in full*; PV      |
| new day   | 1    | Covered in full*; PV      |
| opcicon one-step  | 1    | Covered in full*; PV      |

| Product Description   | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| option-2  | 1    | Covered in full*; PV      |
| PLAN B ONE-STEP   | 3    | Covered in full*; PV      |
| TAKE ACTION   | 3    | Covered in full*; PV      |
| <b>SPERMICIDES</b>  |      |                           |
| VAGINAL CONTRACEPTIVE FILM  | 3    | Covered in full*          |
| VCF CONTRACEPTIVE GEL   | 3    | Covered in full*          |
| <b>DERMATOLOGICAL</b>   |      |                           |
| <b>ACNE THERAPY SYSTEMIC - RETINOIDS AND DERIVATIVES</b>            |      |                           |
| ABSORICA  | 3    |                           |
| ABSORICA LD   | 3    | PA                        |
| AMNESTEEM   | 3    |                           |
| CLARAVIS  | 3    |                           |
| isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg                | 3    |                           |
| isotretinoin oral capsule 25 mg, 35 mg                              | 3    | PA                        |
| ZENATANE  | 3    |                           |
| <b>ACNE THERAPY SYSTEMIC - TETRACYCLINE ANTIBIOTIC</b>              |      |                           |
| MINOCYCLINE ORAL CAPSULE,EXTENDED RELEASE 24HR                      | 3    | PA; QL                    |
| minocycline oral tablet extended release 24 hr                      | 3    | QL                        |
| SEYSARA   | 3    | PA; QL                    |
| XIMINO  | 3    | PA; QL                    |
| <b>ACNE THERAPY TOPICAL - ANDROGEN RECEPTOR INHIBITORS</b>          |      |                           |
| WINLEVI   | 3    | PA; QL                    |
| <b>ACNE THERAPY TOPICAL - ANTI-INFECTIVE</b>                        |      |                           |
| ACZONE TOPICAL GEL  | 3    | QL                        |
| ACZONE TOPICAL GEL WITH PUMP  | 3    | ST; QL                    |
| AMZEEQ  | 3    | ST; QL                    |
| azelaic acid  | 3    |                           |
| AZELEX  | 3    |                           |
| CLEOCIN T TOPICAL LOTION  | 3    |                           |
| CLINDACIN   | 3    |                           |
| clindacin etz topical swab  | 1    |                           |
| clindacin p   | 1    |                           |
| CLINDAGEL   | 3    | ST                        |
| clindamycin phosphate topical foam                                  | 3    |                           |
| clindamycin phosphate topical gel (excluding generic for clindagel) | 1    |                           |
| clindamycin phosphate topical gel, once daily                       | 3    | ST                        |
| clindamycin phosphate topical lotion                                | 3    |                           |
| clindamycin phosphate topical solution                              | 1    |                           |
| clindamycin phosphate topical swab                                  | 1    |                           |
| dapsone topical gel 5 %   | 2    | QL                        |
| dapsone topical gel 7.5 %   | 3    | ST; QL                    |
| dapsone topical gel with pump 7.5%                                  | 3    | ST; QL                    |
| ery pads  | 1    |                           |
| erythromycin with ethanol topical gel                               | 1    |                           |
| erythromycin with ethanol topical solution                          | 1    |                           |
| FINACEA TOPICAL FOAM  | 3    |                           |
| KLARON  | 3    |                           |
| sulfacetamide sodium (acne)   | 1    |                           |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| <b>ACNE THERAPY TOPICAL - ANTI-INFECTIVE-KERATOLYTIC COMBINATIONS</b>      |      |                           |
| ACANYA TOPICAL GEL WITH PUMP   | 3    | QL                        |
| BENZAMYCIN   | 3    |                           |
| clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %              | 1    |                           |
| clindamycin-benzoyl peroxide topical gel 1-5 %                             | 2    | QL                        |
| clindamycin-benzoyl peroxide topical gel with pump 1.2 %(1 % base) -3.75 % | 3    | PA; QL                    |
| clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %               | 2    | QL                        |
| clindamycin-benzoyl peroxide topical gel with pump 1-5 %                   | 3    | QL                        |
| erythromycin-benzoyl peroxide  | 1    |                           |
| neuac  | 1    |                           |
| ONEXTON TOPICAL GEL WITH PUMP  | 3    | PA; QL                    |
| <b>ACNE THERAPY TOPICAL - ANTI-INFECTIVE-RETINOID COMBINATIONS</b>         |      |                           |
| CABTREO  | 3    | PA; QL                    |
| clindamycin-tretinoin  | 3    |                           |
| VELTIN   | 3    |                           |
| ZIANA  | 3    |                           |
| <b>ACNE THERAPY TOPICAL - KERATOLYTIC</b>                                  |      |                           |
| PACNEX   | 3    |                           |
| PR BENZOYL PEROXIDE  | 3    |                           |
| <b>ACNE THERAPY TOPICAL - RETINOID COMBINATIONS OTHER</b>                  |      |                           |
| adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %                 | 1    | QL                        |
| adapalene-benzoyl peroxide topical gel with pump 0.3-2.5 %                 | 3    | QL                        |
| EPIDUO FORTE   | 3    | QL                        |
| TWYNEO   | 3    | PA; QL                    |
| <b>ACNE THERAPY TOPICAL - RETINOID AND DERIVATIVES</b>                     |      |                           |
| adapalene topical cream  | 3    |                           |
| adapalene topical gel 0.3 %  | 1    |                           |
| adapalene topical gel with pump  | 1    |                           |
| ADAPALENE TOPICAL LOTION   | 3    | ST                        |
| adapalene topical solution   | 3    | ST; QL                    |
| adapalene topical swab   | 3    | ST; QL                    |
| AKLIEF   | 3    | PA; QL                    |
| ALTRENO  | 3    | QL                        |
| ARAZLO   | 3    | PA; QL                    |
| ATRALIN  | 3    |                           |
| DIFFERIN TOPICAL CREAM   | 3    |                           |
| DIFFERIN TOPICAL GEL WITH PUMP   | 3    |                           |
| DIFFERIN TOPICAL LOTION  | 3    | ST                        |
| FABIOR   | 3    | PA; QL                    |
| RETIN-A  | 3    |                           |
| RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %, 0.08 %                    | 3    |                           |
| TAZAROTENE TOPICAL FOAM  | 3    | PA; QL                    |
| tretinoin microspheres   | 3    |                           |
| tretinoin topical cream  | 1    |                           |
| tretinoin topical gel  | 2    |                           |
| <b>ANTIPSORIATIC - RETINOID (VITAMIN A DERIVATIVE) - GLUCOCORTICOID</b>    |      |                           |
| DUOBRII  | 3    | PA; QL                    |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| <b>ANTIPSORIATIC - VITAMIN D ANALOG - GLUCOCORTICOID COMBINATIONS</b>          |      |                           |
| calcipotriene-betamethasone  | 1    | QL                        |
| ENSTILAR   | 3    | PA; QL                    |
| TACLONEX TOPICAL SUSPENSION  | 3    | QL                        |
| WYNZORA  | 3    | PA; QL                    |
| <b>ANTIPSORIATIC AGENTS - INTERLEUKIN 12 AND IL-23 INHIBITORS, MC ANTIBODY</b> |      |                           |
| IMULDOSA SUBCUTANEOUS  | 3    | PA; QL; S                 |
| OTULFI SUBCUTANEOUS  | 3    | PA; QL; S                 |
| PYZCHIVA SUBCUTANEOUS SOLUTION   | 3    | PA; QL; S                 |
| PYZCHIVA SUBCUTANEOUS SYRINGE (SANDOZ)   | 3    | PA; QL                    |
| SELARSDI SUBCUTANEOUS SOLUTION   | 2    | PA; QL; MS; S             |
| SELARSDI SUBCUTANEOUS SYRINGE  | 2    | PA; QL; S                 |
| STARJEMZA SUBCUTANEOUS   | 3    | PA; QL; S                 |
| STELARA SUBCUTANEOUS   | 2    | PA; QL; MS; S             |
| STEQEYMA SUBCUTANEOUS SOLUTION   | 3    | PA; QL; S                 |
| STEQEYMA SUBCUTANEOUS SYRINGE  | 3    | PA; QL; MS; S             |
| ustekinumab subcutaneous   | 3    | PA; QL; MS; S             |
| ustekinumab-aaaz   | 3    | PA; QL; S                 |
| ustekinumab-aekn   | 3    | PA; QL; S                 |
| YESINTEK SUBCUTANEOUS  | 2    | PA; QL; MS; S             |
| <b>ANTIPSORIATIC AGENTS - INTERLEUKIN-23 (IL-23) ANTAGONIST, MC ANTIBODY</b>   |      |                           |
| SKYRIZI SUBCUTANEOUS PEN INJECTOR  | 2    | PA; QL; MS; S             |
| SKYRIZI SUBCUTANEOUS SYRINGE   | 2    | PA; QL; MS; S             |
| TREMFYA ONE-PRESS  | 2    | PA; QL; MS; S             |
| TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML                                | 2    | PA; QL; MS; S             |
| TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML   | 2    | PA; QL; MS; S             |
| <b>ANTIPSORIATIC AGENTS - INTERLEUKIN-23 (IL-23) ANTAGONIST, OTHERS</b>        |      |                           |
| ICOTYDE  | 3    | PA; QL; MS; S             |
| <b>ANTIPSORIATIC AGENTS - INTERLEUKIN-36 (IL-36) RECEPTOR ANTAGONIST, MC</b>   |      |                           |
| SPEVIGO SUBCUTANEOUS   | 3    | PA; QL; MS; S             |
| <b>ANTIPSORIATIC AGENTS - TYROSINE KINASE 2 (TYK2) INHIBITOR</b>               |      |                           |
| SOTYKTU  | 2    | PA; QL; MS; S             |
| <b>ANTIPSORIATIC AGENTS-INTERLEUKIN-17 (IL-17) ANTAGONIST, MC ANTIBODY</b>     |      |                           |
| BIMZELX  | 3    | PA; QL; MS; S             |
| BIMZELX AUTOINJECTOR   | 3    | PA; QL; MS; S             |
| COSENTYX (2 SYRINGES)  | 2    | PA; QL; MS; S             |
| COSENTYX PEN   | 2    | PA; QL; MS; S             |
| COSENTYX PEN (2 PENS)  | 2    | PA; QL; MS; S             |
| COSENTYX SUBCUTANEOUS  | 2    | PA; QL; MS; S             |
| COSENTYX UNOREADY PEN  | 2    | PA; QL; MS; S             |
| SILIQ  | 3    | PA; QL; MS; S             |
| TALTZ AUTOINJECTOR   | 3    | PA; QL; MS; S             |
| TALTZ AUTOINJECTOR (2 PACK)  | 3    | PA; QL; MS; S             |
| TALTZ AUTOINJECTOR (3 PACK)  | 3    | PA; QL; MS; S             |
| TALTZ SYRINGE  | 3    | PA; QL; MS; S             |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| <b>DERMATITIS - JANUS KINASE (JAK) INHIBITORS</b>                                |      |                           |
| ANZUPGO  | 3    | PA; QL; S                 |
| CIBINQO  | 3    | PA; QL; MS; S             |
| OPZELURA   | 3    | PA; QL                    |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG                           | 2    | PA; QL; MS; S             |
| <b>DERMATITIS AGENTS, SYSTEMIC - INTERLEUKIN-13 INHIBITORS MAB</b>               |      |                           |
| ADBRY  | 3    | PA; QL; MS; S             |
| EBGLYSS PEN  | 3    | PA; QL; MS; S             |
| EBGLYSS SYRINGE  | 3    | PA; QL; MS; S             |
| <b>DERMATITIS AGENTS, SYSTEMIC - IL-31 RECEPTOR ALPHA ANTAGONIST MAB</b>         |      |                           |
| NEMLUVIO   | 3    | PA; QL; MS; S             |
| <b>DERMATITIS AGENTS, SYSTEMIC - IL-4 RECEPTOR ALPHA ANTAGONIST (IL-4RA) MAB</b> |      |                           |
| DUPIXENT PEN   | 2    | PA; QL; MS; S             |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML                | 2    | PA; QL; MS; S             |
| <b>DERMATITIS OR ECZEMA AGENTS, TOPICAL - PHOSPHODIESTERASE-4 INHIBITORS</b>     |      |                           |
| EUCRISA 2% OINTMENT  | 2    | ST; QL                    |
| ZORYVE TOPICAL CREAM 0.05 %, 0.15 %  | 3    | PA; QL                    |
| <b>DERMATOLOGICAL - ANTIBACTERIAL AMINOGLYCOSIDES</b>                            |      |                           |
| gentamicin topical   | 1    |                           |
| <b>DERMATOLOGICAL - ANTIBACTERIAL OTHER</b>                                      |      |                           |
| CENTANY  | 3    |                           |
| mupirocin  | 1    |                           |
| mupirocin calcium  | 3    |                           |
| <b>DERMATOLOGICAL - ANTIBACTERIAL PLEUROMUTILIN DERIVATIVES</b>                  |      |                           |
| ALTABAX  | 3    |                           |
| <b>DERMATOLOGICAL - ANTIBACTERIAL-GLUCOCORTICOID COMBINATIONS</b>                |      |                           |
| NEO-SYNALAR  | 3    |                           |
| <b>DERMATOLOGICAL - ANTICHOLINERGIC HYPERHIDROSIS TREATMENT AGENTS</b>           |      |                           |
| QNBREXZA   | 3    | QL                        |
| SOFDRA   | 3    | PA; QL                    |
| <b>DERMATOLOGICAL - ANTIFUNGAL ALLYLAMINES</b>                                   |      |                           |
| naftifine topical cream 1 %  | 3    | ST                        |
| naftifine topical cream 2 %  | 3    | ST; QL                    |
| naftifine topical gel  | 3    | ST                        |
| NAFTIN TOPICAL GEL 2 %   | 3    | ST                        |
| <b>DERMATOLOGICAL - ANTIFUNGAL AMPHOTERIC POLYENE MACROLIDES</b>                 |      |                           |
| KLAYESTA   | 3    |                           |
| nystatin topical   | 1    |                           |
| nystop   | 1    |                           |
| <b>DERMATOLOGICAL - ANTIFUNGAL HYDROXYPYRIDINONE</b>                             |      |                           |
| ciclodan topical cream   | 1    |                           |
| ciclodan topical solution  | 1    | QL                        |
| ciclopirox topical cream   | 1    |                           |
| ciclopirox topical gel   | 1    |                           |
| ciclopirox topical shampoo   | 1    |                           |
| ciclopirox topical solution  | 1    | QL                        |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| ciclopirox topical suspension  | 1    |                           |
| LOPROX (AS OLAMINE)  | 3    |                           |
| <b>DERMATOLOGICAL - ANTIFUNGAL IMIDAZOLE AND RELATED AGENTS</b>                  |      |                           |
| econazole nitrate topical cream  | 1    |                           |
| econazole nitrate topical foam   | 3    | ST; QL                    |
| ECOZA  | 3    | ST; QL                    |
| ERTACZO  | 3    | ST                        |
| EXELDERM   | 3    |                           |
| ketoconazole topical cream   | 1    |                           |
| ketoconazole topical foam  | 3    |                           |
| ketoconazole topical shampoo   | 1    |                           |
| KETODAN  | 3    |                           |
| LULICONAZOLE   | 3    | ST; QL                    |
| LUZU   | 3    | ST; QL                    |
| MICONAZOLE NITRATE-ZINC OX-PET   | 3    |                           |
| oxiconazole  | 3    |                           |
| OXISTAT TOPICAL LOTION   | 3    | ST                        |
| SULCONAZOLE  | 3    |                           |
| VUSION   | 3    |                           |
| <b>DERMATOLOGICAL - ANTIFUNGAL OXABOROLE</b>                                     |      |                           |
| tavaborole   | 3    | QL                        |
| <b>DERMATOLOGICAL - ANTIFUNGAL TRIAZOLE</b>                                      |      |                           |
| JUBLIA   | 3    | PA; QL                    |
| <b>DERMATOLOGICAL - ANTIFUNGAL-GLUCOCORTICOID COMBINATIONS</b>                   |      |                           |
| clotrimazole-betamethasone   | 1    |                           |
| nystatin-triamcinolone   | 1    |                           |
| <b>DERMATOLOGICAL - ANTINEOPLASTIC ALKYLATING AGENTS</b>                         |      |                           |
| VALCHLOR   | 3    | PA; QL; MS; S             |
| <b>DERMATOLOGICAL - ANTINEOPLASTIC ANTIMETABOLITES</b>                           |      |                           |
| CARAC  | 3    | PA                        |
| EFUDEX TOPICAL CREAM   | 3    |                           |
| FLUOROURACIL TOPICAL CREAM 0.5 %   | 3    | PA                        |
| fluorouracil topical cream 5 %   | 1    |                           |
| fluorouracil topical solution  | 1    |                           |
| TOLAK  | 3    |                           |
| <b>DERMATOLOGICAL - ANTINEOPLASTIC OR PREMALIGNANT LESIONS - ANTIMICROTUBULE</b> |      |                           |
| KLISYRI (250 MG)   | 3    | PA; QL                    |
| KLISYRI (350 MG)   | 3    | PA; QL                    |
| <b>DERMATOLOGICAL - ANTINEOPLASTIC OR PREMALIGNANT LESIONS - NSAID'S</b>         |      |                           |
| diclofenac sodium topical gel 3 %  | 3    | PA; QL                    |
| <b>DERMATOLOGICAL - ANTINEOPLASTIC RETINOIDS</b>                                 |      |                           |
| PANRETIN   | 3    |                           |
| <b>DERMATOLOGICAL - ANTINEOPLASTIC SELECTIVE RETINOID X RECEPTOR AGONIST</b>     |      |                           |
| bexarotene topical   | 1    | PA; QL; MS; S             |
| TARGRETIN TOPICAL  | 3    | PA; QL; MS; S             |
| <b>DERMATOLOGICAL - ANTIPERSPIRANTS</b>  |      |                           |
| DRYSOL   | 3    |                           |

| Product Description   | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| DRYSOL DAB-O-MATIC  | 3    |                           |
| <b>DERMATOLOGICAL - ANTIPSORIATIC AGENTS SYSTEMIC, PHOTSENSITIZING</b>                      |      |                           |
| methoxsalen   | 1    |                           |
| <b>DERMATOLOGICAL - ANTIPSORIATIC AGENTS SYSTEMIC, VITAMIN A DERIVATIVES</b>                |      |                           |
| acitretin   | 1    | QL                        |
| <b>DERMATOLOGICAL - ANTIPSORIATIC AGENTS TOPICAL</b>  |      |                           |
| BRYHALI   | 3    | ST; QL                    |
| calcipotriene scalp   | 1    | QL                        |
| calcipotriene topical cream   | 1    | QL                        |
| CALCIPOTRIENE TOPICAL FOAM  | 3    | PA; QL                    |
| calcipotriene topical ointment  | 1    | QL                        |
| calcitriol topical  | 1    | QL                        |
| clobetasol topical cream 0.025 %  | 3    | ST; QL                    |
| DRITHOCREME HP  | 3    |                           |
| halobetasol propionate topical foam   | 3    | ST; QL                    |
| halobetasol propionate topical lotion   | 3    | ST; QL                    |
| IMPOYZ  | 3    | ST                        |
| LEXETTE   | 3    | ST; QL                    |
| SORILUX   | 3    | PA; QL                    |
| tazarotene topical cream  | 3    |                           |
| tazarotene topical gel  | 3    |                           |
| TAZORAC   | 3    |                           |
| ULTRAVATE TOPICAL LOTION  | 3    | ST; QL                    |
| VECTICAL  | 3    | QL                        |
| VTAMA   | 3    | PA; QL                    |
| ZORYVE TOPICAL CREAM 0.3 %  | 3    | PA; QL                    |
| <b>DERMATOLOGICAL - ANTIPSORIATICS SYSTEMIC, PHOSPHODIESTERASE 4 INHIB.</b>                 |      |                           |
| OTEZLA  | 2    | PA; QL; MS; S             |
| OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47) | 2    | PA; QL; MS; S             |
| OTEZLA XR   | 2    | PA; QL; MS; S             |
| OTEZLA XR INITIATION  | 2    | PA; QL; MS; S             |
| <b>DERMATOLOGICAL - ANTISEBORRHEIC</b>  |      |                           |
| selenium sulfide topical lotion   | 1    |                           |
| selenium sulfide topical shampoo 2.25 %   | 1    |                           |
| selenium sulfide topical shampoo 2.3 %  | 3    |                           |
| sodium sulfacetamide 10% wash   | 3    |                           |
| ZORYVE TOPICAL FOAM   | 3    | PA; QL                    |
| <b>DERMATOLOGICAL - ANTIVIRAL, HERPES</b>   |      |                           |
| acyclovir topical cream   | 3    | ST; QL                    |
| acyclovir topical ointment  | 1    | QL                        |
| DENAVIR   | 3    | ST; QL                    |
| penciclovir   | 3    | ST; QL                    |
| ZOVIRAX TOPICAL CREAM   | 3    | ST; QL                    |
| ZOVIRAX TOPICAL OINTMENT  | 3    | QL                        |
| <b>DERMATOLOGICAL - ANTIVIRAL-GLUCOCORTICOID COMBINATIONS</b>                               |      |                           |
| XERESE  | 3    | ST; QL                    |

| Product Description                                  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| <b>DERMATOLOGICAL - BURN PRODUCTS ANTI-INFECTIVE</b> |      |                           |
| mafenide acetate                                     | 1    |                           |
| SILVADENE  | 3    |                           |
| silver sulfadiazine                                  | 1    |                           |
| ssd  | 1    |                           |
| SULFAMYLON TOPICAL CREAM                             | 3    |                           |
| <b>DERMATOLOGICAL - CALCINEURIN INHIBITORS</b>       |      |                           |
| pimecrolimus   | 1    | QL                        |
| tacrolimus topical                                   | 1    | QL                        |
| <b>DERMATOLOGICAL - DEPIGMENTING COMBINATIONS</b>    |      |                           |
| TRI-LUMA   | 3    | PA                        |
| <b>DERMATOLOGICAL - ENZYMES</b>                      |      |                           |
| SANTYL   | 3    | QL                        |
| <b>DERMATOLOGICAL - GENE THERAPY AGENTS</b>          |      |                           |
| VYJUVEK GEL OUTER                                    | 3    | PA; QL; S                 |
| <b>DERMATOLOGICAL - GLUCOCORTICOID</b>               |      |                           |
| ala-cort topical cream                               | 1    |                           |
| ALA-SCALP  | 3    |                           |
| alclometasone  | 1    |                           |
| amcinonide topical cream                             | 3    |                           |
| amcinonide topical ointment                          | 3    | PA                        |
| ANUSOL-HC TOPICAL                                    | 3    |                           |
| APEXICON E   | 3    |                           |
| betamethasone dipropionate                           | 1    |                           |
| betamethasone valerate                               | 1    |                           |
| betamethasone, augmented                             | 1    |                           |
| BRYHALI  | 3    | ST; QL                    |
| CAPEX  | 3    |                           |
| clobetasol scalp                                     | 1    |                           |
| clobetasol topical cream 0.025 %                     | 3    | ST; QL                    |
| clobetasol topical cream 0.05 %                      | 1    |                           |
| clobetasol topical foam                              | 3    |                           |
| clobetasol topical gel                               | 1    |                           |
| clobetasol topical lotion                            | 1    |                           |
| clobetasol topical ointment                          | 1    |                           |
| clobetasol topical shampoo                           | 1    |                           |
| clobetasol topical spray,non-aerosol                 | 1    |                           |
| clobetasol-emollient topical cream                   | 1    |                           |
| clobetasol-emollient topical foam                    | 3    |                           |
| CLOBEX TOPICAL SHAMPOO                               | 3    |                           |
| CLOBEX TOPICAL SPRAY,NON-AEROSOL                     | 3    |                           |
| clocortolone pivalate                                | 3    | ST                        |
| clodan   | 1    |                           |
| CORDRAN TAPE LARGE ROLL                              | 3    | QL                        |
| DERMA-SMOOTHIE/FS BODY OIL                           | 3    |                           |
| DERMA-SMOOTHIE/FS SCALP OIL                          | 3    |                           |
| desonide topical cream                               | 1    |                           |
| desonide topical gel                                 | 3    | ST                        |
| desonide topical lotion                              | 3    |                           |
| desonide topical ointment                            | 1    |                           |

| Product Description   | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| desoximetasone topical cream                                  | 1    |                           |
| desoximetasone topical gel                                    | 1    |                           |
| desoximetasone topical ointment                               | 1    |                           |
| desoximetasone topical spray,non-aerosol                      | 3    |                           |
| DIFLORASONE TOPICAL CREAM                                     | 3    |                           |
| diflorasone topical ointment                                  | 3    |                           |
| DIPROLENE (AUGMENTED) TOPICAL OINTMENT                        | 3    |                           |
| fluocinolone  | 1    |                           |
| fluocinolone and shower cap                                   | 1    |                           |
| fluocinonide  | 1    |                           |
| fluocinonide-e  | 1    |                           |
| flurandrenolide   | 1    |                           |
| fluticasone propionate topical cream                          | 1    |                           |
| fluticasone propionate topical lotion                         | 3    |                           |
| fluticasone propionate topical ointment                       | 1    |                           |
| halcinonide   | 3    | ST                        |
| halobetasol propionate topical cream                          | 1    |                           |
| halobetasol propionate topical foam                           | 3    | ST; QL                    |
| halobetasol propionate topical lotion                         | 3    | ST; QL                    |
| halobetasol propionate topical ointment                       | 1    |                           |
| HALOG TOPICAL CREAM   | 3    | ST                        |
| hydrocortisone acetate topical cream with perineal applicator | 1    | PA; QL                    |
| hydrocortisone butyrate topical cream                         | 3    |                           |
| hydrocortisone butyrate topical lotion                        | 3    |                           |
| hydrocortisone butyrate topical ointment                      | 1    |                           |
| hydrocortisone butyrate topical solution                      | 1    |                           |
| hydrocortisone topical cream 1 %, 2.5 %                       | 1    |                           |
| hydrocortisone topical cream with perineal applicator         | 1    |                           |
| hydrocortisone topical lotion 2 %                             | 3    |                           |
| hydrocortisone topical lotion 2.5 %                           | 1    |                           |
| hydrocortisone topical ointment 1 %, 2.5 %                    | 1    |                           |
| hydrocortisone topical solution                               | 3    | PA; QL                    |
| hydrocortisone valerate                                       | 1    |                           |
| IMPOYZ  | 3    | ST                        |
| KENALOG TOPICAL   | 3    | QL                        |
| LEXETTE   | 3    | ST; QL                    |
| MICORT-HC   | 3    | PA; QL                    |
| mometasone topical  | 1    |                           |
| PANDEL  | 3    | ST                        |
| prednicarbate topical cream                                   | 1    |                           |
| PROCTOCORT TOPICAL  | 3    |                           |
| procto-med hc   | 1    |                           |
| proctosol hc topical  | 1    |                           |
| proctozone-hc   | 1    |                           |
| scalacort   | 1    |                           |
| SERNIVO   | 3    | ST; QL                    |
| SYNALAR   | 3    |                           |
| TEXACORT  | 3    | PA; QL                    |
| TOPICORT  | 3    |                           |
| TOVET EMOLLIENT   | 3    |                           |

| Product Description   | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| triamcinolone acetonide topical aerosol                                   | 3    | QL                        |
| triamcinolone acetonide topical cream                                     | 1    |                           |
| triamcinolone acetonide topical lotion                                    | 1    |                           |
| triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %            | 1    |                           |
| triamcinolone acetonide topical ointment 0.05 %                           | 3    | PA; QL                    |
| TRIANEX   | 3    | PA; QL                    |
| triderm topical cream 0.5 %   | 1    |                           |
| ULTRAVATE TOPICAL LOTION  | 3    | ST; QL                    |
| VANOS   | 3    |                           |
| VERDESO   | 3    | ST                        |
| <b>DERMATOLOGICAL - GLUCOCORTICOID-EMOLLIENT COMBINATIONS</b>             |      |                           |
| NUCORT  | 3    |                           |
| <b>DERMATOLOGICAL - GLUCOCORTICOID-LOCAL ANESTHETIC COMBINATIONS</b>      |      |                           |
| ANALPRAM-HC TOPICAL   | 3    |                           |
| EPIFOAM   | 3    |                           |
| PRAMOSONE TOPICAL CREAM 1-1 %   | 3    |                           |
| PRAMOSONE TOPICAL LOTION  | 3    |                           |
| <b>DERMATOLOGICAL - IMMUNOMODULATOR - CATECHINS - GENITAL WART/HPV TX</b> |      |                           |
| VEREGEN   | 3    |                           |
| <b>DERMATOLOGICAL - IMMUNOMODULATOR - IMIDAZOQUINOLINAMINES</b>           |      |                           |
| imiquimod topical cream in metered-dose pump                              | 3    | ST                        |
| imiquimod topical cream in packet 3.75 %                                  | 3    | ST                        |
| imiquimod topical cream in packet 5 %                                     | 1    |                           |
| ZYCLARA   | 3    | ST                        |
| <b>DERMATOLOGICAL - IMMUNOMODULATOR - INTERFERONS</b>                     |      |                           |
| ALFERON N   | 3    |                           |
| <b>DERMATOLOGICAL - KERATOLYTIC-ANTIMITOTIC SINGLE AGENTS</b>             |      |                           |
| CONDYLOX TOPICAL GEL  | 3    | PA                        |
| podofilox topical gel   | 3    | PA                        |
| podofilox topical solution  | 1    |                           |
| TRI-CHLOR   | 3    |                           |
| urea topical cream 40 %, 41 %   | 3    |                           |
| <b>DERMATOLOGICAL - LOCAL ANESTHETIC COMBINATIONS</b>                     |      |                           |
| lidocaine-prilocaine topical cream  | 1    |                           |
| <b>DERMATOLOGICAL - MAMMALIAN TARGET OF RAPAMYCIN (MTOR) INHIBITORS</b>   |      |                           |
| HYFTOR  | 3    | PA; QL; S                 |
| <b>DERMATOLOGICAL - NITRIC OXIDE RELEASING AGENTS</b>                     |      |                           |
| ZELSUVMI  | 3    | PA; QL                    |
| <b>DERMATOLOGICAL - NSAID SINGLE AGENTS</b>                               |      |                           |
| DICLOFENAC EPOLAMINE  | 3    | PA; QL                    |
| diclofenac sodium topical drops   | 1    |                           |
| diclofenac sodium topical solution in metered-dose pump                   | 3    | PA; QL                    |
| FLECTOR   | 3    | PA; QL                    |
| LICART  | 3    | PA; QL                    |
| <b>DERMATOLOGICAL - PHOTODYNAMIC THERAPY AGENTS TOPICAL</b>               |      |                           |
| AMELUZ  | 3    |                           |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| <b>DERMATOLOGICAL - RETINOIDS (VITAMIN A DERIVATIVES) - TOPICAL COSMETIC</b> |      |                           |
| tazarotene topical cream 0.1 %   | 3    |                           |
| <b>DERMATOLOGICAL - ROSACEA THERAPY, SYSTEMIC</b>                            |      |                           |
| doxycycline monohydrate oral capsule,ir - delay rel,biphase                  | 3    | PA; QL                    |
| EMROSI   | 3    | PA; QL                    |
| ORACEA   | 3    | PA; QL                    |
| <b>DERMATOLOGICAL - ROSACEA THERAPY, TOPICAL</b>                             |      |                           |
| azelaic acid   | 3    |                           |
| AZELEX   | 3    |                           |
| brimonidine topical  | 3    | PA                        |
| EPSOLAY  | 3    | PA; QL                    |
| FINACEA TOPICAL FOAM   | 3    |                           |
| ivermectin topical cream   | 3    | QL                        |
| METROCREAM   | 3    |                           |
| METROGEL TOPICAL GEL 1 %   | 3    |                           |
| metronidazole topical  | 1    |                           |
| NORITATE   | 3    | ST                        |
| rosadan topical cream  | 1    |                           |
| rosadan topical gel  | 1    |                           |
| SOOLANTRA  | 3    | QL                        |
| ZILXI  | 3    | ST; QL                    |
| <b>DERMATOLOGICAL - TOPICAL LOCAL ANESTHETIC AMIDES</b>                      |      |                           |
| ANASTIA  | 3    |                           |
| glydo  | 1    |                           |
| lidocaine hcl mucous membrane jelly in applicator                            | 1    |                           |
| lidocaine topical adhesive patch,medicated 5 %                               | 1    |                           |
| lidocaine topical ointment   | 3    |                           |
| LIDOCAN III  | 1    |                           |
| LIDOCAN IV   | 1    |                           |
| LIDOCAN V  | 1    |                           |
| LIDODERM   | 3    |                           |
| lido-k   | 1    |                           |
| lidopin topical cream 3 %  | 1    |                           |
| LIDOPIN TOPICAL CREAM 3.25 %   | 3    |                           |
| NUMBONEX   | 3    |                           |
| ZTLIDO   | 3    | QL                        |
| <b>DERMATOLOGICAL - TOPICAL LOCAL ANESTHETIC ESTERS</b>                      |      |                           |
| ANACAINE   | 3    |                           |
| <b>DERMATOLOGICAL ANTIPRURITICS - ANTIHISTAMINES</b>                         |      |                           |
| doxepin topical  | 3    | PA; QL                    |
| PRUDOXIN   | 3    | PA                        |
| ZONALON  | 3    | PA; QL                    |
| <b>HAIR GROWTH AGENTS - KINASE INHIBITOR</b>                                 |      |                           |
| LEQSELVI   | 3    | PA; QL; MS; S             |
| LITFULO  | 3    | PA; QL; MS; S             |
| OLUMIANT   | 3    | PA; QL; MS; S             |
| <b>SCABICIDE AND PEDICULICIDE SINGLE AGENTS</b>                              |      |                           |
| CROTAN   | 3    | QL                        |
| EURAX  | 3    | QL                        |

| Product Description                                     | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| malathion   | 3    |                           |
| NATROBA   | 3    |                           |
| OVIDE   | 3    |                           |
| permethrin  | 1    |                           |
| PRURADIK  | 1    | QL                        |
| SPINOSAD  | 3    |                           |
| ULESFIA   | 3    |                           |
| <b>WOUND CARE - CLEANSER COMBINATIONS</b>               |      |                           |
| MICROCYN  | 3    |                           |
| <b>WOUND CARE - DRESSINGS</b>                           |      |                           |
| MEDIHONEY (HONEY) TOPICAL PASTE                         | 3    |                           |
| <b>WOUND CARE COMBINATIONS OTHER</b>                    |      |                           |
| FILSUVEZ  | 3    | PA; QL; S                 |
| <b>DIAGNOSTIC AGENTS</b>                                |      |                           |
| <b>DIAGNOSTIC - BLOOD TEST OTHERS</b>                   |      |                           |
| FORA GTEL KETONE TEST STRIP                             | 3    | PV                        |
| FORA KETONE CONTROL SOLN-L1                             | 3    | PV                        |
| GOJJI KETONE CONTROL SOLN-L1                            | 3    | PV                        |
| NOVAMAX PLUS KETONE                                     | 3    | PV                        |
| PRECISION XTRA B-KETONE                                 | 2    | PV                        |
| <b>DIAGNOSTIC - MULTIPLE URINE TESTS</b>                |      |                           |
| CHEK-STIX CONTROL                                       | 3    | PV                        |
| CHEMSTRIP 10 MD   | 3    | PV                        |
| CHEMSTRIP 10/SG   | 3    | PV                        |
| CHEMSTRIP 2 GP  | 3    | PV                        |
| CHEMSTRIP 50B   | 3    | PV                        |
| CHEMSTRIP 7   | 3    | PV                        |
| CHEMSTRIP 9   | 3    | PV                        |
| COMBISTIX REAGENT                                       | 3    | PV                        |
| HEMA-COMBISTIX  | 3    | PV                        |
| LABSTIX REAGENT   | 3    | PV                        |
| MULTISTIX   | 3    | PV                        |
| MULTISTIX 10 SG   | 3    | PV                        |
| MULTISTIX 5   | 3    | PV                        |
| MULTISTIX 7   | 3    | PV                        |
| MULTISTIX 8 SG  | 3    | PV                        |
| MULTISTIX 9   | 3    | PV                        |
| MULTISTIX 9 SG  | 3    | PV                        |
| URISTIX 4   | 3    | PV                        |
| URISTIX REAGENT   | 3    | PV                        |
| <b>DRUGS TO TREAT ERECTILE DYSFUNCTION</b>              |      |                           |
| <b>ERECTILE DYSFUNCTION (ED) DRUGS - PROSTAGLANDINS</b> |      |                           |
| CAVERJECT   | 3    | QL                        |
| CAVERJECT IMPULSE                                       | 3    | QL                        |
| EDEX 10 MCG CARTRIDGE 2-PK KIT SINGLE USE               | 3    | QL                        |
| EDEX 10 MCG CARTRIDGE 6-PK KIT SINGLE USE               | 3    | QL                        |
| EDEX 20 MCG CARTRIDGE 2-PK KIT SINGLE USE               | 3    | QL                        |
| EDEX 20 MCG CARTRIDGE 6-PK KIT SINGLE USE               | 3    | QL                        |
| EDEX 40 MCG CARTRIDGE 2-PK KIT SINGLE USE               | 3    | QL                        |
| EDEX 40 MCG CARTRIDGE 6-PK KIT SINGLE USE               | 3    | QL                        |

| Product Description   | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| <b>ERECTILE DYSFUNCTION (ED) DRUGS-SEL.CGMP PHOSPHODIESTERASE TYPE5 INHIB</b> |      |                           |
| avanafil  | 3    | QL                        |
| CIALIS ORAL TABLET 10 MG, 20 MG, 5 MG   | 3    | QL                        |
| sildenafil  | 3    | QL                        |
| STENDRA   | 3    | QL                        |
| tadalafil   | 3    | QL                        |
| vardenafil  | 3    | QL                        |
| VIAGRA  | 3    | QL                        |
| VYBRIQUE  | 3    | PA; QL                    |
| <b>ELECTROLYTE BALANCE-NUTRITIONAL PRODUCTS</b>                               |      |                           |
| <b>AMINO ACID - CARNITINE DERIVATIVES</b>                                     |      |                           |
| ACTICARNITINE SF  | 3    | PA                        |
| CYTO CARN   | 3    | PA                        |
| LEVOCARNITINE ORAL SOLUTION 1 GRAM/10 ML                                      | 3    | PA                        |
| levocarnitine oral tablet   | 1    |                           |
| NEOKE ALCAR   | 3    | PA                        |
| <b>AMINO ACID - TYROSINE</b>  |      |                           |
| TYROSINE ORAL PACKET  | 3    | PA                        |
| <b>AMINO ACID-AMINO ACID COMBINATIONS, ORAL</b>                               |      |                           |
| COMPLETE AMINO ACID MIX   | 3    | PA                        |
| NEOKE BCAA4   | 3    | PA                        |
| NUTRASENTIALS   | 3    | PA                        |
| XYMOBOLX  | 3    | PA                        |
| <b>AMINO ACIDS, SINGLE INGREDIENT, ORAL (NON-INJECTABLE)</b>                  |      |                           |
| ARGININE (L-ARGININE) ORAL POWDER   | 3    | PA                        |
| ARGININE (L-ARGININE) ORAL POWDER IN PACKET 500 MG                            | 3    | PA                        |
| CITRULLINE 1000   | 3    | PA                        |
| CYTOLLINE   | 3    | PA                        |
| ENDARI  | 3    | PA; QL; MS; S             |
| GLUTAMINE   | 3    | PA                        |
| glutamine (sickle cell)   | 3    | PA; QL; MS; S             |
| GLYCINE ORAL POWDER   | 3    | PA                        |
| GLYCINE ORAL POWDER IN PACKET   | 3    | PA                        |
| ISOLEUCINE 1000   | 3    | PA                        |
| L-CYSTINE   | 3    | PA                        |
| LEUCINE   | 3    | PA                        |
| METHIONINE  | 3    | PA                        |
| PHENYLALANINE   | 3    | PA                        |
| PURE L-CITRULLINE ORAL POWDER   | 3    | PA                        |
| TYROSINE ORAL POWDER  | 3    | PA                        |
| VALINE  | 3    | PA                        |
| VALINE 1000   | 3    | PA                        |
| VALINE AMINO ACID SUPPLEMENT  | 3    | PA                        |
| <b>B-COMPLEX VITAMIN COMBINATIONS</b>   |      |                           |
| B COMPLEX 1 (WITH FOLIC ACID)   | 1    | Covered in full age 11+*  |
| b complex-vitamin c-folic acid oral tablet                                    | 3    | Covered in full age 11+*  |
| BALANCE B-50 (WITH FOLIC ACID)  | 1    | Covered in full age 11+*  |
| B-COMPLEX WITH VITAMIN C ORAL TABLET 400-500 MCG-MG                           | 1    | Covered in full age 11+*  |
| DIALYVITE 800 ORAL TABLET   | 1    | Covered in full age 11+*  |

| Product Description                                 | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| FULL SPECTRUM B-VITAMIN C                           | 1    | Covered in full age 11+*  |
| KOBEE   | 1    | Covered in full age 11+*  |
| RENA-VITE   | 1    | Covered in full age 11+*  |
| STRESS FORMULA WITH IRON(SULF)                      | 1    | Covered in full age 11+*  |
| SUPER B-50 COMPLEX                                  | 3    |                           |
| SUPER QUINTS  | 1    | Covered in full age 11+*  |
| <b>DIETARY PRODUCT - DIETARY SUPPLEMENTS</b>        |      |                           |
| ACTIVESSENTIALS                                     | 3    |                           |
| ACTIVESSENTIALS FOR WOMEN                           | 3    |                           |
| ACTIVESSENTIALS-ONCOPLEX-D3                         | 3    | PA                        |
| APETIBEX  | 3    | PA                        |
| ARGINAID  | 3    | PA                        |
| BABY'S ONLY ORG LACTORELIEF                         | 3    | PA                        |
| BABY'S ONLY ORGANIC DAIRY                           | 3    | PA                        |
| BABY'S ONLY ORGANIC DAIRY WHEY                      | 3    | PA                        |
| BABY'S ONLY ORGANIC SOY                             | 3    | PA                        |
| BENECALORIE   | 3    | PA                        |
| BOOST   | 3    | PA                        |
| BOOST BREEZE NUTRITIONAL                            | 3    | PA                        |
| BOOST HIGH PROTEIN ORAL LIQUID 0.06 GRAM- 1 KCAL/ML | 3    | PA                        |
| BOOST KID ESSENTIALS                                | 3    | PA                        |
| BOOST KID ESSENTIALS W-FIBER                        | 3    | PA                        |
| BOOST PLUS  | 3    | PA                        |
| BOOST VHC   | 3    | PA                        |
| BOOST WOMEN   | 3    | PA                        |
| BREAKFAST ESSENTIALS                                | 3    | PA                        |
| COMPLEAT PEDIATRIC                                  | 3    | PA                        |
| COMPLEAT PEDIATRIC REDUCED CAL                      | 3    | PA                        |
| COMPLEAT PEDIATRIC STANDARD 1                       | 3    | PA                        |
| CYTOTINE  | 3    | PA                        |
| CYTOTINE MAX  | 3    | PA                        |
| DRY EYE OMEGA BENEFITS ORAL LIQUID                  | 3    | PA                        |
| DUOCAL  | 3    | PA                        |
| EGG-PRO   | 3    | PA                        |
| ENFAGROW NEUROPRO TODDLR NOGMO                      | 3    | PA                        |
| ENFAGROW PREMIUM TODDLER                            | 3    | PA                        |
| ENFAGROW TODDLER NEXT STEP                          | 3    | PA                        |
| ENFAGROW TODDLER NON-GMO                            | 3    | PA                        |
| ENFAGROW TODLR GENTLEASE NOGMO                      | 3    | PA                        |
| ENFAGROW TODLR NXT STP NON-GMO                      | 3    | PA                        |
| ENFAMIL DHA-ARA SUPPLEMENT                          | 3    | PA                        |
| ENSURE  | 3    | PA                        |
| ENSURE ACTIVE HEART HEALTH                          | 3    | PA                        |
| ENSURE ACTIVE HIGH PROTEIN                          | 3    | PA                        |
| ENSURE ACTIVE LIGHT                                 | 3    | PA                        |
| ENSURE ACTIVE MUSCLE HEALTH                         | 3    | PA                        |
| ENSURE ACTIVE PROTEIN-MUSCLE                        | 3    | PA                        |
| ENSURE CLEAR  | 3    | PA                        |
| ENSURE COMPACT                                      | 3    | PA                        |
| ENSURE COMPLETE                                     | 3    | PA                        |

| Product Description                                      | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| ENSURE ENLIVE  | 3    | PA                        |
| ENSURE HARVEST   | 3    | PA                        |
| ENSURE HIGH PROTEIN ORAL LIQUID                          | 3    | PA                        |
| ENSURE MAX PROTEIN                                       | 3    | PA                        |
| ENSURE MUSCLE HEALTH                                     | 3    | PA                        |
| ENSURE ORIGINAL  | 3    | PA                        |
| ENSURE ORIGINAL WITH FIBER                               | 3    | PA                        |
| ENSURE PLUS  | 3    | PA                        |
| ENSURE PLUS HIGH PROTEIN                                 | 3    | PA                        |
| ENSURE PLUS WITH FIBER                                   | 3    | PA                        |
| ENSURE PUDDING   | 3    | PA                        |
| EO28 SPLASH ORAL LIQUID                                  | 3    | PA                        |
| FOUNDATION ESSENTIALS                                    | 3    | PA                        |
| GLUTALOEMINE   | 3    | PA                        |
| HI-CAL   | 3    | PA                        |
| HIGH-PROTEIN NUTRITIONAL SHAKE                           | 3    | PA                        |
| IG 26 PLUS DF  | 3    | PA                        |
| INOSITOL ORAL POWDER                                     | 3    | PA                        |
| ISOSOURCE 1.5 CAL  | 3    | PA                        |
| ISOSOURCE HN   | 3    | PA                        |
| JEVITY 1 CAL   | 3    | PA                        |
| JEVITY 1.2 CAL   | 3    | PA                        |
| JEVITY 1.5 CAL   | 3    | PA                        |
| KINDERSPROUT PLANT PROTEIN                               | 3    | PA                        |
| K-PAX IMMUNE BOOSTER                                     | 3    | PA                        |
| MONOGEN ORAL POWDER                                      | 3    | PA                        |
| NUTRA PRO HIGH PROTEIN                                   | 3    | PA                        |
| NUTRAFIT   | 3    | PA                        |
| NUTRAFIT PLUS  | 3    | PA                        |
| NUTRITIONAL DRINK  | 3    | PA                        |
| NUTRITIONAL DRINK PLUS                                   | 3    | PA                        |
| NUTRITIONAL SHAKE  | 3    | PA                        |
| NUTRITIONAL SHAKE PLUS                                   | 3    | PA                        |
| OPTICLEANSE PLUS ORAL POWDER IN PACKET 24 GRAM- 240 KCAL | 3    | PA                        |
| OPTIMETABOLIX  | 3    | PA                        |
| OPTIMETABOLIX 2:1  | 3    | PA                        |
| ORGANIC PEDIASMART                                       | 3    | PA                        |
| PEDIASURE  | 3    | PA                        |
| PEDIASURE ENTERAL  | 3    | PA                        |
| PEDIASURE ENTERAL W/FIBER 1.0                            | 3    | PA                        |
| PEDIASURE GROW-GAIN                                      | 3    | PA                        |
| PEDIASURE GROW-GAIN ORGANIC                              | 3    | PA                        |
| PEDIASURE GROW-GAIN WITH FIBER                           | 3    | PA                        |
| PEDIASURE HARVEST  | 3    | PA                        |
| PEDIASURE REDUCED CALORIE                                | 3    | PA                        |
| PEDIASURE SHAKE MIX                                      | 3    | PA                        |
| PEDIASURE SIDEKICKS                                      | 3    | PA                        |
| PEDIASURE SIDEKICKS CLEAR                                | 3    | PA                        |
| PEDIASURE WITH FIBER                                     | 3    | PA                        |
| PROTALITY  | 3    | PA                        |

| Product Description   | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| PROXEED PLUS  | 3    | PA                        |
| SIMILAC ALIMENTUM TODDLER                                       | 3    | PA                        |
| SIMILAC GO AND GROW NON-GMO                                     | 3    | PA                        |
| SIMILAC GO AND GROW ORAL POWDER 4-8-16 GRAM/150 KCAL            | 3    | PA                        |
| SIMILAC GO AND GROW SENSITIVE                                   | 3    | PA                        |
| SIMILAC GO-GROW SENSTV NON-GMO                                  | 3    | PA                        |
| TWOCAL HN   | 3    | PA                        |
| ULTRAMINO   | 3    | PA                        |
| <b>DIETARY PRODUCT - INFANT FORMULAS</b>                        |      |                           |
| ADVANTAGE WITH IRON   | 3    | PA                        |
| ADVANTAGE WITH IRON NON-GMO                                     | 3    | PA                        |
| ALFAMINO INFANT   | 3    | PA                        |
| BCAD 1  | 3    | PA                        |
| CALCILO XD  | 3    | PA                        |
| CYCLINEX-1  | 3    | PA                        |
| ELECARE INFANT FORMULA  | 3    | PA                        |
| ENFAMIL 24  | 3    | PA                        |
| ENFAMIL A.R.  | 3    | PA                        |
| ENFAMIL ENSPIRE GENTLEASE                                       | 3    | PA                        |
| ENFAMIL ENSPIRE INFANT FORMULA                                  | 3    | PA                        |
| ENFAMIL ENSPIRE OPTIMUM NONGMO                                  | 3    | PA                        |
| ENFAMIL GENTLEASE   | 3    | PA                        |
| ENFAMIL HUMAN MILK FORTIFIER                                    | 3    | PA                        |
| ENFAMIL INFANT  | 3    | PA                        |
| ENFAMIL NEURO ENFACARE NON-GMO                                  | 3    | PA                        |
| ENFAMIL NEURO GENTLEASE NONGMO                                  | 3    | PA                        |
| ENFAMIL NEURO SENSITIVE NONGMO                                  | 3    | PA                        |
| ENFAMIL NEUROPRO NON-GMO  | 3    | PA                        |
| ENFAMIL PREMATURE 20  | 3    | PA                        |
| ENFAMIL PREMATURE 24  | 3    | PA                        |
| ENFAMIL PREMATURE 30  | 3    | PA                        |
| ENFAMIL PROSOBEE  | 3    | PA                        |
| ENFAMIL PROSOBEE LIPIL  | 3    | PA                        |
| ENFAMIL REGULINE  | 3    | PA                        |
| ENFAPORT  | 3    | PA                        |
| FORTINI INFANT  | 3    | PA                        |
| GA-1 ANAMIX EARLY YEARS ORAL POWDER 13.5 GRAM-473 KCAL/100 GRAM | 3    | PA                        |
| GENTLE INFANT FORMULA   | 3    | PA                        |
| GLUTAREX-1  | 3    | PA                        |
| GOOD START DR BROWN GENTLE PRO                                  | 3    | PA                        |
| GOOD START DR BROWN SOOTHE PRO                                  | 3    | PA                        |
| GOOD START DR BROWN SOY-EASE                                    | 3    | PA                        |
| HCU ANAMIX EARLY YEARS ORAL POWDER 13.5 GRAM-473 KCAL/100 GRAM  | 3    | PA                        |
| HCY 1 POWDER  | 3    | PA                        |
| HOMINEX-1   | 3    | PA                        |
| INFANT FORMULA WITH IRON  | 3    | PA                        |
| ISOMIL ADVANCE  | 3    | PA                        |
| ISOMIL DF   | 3    | PA                        |

| Product Description   | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| ISOMIL/IRON   | 3    | PA                        |
| IVA ANAMIX EARLY YEARS ORAL POWDER 13.5 GRAM-473 KCAL/100 GRAM                                      | 3    | PA                        |
| IVA ANAMIX NEXT   | 3    | PA                        |
| I-VALEX-1   | 3    | PA                        |
| KETONEX-1   | 3    | PA                        |
| MMA-PA ANAMIX EARLY YEARS ORAL POWDER 13.5 GRAM-473 KCAL/100 GRAM                                   | 3    | PA                        |
| MMA-PA ANAMIX NEXT  | 3    | PA                        |
| MSUD ANALOG   | 3    | PA                        |
| MSUD ANAMIX EARLY YEARS ORAL POWDER 13.5 GRAM-473 KCAL/100 GRAM                                     | 3    | PA                        |
| NEOCATE SYNEO INFANT  | 3    | PA                        |
| NUTRAMIGEN DHA-ARA  | 3    | PA                        |
| NUTRAMIGEN TODDLER ENFLORA-LGG  | 3    | PA                        |
| NUTRAMIGEN WITH ENFLORA LGG   | 3    | PA                        |
| NUTRAMIGEN WITH PROBIOTIC LGG   | 3    | PA                        |
| OA 1 POWDER   | 3    | PA                        |
| PEPTICATE   | 3    | PA                        |
| PFD TODDLER   | 3    | PA                        |
| PHENEX-1  | 3    | PA                        |
| PKU START ORAL POWDER 14.3 GRAM-490 KCAL/100 GRAM   | 3    | PA                        |
| PREGESTIMIL   | 3    | PA                        |
| PREMIUM INFANT FORMULA  | 3    | PA                        |
| PRODUCT 3232A   | 3    | PA                        |
| PRO-PHREE   | 3    | PA                        |
| PROPIMEX-1  | 3    | PA                        |
| PURAMINO DHA-ARA  | 3    | PA                        |
| PURE BLISS NON-GMO  | 3    | PA                        |
| PURE BLISS ORGANIC  | 3    | PA                        |
| PURE BLISS ORGANIC A2 MILK  | 3    | PA                        |
| RCF SOY PROTEIN FORMULA BASE  | 3    | PA                        |
| SENSITIVITY WITH IRON   | 3    | PA                        |
| SIMILAC 360 TOTAL CARE  | 3    | PA                        |
| SIMILAC 360 TOTAL CARE SENSITV  | 3    | PA                        |
| SIMILAC ADVANCE   | 3    | PA                        |
| SIMILAC ADVANCE KOSHER  | 3    | PA                        |
| SIMILAC ADVANCE LAMEHADRIDIN  | 3    | PA                        |
| SIMILAC ADVANCE NON-GMO   | 3    | PA                        |
| SIMILAC ADVANCE ORGANIC   | 3    | PA                        |
| SIMILAC ADVANCE WITH IRON   | 3    | PA                        |
| SIMILAC ALIMENTUM   | 3    | PA                        |
| SIMILAC EXPERT CARE   | 3    | PA                        |
| SIMILAC EXPERT CARE ALIMENTUM   | 3    | PA                        |
| SIMILAC FOR SPIT-UP   | 3    | PA                        |
| SIMILAC GO AND GROW ORAL POWDER 3 GRAM-5.4 GRAM/100 KCAL  | 3    | PA                        |
| SIMILAC GO AND GROW SOY   | 3    | PA                        |
| SIMILAC HUMAN MILK FORTIFIER ORAL LIQUID IN PACKET 0.349-6.85 GRAM-KCAL/5 ML, 0.5 GRAM- 7 KCAL/5 ML | 3    | PA                        |
| SIMILAC HUMAN MILK FORTIFIER ORAL POWDER IN PACKET  | 3    | PA                        |
| SIMILAC LOW-IRON  | 3    | PA                        |

| Product Description   | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| SIMILAC NEOSURE   | 3    | PA                        |
| SIMILAC ORGANIC A2 MILK NO-GMO  | 3    | PA                        |
| SIMILAC PM  | 3    | PA                        |
| SIMILAC PRO-ADVANCE NON-GMO   | 3    | PA                        |
| SIMILAC PRO-SENSITIVE NON-GMO   | 3    | PA                        |
| SIMILAC PRO-TOTAL CMFT NON-GMO  | 3    | PA                        |
| SIMILAC SENSITIVE FUSS AND GAS  | 3    | PA                        |
| SIMILAC SENSITIVE FUSS-GAS  | 3    | PA                        |
| SIMILAC SENSITIVE ISOMIL SOY  | 3    | PA                        |
| SIMILAC SOY ISOMIL  | 3    | PA                        |
| SIMILAC SPECIAL CARE 24   | 3    | PA                        |
| SIMILAC SPECIAL CARE 30   | 3    | PA                        |
| SIMILAC SUPPLEMENTATION   | 3    | PA                        |
| SIMILAC TOTAL COMFORT   | 3    | PA                        |
| SIMILAC TOTAL COMFORT NON-GMO   | 3    | PA                        |
| SIMILAC WITH IRON   | 3    | PA                        |
| SOD ANAMIX EARLY YEARS ORAL POWDER 13.5 GRAM-473 KCAL/100 GRAM                | 3    | PA                        |
| TODDLER BEGINNINGS  | 3    | PA                        |
| TYR ANAMIX EARLY YEARS ORAL POWDER 13.5 GRAM-473 KCAL/100 GRAM                | 3    | PA                        |
| TYREX-1   | 3    | PA                        |
| TYROS 1   | 3    | PA                        |
| WND 1   | 3    | PA                        |
| XLEU ANALOG   | 3    | PA                        |
| XLYS- XTRP ANALOG   | 3    | PA                        |
| XMET ANALOG   | 3    | PA                        |
| XMTVI ANALOG  | 3    | PA                        |
| XPHE, XTyr ANALOG   | 3    | PA                        |
| XPTM ANALOG   | 3    | PA                        |
| <b>DILUENTS - STERILE WATER FOR INJECTION</b>                                 |      |                           |
| water for injection, sterile injection  | 1    |                           |
| <b>ELECTROLYTE DEPLETERS - ION EXCHANGE RESIN</b>                             |      |                           |
| LOKELMA   | 2    | QL                        |
| sodium polystyrene sulfonate  | 1    |                           |
| sps (with sorbitol)   | 1    |                           |
| VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 8.4 GRAM                    | 2    | QL                        |
| <b>ELECTROLYTE DEPLETERS - SODIUM-HYDROGEN EXCHANGER 3 (NHE3) INHIBITORS</b>  |      |                           |
| XPHOZAH   | 3    | PA; QL; S                 |
| <b>IRRIGATION SOLUTIONS</b>   |      |                           |
| sodium chloride 0.9% irrigation 3000 ml inner (rx)                            | 3    |                           |
| sodium chloride 0.9% irrigation 3000 ml outer (rx)                            | 3    |                           |
| water for irrigation, sterile   | 1    |                           |
| <b>MINERALS AND ELECTROLYTES - BICARBONATE PRODUCING OR CONTAINING AGENTS</b> |      |                           |
| sodium bicarbonate intravenous solution                                       | 1    |                           |
| sodium bicarbonate intravenous syringe 50 meq/50 ml (8.4 %)                   | 3    |                           |
| <b>MINERALS AND ELECTROLYTES - IODINE</b>                                     |      |                           |
| potassium iodide oral solution  | 3    |                           |
| SSKI  | 3    |                           |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| <b>MINERALS AND ELECTROLYTES - IRON</b>                                |      |                           |
| ACCRUFER   | 3    | PA; QL                    |
| AURYXIA  | 3    | QL                        |
| ferric citrate   | 3    | QL                        |
| <b>MINERALS AND ELECTROLYTES - IRON COMBINATIONS</b>                   |      |                           |
| FOLITAB  | 3    |                           |
| TRICON   | 3    |                           |
| <b>MINERALS AND ELECTROLYTES - POTASSIUM, ORAL</b>                     |      |                           |
| EFFER-K  | 3    |                           |
| klor-con   | 1    |                           |
| klor-con 10  | 1    |                           |
| klor-con 8   | 1    |                           |
| klor-con m10   | 1    |                           |
| klor-con m15   | 1    |                           |
| klor-con m20   | 1    |                           |
| POKONZA  | 3    | PA; QL                    |
| potassium chloride oral capsule, extended release                      | 1    |                           |
| potassium chloride oral liquid   | 1    |                           |
| potassium chloride oral packet 20 meq                                  | 1    |                           |
| potassium chloride oral packet 40 meq                                  | 3    | PA; QL                    |
| potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq  | 1    |                           |
| POTASSIUM CHLORIDE ORAL TABLET EXTENDED RELEASE 15 MEQ                 | 3    |                           |
| potassium chloride oral tablet,er particles/crystals                   | 1    |                           |
| <b>MINERALS AND ELECTROLYTES - TRACE MINERALS</b>                      |      |                           |
| ZYCUBO   | 3    | PA; QL; S                 |
| <b>MULTIVITAMIN AND MINERAL COMBINATIONS</b>                           |      |                           |
| CONCEPT DHA  | 3    |                           |
| CONCEPT OB   | 3    |                           |
| ELITE-OB   | 3    |                           |
| folivane-ob  | 1    |                           |
| K-PAX  | 3    | PA                        |
| OB COMPLETE  | 3    |                           |
| pnv-omega  | 1    | PV                        |
| taron-c dha  | 1    |                           |
| zatean-pn plus   | 1    | PV                        |
| <b>MULTIVITAMINS</b>   |      |                           |
| NEEVODHA (WITH ALGAL OIL)  | 3    |                           |
| NESTABS ONE  | 3    |                           |
| pnv-dha  | 1    | PV                        |
| prenatal-u   | 1    |                           |
| wescap-pn dha  | 1    | PV                        |
| zatean-pn dha  | 1    | PV                        |
| <b>NUTRITIONAL PRODUCT - CARBOHYDRATES, ORAL</b>                       |      |                           |
| ENFAMIL GLUCOSE  | 3    | PA; PV                    |
| ENSURE PRE-SURGERY   | 3    | PA                        |
| PREOP  | 3    | PA                        |
| SOL CARB   | 3    | PA                        |
| <b>NUTRITIONAL PRODUCT - CHYLOTHORAX OR LCHAD SPECIFIC FORMULATION</b> |      |                           |
| ENFAPORT   | 3    | PA                        |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| <b>NUTRITIONAL PRODUCT - GLUTARIC ACIDURIA TYPE 1 SPECIFIC FORMULATION</b> |      |                           |
| GA EXPRESS15   | 3    | PA                        |
| GA GEL   | 3    | PA                        |
| GA POWDER  | 3    | PA                        |
| GA-1 ANAMIX EARLY YEARS ORAL POWDER 13.5 GRAM-473 KCAL/100 GRAM            | 3    | PA                        |
| GLUTARADE AMINO ACID BLEND   | 3    | PA                        |
| GLUTARADE GA-1   | 3    | PA                        |
| GLUTARADE JUNIOR   | 3    | PA                        |
| GLUTAREX-1   | 3    | PA                        |
| GLUTAREX-2   | 3    | PA                        |
| XLYS- XTRP ANALOG  | 3    | PA                        |
| XLYS, XTRP MAXAMAID  | 3    | PA                        |
| XLYS, XTRP MAXAMUM   | 3    | PA                        |
| <b>NUTRITIONAL PRODUCT - GLYCOGEN STORAGE DISEASE SPECIFIC FORMULATION</b> |      |                           |
| GLYCOSADE ORAL POWDER IN PACKET 212 KCAL/60 GRAM                           | 3    | PA                        |
| <b>NUTRITIONAL PRODUCT - ISOVALERIC ACIDEMIA SPECIFIC FORMULATION</b>      |      |                           |
| IVA ANAMIX EARLY YEARS ORAL POWDER 13.5 GRAM-473 KCAL/100 GRAM             | 3    | PA                        |
| IVA ANAMIX NEXT  | 3    | PA                        |
| IVA MAXAMUM  | 3    | PA                        |
| I-VALEX-1  | 3    | PA                        |
| I-VALEX-2  | 3    | PA                        |
| LMD POWDER   | 3    | PA                        |
| XLEU ANALOG  | 3    | PA                        |
| XLEU MAXAMAID  | 3    | PA                        |
| <b>NUTRITIONAL PRODUCT - KETOGENIC FORMULATION</b>                         |      |                           |
| CYTO RALA  | 3    | PA                        |
| KETOCAL 2.5:1  | 3    | PA                        |
| KETOCAL 3:1  | 3    | PA                        |
| KETOCAL 4:1  | 3    | PA                        |
| KETOCAL 4:1 (MILK-SOY)   | 3    | PA                        |
| KETOVIE  | 3    | PA                        |
| KETOVIE 3:1  | 3    | PA                        |
| KETOVIE PEPTIDE 4:1  | 3    | PA                        |
| KETOVIE PLANT-BASED 4:1  | 3    | PA                        |
| KETOVOLVE  | 3    | PA                        |
| K-FLO  | 3    | PA                        |
| NEOKE BCAA4  | 3    | PA                        |
| <b>NUTRITIONAL PRODUCT - LIPID OTHERS</b>                                  |      |                           |
| DOJOLVI  | 3    | PA; QL; MS; S             |
| <b>NUTRITIONAL PRODUCT - MEDICAL CONDITION SPECIFIC FORMULATION</b>        |      |                           |
| CHOLEXMAX  | 3    | PA                        |
| CHOLEXTRA T-F  | 3    | PA                        |
| ENDARI   | 3    | PA; QL; MS; S             |
| glutamine (sickle cell)  | 3    | PA; QL; MS; S             |

| Product Description   | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| <b>NUTRITIONAL PRODUCT - METHIONINE-FREE SPECIFIC FORMULATION</b> |      |                           |
| HCU ANAMIX EARLY YEARS ORAL POWDER 13.5 GRAM-473 KCAL/100 GRAM    | 3    | PA                        |
| HCU ANAMIX NEXT   | 3    | PA                        |
| HCU EXPRESS15 PLUS  | 3    | PA                        |
| HCU EXPRESS20 PLUS  | 3    | PA                        |
| HCU GEL POWDER  | 3    | PA                        |
| HCU LOPHLEX   | 3    | PA                        |
| HCU MAXAMUM   | 3    | PA                        |
| HCY 1 POWDER  | 3    | PA                        |
| HCY 2   | 3    | PA                        |
| HOMACTIN AA PLUS 15 PE  | 3    | PA                        |
| HOMINEX-1   | 3    | PA                        |
| HOMINEX-2   | 3    | PA                        |
| METHIONAID  | 3    | PA                        |
| XMET ANALOG   | 3    | PA                        |
| XMET MAXAMAID   | 3    | PA                        |
| <b>NUTRITIONAL PRODUCT - MSUD SPECIFIC FORMULATION</b>            |      |                           |
| ACERFLEX  | 3    | PA                        |
| BCAD 1  | 3    | PA                        |
| BCAD 2  | 3    | PA                        |
| COMPLEX ESSENTIAL   | 3    | PA                        |
| COMPLEX JUNIOR MSD  | 3    | PA                        |
| COMPLEX MSD AMINO ACID BLEND ORAL POWDER 10-42 GRAM-KCAL/13 G     | 3    | PA                        |
| ISOLEUCINE 1000   | 3    | PA                        |
| KETONEX-1   | 3    | PA                        |
| KETONEX-2   | 3    | PA                        |
| METHIONINE  | 3    | PA                        |
| MSUD AID  | 3    | PA                        |
| MSUD ANALOG   | 3    | PA                        |
| MSUD ANAMIX EARLY YEARS ORAL POWDER 13.5 GRAM-473 KCAL/100 GRAM   | 3    | PA                        |
| MSUD EXPRESS15 PLUS   | 3    | PA                        |
| MSUD EXPRESS20 PLUS   | 3    | PA                        |
| MSUD GEL POWDER   | 3    | PA                        |
| MSUD LOPHLEX  | 3    | PA                        |
| MSUD MAXAMAID   | 3    | PA                        |
| MSUD MAXAMUM  | 3    | PA                        |
| <b>NUTRITIONAL PRODUCT - NUTRITIONAL THERAPY</b>                  |      |                           |
| ALFAMINO JUNIOR   | 3    | PA                        |
| BCAD 1  | 3    | PA                        |
| BOOST GLUCOSE CONTROL ORAL LIQUID 0.07-0.8 GRAM-KCAL/ML           | 3    | PA                        |
| BOOST MAX   | 3    | PA                        |
| CHICKEN-PEAS-CARROTS  | 3    | PA                        |
| CHICKEN-PEAS-CARROTS PED PLUS                                     | 3    | PA                        |
| CHICKEN-PEAS-CARROTS PLUS   | 3    | PA                        |
| COMPLEAT  | 3    | PA                        |
| COMPLEAT 1.5  | 3    | PA                        |
| COMPLEAT ORGANIC BLEND CHICKEN                                    | 3    | PA                        |

| Product Description                                | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| COMPLEAT ORGANIC BLENDS PLANT                      | 3    | PA                        |
| COMPLEAT PED ORG BLEND CHICKEN                     | 3    | PA                        |
| COMPLEAT PED ORG BLENDS PLANT                      | 3    | PA                        |
| COMPLEAT PED STANDARD 1.4                          | 3    | PA                        |
| COMPLEAT PEDIATRIC PEPTIDE 1.5                     | 3    | PA                        |
| COMPLEAT PEPTIDE                                   | 3    | PA                        |
| COMPLEAT PEPTIDE 1.5                               | 3    | PA                        |
| COMPLEAT STANDARD 1.4                              | 3    | PA                        |
| DIABETISOURCE AC                                   | 3    | PA                        |
| ELECARE JR ORAL POWDER 14.3 GRAM-469 KCAL/100 GRAM | 3    | PA                        |
| ENCALA   | 3    | PA                        |
| ENSURE CLEAR THERAPEUTIC                           | 3    | PA                        |
| ENSURE PLANT-BASED PROTEIN                         | 3    | PA                        |
| ENSURE SURGERY                                     | 3    | PA                        |
| ENSURE SURGERY PERIOP BUNDLE                       | 3    | PA                        |
| ENU NUTRITION SHAKE                                | 3    | PA                        |
| EO28 SPLASH ORAL LIQUID 0.025-1 GRAM-KCAL/ML       | 3    | PA                        |
| EQUACARE JR  | 3    | PA                        |
| ESSENTIAL CARE JR ORAL POWDER                      | 3    | PA                        |
| FIBERSOURCE HN                                     | 3    | PA                        |
| GLUCERNA 1 CAL                                     | 3    | PA                        |
| GLUCERNA 1.2 CAL                                   | 3    | PA                        |
| GLUCERNA 1.5 CAL                                   | 3    | PA                        |
| GLUCERNA ADVANCE                                   | 3    | PA                        |
| GLUCERNA HUNGER SMART                              | 3    | PA                        |
| GLUCERNA SHAKE                                     | 3    | PA                        |
| GLUCERNA SNACK SHAKE                               | 3    | PA                        |
| GLUCERNA THERAPEUTIC NUTRITION                     | 3    | PA                        |
| GLUTAREX-1   | 3    | PA                        |
| GLUTAREX-2   | 3    | PA                        |
| IMPACT ADVANCED RECOVERY                           | 3    | PA                        |
| IMPACT PEPTIDE 1.5 CAL                             | 3    | PA                        |
| KALE-QUINOA-BERRIES PEDS PLUS                      | 3    | PA                        |
| KALE-QUINOA-BERRIES PLUS                           | 3    | PA                        |
| KALE-QUINOA-BERRIES VEGAN                          | 3    | PA                        |
| KATE FARMS GLUCOSE SUPPORT 1.2                     | 3    | PA                        |
| KATE FARMS PEDIATRC BLEND MEAL                     | 3    | PA                        |
| KATE FARMS PEDIATRIC PEPT 1.0                      | 3    | PA                        |
| KATE FARMS PEDIATRIC PEPT 1.5                      | 3    | PA                        |
| KATE FARMS PEDIATRIC STAND 1.2                     | 3    | PA                        |
| KATE FARMS PEPTIDE 1.0                             | 3    | PA                        |
| KATE FARMS PEPTIDE 1.5                             | 3    | PA                        |
| KATE FARMS RENAL SUPPORT 1.8                       | 3    | PA                        |
| KATE FARMS STANDARD 1.0                            | 3    | PA                        |
| KATE FARMS STANDARD 1.4                            | 3    | PA                        |
| LIPISTART  | 3    | PA                        |
| MONOGEN ORAL POWDER 12.9 GRAM-444 KCAL/100 GRAM    | 3    | PA                        |
| NEOCATE JUNIOR                                     | 3    | PA                        |
| NEOCATE JUNIOR WITH PREBIOTICS                     | 3    | PA                        |
| NEOCATE SPLASH                                     | 3    | PA                        |

| Product Description                              | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| NEOCATE SYNEO JUNIOR                             | 3    | PA                        |
| NEPRO CARB STEADY                                | 3    | PA                        |
| NOVASOURCE RENAL 2 CAL                           | 3    | PA                        |
| NUTREN 1.5                                       | 3    | PA                        |
| NUTREN 2.0                                       | 3    | PA                        |
| NUTREN JUNIOR                                    | 3    | PA                        |
| NUTREN JUNIOR FIBER                              | 3    | PA                        |
| OPTICLEANSE GHI                                  | 3    | PA                        |
| OSMOLITE 1 CAL                                   | 3    | PA                        |
| OSMOLITE 1.2 CAL                                 | 3    | PA                        |
| OSMOLITE 1.5 CAL                                 | 3    | PA                        |
| OXEPA  | 3    | PA                        |
| PEDIASURE PEPTIDE 1.0 CAL                        | 3    | PA                        |
| PEDIASURE PEPTIDE 1.5 CAL                        | 3    | PA                        |
| PEPTAMEN   | 3    | PA                        |
| PEPTAMEN 1.5                                     | 3    | PA                        |
| PEPTAMEN 1.5 CAL WITH PREBIO1                    | 3    | PA                        |
| PEPTAMEN AF                                      | 3    | PA                        |
| PEPTAMEN INTENSE VHP                             | 3    | PA                        |
| PEPTAMEN JUNIOR                                  | 3    | PA                        |
| PEPTAMEN JUNIOR 1.5                              | 3    | PA                        |
| PEPTAMEN JUNIOR FIBER                            | 3    | PA                        |
| PEPTAMEN JUNIOR HP                               | 3    | PA                        |
| PEPTAMEN W-PREBIO1                               | 3    | PA                        |
| PERATIVE   | 3    | PA                        |
| PFD 2  | 3    | PA                        |
| PIVOT 1.5 CAL                                    | 3    | PA                        |
| POLYCAL  | 3    | PA                        |
| PORTAGEN   | 3    | PA                        |
| PROMOTE  | 3    | PA                        |
| PROMOTE WITH FIBER                               | 3    | PA                        |
| PROVIMIN   | 3    | PA                        |
| PULMOCARE  | 3    | PA                        |
| PURAMINO JR                                      | 3    | PA                        |
| RENA STEP  | 3    | PA                        |
| RENAMENT ORAL POWDER IN PACKET                   | 3    | PA                        |
| RENASTART ORAL POWDER 7.5 GRAM-494 KCAL/100 GRAM | 3    | PA                        |
| RESTORE FUSION RENAL SUPPORT                     | 3    | PA                        |
| RESTORE RENAL SUPPORT                            | 3    | PA                        |
| SUPLENA CARB STEADY                              | 3    | PA                        |
| TOLEREX  | 3    | PA                        |
| ULTRIENT 1.5                                     | 3    | PA                        |
| VITAL 1.0 CAL                                    | 3    | PA                        |
| VITAL 1.5 CAL                                    | 3    | PA                        |
| VITAL AF 1.2 CAL                                 | 3    | PA                        |
| VITAL HIGH PROTEIN                               | 3    | PA                        |
| VITAL PEPTIDE 1.5 CAL                            | 3    | PA                        |
| VIVONEX PLUS                                     | 3    | PA                        |
| VIVONEX RTF                                      | 3    | PA                        |
| VIVONEX T.E.N.                                   | 3    | PA                        |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| XMET XCYS MAXAMAID   | 3    | PA                        |
| <b>NUTRITIONAL PRODUCT - PHENYLKETONURIA (PKU) SPECIFIC FORMULATION</b>                        |      |                           |
| GLYTACTIN BETTERMILK 15-15   | 3    | PA                        |
| GLYTACTIN BETTERMILK 5-5   | 3    | PA                        |
| GLYTACTIN BUILD 10-10  | 3    | PA                        |
| GLYTACTIN BUILD 20-20  | 3    | PA                        |
| GLYTACTIN RESTORE 10 PE  | 3    | PA                        |
| GLYTACTIN RESTORE 10 PE LITE   | 3    | PA                        |
| GLYTACTIN RESTORE 5 PE   | 3    | PA                        |
| GLYTACTIN RTD 10 PE  | 3    | PA                        |
| GLYTACTIN RTD 15 PE  | 3    | PA                        |
| GLYTACTIN RTD LITE 15  | 3    | PA                        |
| GLYTACTIN SWIRL 15 PE  | 3    | PA                        |
| GLYTACTIN SWIRL 15-15  | 3    | PA                        |
| LANAFLEX   | 3    | PA                        |
| LOPHLEX  | 3    | PA                        |
| NEOPHE ORAL POWDER   | 3    | PA                        |
| PERIFLEX ADVANCE   | 3    | PA                        |
| PERIFLEX INFANT  | 3    | PA                        |
| PERIFLEX JUNIOR  | 3    | PA                        |
| PERIFLEX LQ PKU  | 3    | PA                        |
| PHENEX-1   | 3    | PA                        |
| PHENEX-2   | 3    | PA                        |
| PHENYLADE 40   | 3    | PA                        |
| PHENYLADE 60 ORAL POWDER 60-295 GRAM-KCAL/100G, 60-327 GRAM-KCAL/100 G                         | 3    | PA                        |
| PHENYLADE 60 ORAL POWDER IN PACKET   | 3    | PA                        |
| PHENYLADE AMINO ACIDS  | 3    | PA                        |
| PHENYLADE ESSENTIAL (FLAX)   | 3    | PA                        |
| PHENYLADE GMP  | 3    | PA                        |
| PHENYLADE GMP MIX-IN ORAL POWDER 80 GRAM-334 KCAL/100 GRAM                                     | 3    | PA                        |
| PHENYLADE GMP MIX-IN ORAL POWDER IN PACKET 80 GRAM-334 KCAL/100 GRAM                           | 3    | PA                        |
| PHENYLADE GMP READY  | 3    | PA                        |
| PHENYLADE GMP ULTRA ORAL POWDER IN PACKET 60 GRAM-295 KCAL/100 GRAM, 60 GRAM-321 KCAL/100 GRAM | 3    | PA                        |
| PHENYLADE MTE AMINO ACIDS ORAL POWDER 10-42 GRAM-KCAL/13 G                                     | 3    | PA                        |
| PHENYLADE MTE AMINO ACIDS ORAL POWDER IN PACKET  | 3    | PA                        |
| PHENYLADE PHEBLOC ORAL POWDER IN PACKET  | 3    | PA                        |
| PHENYL-FREE 1  | 3    | PA                        |
| PHENYL-FREE 2 PKU  | 3    | PA                        |
| PHENYL-FREE 2HP PKU  | 3    | PA                        |
| PHLEXY-10 DRINK MIX POWDER   | 3    | PA                        |
| PKU EASY SHAKE AND GO  | 3    | PA                        |
| PKU EXPLORE10  | 3    | PA                        |
| PKU EXPLORE5   | 3    | PA                        |
| PKU EXPRESS15 PLUS   | 3    | PA                        |
| PKU EXPRESS20 PLUS   | 3    | PA                        |
| PKU GOLIKE PLUS (16 YR UP)   | 3    | PA                        |
| PKU GOLIKE PLUS (4-16 YR)  | 3    | PA                        |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| PKU LOPHLEX ORAL LIQUID IN PACKET 20-116 GRAM-KCAL                   | 3    | PA                        |
| PKU MAXAMUM  | 3    | PA                        |
| PKU PERIFLEX EARLY YEARS ORAL POWDER 13.5 GRAM-473 KCAL/100 GRAM     | 3    | PA                        |
| PKU PERIFLEX JUNIOR PLUS   | 3    | PA                        |
| PKU SPHERE15   | 3    | PA                        |
| PKU SPHERE20 ORAL LIQUID 20 GRAM-120 KCAL/237 ML                     | 3    | PA                        |
| PKU SPHERE20 ORAL POWDER IN PACKET                                   | 3    | PA                        |
| PKU START ORAL POWDER 14.3 GRAM-490 KCAL/100 GRAM                    | 3    | PA                        |
| XPHE MAXAMAID  | 3    | PA                        |
| XPHE MAXAMUM   | 3    | PA                        |
| <b>NUTRITIONAL PRODUCT - PROPIONIC ACIDEMIA SPECIFIC FORMULATION</b> |      |                           |
| MMA-PA ANAMIX EARLY YEARS ORAL POWDER 13.5 GRAM-473 KCAL/100 GRAM    | 3    | PA                        |
| MMA-PA ANAMIX NEXT   | 3    | PA                        |
| MMA-PA GEL   | 3    | PA                        |
| MMA-PA MAXAMUM   | 3    | PA                        |
| OA 1 POWDER  | 3    | PA                        |
| OA2 POWDER   | 3    | PA                        |
| PROPIMEX-1   | 3    | PA                        |
| PROPIMEX-2   | 3    | PA                        |
| XMTVI ANALOG   | 3    | PA                        |
| XMTVI MAXAMAID   | 3    | PA                        |
| <b>NUTRITIONAL PRODUCT - PROTEIN REPLACEMENTS</b>                    |      |                           |
| BENEPROTEIN  | 3    | PA                        |
| DECUB-AMINE  | 3    | PA                        |
| ENSURE HIGH PROTEIN ORAL POWDER                                      | 3    | PA                        |
| GI PROTECT   | 3    | PA                        |
| G-PREPROTEIN   | 3    | PA                        |
| I5   | 3    | PA                        |
| IGG 2000 CWP ORAL POWDER   | 3    | PA                        |
| IGG PURE   | 3    | PA                        |
| IMMULIFE   | 3    | PA                        |
| JUVEN  | 3    | PA                        |
| JUVEN (WITH COLLAGEN)  | 3    | PA                        |
| LIQUACEL   | 3    | PA                        |
| LIQUID PROTEIN FORTIFIER   | 3    | PA                        |
| LPS NEUTRAL FLAVOR   | 3    | PA                        |
| NUTRITIONAL DRINK MIX  | 3    | PA                        |
| PRE PROTEIN 20   | 3    | PA                        |
| PRE-PROTEIN  | 3    | PA                        |
| PROCEL   | 3    | PA                        |
| PROCEL SINGLES   | 3    | PA                        |
| PROMOD PROTEIN   | 3    | PA                        |
| PROSOURCE NO CARB  | 3    | PA                        |
| PROSOURCE ORAL LIQUID  | 3    | PA                        |
| PROSOURCE PLUS   | 3    | PA                        |
| PROSOURCE TF   | 3    | PA                        |
| PROSOURCE TF 20  | 3    | PA                        |

| Product Description  | Tier | Limits/Restrictions/Notes             |
|--|------|---------------------------------------|
| PROSOURCE TF FREE  | 3    | PA                                    |
| PROSOURCE ZAC  | 3    | PA                                    |
| PRO-STAT AWC   | 3    | PA                                    |
| PRO-STAT MAX ORAL LIQUID   | 3    | PA                                    |
| PRO-STAT RENAL CARE  | 3    | PA                                    |
| PRO-STAT SUGAR FREE  | 3    | PA                                    |
| PROSYNMINIC  | 3    | PA                                    |
| PROTEINEX  | 3    | PA                                    |
| PROTEINEX-18   | 3    | PA                                    |
| UNJURY ORAL POWDER   | 3    | PA                                    |
| WHEY PROTEIN   | 3    | PA                                    |
| <b>NUTRITIONAL PRODUCT - SULFITE OXIDASE DEFICIENCY SPECIFIC FORMULATION</b> |      |                                       |
| SOD ANAMIX EARLY YEARS ORAL POWDER 13.5 GRAM-473 KCAL/100 GRAM               | 3    | PA                                    |
| XMET XCYS MAXAMAID   | 3    | PA                                    |
| <b>NUTRITIONAL PRODUCT - TYROSINEMIA SPECIFIC FORMULATION</b>                |      |                                       |
| TYLACTIN BUILD 20 PE   | 3    | PA                                    |
| TYLACTIN RESTORE 10 PE   | 3    | PA                                    |
| TYLACTIN RESTORE 5 PE  | 3    | PA                                    |
| TYLACTIN RTD 15 PE   | 3    | PA                                    |
| TYR ANAMIX EARLY YEARS ORAL POWDER 13.5 GRAM-473 KCAL/100 GRAM               | 3    | PA                                    |
| TYR ANAMIX NEXT  | 3    | PA                                    |
| TYR EXPRESS15 PLUS   | 3    | PA                                    |
| TYR EXPRESS20 PLUS   | 3    | PA                                    |
| TYR GEL POWDER   | 3    | PA                                    |
| TYR SPHERE20   | 3    | PA                                    |
| TYREX-1  | 3    | PA                                    |
| TYREX-2  | 3    | PA                                    |
| TYROS 1  | 3    | PA                                    |
| TYROS 2  | 3    | PA                                    |
| XPHE, XTRP MAXAMAID  | 3    | PA                                    |
| XPHE, XTYP ANALOG  | 3    | PA                                    |
| XPTM ANALOG  | 3    | PA                                    |
| <b>NUTRITIONAL PRODUCT - UREA CYCLE DISORDER SPECIFIC FORMULATION</b>        |      |                                       |
| CYCLINEX-1   | 3    | PA                                    |
| CYCLINEX-2   | 3    | PA                                    |
| EAA UCD  | 3    | PA                                    |
| ESSENTIAL AMINO ACID MIX   | 3    | PA                                    |
| UCD ANAMIX JUNIOR  | 3    | PA                                    |
| WND 1  | 3    | PA                                    |
| WND 2  | 3    | PA                                    |
| <b>PEDIATRIC VITAMINS WITH FLUORIDE COMBINATIONS</b>                         |      |                                       |
| FLORIVA  | 3    | Covered in full age 16 and under*; PV |
| FLORIVA (FLUORIDE-VITAMIN D3)  | 3    | Covered in full age 16 and under*     |
| FLORIVA PLUS   | 3    | Covered in full age 16 and under*     |
| FLOTREX  | 3    | Covered in full age 16 and under*     |
| multi-vitamin with fluoride  | 1    | Covered in full age 16 and under*     |
| mvc-fluoride   | 1    | Covered in full age 16 and under*     |

| Product Description                                 | Tier | Limits/Restrictions/Notes         |
|---|------|-----------------------------------|
| SOLUVITA A,C,D WITH FLUORIDE                        | 3    | Covered in full age 16 and under* |
| SOLUVITA MULTIVITAMIN FLUORIDE ORAL DROPS 0.5 MG/ML | 3    | Covered in full age 16 and under* |
| tri-vitamin with fluoride                           | 1    | Covered in full age 16 and under* |
| tri-vite with fluoride                              | 1    | Covered in full age 16 and under* |
| <b>PRENATAL VITAMINS AND MINERALS</b>               |      |                                   |
| bal-care dha  | 1    | PV                                |
| BAL-CARE DHA ESSENTIAL                              | 3    | PV                                |
| CLASSIC PRENATAL                                    | 1    | Covered in full age 11+*; PV      |
| c-nate dha  | 1    | PV                                |
| complete natal dha                                  | 1    | PV                                |
| KOSHER PRENATAL PLUS IRON                           | 3    | PV                                |
| MARNATAL-F  | 3    | PV                                |
| m-natal plus  | 1    | PV                                |
| mynatal   | 1    | PV                                |
| mynatal plus  | 1    | PV                                |
| mynatal-z   | 1    | PV                                |
| NEO-VITAL RX  | 1    | PV                                |
| NESTABS   | 3    | PV                                |
| NESTABS ABC   | 3    | PV                                |
| NESTABS DHA   | 3    | PV                                |
| newgen  | 1    | PV                                |
| OB COMPLETE ONE                                     | 3    | PV                                |
| OB COMPLETE PETITE                                  | 3    | PV                                |
| OB COMPLETE PREMIER                                 | 3    | PV                                |
| OB COMPLETE WITH DHA                                | 3    | PV                                |
| ONE NATAL RX  | 1    | PV                                |
| pnv no.95-ferrous fumarate-fa                       | 1    | Covered in full age 11+*; PV      |
| pnv-select  | 1    | PV                                |
| pr natal 400  | 1    | PV                                |
| pr natal 400 ec                                     | 1    | PV                                |
| pr natal 430  | 1    | PV                                |
| pr natal 430 ec                                     | 1    | PV                                |
| PRENATA   | 3    | PV                                |
| prenatabs fa  | 1    | PV                                |
| prenatabs rx  | 1    | PV                                |
| PRENATAL 19 ORAL TABLET,CHEWABLE                    | 3    | PV                                |
| PRENATAL COMPLETE                                   | 1    | Covered in full age 11+*; PV      |
| PRENATAL MULTI-DHA (ALGAL OIL)                      | 1    | Covered in full age 11+*; PV      |
| PRENATAL MULTIVITAMINS                              | 1    | Covered in full age 11+*; PV      |
| PRENATAL ONE DAILY                                  | 1    | Covered in full age 11+*; PV      |
| PRENATAL ORAL TABLET 28 MG IRON- 800 MCG            | 1    | Covered in full age 11+*; PV      |
| prenatal plus                                       | 1    | PV                                |
| prenatal plus (calcium carb)                        | 1    | PV                                |
| PRENATAL PLUS DHA                                   | 3    | QL; PV                            |
| PRENATAL TABLET                                     | 1    | Covered in full age 11+*; PV      |
| prenatal vit no.179-iron-folic                      | 1    | Covered in full age 11+*; PV      |
| PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG     | 3    | Covered in full age 11+*; PV      |
| prenatal vitamin plus low iron                      | 1    | PV                                |
| PRENATAL VITAMIN WITH MINERALS                      | 1    | Covered in full age 11+*; PV      |
| prenatal vit-iron fum-folic ac                      | 1    | Covered in full age 11+*; PV      |

| Product Description  | Tier | Limits/Restrictions/Notes    |
|--|------|------------------------------|
| PROVIDA OB   | 3    | PV                           |
| SELECT-OB  | 3    | PV                           |
| SELECT-OB (FOLIC ACID)   | 3    | PV                           |
| SELECT-OB + DHA  | 3    | PV                           |
| se-natal 19  | 1    | PV                           |
| se-natal 19 chewable   | 1    | PV                           |
| THRIVITE RX  | 3    | PV                           |
| TRICARE  | 3    | PV                           |
| trinatal rx 1  | 1    | PV                           |
| trinate  | 1    | PV                           |
| VITAFOL FE PLUS  | 3    | PV                           |
| VITAFOL ULTRA  | 3    | PV                           |
| VITAFOL-OB   | 3    | PV                           |
| VITAFOL-OB+DHA   | 3    | PV                           |
| VITAFOL-ONE  | 3    | PV                           |
| VITAMEDMD ONE RX   | 3    | PV                           |
| wesnate dha  | 1    | PV                           |
| westab plus  | 1    | PV                           |
| WESTGEL DHA  | 3    | PV                           |
| <b>PRENATAL VITAMINS WITH LOW OR NO IRON (LESS THAN 27 MG)</b>   |      |                              |
| PRENATE STAR   | 3    | PV                           |
| R-NATAL OB   | 3    | PV                           |
| VITAFOL GUMMIES  | 3    | PV                           |
| <b>SODIUM CHLORIDE SOLUTIONS, CONCENTRATED</b>                   |      |                              |
| sodium chloride intravenous                                      | 3    |                              |
| <b>SODIUM CHLORIDE, PARENTERAL</b>                               |      |                              |
| sodium chloride intravenous                                      | 3    |                              |
| <b>STERILE WATER FOR INJECTION</b>                               |      |                              |
| water for injection, sterile intravenous                         | 3    |                              |
| <b>VITAMINS - B PREPARATION COMBINATIONS</b>                     |      |                              |
| zingiber   | 1    |                              |
| <b>VITAMINS - B-12, CYANOCOBALAMIN AND DERIVATIVES</b>           |      |                              |
| cyanocobalamin (vitamin b-12) injection                          | 1    |                              |
| cyanocobalamin (vitamin b-12) nasal                              | 3    | PA                           |
| NASCOBAL   | 3    | PA                           |
| PHYSICIANS EZ USE B-12   | 3    |                              |
| <b>VITAMINS - B-3, NIACIN AND DERIVATIVES</b>                    |      |                              |
| niacin 500 mg tablet (rx)  | 3    |                              |
| niacin oral tablet 500 mg  | 3    | PA; QL                       |
| <b>VITAMINS - B-6, PYRIDOXINE AND DERIVATIVES</b>                |      |                              |
| pyridoxine (vitamin b6) injection                                | 1    |                              |
| <b>VITAMINS - D DERIVATIVES</b>                                  |      |                              |
| calcitriol oral  | 1    |                              |
| ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit) | 1    |                              |
| ROCALTROL ORAL SOLUTION  | 3    |                              |
| <b>VITAMINS - FOLIC ACID AND DERIVATIVES</b>                     |      |                              |
| folic acid injection   | 1    |                              |
| folic acid oral tablet 1 mg                                      | 1    |                              |
| folic acid oral tablet 400 mcg, 800 mcg                          | 1    | QL; Covered in full age 11+* |
| PUREVITA FOLIC ACID ORAL TABLET                                  | 3    | QL; Covered in full age 11+* |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| QUIOFIC  | 3    | PA; QL                    |
| <b>VITAMINS - K, PHYTONADIONE AND DERIVATIVES</b>                          |      |                           |
| phytonadione (vitamin k1) oral tablet 5 mg                                 | 1    |                           |
| <b>ENDOCRINE</b>   |      |                           |
| <b>ABORTIFACIENTS- PROGESTERONE RECEPTOR ANTAGONIST</b>                    |      |                           |
| mifepristone oral tablet 200 mg  | 1    | PV                        |
| <b>ADRENAL STEROID INHIBITORS</b>  |      |                           |
| ISTURISA ORAL TABLET 1 MG, 5 MG  | 3    | PA; QL; S                 |
| RECORLEV   | 3    | PA; QL; S                 |
| <b>ADRENOCORTICOTROPHIC HORMONES</b>                                       |      |                           |
| ACTHAR   | 3    | PA; QL; MS; S             |
| ACTHAR SELFJECT  | 3    | PA; QL; MS; S             |
| CORTROPHIN GEL INJECTION   | 3    | PA; QL; MS; S             |
| CORTROPHIN GEL SUBCUTANEOUS SYRINGE 80 UNIT/ML                             | 3    | PA; QL; MS; S             |
| <b>AGENTS TO TREAT HYPOGLYCEMIA (HYPERGLYCEMICS)</b>                       |      |                           |
| BAQSIMI  | 2    | QL; PV                    |
| DEXTROSE   | 3    | PV                        |
| diazoxide  | 3    | PV                        |
| GLUCAGON (HCL) EMERGENCY KIT   | 2    | QL                        |
| glucagon emergency kit (human)   | 1    | QL; PV                    |
| GLUCO SHOT   | 3    | PV                        |
| glucose gel  | 1    | PV                        |
| GLUCOSE ORAL TABLET,CHEWABLE 2 GRAM  | 3    | PV                        |
| glucose oral tablet,chewable 3.75 gram, 4 gram                             | 1    | PV                        |
| GLUTOSE-15   | 3    | PV                        |
| GLUTOSE-45   | 3    | PV                        |
| GLUTOSE-5  | 3    | PV                        |
| GVOKE  | 2    | QL; PV                    |
| GVOKE HYPOPEN 1-PACK   | 2    | QL; PV                    |
| GVOKE HYPOPEN 2-PACK   | 2    | QL; PV                    |
| GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML                  | 2    | QL; PV                    |
| GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML                  | 2    | QL; PV                    |
| INSTA-GLUCOSE (WITH DEXTRIN)   | 3    | PV                        |
| PROGLYCEM  | 3    | PV                        |
| RELION GLUCOSE ORAL LIQUID 15-400 GRAM-UNIT/60 ML                          | 3    | PV                        |
| RELION GLUCOSE SHOT 15 GM LIQ POMEGRANATE, GLUTEN-F                        | 1    |                           |
| TRUEPLUS GLUCOSE   | 3    | PV                        |
| <b>AMYLOIDOSIS AGENTS- TRANSTHYRETIN (TTR) STABILIZER</b>                  |      |                           |
| ATTRUBY  | 3    | PA; QL; S                 |
| VYNDAMAX   | 3    | PA; QL; MS; S             |
| <b>AMYLOIDOSIS AGENTS-TTR SUPPRESSION, ANTISENSE OLIGONUCLEOTIDE-BASED</b> |      |                           |
| WAINUA SUBCUTANEOUS AUTO-INJECTOR  | 3    | PA; QL; S                 |
| <b>ANDROGEN - SINGLE AGENTS</b>  |      |                           |
| ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP                              | 3    |                           |
| AZMIRO   | 3    |                           |
| DEPO-TESTOSTERONE  | 3    |                           |
| JATENZO  | 3    | QL                        |
| KYZATREX ORAL CAPSULE 150 MG, 200 MG                                       | 3    | QL                        |
| METHITEST  | 3    |                           |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| methyltestosterone oral capsule  | 3    |                           |
| NATESTO  | 3    | QL                        |
| TESTIM   | 3    |                           |
| TESTOSTERONE 50 MG/5 GRAM PKT INNER  | 3    |                           |
| TESTOSTERONE 50 MG/5 GRAM PKT (UPSHER-SMITH)   | 3    |                           |
| testosterone cypionate   | 1    |                           |
| testosterone enanthate   | 1    |                           |
| testosterone transdermal gel   | 3    |                           |
| testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation, 12.5 mg/ 1.25 gram (1 %)                                  | 3    |                           |
| testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)  | 1    |                           |
| testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram) | 3    |                           |
| testosterone transdermal solution in metered pump w/app  | 3    |                           |
| TLANDO   | 3    | QL                        |
| UNDECATREX   | 3    | PA; QL                    |
| VOGELXO  | 3    |                           |
| XYOSTED  | 3    | QL                        |
| <b>ANTIIDIURETIC AND VASOPRESSOR HORMONES</b>  |      |                           |
| DDAVP INJECTION  | 3    | MS; S                     |
| DDAVP ORAL   | 3    |                           |
| DESMODA  | 3    | PA; QL; S                 |
| desmopressin injection   | 1    | MS; S                     |
| desmopressin nasal spray with pump   | 1    |                           |
| desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)   | 1    |                           |
| desmopressin oral  | 1    |                           |
| NOCDURNA (MEN)   | 3    | QL                        |
| NOCDURNA (WOMEN)   | 3    | QL                        |
| <b>ANTIHYPERGLYCEMIC - ALPHA-GLUCOSIDASE INHIBITORS</b>  |      |                           |
| acarbose   | 1    | PV                        |
| miglitol   | 3    | PV                        |
| <b>ANTIHYPERGLYCEMIC - DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>   |      |                           |
| ALOGLIPTIN   | 3    | ST; QL; PV                |
| BRYNOVIN   | 3    | PA; QL; PV                |
| JANUVIA  | 3    | ST; QL; PV                |
| NESINA ORAL TABLET 12.5 MG, 25 MG  | 3    | ST; QL; PV                |
| saxagliptin  | 3    | QL; PV                    |
| SITAGLIPTIN  | 3    | PA; QL; PV                |
| TRADJENTA  | 2    | QL; PV                    |
| ZITUVIO  | 3    | PA; QL; PV                |
| <b>ANTIHYPERGLYCEMIC - DOPAMINE RECEPTOR AGONISTS</b>  |      |                           |
| CYCLOSET   | 3    | QL; PV                    |
| <b>ANTIHYPERGLYCEMIC - DUAL GIP AND GLP-1 RECEPTOR AGONISTS</b>  |      |                           |
| MOUNJARO   | 2    | PA; QL; PV                |
| <b>ANTIHYPERGLYCEMIC - DUAL SGLT1 AND SGLT2 INHIBITORS</b>   |      |                           |
| INPEFA   | 3    | PA; QL                    |
| <b>ANTIHYPERGLYCEMIC - GLUCAGON-LIKE PEPTIDE-1 (GLP-1) RECEPTOR AGONISTS</b>   |      |                           |
| exenatide  | 3    | PA; QL; PV                |
| liraglutide  | 3    | PA; QL; PV                |

| Product Description   | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| OZEMPIC ORAL  | 2    | PA; QL; PV                |
| 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) | 2    | PA; QL; PV                |
| RYBELSUS  | 2    | PA; QL; PV                |
| TRULICITY   | 2    | PA; QL; PV                |
| VICTOZA 2-PAK   | 3    | PA; QL; PV                |
| VICTOZA 3-PAK   | 3    | PA; QL; PV                |
| <b>ANTIHYPERGLYCEMIC - GLUCOCORTICOID (CORTISOL) RECEPTOR BLOCKER (GR-II)</b>                                 |      |                           |
| KORLYM  | 3    | PA; QL; S                 |
| mifepristone oral tablet 300 mg   | 2    | PA; QL; MS; S             |
| <b>ANTIHYPERGLYCEMIC - MEGLITINIDE ANALOGS</b>  |      |                           |
| nateglinide   | 1    | PV                        |
| repaglinide   | 1    | PV                        |
| <b>ANTIHYPERGLYCEMIC - SGLT-2 INHIBITOR AND BIGUANIDE COMBINATIONS</b>  |      |                           |
| DAPAGLIFLOZIN-METFORMIN ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 5-1,000 MG                           | 1    | PA; QL; PV                |
| dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 10-500 mg, 5-500 mg                               | 1    | QL; PV                    |
| INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG   | 3    | ST; PV                    |
| INVOKAMET ORAL TABLET 50-500 MG   | 3    | ST; QL; PV                |
| INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG                        | 3    | ST; QL; PV                |
| INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 50-500 MG  | 3    | ST; PV                    |
| SEGLUROMET  | 3    | ST; QL; PV                |
| SYNJARDY  | 3    | ST; PV                    |
| SYNJARDY XR   | 3    | ST; QL; PV                |
| XIGDUO XR   | 2    | QL; PV                    |
| <b>ANTIHYPERGLYCEMIC - SGLT-2 INHIBITOR AND DPP-4 INHIBITOR COMBINATIONS</b>                                  |      |                           |
| dapagliflozin-saxagliptin   | 3    | PA; QL; PV                |
| GLYXAMBI  | 2    | QL; PV                    |
| STEGLUJAN   | 3    | ST; QL; PV                |
| <b>ANTIHYPERGLYCEMIC - SODIUM GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS</b>                                  |      |                           |
| DAPAGLIFLOZIN   | 1    | PA; QL; PV                |
| FARXIGA   | 2    | QL; PV                    |
| INVOKANA  | 3    | ST; QL; PV                |
| JARDIANCE   | 3    | ST; QL; PV                |
| STEGLATRO   | 3    | ST; QL; PV                |
| <b>ANTIHYPERGLYCEMIC - SULFONYLUREA AND BIGUANIDE COMBINATIONS</b>  |      |                           |
| glipizide-metformin   | 1    | PV                        |
| glyburide-metformin   | 1    | PV                        |
| <b>ANTIHYPERGLYCEMIC - SULFONYLUREA DERIVATIVES</b>   |      |                           |
| glimepiride oral tablet 1 mg, 2 mg, 4 mg  | 1    | PV                        |
| GLIMEPIRIDE ORAL TABLET 3 MG  | 3    | PA; PV                    |
| glipizide oral tablet 10 mg, 5 mg   | 1    | PV                        |
| GLIPIZIDE ORAL TABLET 2.5 MG  | 3    | PV                        |
| glipizide oral tablet extended release 24hr   | 1    | PV                        |
| glyburide   | 1    | PV                        |

| Product Description   | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| <b>ANTIHYPERGLYCEMIC - THIAZOLIDINEDIONE AND BIGUANIDE COMBINATIONS</b>       |      |                           |
| ACTOPLUS MET  | 3    | PV                        |
| pioglitazone-metformin  | 3    | PV                        |
| <b>ANTIHYPERGLYCEMIC - THIAZOLIDINEDIONE AND SULFONYLUREA COMBINATIONS</b>    |      |                           |
| DUETACT   | 3    | QL; PV                    |
| pioglitazone-glimepiride oral tablet 30-2 mg                                  | 3    | QL; PV                    |
| pioglitazone-glimepiride oral tablet 30-4 mg                                  | 1    | QL; PV                    |
| <b>ANTIHYPERGLYCEMIC-DIPEPTIDYL PEPTIDASE-4 INHIBIT AND THIAZOLIDINEDIONE</b> |      |                           |
| ALOGLIPTIN-PIOGLITAZONE   | 3    | ST; QL; PV                |
| OSENI ORAL TABLET 12.5-30 MG, 25-45 MG  | 3    | ST; QL; PV                |
| <b>ANTIHYPERGLYCEMIC-DIPEPTIDYL PEPTIDASE-4(DPP-4)INHIBITOR AND BIGUANIDE</b> |      |                           |
| ALOGLIPTIN-METFORMIN  | 3    | ST; QL; PV                |
| JANUMET   | 3    | ST; QL; PV                |
| JANUMET XR  | 3    | ST; QL; PV                |
| JENTADUETO  | 2    | QL; PV                    |
| JENTADUETO XR   | 2    | QL; PV                    |
| KAZANO  | 3    | ST; QL; PV                |
| saxagliptin-metformin   | 3    | QL; PV                    |
| SITAGLIPTIN-METFORMIN ORAL TABLET   | 3    | PA; QL; PV                |
| sitagliptin-metformin oral tablet, er multiphase 24 hr                        | 3    | PA; PV                    |
| ZITUVIMET   | 3    | PA; QL; PV                |
| ZITUVIMET XR  | 3    | PA; PV                    |
| <b>ANTIHYPERGLYCEMIC-INSULIN, LONG ACTING AND GLP-1 RECEPTOR AGONIST COMB</b> |      |                           |
| SOLIQUA 100/33  | 2    | QL; PV                    |
| XULTOPHY 100/3.6  | 2    | QL; PV                    |
| <b>ANTIHYPERGLYCEMIC-SGLT-2 INHIBITOR, DPP-4 INHIBITOR AND BIGUANIDE COMB</b> |      |                           |
| TRIJARDY XR   | 2    | PV                        |
| <b>ANTITHYROID AGENTS, THIONAMIDES - IMIDAZOLE DERIVATIVES</b>                |      |                           |
| methimazole oral tablet 10 mg, 5 mg   | 1    |                           |
| <b>ANTITHYROID AGENTS, THIONAMIDES - THIOURACIL DERIVATIVES</b>               |      |                           |
| propylthiouracil  | 1    |                           |
| <b>BONE FORMATION STIMULATING AGENTS - NATRIURETIC PEPTIDE</b>                |      |                           |
| VOXZOGO   | 3    | PA; QL; MS; S             |
| YUWIWEL   | 3    | PA; QL; S                 |
| <b>BONE FORMATION STIMULATING AGENTS - PARATHYROID HORMONE REL PEPTIDES</b>   |      |                           |
| TYMLOS  | 2    | PA; QL; MS; S; PV         |
| <b>BONE FORMATION STIMULATING AGENTS - PARATHYROID HORMONE-TYPE</b>           |      |                           |
| BONSITY   | 3    | PA; QL; S                 |
| FORTEO  | 3    | PA; QL; MS; S; PV         |
| TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML)            | 3    | PA; QL; MS; S; PV         |
| <b>BONE RESORPTION INHIBITORS - BISPHOSPHONATE AND VITAMIN D COMBINATIONS</b> |      |                           |
| FOSAMAX PLUS D  | 3    | QL; PV                    |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| <b>BONE RESORPTION INHIBITORS - BISPHOSPHONATES</b>                            |      |                           |
| ACTONEL ORAL TABLET 150 MG, 35 MG  | 3    | QL; PV                    |
| alendronate oral solution  | 3    | PV                        |
| alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg                              | 1    | QL; PV                    |
| ATELVIA  | 3    | QL; PV                    |
| BINOSTO  | 3    | QL; PV                    |
| FOSAMAX ORAL TABLET 70 MG  | 3    | QL; PV                    |
| ibandronate oral   | 1    | QL; PV                    |
| risedronate oral tablet 150 mg, 35 mg  | 1    | QL; PV                    |
| risedronate oral tablet 30 mg  | 3    | PA; QL; PV                |
| risedronate oral tablet 5 mg   | 3    | QL; PV                    |
| risedronate oral tablet, delayed release (dr/ec)                               | 3    | QL; PV                    |
| <b>CALCIMIMETIC, PARATHYROID CALCIUM RECEPTOR SENSITIVITY ENHANCER</b>         |      |                           |
| cinacalcet   | 1    |                           |
| SENSIPAR   | 3    |                           |
| <b>CALCITONINS</b>   |      |                           |
| calcitonin (salmon) injection  | 3    | PA; QL                    |
| calcitonin (salmon) nasal  | 1    |                           |
| MIACALCIN INJECTION  | 3    | PA; QL                    |
| <b>CORTICOTROPIN-RELEASING FACTOR (CRF) TYPE 1 RECEPTOR ANTAGONISTS</b>        |      |                           |
| CRENESSITY   | 3    | PA; QL; S                 |
| <b>ESTROGEN AND PROGESTIN WITH ANTIMINERALOCORTICOID ACTIVITY, COMBINATION</b> |      |                           |
| ANGELIQ  | 3    |                           |
| <b>ESTROGEN AND SELECTIVE ESTROGEN RECEPTOR MODULATOR (SERM) COMBINATIONS</b>  |      |                           |
| DUAVEE   | 2    |                           |
| <b>ESTROGEN-ANDROGEN</b>   |      |                           |
| COVARYX  | 3    |                           |
| COVARYX H.S.   | 3    |                           |
| eemt   | 1    |                           |
| eemt hs  | 1    |                           |
| ESTRATEST H.S.   | 3    |                           |
| estrogens-methyltestosterone   | 1    |                           |
| <b>ESTROGEN-PROGESTIN</b>  |      |                           |
| ABIGALE  | 1    |                           |
| ABIGALE LO   | 1    |                           |
| ACTIVELLA  | 3    |                           |
| BIJUVA   | 3    |                           |
| CLIMARA PRO  | 2    |                           |
| COMBIPATCH   | 3    |                           |
| estradiol-norethindrone acet   | 1    |                           |
| fyavolv  | 1    |                           |
| jinteli  | 1    |                           |
| mimvey   | 1    |                           |
| norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg          | 1    |                           |
| PREMPHASE  | 2    |                           |
| PREMPRO  | 2    |                           |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| <b>ESTROGENS</b>   |      |                           |
| CLIMARA  | 3    | QL                        |
| conjugated estrogens   | 3    |                           |
| DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML                       | 3    |                           |
| DEPO-ESTRADIOL   | 3    |                           |
| DIVIGEL  | 3    | QL                        |
| dotti  | 1    |                           |
| ELESTRIN   | 3    |                           |
| estradiol oral   | 1    |                           |
| estradiol transdermal gel in metered-dose pump                         | 3    |                           |
| estradiol transdermal gel in packet                                    | 3    | QL                        |
| estradiol transdermal patch semiweekly                                 | 1    |                           |
| estradiol transdermal patch weekly                                     | 1    | QL                        |
| estradiol valerate   | 1    |                           |
| ESTROGEL   | 3    |                           |
| EVAMIST  | 2    |                           |
| lyllana  | 1    |                           |
| MENEST ORAL TABLET 1.25 MG, 2.5 MG                                     | 3    |                           |
| MENOSTAR   | 3    | QL                        |
| MINIVELLE  | 3    |                           |
| PREMARIN ORAL  | 2    |                           |
| VIVELLE-DOT  | 3    |                           |
| <b>FERTILITY ENHANCER - LUTEAL PHASE SUPPORTING, PROGESTERONE-TYPE</b> |      |                           |
| CRINONE VAGINAL GEL 8 %  | 3    | S                         |
| ENDOMETRIN   | 2    | PA; MS; S                 |
| progesterone micronized vaginal  | 1    | PA; MS; S                 |
| <b>FERTILITY ENHANCER - OVULATION STIMULANT - SYNTHETIC (NON-FSH)</b>  |      |                           |
| clomid   | 1    |                           |
| clomiphene citrate   | 1    |                           |
| MILOPHENE  | 1    |                           |
| <b>FOLLICLE-STIMULATING AND LUTEINIZING HORMONES</b>                   |      |                           |
| MENOPUR  | 3    | PA; MS; S                 |
| <b>FOLLICLE-STIMULATING HORMONE (FSH)</b>                              |      |                           |
| FOLLISTIM AQ   | 3    | PA; QL; MS; S             |
| GONAL-F RFF REDI-JECT  | 2    | PA; QL; MS; S             |
| GONAL-F SUBCUTANEOUS RECON SOLN 450 UNIT                               | 2    | PA; QL; MS; S             |
| <b>GLUCOCORTICOIDS</b>   |      |                           |
| AGAMREE  | 3    | PA; QL; S                 |
| ALKINDI SPRINKLE   | 3    | PA; QL                    |
| CORTEF   | 3    |                           |
| cortisone  | 1    |                           |
| deflazacort oral suspension  | 3    | PA; QL; MS; S             |
| deflazacort oral tablet  | 2    | PA; QL; MS; S             |
| DEPO-MEDROL  | 3    |                           |
| DEXAMETHASONE INTENSOL   | 3    |                           |
| dexamethasone oral elixir  | 1    |                           |
| dexamethasone oral solution  | 1    |                           |
| dexamethasone oral tablet  | 1    |                           |
| EMFLAZA  | 3    | PA; QL; MS; S             |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| EOHILIA  | 3    | PA; QL                    |
| HEMADY   | 3    | PA                        |
| hydrocortisone oral  | 1    |                           |
| hydrocortisone sod succinate   | 3    |                           |
| JAYTHARI ORAL SUSPENSION   | 3    | PA; QL; S                 |
| JAYTHARI ORAL TABLET   | 3    | PA; QL; MS; S             |
| KHINDIVI   | 3    | PA; QL; S                 |
| KYMBEE   | 3    | PA; QL; S                 |
| MEDROL (PAK)   | 3    |                           |
| MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG   | 3    |                           |
| methylprednisolone   | 1    |                           |
| methylprednisolone acetate   | 1    |                           |
| MILLIPRED DP   | 3    |                           |
| MILLIPRED ORAL TABLET  | 3    |                           |
| ORAPRED ODT  | 3    |                           |
| prednisolone oral solution   | 1    |                           |
| prednisolone oral tablet   | 3    |                           |
| prednisolone sodium phosphate oral   | 1    |                           |
| prednisone intensol  | 1    |                           |
| prednisone oral solution   | 1    |                           |
| prednisone oral tablet   | 1    |                           |
| prednisone oral tablet, delayed release (dr/ec) 2 mg   | 3    | PA; QL                    |
| prednisone oral tablets, dose pack   | 1    |                           |
| PYQUVI   | 3    | PA; QL; MS; S             |
| SOLU-CORTEF  | 3    |                           |
| SOLU-CORTEF ACT-O-VIAL (PF)  | 3    |                           |
| TARPEYO  | 3    | PA; QL; S                 |
| <b>GONADOTROPIN INHIBITOR PITUITARY SUPPRESSANTS</b>   |      |                           |
| danazol  | 1    |                           |
| <b>GROWTH HORMONE RECEPTOR ANTAGONISTS</b>   |      |                           |
| SOMAVERT   | 3    | PA; QL; MS; S             |
| <b>GROWTH HORMONE RELEASING HORMONES (GHRH)</b>  |      |                           |
| EGRIFTA SV   | 3    | PA; QL; MS; S             |
| EGRIFTA WR   | 3    | PA; QL; MS; S             |
| <b>GROWTH HORMONES</b>   |      |                           |
| GENOTROPIN   | 3    | PA; MS; S                 |
| GENOTROPIN MINIQUICK   | 3    | PA; MS; S                 |
| HUMATROPE INJECTION CARTRIDGE  | 3    | PA; MS; S                 |
| NGENLA   | 3    | PA; QL; MS; S             |
| NORDITROPIN FLEXPRO 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) | 3    | PA; MS; S                 |
| OMNITROPE  | 2    | PA; MS; S                 |
| SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG  | 3    | PA; QL; MS; S             |
| SKYTROFA   | 3    | PA; QL; MS; S             |
| SOGROYA  | 3    | PA; QL; MS; S             |
| ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG   | 3    | PA; MS; S                 |
| ZOMACTON SUBCUTANEOUS RECON SOLN 5 MG  | 3    | PA; QL; MS; S             |
| <b>HUMAN CHORIONIC GONADOTROPIN (HCG)</b>  |      |                           |
| CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR  | 3    | PA; QL; MS; S             |
| NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT  | 2    | PA; QL; MS; S             |

| Product Description                         | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| OVIDREL                                     | 3    | PA; MS; S                 |
| PREGNYL                                     | 2    | PA; QL; MS; S             |
| <b>HUMAN INSULINS - FIXED COMBINATIONS</b>  |      |                           |
| HUMULIN 70/30 U-100 INSULIN                 | 2    | PV                        |
| HUMULIN 70/30 U-100 KWIKPEN                 | 2    | PV                        |
| NOVOLIN 70/30 U-100 INSULIN                 | 3    | ST; PV                    |
| NOVOLIN 70-30 FLEXPEN U-100                 | 3    | ST; PV                    |
| <b>HUMAN INSULINS - INTERMEDIATE ACTING</b> |      |                           |
| HUMULIN N NPH INSULIN KWIKPEN               | 2    | PV                        |
| HUMULIN N NPH U-100 INSULIN                 | 2    | PV                        |
| NOVOLIN N FLEXPEN                           | 3    | ST; PV                    |
| NOVOLIN N NPH U-100 INSULIN                 | 3    | ST; PV                    |
| <b>HUMAN INSULINS - RAPID ACTING</b>        |      |                           |
| AFREZZA                                     | 3    | PV                        |
| <b>HUMAN INSULINS - SHORT ACTING</b>        |      |                           |
| HUMULIN R REGULAR U-100 INSULN              | 2    | PV                        |
| HUMULIN R U-500 (CONC) KWIKPEN              | 2    | PV                        |
| NOVOLIN R FLEXPEN                           | 3    | ST; PV                    |
| NOVOLIN R REGULAR U100 INSULIN              | 3    | ST; PV                    |
| <b>INSULIN ANALOGS - FIXED COMBINATIONS</b> |      |                           |
| HUMALOG MIX 50-50 KWIKPEN                   | 2    | PV                        |
| HUMALOG MIX 75-25 KWIKPEN                   | 2    | PV                        |
| HUMALOG MIX 75-25(U-100)INSULN              | 2    | PV                        |
| INSULIN LISPRO PROTAMIN-LISPRO              | 2    | PV                        |
| NOVOLOG MIX 70-30 U-100 INSULN              | 3    | ST; PV                    |
| NOVOLOG MIX 70-30FLEXPEN U-100              | 3    | ST; PV                    |
| <b>INSULIN ANALOGS - LONG ACTING</b>        |      |                           |
| BASAGLAR KWIKPEN U-100 INSULIN              | 3    | PV                        |
| INSULIN GLARGINE U-300 CONC                 | 2    | PV                        |
| INSULIN GLARGINE-YFGN                       | 2    | PV                        |
| LANTUS SOLOSTAR U-100 INSULIN               | 2    | PV                        |
| LANTUS U-100 INSULIN                        | 2    | PV                        |
| REZVOGLAR KWIKPEN                           | 3    | PA; PV                    |
| SEMGLEE(INSULIN GLARGINE-YFGN)              | 3    | PA; PV                    |
| SEMGLEE(INSULIN GLARG-YFGN)PEN              | 3    | PA; PV                    |
| TOUJEO MAX U-300 SOLOSTAR                   | 2    | PV                        |
| TOUJEO SOLOSTAR U-300 INSULIN               | 2    | PV                        |
| TRESIBA FLEXTOUCH U-100                     | 3    | ST; PV                    |
| TRESIBA FLEXTOUCH U-200                     | 3    | ST; PV                    |
| TRESIBA U-100 INSULIN                       | 3    | ST; PV                    |
| <b>INSULIN ANALOGS - RAPID ACTING</b>       |      |                           |
| ADMELOG SOLOSTAR U-100 INSULIN              | 3    | ST; PV                    |
| ADMELOG U-100 INSULIN LISPRO                | 3    | ST; PV                    |
| APIDRA SOLOSTAR U-100 INSULIN               | 3    | ST; PV                    |
| APIDRA U-100 INSULIN                        | 3    | ST; PV                    |
| FIASP FLEXTOUCH U-100 INSULIN               | 3    | ST; PV                    |
| FIASP PENFILL U-100 INSULIN                 | 3    | ST; PV                    |
| FIASP PUMPCART                              | 3    | ST; PV                    |
| FIASP U-100 INSULIN                         | 3    | ST; PV                    |
| HUMALOG JUNIOR KWIKPEN U-100                | 2    | PV                        |

| Product Description   | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| HUMALOG KWIKPEN INSULIN (U-100 AND U-200)                                       | 2    | PV                        |
| HUMALOG U-100 INSULIN   | 2    | PV                        |
| INSULIN LISPRO  | 2    | PV                        |
| KIRSTY  | 3    | ST; PV                    |
| KIRSTY PEN  | 3    | ST; PV                    |
| LYUMJEV KWIKPEN U-100 INSULIN   | 3    | ST; PV                    |
| LYUMJEV KWIKPEN U-200 INSULIN   | 3    | ST; PV                    |
| LYUMJEV U-100 INSULIN   | 3    | ST; PV                    |
| MERILOG   | 3    | ST; PV                    |
| MERILOG SOLOSTAR  | 3    | ST; PV                    |
| NOVOLOG FLEXPEN U-100 INSULIN   | 3    | ST; PV                    |
| NOVOLOG PENFILL U-100 INSULIN   | 3    | ST; PV                    |
| NOVOLOG U-100 INSULIN ASPART  | 3    | ST; PV                    |
| <b>INSULIN RESPONSE ENHANCERS - BIGUANIDES</b>                                  |      |                           |
| metformin hcl 625 mg tablet   | 3    | ST; QL; PV                |
| metformin oral solution   | 3    | PV                        |
| metformin oral tablet 1,000 mg, 500 mg, 850 mg                                  | 1    | PV                        |
| METFORMIN ORAL TABLET 625 MG  | 3    | ST; PV                    |
| metformin oral tablet 750 mg  | 3    | PA; PV                    |
| metformin oral tablet extended release (generic version of glucophage xr)       | 1    | PV                        |
| metformin oral tablet extended release osmotic (generic version of fortamet)    | 3    | ST; PV                    |
| metformin oral tablet extended release gastric (generic version of glumetza xr) | 3    | ST; PV                    |
| RIOMET  | 3    | PV                        |
| <b>INSULIN RESPONSE ENHANCERS - THIAZOLIDINEDIONES (PPAR-GAMMA AGONISTS)</b>    |      |                           |
| ACTOS   | 3    | PV                        |
| pioglitazone  | 1    | PV                        |
| <b>INSULIN-LIKE GROWTH FACTOR-1 (IGF-1)</b>                                     |      |                           |
| INCRELEX  | 3    | PA; S                     |
| <b>LEPTIN HORMONE ANALOGS</b>   |      |                           |
| MYALEPT   | 3    | PA; QL; MS; S             |
| <b>LHRH (GNRH) AGONIST ANALOG PITUITARY SUPPRESSANTS</b>                        |      |                           |
| SYNAREL   | 3    | PA; QL                    |
| <b>LHRH (GNRH) ANTAGONIST, ESTROGEN AND PROGESTIN COMBINATIONS</b>              |      |                           |
| MYFEMBREE   | 3    | PA; QL                    |
| ORIAHNN   | 3    | PA; QL                    |
| <b>LHRH (GNRH) ANTAGONISTS</b>  |      |                           |
| cetrorelix  | 3    | PA; S                     |
| CETROTIDE   | 3    | PA; MS; S                 |
| FYREMADEL   | 3    | PA; MS; S                 |
| ganirelix acet 250 mcg/0.5 ml suv (organon)                                     | 3    | PA                        |
| GANIRELIX ACET 250 MCG/0.5 ML SUV (ORGANON)                                     | 3    | PA; MS; S                 |
| ganirelix subcutaneous syringe 250 mcg/0.5 ml                                   | 3    | PA; MS; S                 |
| ORLISSA   | 3    | PA; QL                    |
| <b>MENOPAUSAL SYMPTOMS SUPPRESSANT - HORMONAL AGENTS</b>                        |      |                           |
| IMVEXXY MAINTENANCE PACK  | 3    |                           |
| IMVEXXY STARTER PACK  | 3    |                           |
| INTRAROSA   | 3    | QL                        |

| Product Description   | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| <b>MENOPAUSAL SYMPTOMS SUPPRESSANT-DUAL NEUROKININ (NK) RECEPTOR ANTAG</b>    |      |                           |
| LYNKUET   | 3    | PA; QL                    |
| <b>MENOPAUSAL SYMPTOMS SUPPRESSANT-NEUROKININ 3 (NK3) RECEPTOR ANTAGONIST</b> |      |                           |
| VEOZAH  | 3    | PA; QL                    |
| <b>MENOPAUSAL SYMPTOMS SUPPRESSANT-SELECTIVE ESTROGEN RECEPTOR MODULATORS</b> |      |                           |
| OSPHENA   | 3    | ST                        |
| <b>MENOPAUSAL SYMPTOMS SUPPRESSANT-SSRI ANTIDEPRESSANT TYPE</b>               |      |                           |
| paroxetine mesylate(menop.sym)  | 3    | QL; PV                    |
| <b>MINERALOCORTICIDS</b>  |      |                           |
| fludrocortisone   | 1    |                           |
| <b>OXYTOCIC - ERGOT ALKALOIDS</b>   |      |                           |
| methylergonovine oral   | 1    | QL                        |
| <b>PARATHYROID HORMONES AND ANALOGS</b>                                       |      |                           |
| YORVIPATH   | 3    | PA; QL; S                 |
| <b>PROGESTINS</b>   |      |                           |
| GALLIFREY   | 1    |                           |
| medroxyprogesterone oral  | 1    |                           |
| norethindrone acetate   | 1    |                           |
| progesterone  | 1    | MS; S                     |
| progesterone micronized oral  | 1    |                           |
| PROMETRIUM  | 3    |                           |
| PROVERA   | 3    |                           |
| <b>PROLACTIN INHIBITOR - ERGOT DERIVATIVE DOPAMINE RECEPTOR AGONISTS</b>      |      |                           |
| cabergoline   | 1    |                           |
| <b>RANK LIGAND (RANKL) INHIBITOR, MC ANTIBODY</b>                             |      |                           |
| PROLIA  | 3    | QL; MS; S; PV             |
| <b>SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)</b>                         |      |                           |
| EVISTA  | 3    | PV                        |
| raloxifene  | 1    | Covered in full*; PV      |
| <b>SOMATOSTATIC AGENTS</b>  |      |                           |
| BYNFEZIA  | 3    | PA; S                     |
| LANREOTIDE 120 MG/0.5 ML SUBCUTANEOUS SYRINGE 505(B)(2)                       | 3    | QL; MS; S                 |
| lanreotide subcutaneous syringe 120 mg/0.5 ml                                 | 1    | QL; MS; S                 |
| MYCAPSSA  | 3    | PA; QL; S                 |
| octreotide acetate  | 1    | MS; S                     |
| octreotide,microspheres   | 3    | PA; QL; MS; S             |
| PALSONIFY   | 3    | PA; QL; S                 |
| SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML              | 3    | MS; S                     |
| SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON             | 3    | PA; QL; MS; S             |
| SIGNIFOR  | 3    | PA; S                     |
| SOMATULINE DEPOT  | 3    | QL; MS; S                 |
| <b>THYROID HORMONES - ANIMAL SOURCE (PORCINE)</b>                             |      |                           |
| adthyza oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg                        | 1    |                           |
| ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG                 | 3    |                           |
| ARMOUR THYROID  | 3    |                           |

| Product Description   | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| niva thyroid  | 1    |                           |
| np thyroid  | 1    |                           |
| RENTHYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG   | 3    |                           |
| RENTHYROID ORAL TABLET 45 MG, 75 MG   | 1    |                           |
| thyroid (pork)  | 1    |                           |
| <b>THYROID HORMONES - SYNTHETIC T3 (TRIODOTHYRONINE)</b>  |      |                           |
| CYTOMEL   | 3    |                           |
| LIOMNY  | 1    |                           |
| liothyronine oral   | 1    |                           |
| <b>THYROID HORMONES - SYNTHETIC T4 (THYROXINE)</b>  |      |                           |
| levo-t  | 1    |                           |
| LEVOTHYROXINE ORAL CAPSULE  | 3    |                           |
| levothyroxine oral tablet   | 1    |                           |
| 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 | 1    |                           |
| SYNTHROID   | 3    |                           |
| THYQUIDITY  | 3    |                           |
| TIROSINT  | 3    |                           |
| TIROSINT-SOL  | 3    |                           |
| unithroid   | 1    |                           |
| <b>GASTROINTESTINAL THERAPY AGENTS</b>  |      |                           |
| <b>ANTIDIARRHEAL - ANTIPERISTALTIC AGENTS</b>   |      |                           |
| loperamide oral capsule   | 1    |                           |
| opium tincture  | 1    |                           |
| <b>ANTIDIARRHEAL - GASTROINTESTINAL CHLORIDE CHANNEL INHIBITORS</b>   |      |                           |
| MYTESI  | 3    | PA; QL; S                 |
| <b>ANTIDIARRHEAL - TRYPTOPHAN HYDROXYLASE INHIBITOR</b>   |      |                           |
| XERMELO   | 3    | PA; QL; S                 |
| <b>ANTIDIARRHEAL ANTIPERISTALTIC-ANTICHOLINERGIC COMBINATIONS</b>   |      |                           |
| diphenoxylate-atropine  | 1    |                           |
| LOMOTIL   | 3    |                           |
| MOTOFEN   | 3    |                           |
| <b>ANTIDIARRHEAL OPIOID AGENTS</b>  |      |                           |
| opium tincture  | 1    |                           |
| <b>ANTIEMETIC - ANTICHOLINERGICS</b>  |      |                           |
| scopolamine base  | 3    |                           |
| TRANSDERM-SCOP  | 3    |                           |
| <b>ANTIEMETIC - ANTIHISTAMINES</b>  |      |                           |
| ANTIVERT ORAL TABLET 50 MG  | 3    |                           |
| ANTIVERT ORAL TABLET,CHEWABLE   | 3    |                           |
| meclizine 50 mg tablet  | 3    |                           |
| meclizine oral tablet 12.5 mg, 25 mg  | 1    |                           |
| meclizine oral tablet 50 mg   | 3    |                           |
| <b>ANTIEMETIC - ANTIHISTAMINE-VITAMIN COMBINATIONS</b>  |      |                           |
| BONJESTA  | 3    | PA; QL                    |
| DICLEGIS  | 3    | PA; QL                    |
| doxylamine-pyridoxine (vit b6)  | 3    | PA; QL                    |
| <b>ANTIEMETIC - CANNABINOID TYPE</b>  |      |                           |
| dronabinol  | 1    |                           |
| MARINOL   | 3    |                           |

| Product Description   | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| SYNDROS   | 3    | PA                        |
| <b>ANTIEMETIC - DOPAMINE (D2)/5-HT3 ANTAGONISTS</b>   |      |                           |
| trimethobenzamide oral  | 3    |                           |
| <b>ANTIEMETIC - PHENOTHIAZINES</b>  |      |                           |
| COMPAZINE   | 3    | PV                        |
| compro  | 1    | PV                        |
| prochlorperazine  | 1    | PV                        |
| prochlorperazine maleate  | 1    | PV                        |
| promethazine oral   | 1    |                           |
| promethazine rectal   | 1    |                           |
| promethegan   | 1    |                           |
| <b>ANTIEMETIC - SELECTIVE SEROTONIN 5-HT3 ANTAGONISTS</b>   |      |                           |
| granisetron hcl oral  | 1    | QL                        |
| GRANISOL  | 3    | PA; QL                    |
| ondansetron hcl oral solution   | 1    |                           |
| ondansetron hcl oral tablet 4 mg, 8 mg  | 1    |                           |
| ONDANSETRON ORAL TABLET,DISINTEGRATING 16 MG  | 3    | PA; QL                    |
| ondansetron oral tablet,disintegrating 4 mg, 8 mg   | 2    |                           |
| SANCUSO   | 3    | ST; QL                    |
| <b>ANTIEMETIC - SUBSTANCE P-NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS</b>   |      |                           |
| aprepitant  | 3    | QL                        |
| EMEND ORAL CAPSULE 80 MG  | 3    | QL                        |
| EMEND ORAL CAPSULE,DOSE PACK  | 3    | QL                        |
| EMEND ORAL SUSPENSION FOR RECONSTITUTION  | 3    | QL                        |
| VARUBI  | 3    | QL                        |
| <b>ANTIEMETIC - SUBSTANCE P-NEUROKININ 1 AND 5-HT3 RECEPT ANTAGONIST COMB</b>   |      |                           |
| AKYNZEO (NETUPITANT)  | 3    | QL                        |
| <b>BILE ACIDS</b>   |      |                           |
| CHOLBAM   | 3    | PA; QL; S                 |
| <b>CHRONIC IDIOPATHIC CONST. AGENTS - GUANYLATE CYCLASE-C (GC-C) AGONISTS</b>   |      |                           |
| LINZESS   | 3    | ST; QL                    |
| TRULANCE  | 2    | QL                        |
| <b>COLONIC ACIDIFIER (AMMONIA INHIBITOR)</b>  |      |                           |
| enulose   | 1    |                           |
| generlac  | 1    |                           |
| lactulose oral solution   | 1    |                           |
| <b>DIGESTIVE ENZYME MIXTURES</b>  |      |                           |
| CREON   | 2    |                           |
| 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  | 3    | ST                        |
| PERTZYE   | 3    | ST                        |
| VIOKACE   | 3    |                           |
| 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 | 2    |                           |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| <b>DIGESTIVE ENZYMES</b>   |      |                           |
| SUCRAID  | 3    | PA; S                     |
| <b>FECAL MICROBIOTA TRANSPLANTATION (FMT)</b>                                |      |                           |
| VOWST  | 3    | PA; QL; S                 |
| <b>GALLSTONE SOLUBILIZING (LITHOLYSIS) AGENTS</b>                            |      |                           |
| CTEXLI   | 3    | PA; QL; S                 |
| RELTONE  | 3    | PA; QL                    |
| URSO FORTE   | 3    |                           |
| ursodiol oral capsule 200 mg, 400 mg   | 3    | PA; QL                    |
| ursodiol oral capsule 300 mg   | 1    |                           |
| ursodiol oral tablet   | 1    |                           |
| <b>GASTRIC ACID SECRETION REDUCER - HISTAMINE H2-RECEPTOR ANTAGONISTS</b>    |      |                           |
| cimetidine hcl oral  | 3    |                           |
| cimetidine oral tablet 200 mg, 300 mg  | 1    |                           |
| cimetidine oral tablet 400 mg, 800 mg  | 3    |                           |
| famotidine oral suspension for reconstitution                                | 1    |                           |
| famotidine oral tablet 20 mg, 40 mg  | 1    |                           |
| nizatidine oral capsule  | 3    |                           |
| PEPCID ORAL TABLET 40 MG   | 3    |                           |
| ranitidine hcl oral tablet   | 3    | PA                        |
| <b>GASTRIC ACID SECRETION REDUCER - POTASSIUM-COMPETITIVE ACID BLOCKERS</b>  |      |                           |
| VOQUEZNA   | 3    | PA; QL                    |
| <b>GASTRIC ACID SECRETION REDUCER - PROTON PUMP INHIBITORS (PPIS)</b>        |      |                           |
| ACIPHEX  | 3    | QL                        |
| DEXILANT   | 3    | QL                        |
| dexlansoprazole  | 3    | QL                        |
| esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg            | 1    | QL                        |
| esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg            | 2    | QL                        |
| esomeprazole magnesium oral granules dr for susp in packet                   | 2    | QL                        |
| lansoprazole oral capsule, delayed release(dr/ec)                            | 1    | QL                        |
| lansoprazole oral tablet, disintegrat, delay rel                             | 3    | QL                        |
| NEXIUM   | 3    | QL                        |
| NEXIUM PACKET  | 3    | QL                        |
| omeprazole oral capsule, delayed release(dr/ec)                              | 1    | QL                        |
| pantoprazole oral granules dr for susp in packet                             | 3    | QL                        |
| pantoprazole oral tablet, delayed release (dr/ec)                            | 1    | QL                        |
| PREVACID   | 3    | QL                        |
| PREVACID SOLUTAB   | 3    | QL                        |
| PRILOSEC ORAL SUSP, DELAYED RELEASE FOR RECON                                | 3    | QL                        |
| PROTONIX ORAL  | 3    | QL                        |
| rabeprazole oral tablet, delayed release (dr/ec)                             | 1    | QL                        |
| <b>GASTRIC ACID SECRETION REDUCER-PROTON PUMP INHIBITOR AND ANTACID COMB</b> |      |                           |
| KONVOMEPE  | 3    | QL                        |
| omeprazole-sodium bicarbonate oral capsule                                   | 3    | QL                        |
| omeprazole-sodium bicarbonate oral packet                                    | 3    | ST; QL                    |
| <b>GASTRIC MUCOSA - CYTOPROTECTIVE PROSTAGLANDIN ANALOGS</b>                 |      |                           |
| CYTOTEC  | 3    |                           |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| misoprostol  | 1    |                           |
| <b>GASTROINTESTINAL - PROKINETIC AGENTS - 5-HT4 RECEPTOR AGONISTS</b>    |      |                           |
| MOTEGRITY  | 3    | ST; QL                    |
| prucalopride   | 1    | QL                        |
| <b>GASTROINTESTINAL PROKINETIC AGENTS - D2 ANTAGONIST/5-HT4 AGONISTS</b> |      |                           |
| GIMOTI   | 3    | PA; QL; S                 |
| metoclopramide hcl oral solution   | 1    |                           |
| metoclopramide hcl oral tablet   | 1    |                           |
| REGLAN ORAL  | 3    |                           |
| <b>GI ANTISPASMODIC - BELLADONNA ALKALOIDS</b>                           |      |                           |
| ANASPAZ  | 3    |                           |
| ed-spaz  | 1    |                           |
| hyoscyamine sulfate oral   | 1    |                           |
| hyoscyamine sulfate sublingual   | 1    |                           |
| hyosyne  | 1    |                           |
| LEVBID   | 3    |                           |
| LEVSIN   | 3    |                           |
| LEVSIN/SL  | 3    |                           |
| methscopolamine  | 1    |                           |
| NULEV  | 3    |                           |
| oscimin  | 1    |                           |
| oscimin sl   | 1    |                           |
| SYMAX DUOTAB   | 3    |                           |
| symax fastabs  | 1    |                           |
| symax-sl   | 1    |                           |
| SYMAX-SR   | 3    |                           |
| <b>GI ANTISPASMODIC - QUATERNARY AMMONIUM COMPOUNDS</b>                  |      |                           |
| DARTISLA   | 3    | PA; QL                    |
| GLYCATE  | 3    | PA; QL                    |
| glycopyrrolate oral tablet 1 mg, 2 mg                                    | 1    |                           |
| glycopyrrolate oral tablet 1.5 mg  | 3    | PA; QL                    |
| ROBINUL FORTE  | 3    |                           |
| ROBINUL ORAL   | 3    |                           |
| <b>GI ANTISPASMODIC - SYNTHETIC TERTIARY AMINES</b>                      |      |                           |
| dicyclomine oral capsule   | 1    |                           |
| dicyclomine oral solution  | 1    |                           |
| dicyclomine oral tablet 20 mg  | 1    |                           |
| dicyclomine oral tablet 40 mg  | 3    | PA; QL                    |
| <b>GI ANTISPASMODIC AND BENZODIAZEPINE COMBINATIONS</b>                  |      |                           |
| chlordiazepoxide-clidinium   | 3    |                           |
| LIBRAX (WITH CLIDINIUM)  | 3    |                           |
| <b>GI ANTISPASMODIC AND OPIOID COMBINATIONS</b>                          |      |                           |
| belladonna alkaloids-opium   | 3    |                           |
| <b>GI ANTISPASMODIC COMBINATIONS OTHER</b>                               |      |                           |
| belladonna alkaloids-opium   | 3    |                           |
| chlordiazepoxide-clidinium   | 3    |                           |
| LIBRAX (WITH CLIDINIUM)  | 3    |                           |
| <b>H. PYLORI THERAPY - BISMUTH AND ANTIBIOTICS COMBINATIONS</b>          |      |                           |
| bismuth subcit k-metronidz-tcn   | 3    |                           |

| Product Description   | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| PYLERA  | 2    |                           |
| <b>H. PYLORI THERAPY - PROTON PUMP INHIBITOR AND ANTIBIOTICS COMBINATIONS</b>               |      |                           |
| amoxicil-clarithromy-lansopraz  | 3    |                           |
| OMECLAMOX-PAK   | 3    |                           |
| TALICIA   | 3    |                           |
| <b>H.PYLORI THERAPY-POTASSIUM-COMPETITIVE ACID BLOCKER AND ANTIBIOTICS</b>                  |      |                           |
| VOQUEZNA DUAL PAK   | 3    |                           |
| VOQUEZNA TRIPLE PAK   | 3    |                           |
| <b>IBS AGENT - GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATOR AGENTS</b>                       |      |                           |
| AMITIZA ORAL CAPSULE 8 MCG  | 3    | ST; QL                    |
| lubiprostone  | 1    | QL                        |
| <b>IBS AGENT - GUANYLATE CYCLASE-C (GC-C) AGONISTS</b>                                      |      |                           |
| LINZESS   | 3    | ST; QL                    |
| TRULANCE  | 2    | QL                        |
| <b>IBS AGENT - MIXED OPIOID RECEPTOR AGONIST AND ANTAGONIST</b>                             |      |                           |
| VIBERZI   | 3    |                           |
| <b>IBS AGENT - SELECTIVE 5-HT3 RECEPTOR ANTAGONISTS</b>                                     |      |                           |
| alosetron   | 3    | QL                        |
| LOTRONEX  | 3    | QL                        |
| <b>IBS AGENT - SODIUM-HYDROGEN EXCHANGER 3 (NHE3) INHIBITOR</b>                             |      |                           |
| IBSRELA   | 3    | ST; QL                    |
| <b>INFLAMMATORY BOWEL AGENT - INTERLEUKIN-12 AND IL-23 INHIBITORS, MC AB</b>                |      |                           |
| IMULDOSA SUBCUTANEOUS SYRINGE 90 MG/ML  | 3    | PA; QL; S                 |
| OTULFI SUBCUTANEOUS SOLUTION  | 3    | PA; QL; S                 |
| OTULFI SUBCUTANEOUS SYRINGE 90 MG/ML  | 3    | PA; QL; S                 |
| PYZCHIVA SUBCUTANEOUS SOLUTION  | 3    | PA; QL; S                 |
| PYZCHIVA SUBCUTANEOUS SYRINGE 90 MG/ML (SANDOZ)   | 3    | PA; QL                    |
| SELARSDI SUBCUTANEOUS SOLUTION  | 2    | PA; QL; MS; S             |
| STARJEMZA SUBCUTANEOUS SOLUTION   | 3    | PA; QL; S                 |
| STARJEMZA SUBCUTANEOUS SYRINGE 90 MG/ML   | 3    | PA; QL; S                 |
| STELARA SUBCUTANEOUS SOLUTION   | 2    | PA; QL; MS; S             |
| STELARA SUBCUTANEOUS SYRINGE 90 MG/ML   | 2    | PA; QL; MS; S             |
| STEQEYMA SUBCUTANEOUS SOLUTION  | 3    | PA; QL; S                 |
| STEQEYMA SUBCUTANEOUS SYRINGE 90 MG/ML  | 3    | PA; QL; MS; S             |
| ustekinumab subcutaneous solution   | 3    | PA; QL; MS; S             |
| ustekinumab subcutaneous syringe 90 mg/ml   | 3    | PA; QL; MS; S             |
| ustekinumab-aaaz subcutaneous syringe 90 mg/ml  | 3    | PA; QL; S                 |
| YESINTEK SUBCUTANEOUS SOLUTION  | 2    | PA; QL; MS; S             |
| YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML  | 2    | PA; QL; MS; S             |
| <b>INFLAMMATORY BOWEL AGENT - INTERLEUKIN-23 (IL-23) INHIBITOR, MC AB</b>                   |      |                           |
| OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML, 300MG/3ML(100MG /ML-200 MG/2ML) | 3    | PA; QL; MS; S             |
| OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML, 300MG/3ML(100MG /ML-200 MG/2ML)          | 3    | PA; QL; MS; S             |
| SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR  | 2    | PA; QL; MS; S             |
| TREMFYA ONE-PRESS   | 2    | PA; QL; MS; S             |
| TREMFYA PEN   | 2    | PA; QL; MS; S             |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| TREMFYA PEN INDUCTION PK(2PEN)   | 2    | PA; QL; MS; S             |
| TREMFYA SUBCUTANEOUS SYRINGE   | 2    | PA; QL; MS; S             |
| <b>INFLAMMATORY BOWEL AGENT - AMINOSALICYLATES AND RELATED AGENTS</b>        |      |                           |
| APRISO   | 3    |                           |
| AZULFIDINE   | 3    |                           |
| AZULFIDINE EN-TABS   | 3    |                           |
| balsalazide  | 1    |                           |
| CANASA   | 3    |                           |
| COLAZAL  | 3    |                           |
| DIPENTUM   | 3    |                           |
| LIALDA   | 3    |                           |
| mesalamine oral capsule (with del rel tablets)                               | 1    |                           |
| mesalamine oral capsule, extended release                                    | 3    |                           |
| mesalamine oral capsule,extended release 24hr                                | 1    |                           |
| mesalamine oral tablet,delayed release (dr/ec) 1.2 gram                      | 1    |                           |
| mesalamine oral tablet,delayed release (dr/ec) 800 mg                        | 3    |                           |
| mesalamine rectal  | 1    |                           |
| PENTASA  | 3    |                           |
| sulfasalazine  | 1    |                           |
| <b>INFLAMMATORY BOWEL AGENT - GLUCOCORTICOIDS</b>                            |      |                           |
| budesonide oral capsule,delayed,extend.release                               | 1    |                           |
| budesonide oral tablet,delayed and ext.release                               | 3    | QL                        |
| budesonide rectal  | 2    | PA; QL                    |
| CORTENEMA  | 3    |                           |
| CORTIFOAM  | 3    |                           |
| hydrocortisone rectal  | 1    |                           |
| UCERIS ORAL  | 3    | QL                        |
| UCERIS RECTAL  | 3    | PA; QL                    |
| <b>INFLAMMATORY BOWEL AGENT - INTEGRIN RECEPTOR ANTAGONIST, MC ANTIBODY</b>  |      |                           |
| ENTYVIO PEN  | 3    | PA; QL; MS; S             |
| <b>INFLAMMATORY BOWEL AGENT - JANUS KINASE (JAK) INHIBITORS</b>              |      |                           |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG                              | 2    | PA; QL; MS; S             |
| XELJANZ ORAL TABLET  | 2    | PA; QL; MS; S             |
| XELJANZ XR   | 2    | PA; QL; MS; S             |
| <b>INFLAMMATORY BOWEL AGENT - SPHINGOSINE 1-PHOSPHATE RECEPTOR MODULATOR</b> |      |                           |
| VELSIPITY  | 3    | PA; QL; MS; S             |
| ZEPOSIA  | 2    | PA; QL; MS; S             |
| ZEPOSIA STARTER KIT (28-DAY)   | 2    | PA; QL; MS; S             |
| ZEPOSIA STARTER PACK (7-DAY)   | 2    | PA; QL; MS; S             |
| <b>INFLAMMATORY BOWEL AGENT - TUMOR NECROSIS FACTOR ALPHA BLOCKERS</b>       |      |                           |
| ABRILADA(CF)   | 3    | PA; QL; S                 |
| ABRILADA(CF) PEN   | 3    | PA; QL; S                 |
| ADALIMUMAB-AACF SUBCUTANEOUS PEN INJECTOR KIT                                | 3    | PA; QL; MS; S             |
| ADALIMUMAB-AACF SUBCUTANEOUS SYRINGE KIT                                     | 3    | PA; QL; MS; S             |
| ADALIMUMAB-AACF(CF) PEN CROHNS   | 3    | PA; QL; MS; S             |
| ADALIMUMAB-AACF(CF) PEN PS-UV  | 3    | PA; QL; MS; S             |
| ADALIMUMAB-AATY  | 3    | PA; QL; S                 |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| ADALIMUMAB-AATY(CF) AI CROHNS  | 3    | PA; QL; MS; S             |
| ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR  | 3    | PA; QL; MS; S             |
| ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE 20 MG/0.2 ML, 40 MG/0.4 ML                                      | 3    | PA; QL; MS; S             |
| ADALIMUMAB-ADBIM SUBCUTANEOUS PEN INJECTOR KIT (BOEHRINGER ING.)                                     | 3    | PA; QL; MS; S             |
| ADALIMUMAB-ADBIM SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML (BOEHRINGER ING.) | 3    | PA; QL; MS; S             |
| ADALIMUMAB-FKJP SUBCUTANEOUS PEN INJECTOR KIT  | 3    | PA; QL; S                 |
| ADALIMUMAB-FKJP SUBCUTANEOUS SYRINGE KIT   | 3    | PA; QL; S                 |
| adalimumab-ryvk subcutaneous auto-injector, kit 80 mg/0.8 ml   | 3    | PA; QL; MS; S             |
| AMJEVITA(CF) AUTOINJECTOR  | 3    | PA; QL; MS; S             |
| AMJEVITA(CF) SUBCUTANEOUS SYRINGE 20 MG/0.2 ML, 40 MG/0.4 ML, 40 MG/0.8 ML                           | 3    | PA; QL; MS; S             |
| CIMZIA STARTER KIT   | 3    | PA; QL; MS; S             |
| CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)  | 3    | PA; QL; MS; S             |
| CYLTEZO(CF) PEN  | 3    | PA; QL; MS; S             |
| CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML                        | 3    | PA; QL; MS; S             |
| HADLIMA  | 2    | PA; QL; MS; S             |
| HADLIMA PUSHTOUCH  | 2    | PA; QL; MS; S             |
| HADLIMA(CF)  | 2    | PA; QL; MS; S             |
| HADLIMA(CF) PUSHTOUCH  | 2    | PA; QL; MS; S             |
| HULIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT  | 3    | PA; QL; S                 |
| HULIO(CF) SUBCUTANEOUS SYRINGE KIT   | 3    | PA; QL; S                 |
| HUMIRA PEN (ABBVIE)  | 2    | PA; QL; MS; S             |
| HUMIRA SYRINGE KIT (ABBVIE)  | 2    | PA; QL; MS; S             |
| HUMIRA(CF) PEN (ABBVIE)  | 2    | PA; QL; MS; S             |
| HUMIRA(CF) PEN CROHNS-UC-HS (ABBVIE)   | 2    | PA; QL; MS; S             |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS (ABBVIE)  | 2    | PA; QL; MS; S             |
| HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML                                       | 2    | PA; QL; MS; S             |
| HYRIMOZ PEN CROHN'S-UC STARTER (SANDOZ)  | 3    | PA; QL; MS; S             |
| HYRIMOZ PEN PSORIASIS STARTER (SANDOZ)   | 3    | PA; QL; MS; S             |
| HYRIMOZ(CF) PEDI CROHN STARTER (SANDOZ)  | 3    | PA; QL; MS; S             |
| HYRIMOZ(CF) PEN (SANDOZ)   | 3    | PA; QL; MS; S             |
| HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 20 MG/0.2 ML, 40 MG/0.4 ML  | 3    | PA; QL; MS; S             |
| SIMLANDI(CF) AUTOINJECTOR  | 2    | PA; QL; MS; S             |
| SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML                                     | 2    | PA; QL; MS; S             |
| SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML  | 3    | PA; QL; MS; S             |
| SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML   | 3    | PA; QL; MS; S             |
| YUFLYMA(CF)  | 3    | PA; QL; S                 |
| YUFLYMA(CF) AI CROHN'S-UC-HS   | 3    | PA; QL; S                 |
| YUFLYMA(CF) AUTOINJECTOR   | 3    | PA; QL; S                 |
| YUSIMRY(CF) PEN  | 3    | PA; QL; S                 |
| ZYMFENTRA  | 3    | PA; QL; MS; S             |
| <b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS</b>   |      |                           |
| alosetron  | 3    | QL                        |
| AMITIZA ORAL CAPSULE 8 MCG   | 3    | ST; QL                    |
| LOTRONEX   | 3    | QL                        |
| lubiprostone   | 1    | QL                        |

| Product Description  | Tier | Limits/Restrictions/Notes                            |
|--|------|--|
| VIBERZI  | 3    |  |
| <b>LAXATIVE - SALINE AND OSMOTIC</b>                         |      |  |
| CITROMA  | 1    | Covered in full age 50-75 (limit 2 Rx per year)*     |
| CLEARLAX ORAL POWDER   | 1    | Covered in full age 50-75 (limit 2 Rx per year)*     |
| constulose   | 1    |  |
| DULCOLAX (MAGNESIUM HYDROXIDE) ORAL SUSPENSION               | 3    | Covered in full age 50-75 (limit 2 Rx per year)*     |
| GAVILAX ORAL POWDER  | 1    | Covered in full age 50-75 (limit 2 Rx per year)*     |
| GENTLE LAXATIVE (MAG HYDROX)                                 | 3    | Covered in full age 50-75 (limit 2 Rx per year)*     |
| GENTLELAX  | 1    | Covered in full age 50-75 (limit 2 Rx per year)*     |
| KRISTALOSE   | 3    | PA; QL   |
| lactulose oral packet  | 3    | PA; QL   |
| lactulose oral solution                                      | 1    |  |
| LAXATIVE PEG 3350  | 1    | Covered in full age 50-75 (limit 2 Rx per year)*     |
| magnesium citrate oral solution                              | 1    | Covered in full age 50-75 (limit 2 Rx per year)*     |
| magnesium hydroxide  | 1    | Covered in full age 50-75 (limit 2 Rx per year)*     |
| MILK OF MAGNESIA   | 1    | Covered in full age 50-75 (limit 2 Rx per year)*     |
| MILK OF MAGNESIA CONCENTRATED                                | 1    | Covered in full age 50-75 (limit 2 Rx per year)*     |
| NATURA-LAX   | 1    |  |
| ONELAX MAGNESIUM CITRATE                                     | 3    | Covered in full age 50-75 (limit 2 Rx per year)*     |
| polyethylene glycol 3350 oral powder                         | 1    | Covered in full age 50-75 (limit 2 Rx per year)*     |
| POWDERLAX ORAL POWDER  | 1    | Covered in full age 50-75 (limit 2 Rx per year)*     |
| PURELAX ORAL POWDER  | 1    | Covered in full age 50-75 (limit 2 Rx per year)*     |
| SMOOTHLAX ORAL POWDER  | 1    | Covered in full age 50-75 (limit 2 Rx per year)*     |
| <b>LAXATIVE - SALINE/OSMOTIC MIXTURES</b>                    |      |  |
| gavilyte-c   | 1    | Covered in full age 50-75 (limit 2 Rx per year)*     |
| gavilyte-g   | 1    | Covered in full age 50-75 (limit 2 Rx per year)*     |
| gavilyte-n   | 1    | Covered in full age 50-75 (limit 2 Rx per year)*     |
| GOLYTELY   | 3    |  |
| MOVIPREP   | 3    | QL   |
| ORAL SALINE LAXATIVE   | 1    | Covered in full age 50-75 (limit 2 Rx per year)*     |
| peg 3350-electrolytes  | 1    | Covered in full age 50-75 (limit 2 Rx per year)*     |
| peg3350-sod sul-nacl-kcl-asb-c                               | 1    | QL; Covered in full age 50-75 (limit 2 Rx per year)* |
| peg-electrolyte soln   | 1    | Covered in full age 50-75 (limit 2 Rx per year)*     |
| PHOSPHATE LAXATIVE   | 1    | Covered in full age 50-75 (limit 2 Rx per year)*     |
| PLENVU   | 3    | Covered in full age 50-75 (limit 2 Rx per year)*     |
| sodium,potassium,mag sulfates                                | 1    | Covered in full age 50-75 (limit 2 Rx per year)*     |
| SUFLAVE  | 2    | Covered in full age 50-75 (limit 2 Rx per year)*     |
| SUPREP BOWEL PREP KIT  | 3    |  |
| SUTAB  | 2    | QL; Covered in full age 50-75 (limit 2 Rx per year)* |
| <b>LAXATIVE - STIMULANT</b>                                  |      |  |
| bisacodyl oral   | 1    | Covered in full age 50-75 (limit 2 Rx per year)*     |
| FLEET BISACODYL ORAL   | 1    | Covered in full age 50-75 (limit 2 Rx per year)*     |
| GENTLE LAXATIVE (BISACODYL) ORAL                             | 1    | Covered in full age 50-75 (limit 2 Rx per year)*     |
| LAXATIVE (BISACODYL) ORAL TABLET,DELAYED RELEASE (DR/EC)     | 1    | Covered in full age 50-75 (limit 2 Rx per year)*     |
| WOMEN'S GENTLE LAXATIVE(BISAC)                               | 1    | Covered in full age 50-75 (limit 2 Rx per year)*     |
| <b>LAXATIVE - STIMULANT AND SALINE/OSMOTIC COMBINATIONS</b>  |      |  |
| CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML         | 2    | Covered in full age 50-75 (limit 2 Rx per year)*     |
| <b>PEPTIC ULCER - GASTRIC LUMEN ADHERENT CYTOPROTECTIVES</b> |      |  |
| CARAFATE ORAL TABLET   | 3    |  |
| sucralfate oral suspension                                   | 3    |  |

| Product Description   | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| sucralfate oral tablet  | 1    |                           |
| <b>SHORT BOWEL SYNDROME (SBS) - GLUCAGON-LIKE PEPTIDE-2 (GLP-2) ANALOG</b>    |      |                           |
| GATTEX 30-VIAL  | 3    | PA; QL; MS; S             |
| GATTEX ONE-VIAL   | 3    | PA; QL; MS; S             |
| <b>SHORT BOWEL SYNDROME (SBS) AGENTS</b>                                      |      |                           |
| BYNFEZIA  | 3    | PA; S                     |
| GLUTAMINE   | 3    | PA                        |
| octreotide acetate  | 1    | MS; S                     |
| octreotide,microspheres   | 3    | PA; QL; MS; S             |
| SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML              | 3    | MS; S                     |
| SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON             | 3    | PA; QL; MS; S             |
| <b>GENITOURINARY THERAPY</b>  |      |                           |
| <b>BPH AGENT- 5-ALPHA REDUCTASE INHIB AND ALPHA-1 ADRENOCEPTOR ANTAG COMB</b> |      |                           |
| dutasteride-tamsulosin  | 3    | QL                        |
| JALYN   | 3    | PA; QL                    |
| <b>BPH AGENT- 5-ALPHA-REDUCTASE AND PHOSPHODIESTERASE-5 (PDE5) INHIBITORS</b> |      |                           |
| ENTADFI   | 3    | QL                        |
| <b>CYSTINOSIS THERAPY (CYSTINE DEPLETING AGENTS)</b>                          |      |                           |
| CYSTAGON  | 3    | S                         |
| PROCYSBI  | 3    | PA; QL; MS; S             |
| <b>INTERSTITIAL CYSTITIS AGENTS</b>   |      |                           |
| ELMIRON   | 3    |                           |
| RIMSO-50  | 3    |                           |
| <b>KIDNEY STONE AGENTS</b>  |      |                           |
| THIOLA  | 3    | PA; QL; S                 |
| THIOLA EC   | 3    | PA; QL; S                 |
| tiopronin   | 3    | PA; QL; MS; S             |
| VENXXIVA  | 3    | PA; QL; S                 |
| <b>OVERACTIVE BLADDER AGENTS - BETA -3 ADRENERGIC RECEPTOR AGONIST</b>        |      |                           |
| GEMTESA   | 2    | QL                        |
| mirabegron  | 1    | QL                        |
| MYRBETRIQ   | 3    | ST; QL                    |
| <b>OXALOSIS AGENT - OXALATE INHIBITOR, SMALL INTERFERING RNA DIRECTED</b>     |      |                           |
| RIVFLOZA  | 3    | PA; QL; S                 |
| <b>PHOSPHATE BINDERS</b>  |      |                           |
| AURYXIA   | 3    | QL                        |
| calcium acetate(phosphat bind)  | 1    |                           |
| ferric citrate  | 3    | QL                        |
| FOSRENOL ORAL POWDER IN PACKET  | 3    |                           |
| FOSRENOL ORAL TABLET,CHEWABLE   | 3    | QL                        |
| lanthanum   | 3    | QL                        |
| REVELA  | 3    |                           |
| sevelamer carbonate oral powder in packet                                     | 3    |                           |
| sevelamer carbonate oral tablet   | 1    |                           |
| sevelamer hcl   | 3    |                           |

| Product Description   | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| VELPHORO  | 3    | QL                        |
| <b>PHOSPHATE BINDERS - CALCIUM-BASED</b>                                      |      |                           |
| calcium acetate(phosphat bind)  | 1    |                           |
| <b>PHOSPHATE BINDERS - IRON-BASED</b>   |      |                           |
| AURYXIA   | 3    | QL                        |
| ferric citrate  | 3    | QL                        |
| VELPHORO  | 3    | QL                        |
| <b>POLYCYSTIC KIDNEY DISEASE - VASOPRESSIN V2 RECEPTOR ANTAGONISTS</b>        |      |                           |
| JYNARQUE  | 3    | PA; QL; S                 |
| tolvaptan (polycys kidney dis) oral tablet 15 mg                              | 3    | PA; QL; MS; S             |
| tolvaptan (polycys kidney dis) oral tablet 30 mg                              | 3    | PA; QL; S                 |
| tolvaptan (polycys kidney dis) oral tablets, sequential                       | 3    | PA; QL; S                 |
| <b>PROSTATIC HYPERTROPHY AGENT - ALPHA-1-ADRENOCEPTOR ANTAGONISTS</b>         |      |                           |
| alfuzosin   | 1    | QL                        |
| silodosin   | 3    | QL                        |
| tamsulosin  | 1    | QL                        |
| UROXATRAL   | 3    | QL                        |
| <b>PROSTATIC HYPERTROPHY AGENT - TYPE II 5-ALPHA REDUCTASE INHIBITORS</b>     |      |                           |
| finasteride oral tablet 5 mg  | 1    |                           |
| PROSCAR   | 3    |                           |
| <b>PROSTATIC HYPERTROPHY AGENT-SEL.CGMP PHOSPHODIESTERASE TYPES INHIBITOR</b> |      |                           |
| CIALIS ORAL TABLET 5 MG   | 3    | QL                        |
| tadalafil oral tablet 2.5 mg, 5 mg  | 3    | QL                        |
| <b>PROSTATIC HYPERTROPHY AGENT-TYPE I AND II 5-ALPHA REDUCTASE INHIBITORS</b> |      |                           |
| AVODART   | 3    | QL                        |
| dutasteride   | 1    | QL                        |
| <b>URINARY ACIDIFIER - BACTERIAL UREASE INHIBITOR</b>                         |      |                           |
| LITHOSTAT   | 3    |                           |
| <b>URINARY ACIDIFIER - PHOSPHATES</b>   |      |                           |
| K-PHOS NO 2   | 3    |                           |
| K-PHOS ORIGINAL   | 3    |                           |
| <b>URINARY ALKALINIZER - CITRATES</b>   |      |                           |
| ORACIT  | 3    |                           |
| potassium citrate oral tablet extended release                                | 1    |                           |
| sodium citrate-citric acid oral solution 490-640 mg/5 ml                      | 3    |                           |
| UROCIT-K 10   | 3    |                           |
| UROCIT-K 15   | 3    |                           |
| <b>URINARY ANALGESICS</b>   |      |                           |
| phenazopyridine oral tablet 100 mg, 200 mg                                    | 1    |                           |
| PYRIDIUM  | 3    |                           |
| <b>URINARY ANTIBACTERIAL - METHENAMINE AND SALTS</b>                          |      |                           |
| methenamine hippurate   | 1    |                           |
| methenamine mandelate   | 1    |                           |
| UROQID-ACID NO.2  | 3    |                           |
| <b>URINARY ANTIBACTERIAL - NITROFURAN DERIVATIVES</b>                         |      |                           |
| FURADANTIN  | 3    |                           |

| Product Description   | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| MACROBID  | 3    |                           |
| nitrofurantoin macrocrystal   | 1    |                           |
| nitrofurantoin monohydrate macrocrystals                                      | 1    |                           |
| nitrofurantoin oral suspension 25 mg/5 ml                                     | 3    |                           |
| NITROFURANTOIN ORAL SUSPENSION 50 MG/5 ML                                     | 3    |                           |
| <b>URINARY ANTIBACTERIALS OTHER</b>   |      |                           |
| fosfomycin tromethamine   | 1    |                           |
| <b>URINARY ANTI-INFECTIVE METHENAMINE-ANTISPAS-ANALG COMBINATIONS</b>         |      |                           |
| URELLE  | 3    |                           |
| URETRON D-S   | 3    |                           |
| URIBEL TABS   | 3    |                           |
| urimar-t oral tablet  | 1    |                           |
| uro-mp  | 1    |                           |
| <b>URINARY ANTI-INFECTIVE METHENAMINE-ANTISPASMODIC COMBINATIONS</b>          |      |                           |
| methen-sod phos-meth blue-hyos  | 1    |                           |
| urogesic-blue   | 1    |                           |
| uryl  | 1    |                           |
| <b>URINARY ANTISPASMODIC - ANTICHOL., M(3) MUSCARINIC SELECTIVE (BLADDER)</b> |      |                           |
| darifenacin   | 3    | QL                        |
| solifenacin   | 1    | QL                        |
| VESICARE  | 3    | QL                        |
| <b>URINARY ANTISPASMODIC - ANTICHOLINERGICS, NON-SELECTIVE</b>                |      |                           |
| ANASPAZ   | 3    |                           |
| ed-spaz   | 1    |                           |
| hyoscyamine sulfate oral  | 1    |                           |
| hyoscyamine sulfate sublingual  | 1    |                           |
| hyosyne   | 1    |                           |
| LEVBID  | 3    |                           |
| LEVSIN  | 3    |                           |
| LEVSIN/SL   | 3    |                           |
| NULEV   | 3    |                           |
| oscimin   | 1    |                           |
| oscimin sl  | 1    |                           |
| SYMAX DUOTAB  | 3    |                           |
| symax fastabs   | 1    |                           |
| symax-sl  | 1    |                           |
| SYMAX-SR  | 3    |                           |
| <b>URINARY ANTISPASMODIC - SMOOTH MUSCLE RELAXANTS</b>                        |      |                           |
| fesoterodine  | 3    | QL                        |
| flavoxate   | 3    |                           |
| oxybutynin chloride oral syrup  | 1    |                           |
| OXYBUTYNIN CHLORIDE ORAL TABLET 2.5 MG  | 3    |                           |
| oxybutynin chloride oral tablet 5 mg  | 1    |                           |
| oxybutynin chloride oral tablet extended release 24hr                         | 1    |                           |
| OXYTROL   | 3    | ST                        |
| tolterodine   | 3    | QL                        |
| TOVIAZ  | 3    | QL                        |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| trosipium oral capsule,extended release 24hr                                 | 3    | QL                        |
| trosipium oral tablet  | 2    | QL                        |
| <b>URINARY RETENTION THERAPY - PARASYMPATHOMIMETIC AGENTS</b>                |      |                           |
| bethanechol chloride   | 1    |                           |
| <b>GOUT AND HYPERURICEMIA THERAPY</b>  |      |                           |
| <b>GOUT ACUTE THERAPY - ANTIMITOTICS</b>                                     |      |                           |
| colchicine oral capsule  | 3    | QL                        |
| colchicine oral tablet   | 1    | QL                        |
| COLCRYS  | 3    | QL                        |
| GLOPERBA   | 3    | QL                        |
| MITIGARE   | 3    | QL                        |
| <b>GOUT AND HYPERURICEMIA - ANTIMITOTIC-URICOSURIC COMBINATIONS</b>          |      |                           |
| probenecid-colchicine  | 1    |                           |
| <b>HYPERURICEMIA THERAPY - URICOSURICS</b>                                   |      |                           |
| probenecid   | 1    |                           |
| <b>HYPERURICEMIA THERAPY - XANTHINE OXIDASE INHIBITORS</b>                   |      |                           |
| allopurinol oral tablet 100 mg, 300 mg                                       | 1    |                           |
| allopurinol oral tablet 200 mg   | 3    | PA; QL                    |
| febuxostat   | 1    | QL                        |
| ULORIC   | 3    | QL                        |
| ZYLOPRIM ORAL TABLET 100 MG  | 3    |                           |
| <b>HEMATOLOGICAL AGENTS</b>  |      |                           |
| <b>AGENTS TO TREAT ATTP- ANTI VON WILLEBRAND FACTOR (VWF) A1 DOMAIN</b>      |      |                           |
| CABLIVI INJECTION KIT  | 3    | PA; QL; S                 |
| <b>AGENTS TO TREAT PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH)</b>             |      |                           |
| EMPAVELI   | 3    | PA; S                     |
| FABHALTA   | 3    | PA; QL; MS; S             |
| VOYDEYA  | 3    | PA; QL; MS; S             |
| <b>ANTICOAGULANTS - COUMARIN</b>   |      |                           |
| warfarin   | 1    | PV                        |
| <b>BLOOD CELL AND PLATELET DISORDER TREATMENT-TYROSINE KINASE INHIBITORS</b> |      |                           |
| TAVALISSE  | 3    | PA; QL; S                 |
| WAYRILZ  | 3    | PA; QL; S                 |
| <b>C1 ESTERASE INHIBITOR AGENTS</b>  |      |                           |
| BERINERT INTRAVENOUS KIT   | 3    | PA; QL; MS; S             |
| CINRYZE  | 3    | PA; QL; MS; S             |
| HAEGARDA   | 2    | PA; QL; MS; S             |
| RUCONEST   | 3    | PA; QL; MS; S             |
| <b>CXCR4 CHEMOKINE RECEPTOR ANTAGONISTS</b>                                  |      |                           |
| MOZOBIL  | 3    | QL; MS; S                 |
| plerixafor   | 1    | QL; MS; S                 |
| XOLREMDI   | 3    | PA; QL; S                 |
| <b>DIRECT FACTOR XA INHIBITORS</b>   |      |                           |
| ELIQUIS  | 2    | QL; PV                    |
| ELIQUIS DVT-PE TREAT 30D START   | 2    | QL; PV                    |
| ELIQUIS SPRINKLE   | 2    | QL; PV                    |
| rivaroxaban  | 1    | QL; PV                    |

| Product Description   | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| SAVAYSA   | 3    | ST; QL; PV                |
| XARELTO   | 2    | QL; PV                    |
| XARELTO DVT-PE TREAT 30D START  | 2    | PV                        |
| <b>ERYTHROPOIETINS</b>  |      |                           |
| ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML                     | 2    | MS; S                     |
| ARANESP (IN POLYSORBATE) INJECTION SYRINGE  | 2    | MS; S                     |
| EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML | 3    | MS; S                     |
| MIRCERA   | 3    | S                         |
| PROCRIT   | 3    | MS; S                     |
| RETACRIT  | 3    | MS; S                     |
| <b>GRANULOCYTE COLONY-STIMULATING FACTOR (G-CSF)</b>  |      |                           |
| FULPHILA  | 3    | PA; MS; S                 |
| FYLNETRA  | 3    | PA; S                     |
| GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML   | 3    | PA; MS; S                 |
| GRANIX SUBCUTANEOUS SYRINGE   | 3    | PA; MS; S                 |
| NEULASTA ONPRO  | 2    | MS; S                     |
| NEULASTA SUBCUTANEOUS SYRINGE   | 2    | MS; S                     |
| NEUPOGEN  | 3    | PA; MS; S                 |
| NIVESTYM  | 3    | PA; MS; S                 |
| NYPOZI  | 3    | PA; MS; S                 |
| NYVEPRIA  | 3    | PA; MS; S                 |
| RELEUKO SUBCUTANEOUS  | 3    | PA; MS; S                 |
| ROLVEDON  | 3    | PA; S                     |
| STIMUFEND   | 3    | PA; MS; S                 |
| UDENYCA   | 2    | MS; S                     |
| UDENYCA AUTOINJECTOR  | 2    | MS; S                     |
| UDENYCA ONBODY  | 2    | MS; S                     |
| ZARXIO  | 2    | MS; S                     |
| ZIEXTENZO   | 3    | PA; MS; S                 |
| <b>GRANULOCYTE-MACROPHAGE COLONY-STIMULATING FACTOR (GM-CSF)</b>  |      |                           |
| LEUKINE INJECTION RECON SOLN  | 3    | QL; MS; S                 |
| <b>HEMATORHEOLOGIC AGENTS</b>   |      |                           |
| pentoxifylline  | 1    |                           |
| <b>HEMOPHILIA TREATMENT AGENTS - MONOCLONAL ANTIBODY</b>  |      |                           |
| ALHEMO PEN  | 3    | PA; QL; MS; S             |
| HEMLIBRA  | 3    | PA; MS; S                 |
| HYMPAVZI PEN  | 3    | PA; QL; MS; S             |
| <b>HEMOPHILIA TREATMENT AGENTS - SMALL INTERFERING RNA (SIRNA)</b>  |      |                           |
| QFITLIA   | 3    | PA; QL; S                 |
| QFITLIA PEN   | 3    | PA; QL; S                 |
| <b>HEMOSTATIC SYSTEMIC - ANTIFIBRINOLYTIC AGENTS</b>  |      |                           |
| AMICAR  | 3    |                           |
| aminocaproic acid oral  | 1    |                           |
| tranexamic acid oral  | 1    | QL                        |
| <b>HEMOSTATIC TOPICAL AGENTS</b>  |      |                           |
| AVITENE TOPICAL SHEET   | 3    |                           |
| ENDO AVITENE TOPICAL SHEET 5 MM   | 3    |                           |
| MONSEL'S TOPICAL SOLUTION   | 3    |                           |

| Product Description  | Tier | Limits/Restrictions/Notes                 |
|--|------|---|
| RECOTHROM TOPICAL RECON SOLN 5,000 UNIT  | 3    |   |
| SURGIFOAM TOPICAL SPONGE 12-7 MM   | 3    |   |
| THROMBIN-JMI TOPICAL   | 3    |   |
| ULTRAFOAM TOPICAL SPONGE 8 X 12.5 X 1 CM, 8 X 12.5 X 3 CM-CM-MM, 8 X 6.25 X 1 CM | 3    |   |
| <b>HEMOSTATIC TOPICAL COMBINATIONS</b>   |      |   |
| EVICEL TOPICAL SOLUTION 800-1,200 UNIT /ML(5 ML X 2)                             | 3    |   |
| <b>HEPARIN FLUSH FORMULATIONS</b>  |      |   |
| hep flush-10 (pf)  | 1    |   |
| <b>HEPARINS</b>  |      |   |
| hep flush-10 (pf)  | 1    |   |
| <b>INDIRECT FACTOR XA INHIBITORS</b>   |      |   |
| ARIXTRA  | 3    | S   |
| fondaparinux   | 1    | S   |
| <b>LOW MOLECULAR WEIGHT HEPARINS</b>   |      |   |
| enoxaparin   | 1    | S   |
| FRAGMIN SUBCUTANEOUS SOLUTION  | 3    | S   |
| FRAGMIN SUBCUTANEOUS SYRINGE   | 3    | S   |
| LOVENOX  | 3    | S   |
| <b>PLASMA PROTEINS WHICH FACILITATE ANTICOAGULATION</b>                          |      |   |
| RYPLAZIM   | 3    | PA; QL; S                                 |
| <b>PLATELET AGGREGATION INHIB - CYCLOPENTYL-TRIAZOLO-PYRIMIDINES (CPTPS)</b>     |      |   |
| BRILINTA   | 3    | QL; PV                                    |
| ticagrelor   | 1    | QL; PV                                    |
| <b>PLATELET AGGREGATION INHIBITOR COMBINATIONS</b>                               |      |   |
| aspirin-dipyridamole   | 1    | PV  |
| <b>PLATELET AGGREGATION INHIBITORS - PHOSPHODIESTERASE III INHIBITORS</b>        |      |   |
| cilostazol   | 1    | PV  |
| <b>PLATELET AGGREGATION INHIBITORS - QUINAZOLINE AGENTS</b>                      |      |   |
| AGRYLIN  | 3    | PV  |
| anagrelide   | 1    | PV  |
| <b>PLATELET AGGREGATION INHIBITORS - SALICYLATES</b>                             |      |   |
| ADULT ASPIRIN REGIMEN  | 3    | QL; Covered in full age 59 and under*; PV |
| ASPIRIN CHILDRENS  | 1    | QL; Covered in full age 59 and under*; PV |
| aspirin oral tablet,chewable   | 1    | QL; Covered in full age 59 and under*; PV |
| aspirin oral tablet,delayed release (dr/ec) 81 mg                                | 1    | QL; Covered in full age 59 and under*; PV |
| bayer low dose aspirin   | 1    | QL; Covered in full age 59 and under*; PV |
| CHILDREN'S ASPIRIN   | 1    | QL; Covered in full age 59 and under*; PV |
| ecotrin low strength   | 1    | QL; Covered in full age 59 and under*; PV |
| ST JOSEPH ASPIRIN  | 3    | QL; Covered in full age 59 and under*; PV |
| ST. JOSEPH ASPIRIN   | 3    | QL; Covered in full age 59 and under*; PV |
| <b>PLATELET AGGREGATION INHIBITORS - THIENOPYRIDINE AGENTS</b>                   |      |   |
| clopidogrel oral tablet 300 mg   | 1    | PV  |
| clopidogrel oral tablet 75 mg  | 1    | QL; PV                                    |
| EFFIENT  | 3    | QL; PV                                    |
| PLAVIX ORAL TABLET 75 MG   | 3    | QL; PV                                    |
| prasugrel hcl  | 1    | QL; PV                                    |

| Product Description   | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| <b>PLATELET AGGREGATION INHIBITORS-SALICYLATES AND PROTON PUMP INHIB COMB</b> |      |                           |
| YOSPRALA  | 3    | PA; QL; PV                |
| <b>PLATELET AGGREGATION INHIB-PDESTERASE AND ADENOSINE DEAMINASE INHIBITR</b> |      |                           |
| dipyridamole oral   | 1    | PV                        |
| <b>PLATELET AGGREGATION INHIB-PROTEASE-ACTIV.RECEPTOR-1(PAR-1) ANTAGONIST</b> |      |                           |
| ZONTIVITY   | 3    | PA; QL; PV                |
| <b>PNH - COMPLEMENT (C3) INHIBITORS</b>                                       |      |                           |
| EMPAVELI  | 3    | PA; S                     |
| <b>PNH - COMPLEMENT FACTOR B INHIBITORS</b>                                   |      |                           |
| FABHALTA  | 3    | PA; QL; MS; S             |
| <b>PNH - COMPLEMENT FACTOR D INHIBITORS</b>                                   |      |                           |
| VOYDEYA   | 3    | PA; QL; MS; S             |
| <b>PYRUVATE KINASE (PK) ACTIVATORS</b>  |      |                           |
| AQVESME   | 3    | PA; QL; MS; S             |
| PYRUKYND 5 MG TABLET  | 3    | PA; QL                    |
| PYRUKYND 5 MG TAPER PACK  | 3    | PA; QL                    |
| PYRUKYND ORAL TABLET 20 MG, 50 MG   | 3    | PA; QL; S                 |
| PYRUKYND ORAL TABLETS,DOSE PACK   | 3    | PA; QL; S                 |
| <b>SICKLE CELL ANEMIA AGENTS, OTHERS</b>                                      |      |                           |
| DROXIA  | 3    |                           |
| ENDARI  | 3    | PA; QL; MS; S             |
| glutamine (sickle cell)   | 3    | PA; QL; MS; S             |
| SIKLOS  | 3    | PA                        |
| XROMI   | 3    | PA; QL                    |
| <b>THROMBIN INHIBITOR - SELECTIVE DIRECT AND REVERSIBLE</b>                   |      |                           |
| dabigatran etexilate  | 3    | QL; PV                    |
| PRADAXA ORAL CAPSULE  | 3    | QL; PV                    |
| PRADAXA ORAL PELLETS IN PACKET  | 3    | PA; QL; S; PV             |
| <b>THROMBOPOIETIN RECEPTOR AGONISTS</b>                                       |      |                           |
| ALVAIZ  | 3    | PA; QL; MS; S             |
| DOPTELET (10 TAB PACK)  | 3    | PA; QL; MS; S             |
| DOPTELET (15 TAB PACK)  | 3    | PA; QL; MS; S             |
| DOPTELET (30 TAB PACK)  | 3    | PA; QL; MS; S             |
| DOPTELET SPRINKLE   | 3    | PA; QL; MS; S             |
| eltrombopag olamine   | 3    | PA; QL; S                 |
| MULPLETA  | 3    | PA; QL; MS; S             |
| PROMACTA  | 3    | PA; QL; MS; S             |
| <b>HEPATOBIILIARY SYSTEM TREATMENT AGENTS</b>                                 |      |                           |
| <b>AGENTS TO TREAT CEREBROTENDINOUS XANTHOMATOSIS (CTX)</b>                   |      |                           |
| CTEXLI  | 3    | PA; QL; S                 |
| <b>ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITOR</b>                           |      |                           |
| BYLVAY  | 3    | PA; QL; MS; S             |
| LIVMARLI  | 3    | PA; QL; S                 |
| <b>NON-ALCOHOLIC STEATOHEPATITIS (NASH) AGENTS - THR-BETA AGONIST</b>         |      |                           |
| REZDIFFRA   | 3    | PA; QL; MS; S             |
| <b>PEROXISOME PROLIFERATOR-ACTIVATED RECEPTOR (PPAR) AGONIST</b>              |      |                           |
| IQIRVO  | 3    | PA; QL; MS; S             |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| LIVDELZI   | 3    | PA; QL; S                 |
| <b>IMMUNOSUPPRESSIVE AGENTS</b>  |      |                           |
| <b>IMMUNOSUPPRESSIVE - A PROLIFERATION INDUCING LIGAND (APRIL) INHIBITOR</b> |      |                           |
| VOYXACT  | 3    | PA; QL; S                 |
| <b>IMMUNOSUPPRESSIVE - CALCINEURIN INHIBITORS</b>                            |      |                           |
| ASTAGRAF XL  | 3    | PA; QL; S; PV             |
| cyclosporine modified  | 1    | S; PV                     |
| cyclosporine oral capsule  | 1    | S; PV                     |
| ENVARBUS XR  | 3    | PA; QL; S; PV             |
| gengraf oral capsule   | 1    | S; PV                     |
| LUPKYNIS   | 3    | PA; QL; S                 |
| NEORAL   | 3    | S; PV                     |
| PROGRAF ORAL CAPSULE   | 3    | S; PV                     |
| PROGRAF ORAL GRANULES IN PACKET  | 3    | ST; S; PV                 |
| SANDIMMUNE ORAL CAPSULE  | 3    | S; PV                     |
| tacrolimus oral capsule  | 1    | S; PV                     |
| tacrolimus oral capsule,extended release 24hr                                | 3    | PA; QL; S                 |
| <b>IMMUNOSUPPRESSIVE - INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS</b>    |      |                           |
| CELLCEPT   | 3    | S; PV                     |
| mycophenolate mofetil  | 1    | S; PV                     |
| mycophenolate sodium   | 1    | S; PV                     |
| MYFORTIC   | 3    | S; PV                     |
| MYHIBBIN   | 3    | S; PV                     |
| <b>IMMUNOSUPPRESSIVE - INTERFERON INHIBITOR, MONOCLONAL ANTIBODY</b>         |      |                           |
| SAPHNELO PEN   | 3    | PA; QL; MS; S             |
| <b>IMMUNOSUPPRESSIVE - INTERLEUKIN-6 (IL-6) RECEPTOR INHIBITORS</b>          |      |                           |
| ENSPRYNG   | 3    | PA; QL; MS; S             |
| <b>IMMUNOSUPPRESSIVE - MAMMALIAN TARGET OF RAPAMYCIN (MTOR) INHIBITORS</b>   |      |                           |
| everolimus (immunosuppressive)   | 3    | S; PV                     |
| sirolimus  | 1    | S; PV                     |
| ZORTRESS   | 3    | S; PV                     |
| <b>IMMUNOSUPPRESSIVE - PURINE ANALOGS</b>                                    |      |                           |
| AZASAN   | 3    | PA; QL; S; PV             |
| azathioprine oral tablet 100 mg, 75 mg                                       | 3    | PA; QL; S; PV             |
| azathioprine oral tablet 50 mg   | 1    | S; PV                     |
| IMURAN   | 3    | S; PV                     |
| <b>LOCOMOTOR SYSTEM</b>  |      |                           |
| <b>AGENTS TO TREAT PERIODIC PARALYSIS - CARBONIC ANHYDRASE INHIBITORS</b>    |      |                           |
| dichlorphenamide   | 3    | PA; MS; S                 |
| KEVEYIS  | 3    | PA; S                     |
| ORMALVI  | 3    | PA; QL; S                 |
| <b>ALS AGENTS - ANTIOXIDANTS/ANTI-INFLAMMATORIES</b>                         |      |                           |
| RADICAVA ORS   | 3    | PA; QL; MS; S             |
| RADICAVA ORS STARTER KIT SUSP  | 3    | PA; QL; MS; S             |
| <b>AMYOTROPHIC LATERAL SCLEROSIS (ALS) AGENTS - BENZATHIAZOLES</b>           |      |                           |
| riluzole   | 1    |                           |

| Product Description   | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| TEGLUTIK  | 3    | PA; QL; S                 |
| TIGLUTIK  | 3    | PA; QL; S                 |
| <b>ANTIMYASTHENIC AGENT - NEONATAL FC RECEPTOR (FCRN) INHIBITOR</b>           |      |                           |
| VYVGART HYTRULO SUBCUTANEOUS SYRINGE  | 3    | PA; QL; MS; S             |
| <b>ANTIMYASTHENIC AGENT - REVERSIBLE CHOLINESTERASE INHIBITORS</b>            |      |                           |
| MESTINON ORAL   | 3    |                           |
| MESTINON TIMESPAN   | 3    |                           |
| pyridostigmine bromide oral syrup   | 1    |                           |
| PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG                                      | 3    |                           |
| pyridostigmine bromide oral tablet 60 mg                                      | 1    |                           |
| pyridostigmine bromide oral tablet extended release 180 mg                    | 1    |                           |
| <b>ANTIMYASTHENIC AGENTS OTHER</b>  |      |                           |
| FIRDAPSE  | 3    | PA; QL; S                 |
| ZILBRYSQ  | 3    | PA; QL; S                 |
| <b>DUCHENNE MUSCULAR DYSTROPHY - HISTONE DEACETYLASE (HDAC) INHIBITOR</b>     |      |                           |
| DUVYZAT   | 3    | PA; QL; S                 |
| <b>FIBRODYSPLASIA OSSIFICANS PROGRESSIVA-RETINOIC ACID RECEPTOR AGONISTS</b>  |      |                           |
| SOHONOS   | 3    | PA; QL; S                 |
| <b>FRIEDREICH ATAXIA-NUCLEAR FACTOR ERYTHROID-REL.FACTOR2(NRF2) ACTIVATOR</b> |      |                           |
| SKYCLARYS   | 3    | PA; QL; S                 |
| <b>NEUROMUSCULAR THERAPY AGENTS - BARTH SYNDROME</b>                          |      |                           |
| FORZINITY   | 3    | PA; QL; S                 |
| <b>NEUROMUSCULAR THERAPY AGENTS - THYMIDINE KINASE 2 DEFICIENCY (TK2D)</b>    |      |                           |
| KYGEVVI   | 3    | PA; QL                    |
| <b>SKELETAL MUSCLE RELAXANT - ANALGESIC SALICYLATE COMBINATIONS</b>           |      |                           |
| NORGESIC FORTE  | 3    | ST; QL                    |
| orphenadrine-asa-caffeine oral tablet 25-385-30 mg                            | 3    | ST; QL                    |
| ORPHENGESIC FORTE   | 3    | ST; QL                    |
| <b>SKELETAL MUSCLE RELAXANT - CENTRAL MUSCLE RELAXANTS</b>                    |      |                           |
| AMRIX   | 3    | PA; QL                    |
| ATMEKSI   | 3    | PA; QL                    |
| baclofen 10 mg/5 ml solution  | 1    | PA; QL                    |
| baclofen 5 mg/5 ml solution   | 3    | PA; QL                    |
| BACLOFEN ORAL SOLUTION 10 MG/5 ML (2 MG/ML)                                   | 3    | PA; QL                    |
| baclofen oral solution 5 mg/5 ml  | 3    | PA; QL                    |
| baclofen oral suspension  | 3    | PA; QL                    |
| baclofen oral tablet 10 mg, 20 mg   | 1    |                           |
| baclofen oral tablet 15 mg  | 3    | PA                        |
| BACLOFEN ORAL TABLET 5 MG   | 3    |                           |
| carisoprodol oral tablet 250 mg   | 3    | PA; QL                    |
| carisoprodol oral tablet 350 mg   | 1    |                           |
| chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg                              | 3    | PA; QL                    |
| chlorzoxazone oral tablet 500 mg  | 1    | QL                        |
| cyclobenzaprine oral capsule,extended release 24hr                            | 3    | PA; QL                    |
| cyclobenzaprine oral tablet 10 mg, 5 mg                                       | 1    |                           |
| cyclobenzaprine oral tablet 7.5 mg  | 3    | PA; QL                    |
| FEXMID  | 3    | PA; QL                    |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| FLEQSUVY   | 3    | PA; QL                    |
| metaxalone oral tablet 400 mg  | 3    | PA; QL                    |
| metaxalone oral tablet 640 mg  | 3    | PA                        |
| metaxalone oral tablet 800 mg  | 2    | QL                        |
| METHOCARBAMOL 1,000 MG TABLET (MISEMER)                                  | 3    | PA; QL                    |
| methocarbamol oral tablet 1,000 mg                                       | 3    | PA; QL                    |
| methocarbamol oral tablet 500 mg, 750 mg                                 | 1    |                           |
| ONTRALFY   | 3    | PA; QL                    |
| orphenadrine citrate oral  | 1    |                           |
| OZOBAX   | 3    | PA; QL                    |
| OZOBAX DS  | 3    | PA; QL                    |
| SOMA ORAL TABLET 250 MG  | 3    | PA; QL                    |
| SOMA ORAL TABLET 350 MG  | 3    |                           |
| TANLOR   | 3    | PA; QL                    |
| tizanidine oral capsule 2 mg, 4 mg, 6 mg                                 | 3    |                           |
| tizanidine oral capsule 8 mg   | 3    | PA; QL                    |
| tizanidine oral tablet   | 1    |                           |
| TONMYA   | 3    | PA; QL                    |
| ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG                                   | 3    |                           |
| ZANAFLEX ORAL CAPSULE 8 MG   | 3    | PA; QL                    |
| ZANAFLEX ORAL TABLET   | 3    |                           |
| <b>SKELETAL MUSCLE RELAXANT - DIRECT MUSCLE RELAXANTS</b>                |      |                           |
| DANTRIUM ORAL CAPSULE 25 MG  | 3    |                           |
| dantrolene oral  | 3    |                           |
| <b>SKELETAL MUSCLE RELAXANT - OPIOID ANALGESIC COMBINATIONS</b>          |      |                           |
| carisoprodol-aspirin-codeine   | 1    |                           |
| <b>SKELETAL MUSCLE RELAXANT, SALICYLATE, AND OPIOID ANALGESIC COMB.</b>  |      |                           |
| carisoprodol-aspirin-codeine   | 1    |                           |
| <b>SPINAL MUSCULAR ATROPHY - MOTOR NEURON 2 (SMN2) SPLICING MODIFIER</b> |      |                           |
| EVRYSDI  | 3    | PA; QL; MS; S             |
| <b>MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT (DME)</b>              |      |                           |
| <b>MEDICAL SUPPLIES AND DME - BLOOD COLLECTION NEEDLES</b>               |      |                           |
| MONOJECT BLOOD COLLECTION  | 3    | PV                        |
| MULTI-DRAW NEEDLE  | 3    | PV                        |
| <b>MEDICAL SUPPLIES AND DME - BLOOD GLUCOSE TESTS</b>                    |      |                           |
| ACCU-CHEK AVIVA PLUS TEST STRP   | 3    | ST; QL; PV                |
| ACCU-CHEK GUIDE TEST STRIPS  | 3    | ST; QL; PV                |
| ACCU-CHEK SMARTVIEW TEST STRIP   | 3    | ST; QL; PV                |
| ACCUTREND GLUCOSE TEST STRIPS  | 3    | ST; QL; PV                |
| ADVANCED GLUC METER TEST STRIP   | 3    | ST; QL; PV                |
| ADVOCATE REDI-CODE PLUS STRIP  | 3    | ST; QL; PV                |
| AGAMATRIX AMP TEST STRIPS  | 3    | ST; QL; PV                |
| AGAMATRIX JAZZ TEST STRIPS   | 3    | ST; QL                    |
| AGAMATRIX PRESTO TEST STRIPS   | 3    | ST; QL                    |
| ASSURE 4 STRIPS  | 3    | ST; QL; PV                |
| ASSURE PLATINUM TEST STRIP   | 3    | ST; QL; PV                |
| ASSURE PRISM MULTI STRIP   | 3    | ST; QL; PV                |
| BIONIME RIGHTEST TEST STRIPS   | 3    | ST; QL; PV                |

| Product Description                | Tier | Limits/Restrictions/Notes |
|------------------------------------|------|---------------------------|
| BLOOD GLUCOSE TEST                 | 3    | ST; QL; PV                |
| BLULINK GLUCOSE TEST STRIP         | 3    | ST; QL; PV                |
| CARESENS N TEST STRIPS             | 3    | ST; QL; PV                |
| CARESENS S TEST STRIP              | 3    | ST; QL; PV                |
| CARETOUCH TEST STRIP               | 3    | ST; QL; PV                |
| CLEVER CHOICE MICRO TEST STRIP     | 3    | ST; QL; PV                |
| CLEVER CHOICE PRO STRIP            | 3    | ST; QL; PV                |
| CLEVER CHOICE TALK TEST            | 3    | ST; QL; PV                |
| CLEVER CHOICE TEST STRIPS          | 3    | ST; QL; PV                |
| CLEVER CHOICE VOICE PLUS TEST      | 3    | ST; QL; PV                |
| CONTOUR NEXT TEST STRIPS           | 2    | QL; PV                    |
| CONTOUR PLUS TEST STRIP            | 2    | QL; PV                    |
| CONTOUR TEST STRIPS                | 2    | QL; PV                    |
| DIATRUE PLUS TEST STRIP            | 3    | ST; QL; PV                |
| EASY PLUS II TEST                  | 3    | ST; QL; PV                |
| EASY STEP                          | 3    | ST; QL; PV                |
| EASY TALK GLUCOSE TEST             | 3    | ST; QL; PV                |
| EASY TALK PLUS II TEST STRIP       | 3    | ST; QL; PV                |
| EASY TOUCH BLULINK TEST STRIP      | 3    | ST; QL; PV                |
| EASY TOUCH TEST STRIP              | 3    | ST; QL; PV                |
| EASY TRAK GLUCOSE TEST             | 3    | ST; QL; PV                |
| EASY TRAK II TEST STRIP            | 3    | ST; QL; PV                |
| EASYGLUCO TEST                     | 3    | ST; QL; PV                |
| EASYMAX                            | 3    | ST; QL; PV                |
| EASYMAX 15 TEST STRIPS             | 3    | ST; QL; PV                |
| ELEMENT COMPACT TEST STRIPS        | 3    | ST; QL; PV                |
| ELEMENT TEST STRIPS                | 3    | ST; QL; PV                |
| EMBRACE BLOOD GLUCOSE SYSTEM STRIP | 3    | ST; QL; PV                |
| EMBRACE EVO TEST STRIPS            | 3    | ST; QL; PV                |
| EMBRACE PRO TEST STRIPS            | 3    | ST; QL; PV                |
| EMBRACE TALK TEST STRIPS           | 3    | ST; QL; PV                |
| EMBRACE WAVE GLUCOSE TEST STRP     | 3    | ST; QL; PV                |
| EVENCARE G2 STRIP                  | 3    | ST; QL; PV                |
| EVENCARE G3 TEST                   | 3    | ST; QL; PV                |
| EVENCARE MINI GLUCOSE TEST STR     | 3    | ST; QL; PV                |
| EVENCARE PROVIEW TEST STRIP        | 3    | ST; QL; PV                |
| EVOLUTION TEST STRIPS              | 3    | ST; QL; PV                |
| EZ SMART PLUS TEST                 | 3    | ST; QL; PV                |
| EZ SMART TEST                      | 3    | ST; QL; PV                |
| FORA 6 CONNECT GLUCOSE STRIP       | 3    | ST; QL; PV                |
| FORA 6CONN-GTEL-TN'G ADV STRIP     | 3    | ST; QL; PV                |
| FORA D40-G31 TEST STRIPS           | 3    | ST; QL; PV                |
| FORA G20 STRIP                     | 3    | ST; QL; PV                |
| FORA GD50 TEST STRIPS              | 3    | ST; QL; PV                |
| FORA GTEL GLUCOSE TEST STRIP       | 3    | ST; QL; PV                |
| FORA TEST STRIP                    | 3    | ST; QL; PV                |
| FORA TN'G ADVAN PRO TEST STRIP     | 3    | ST; QL; PV                |
| FORA TN'G VOICE TEST STRIPS        | 3    | ST; QL; PV                |
| FORA V10 STRIP                     | 3    | ST; QL; PV                |
| FORA V10-V12-D10-D20 STRIPS        | 3    | ST; QL; PV                |

| Product Description                 | Tier | Limits/Restrictions/Notes |
|-------------------------------------|------|---------------------------|
| FORACARE GD20                       | 3    | ST; QL; PV                |
| FORACARE GD40 TEST STRIPS           | 3    | ST; QL; PV                |
| FREESTYLE INSULINX STRIP            | 2    | QL; PV                    |
| FREESTYLE INSULINX TEST STRIPS      | 2    | QL; PV                    |
| FREESTYLE LITE STRIPS               | 2    | QL; PV                    |
| FREESTYLE PRECISION NEO STRIPS      | 2    | QL; PV                    |
| FREESTYLE TEST                      | 2    | QL; PV                    |
| GE100 BLOOD GLUCOSE TEST STRIP      | 3    | ST; QL; PV                |
| GE333 BLOOD GLUCOSE TEST STRIP      | 3    | ST; QL; PV                |
| GENSTRIP TEST STRIP                 | 3    | ST; QL; PV                |
| GLUCO NAVII TEST STRIP              | 3    | ST; QL; PV                |
| GLUCOCARD 01 SENSOR PLUS            | 3    | ST; QL; PV                |
| GLUCOCARD EXPRESSION STRIP          | 3    | ST; QL; PV                |
| GLUCOCARD SHINE TEST STRIPS         | 3    | ST; QL; PV                |
| GLUCOCARD VITAL SENSOR              | 3    | ST; QL; PV                |
| GLUCOCARD VITAL TEST STRIPS         | 3    | ST; QL; PV                |
| GLUCOCOM GLUCOSE                    | 3    | ST; QL; PV                |
| GM100 STRIP                         | 3    | ST; QL; PV                |
| GOJJI BLOOD GLUCOSE TEST STRIP      | 3    | ST; QL; PV                |
| HARMONY GLUCOSE TEST STRIP          | 3    | ST; QL; PV                |
| HEALTHPRO TEST STRIPS               | 3    | ST; QL; PV                |
| IHEALTH GLUCOSE TEST STRIP          | 3    | ST; QL; PV                |
| INFINITY TEST STRIPS                | 3    | ST; QL; PV                |
| MICRO BLOOD GLUCOSE                 | 3    | ST; QL; PV                |
| MICRODOT BLOOD GLUCOSE SYSTEM STRIP | 3    | ST; QL; PV                |
| MICRODOT XTRA BLOOD GLUCOSE         | 3    | ST; QL; PV                |
| MYGLUCOHEALTH STRIP                 | 3    | ST; QL; PV                |
| NEUTEK 2TEK TEST STRIPS             | 3    | ST; QL; PV                |
| NOVA MAX GLUCOSE TEST               | 3    | ST; QL; PV                |
| ON CALL EXPRESS TEST STRIP          | 3    | ST; QL; PV                |
| ONETOUCH ULTRA TEST                 | 3    | ST; QL; PV                |
| ONETOUCH VERIO TEST STRIPS          | 3    | ST; QL; PV                |
| OPTIUM EZ                           | 3    | ST; QL; PV                |
| PHARMACIST CHOICE                   | 3    | ST; QL; PV                |
| PIP BLOOD GLUCOSE TEST STRIP        | 3    | ST; QL; PV                |
| PLATINUM TEST STRIP                 | 3    | ST; QL; PV                |
| PRECISION POINT OF CARE TEST        | 2    | QL; PV                    |
| PRECISION XTRA TEST                 | 2    | QL; PV                    |
| PREMIER TEST STRIP                  | 3    | ST; QL; PV                |
| PREMIUM V10 STRIP                   | 3    | ST; QL; PV                |
| PRO VOICE V8-V9 TEST STRIP          | 3    | ST; QL; PV                |
| PRODIGY NO CODING                   | 3    | ST; QL; PV                |
| QUINTET AC STRIP                    | 3    | ST; QL; PV                |
| QUINTET GLUCOSE TEST STRIPS         | 3    | ST; QL; PV                |
| REFUAH PLUS                         | 3    | ST; QL; PV                |
| RELION CONFIRM-MICRO                | 3    | ST; QL; PV                |
| RELION PRIME TEST STRIPS            | 3    | ST; QL; PV                |
| RELION ULTIMA                       | 3    | ST; QL; PV                |
| REVEAL TEST STRIP                   | 3    | ST; QL; PV                |
| RIGHTTEST GS550 TEST STRIPS         | 3    | ST; QL; PV                |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| RIGHTTEST GT333 TEST STRIP   | 3    | ST; QL; PV                |
| SMART SENSE TEST STRIPS  | 3    | ST; QL; PV                |
| SMARTEST TEST  | 3    | ST; QL; PV                |
| SOLUS V2 TEST STRIPS   | 3    | ST; QL; PV                |
| SURE-TEST EASYPLUS MINI STRIP  | 3    | ST; QL; PV                |
| TELCARE TEST STRIPS  | 3    | ST; QL; PV                |
| TEST N'GO TEST   | 3    | ST; QL; PV                |
| TRUE METRIX GLUCOSE TEST STRIP   | 3    | ST; QL; PV                |
| TRUETEST TEST STRIPS   | 3    | ST; QL; PV                |
| TRUETRACK TEST   | 3    | ST; QL; PV                |
| ULTIMA TEST STRIPS   | 3    | ST; QL; PV                |
| ULTRATRAK  | 3    | ST; QL; PV                |
| ULTRATRAK ULTIMATE STRIP   | 3    | ST; QL; PV                |
| UNISTRIP1 TEST STRIP   | 3    | ST; QL; PV                |
| VIVAGUARD INO TEST STRIP   | 3    | ST; QL; PV                |
| <b>MEDICAL SUPPLIES AND DME - BLOOD GLUCOSE-KETONE COMB. TEST SUPPLIES</b> |      |                           |
| FORA GTEL MULTI-FUNCTN MONITOR   | 3    | ST; PV                    |
| FORA TN'G ADV MOBILE MULTI MTR   | 3    | ST; PV                    |
| FORA TN'G ADVANCE MULTI-FN MTR   | 3    | ST; PV                    |
| FORA TN'G ADVANCE PRO MONITOR  | 3    | ST; PV                    |
| GOJJI MULTI-FUNCTIONAL METER   | 3    | ST; PV                    |
| NOVA MAX PLUS GLUC-KETON METER   | 3    | ST; PV                    |
| PRECISION XTRA KETONE-GLUCOSE  | 3    | ST; PV                    |
| <b>MEDICAL SUPPLIES AND DME - BLOOD PRESSURE DEVICE COMBINATIONS</b>       |      |                           |
| 2TEK GLUCOSE/BLOOD PRESSURE  | 3    | ST; PV                    |
| FORA D40D GLUCOSE-BP MONITOR   | 3    | ST; PV                    |
| FORA D40G GLUCOSE-BP MONITOR   | 3    | ST; PV                    |
| <b>MEDICAL SUPPLIES AND DME - CERVICAL CAPS</b>                            |      |                           |
| FEMCAP   | 3    | Covered in full*          |
| <b>MEDICAL SUPPLIES AND DME - DIAPHRAGMS</b>                               |      |                           |
| CAYA CONTOURED   | 3    | Covered in full*          |
| <b>MEDICAL SUPPLIES AND DME - ENTERAL SYRINGES</b>                         |      |                           |
| MONOJECT ENFIT STERILE SYRINGE SYRINGE 1 ML, 35 ML, 6 ML, 60 ML            | 3    |                           |
| MONOJECT ENFIT SYRINGE   | 3    |                           |
| PISTON SYRINGE WITH ENFIT  | 3    |                           |
| <b>MEDICAL SUPPLIES AND DME - FEMALE CONDOMS</b>                           |      |                           |
| FC2 FEMALE CONDOM  | 3    | Covered in full*          |
| <b>MEDICAL SUPPLIES AND DME - GLUCOSE MONITORING TEST SUPPLIES</b>         |      |                           |
| 2-IN-1 LANCET DEVICE   | 3    | PV                        |
| 2TEK CONTROL (HIGH-NORMAL)   | 3    | PV                        |
| 2TEK GLUCOSE/BLOOD PRESSURE  | 3    | ST; PV                    |
| ACCU-CHEK AVIVA CONTROL SOLN   | 3    | PV                        |
| ACCU-CHEK FASTCLIX LANCET DRUM   | 3    | PV                        |
| ACCU-CHEK FASTCLIX LANCING DEV   | 3    | PV                        |
| ACCU-CHEK GUIDE GLUCOSE METER  | 3    | ST; PV                    |
| ACCU-CHEK GUIDE L1-L2 CTRL SOL   | 3    | PV                        |
| ACCU-CHEK GUIDE ME GLUCOSE MTR   | 3    | ST; PV                    |
| ACCU-CHEK SAFE-T-PRO PLUS  | 3    | PV                        |

| Product Description                             | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| ACCU-CHEK SMARTVIEW CONTRL SOL                  | 3    | PV                        |
| ACCU-CHEK SOFT DEV LANCETS                      | 3    | PV                        |
| ACCU-CHEK SOFTCLIX LANCETS                      | 3    | PV                        |
| ACCUTREND GLUCOSE CONTROL                       | 3    | PV                        |
| ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE, 28 GAUGE | 1    | PV                        |
| ACTI-LANCE UNIVERS 23G LANCETS                  | 3    |                           |
| ADJUSTABLE LANCING DEVICE                       | 3    | PV                        |
| ADVANCED ALL-IN-ONE METER                       | 3    | ST                        |
| ADVANCED GLUCOSE METER                          | 3    | ST; PV                    |
| ADVANCED LANCING DEVICE                         | 3    | PV                        |
| ADVANCED TRAVEL LANCETS 28 GAUGE                | 3    | PV                        |
| ADVOCATE LANCET                                 | 3    | PV                        |
| ADVOCATE LANCING DEVICE                         | 3    | PV                        |
| ADVOCATE REDI-CODE PLUS                         | 3    | ST; PV                    |
| ADVOCATE REDI-CODE PLUS CTRL L                  | 3    | PV                        |
| ADVOCATE REDI-CODE+ CTRL HIGH                   | 3    | PV                        |
| AGAMATRIX CONTROL SOLN-HIGH                     | 3    | PV                        |
| AGAMATRIX CONTROL SOLN-NORM-HI                  | 3    | PV                        |
| AGAMATRIX JAZZ WIRELESS 2 MNTR                  | 3    | ST                        |
| AGAMATRIX PRESTO SYSTEM                         | 3    | ST                        |
| ALKALINE BATTERIES                              | 3    | PV                        |
| ALTERNATE SITE LANCET                           | 3    | PV                        |
| ALTERNATE SITE LANCING DEVICE                   | 3    | PV                        |
| AQUA LANCE LANCING DEVICE                       | 3    | PV                        |
| ASSURE 4 CONTROL SOLUTION                       | 3    | PV                        |
| ASSURE DOSE NORMAL CONTROL                      | 3    | PV                        |
| ASSURE DOSE NORM-HI CONTROL                     | 3    | PV                        |
| ASSURE LANCE                                    | 3    | PV                        |
| ASSURE LANCE PLUS                               | 3    | PV                        |
| ASSURE PLATINUM GLUCOSE METER                   | 3    | ST; PV                    |
| ASSURE PRISM CONTROL 1-2 SOLN                   | 3    | PV                        |
| ASSURE PRISM MULTI METER                        | 3    | ST; PV                    |
| AUTOLET IMPRESSION LANC DEV                     | 3    | PV                        |
| AUTOLET LANCING DEVICE                          | 3    | PV                        |
| AUTOLET LITE                                    | 3    | PV                        |
| BD MICROTAINER LANCET                           | 3    | PV                        |
| BIGFOOT UNITY                                   | 3    | QL                        |
| BIONIME RIGHTEST GM300 SYSTEM                   | 3    | ST; PV                    |
| BIOTEL CARE BGM-4 METER                         | 3    | ST; PV                    |
| BLOOD GLUCOSE CONTRL HI,NORMAL                  | 3    | PV                        |
| BLOOD GLUCOSE CONTROL, NORMAL                   | 3    | PV                        |
| BLOOD GLUCOSE MONITORING                        | 3    | ST; PV                    |
| BLOOD-GLUCOSE METER                             | 3    | ST; PV                    |
| BLULINK BG SYSTEM REFILL                        | 3    | PV                        |
| BLULINK DIABETIC TEST BUNDLE                    | 3    | ST; PV                    |
| BLULINK GLUCOSE MONITOR SYSTEM                  | 3    | ST; PV                    |
| BREEZE 2 CONTROL SOLUTION, LOW                  | 3    | PV                        |
| BREEZE 2 CONTROL SOLUTION, NML                  | 3    | PV                        |
| BREEZE 2 CONTROL SOLUTION,HIGH                  | 3    | PV                        |
| BULLSEYE MINI SAFETY LANCETS                    | 3    | PV                        |

| Product Description                   | Tier | Limits/Restrictions/Notes |
|---------------------------------------|------|---------------------------|
| BUTTERFLY TOUCH LANCET                | 3    | PV                        |
| CAREONE LANCING DEVICE                | 3    | PV                        |
| CAREONE ULTRA THIN LANCET             | 3    | PV                        |
| CARESENS CONTROL A AND B              | 3    | PV                        |
| CARESENS LANCETS                      | 3    | PV                        |
| CARESENS N                            | 3    | ST; PV                    |
| CARESENS N FELIZ BT GLUC METER        | 3    | ST; PV                    |
| CARESENS N FELIZ GLUCOSE METER        | 3    | ST; PV                    |
| CARESENS N VOICE                      | 3    | ST; PV                    |
| CARESENS S CONTROL A AND B            | 3    | PV                        |
| CARESENS S FIT BT GLUCOSE MTR         | 3    | ST; PV                    |
| CARESENS S FIT GLUCOSE METER          | 3    | ST; PV                    |
| CARETOUCH CONTROL SOLN L2-L3          | 3    | PV                        |
| CARETOUCH GLUCOSE MONITORING          | 3    | ST; PV                    |
| CARETOUCH LANCING DEVICE              | 3    | PV                        |
| CARETOUCH SAFETY LANCETS              | 3    | PV                        |
| CARETOUCH TWIST LANCET                | 3    | PV                        |
| CEQR SIMPLICITY INSERTER              | 3    | QL; PV                    |
| CHEMSTRIP BG LOG BOOK                 | 3    | PV                        |
| CHOSEN LANCET                         | 3    | PV                        |
| CHOSEN LANCING DEVICE                 | 3    | PV                        |
| CHOSEN SAFETY LANCET                  | 3    | PV                        |
| CLEVER CHEK BLOOD GLUCOSE             | 3    | ST; PV                    |
| CLEVER CHEK BLOOD GLUCOSE SYST        | 3    | ST; PV                    |
| CLEVER CHEK LANCETS                   | 3    | PV                        |
| CLEVER CHOICE BLOOD GLUC SYS          | 3    | ST; PV                    |
| CLEVER CHOICE GLUCOSE MONITOR         | 3    | ST; PV                    |
| CLEVER CHOICE LEVEL 1 CONTROL         | 3    | PV                        |
| CLEVER CHOICE LEVEL 2 CONTROL         | 3    | PV                        |
| CLEVER CHOICE LEVEL 3 CONTROL         | 3    | PV                        |
| CLEVER CHOICE MICRO                   | 3    | ST; PV                    |
| CLEVER CHOICE PRO                     | 3    | ST; PV                    |
| CLEVER CHOICE TALK GLUCOSE SYS        | 3    | ST; PV                    |
| COAGUCHEK LANCETS                     | 3    | PV                        |
| COMFORT EZ LANCETS 23 GAUGE, 28 GAUGE | 3    | PV                        |
| COMFORT TOUCH PLUS SAFETY LANC        | 3    | PV                        |
| COMFORT TOUCH ULT THIN LANCETS        | 3    | PV                        |
| CONTOUR CONTROL SOLUTION, HIGH        | 3    | PV                        |
| CONTOUR CONTROL SOLUTION, LOW         | 3    | PV                        |
| CONTOUR CONTROL SOLUTION, NML         | 3    | PV                        |
| CONTOUR METER                         | 2    | PV                        |
| CONTOUR NEXT EZ METER                 | 2    | PV                        |
| CONTOUR NEXT GEN METER                | 2    | PV                        |
| CONTOUR NEXT GLUCOSE METER            | 2    | PV                        |
| CONTOUR NEXT LEV 1 CONTROL SOL        | 3    | PV                        |
| CONTOUR NEXT LEV 2 CONTROL SOL        | 3    | PV                        |
| CONTOUR NEXT LINK                     | 2    | PV                        |
| CONTOUR NEXT LINK 2.4                 | 2    | PV                        |
| CONTOUR NEXT METER                    | 2    | PV                        |
| CONTOUR NEXT ONE METER                | 2    | PV                        |

| Product Description            | Tier | Limits/Restrictions/Notes |
|--------------------------------|------|---------------------------|
| CONTOUR NEXT ONE METER KIT     | 2    |                           |
| CONTOUR PLUS BLUE METER        | 2    | PV                        |
| DEXCOM G6 RECEIVER             | 2    | QL; PV                    |
| DEXCOM G6 SENSOR               | 2    | QL; PV                    |
| DEXCOM G6 TRANSMITTER          | 2    | QL; PV                    |
| DEXCOM G7 15 DAY SENSOR        | 2    | QL; PV                    |
| DEXCOM G7 RECEIVER             | 2    | QL; PV                    |
| DEXCOM G7 SENSOR               | 2    | QL; PV                    |
| DIATRUE CONTROL SOLN NORMAL    | 3    | PV                        |
| DIATRUE CONTROL SOLUTION HIGH  | 3    | PV                        |
| DIATRUE CONTROL SOLUTION LOW   | 3    | PV                        |
| DIATRUE PLUS BLOOD GLUCOSE MET | 3    | ST; PV                    |
| DROPLET GENTEEL LANCING DEVICE | 3    | PV                        |
| DROPLET LANCETS                | 3    | PV                        |
| DROPLET LANCING DEVICE         | 3    | PV                        |
| EASY COMFORT LANCETS           | 3    | PV                        |
| EASY MINI EJECT LANCING DEVICE | 3    | PV                        |
| EASY PLUS II BLOOD GLUCOSE MET | 3    | ST; PV                    |
| EASY PLUS II HIGH CONTROL      | 3    | PV                        |
| EASY PLUS II LOW CONTROL       | 3    | PV                        |
| EASY STEP BLOOD GLUCOSE METER  | 3    | ST; PV                    |
| EASY STEP HIGH CONTROL SOLN    | 3    | PV                        |
| EASY STEP LOW CONTROL SOLUTION | 3    | PV                        |
| EASY STEP NORMAL CONTROL SOLN  | 3    | PV                        |
| EASY TALK BLOOD GLUCOSE METER  | 3    | ST; PV                    |
| EASY TALK HIGH CONTROL         | 3    | PV                        |
| EASY TALK LOW CONTROL          | 3    | PV                        |
| EASY TALK PLUS II HIGH CONTROL | 3    | PV                        |
| EASY TALK PLUS II LOW CONTROL  | 3    | PV                        |
| EASY TOUCH BLU CTRL SOLN-L1,L3 | 3    | PV                        |
| EASY TOUCH BLULINK GLUC SYST   | 3    | ST; PV                    |
| EASY TOUCH GLUCOSE MONITOR     | 3    | ST; PV                    |
| EASY TOUCH HEALTHPRO SYSTEM    | 3    | ST; PV                    |
| EASY TOUCH HIGH-LOW CONTROL    | 3    | PV                        |
| EASY TOUCH LANCING DEVICE      | 3    | PV                        |
| EASY TOUCH SAFETY LANCETS      | 3    | PV                        |
| EASY TOUCH TWIST LANCETS       | 3    | PV                        |
| EASY TRAK BLOOD GLUCOSE METER  | 3    | ST; PV                    |
| EASY TRAK HIGH CONTROL         | 3    | PV                        |
| EASY TRAK II BLOOD GLUCOSE MTR | 3    | ST; PV                    |
| EASY TRAK II CTRL SOLN-NORMAL  | 3    | PV                        |
| EASY TRAK LOW CONTROL          | 3    | PV                        |
| EASY TWIST AND CAP LANCETS     | 3    | PV                        |
| EASYMAX 15 LEVEL 2             | 3    | PV                        |
| EASYMAX NG                     | 3    | ST; PV                    |
| EASYMAX NORMAL CONTROL         | 3    | PV                        |
| EASYMAX T1                     | 3    | ST; PV                    |
| EASYMAX V SPEAKING GLUCOSE SYS | 3    | ST; PV                    |
| EASY-TOUCH BLOOD GLUCOSE METER | 3    | ST; PV                    |
| ELEMENT COMPACT GLUCOSE METER  | 3    | ST; PV                    |

| Product Description            | Tier | Limits/Restrictions/Notes |
|--------------------------------|------|---------------------------|
| ELEMENT COMPACT HIGH CONTROL   | 3    | PV                        |
| ELEMENT COMPACT NORMAL CONTROL | 3    | PV                        |
| ELEMENT COMPACT V GLUCOSE MTR  | 3    | ST; PV                    |
| ELEMENT HIGH CONTROL           | 3    | PV                        |
| ELEMENT LOW CONTROL            | 3    | PV                        |
| ELEMENT NORMAL CONTROL         | 3    | PV                        |
| ELEMENT PLUS BLOOD GLUCOSE KIT | 3    | ST; PV                    |
| EMBRACE BLOOD GLUCOSE SYSTEM   | 3    | ST; PV                    |
| EMBRACE EVO BLOOD GLUCOSE KIT  | 3    | ST; PV                    |
| EMBRACE EVO GLUCOSE MONITOR    | 3    | ST; PV                    |
| EMBRACE EVO LEVEL 1            | 3    | PV                        |
| EMBRACE GLUCOSE CONTROL HIGH   | 3    | PV                        |
| EMBRACE GLUCOSE CONTROL LOW    | 3    | PV                        |
| EMBRACE LANCETS                | 3    | PV                        |
| EMBRACE LANCING DEVICE         | 3    | PV                        |
| EMBRACE PRO                    | 3    | PV                        |
| EMBRACE PRO GLUCOSE METER      | 3    | ST; PV                    |
| EMBRACE SAFETY LANCET          | 3    | PV                        |
| EMBRACE TALK BLOOD GLUCOSE SYS | 3    | ST; PV                    |
| EMBRACE TALK CONTROL-HIGH (L2) | 3    | PV                        |
| EMBRACE TALK CONTROL-LOW (L1)  | 3    | PV                        |
| EMBRACE TALK GLUCOSE MONITOR   | 3    | ST; PV                    |
| EMBRACE WAVE CONTROL-HIGH (L2) | 3    | PV                        |
| EMBRACE WAVE CONTROL-LOW (L1)  | 3    | PV                        |
| EMBRACE WAVE PLUS GLUCOSE MTR  | 3    | ST; PV                    |
| EVENCARE G2                    | 3    | ST; PV                    |
| EVENCARE G3 CONTROL            | 3    | PV                        |
| EVENCARE G3 GLUCOSE METER      | 3    | ST; PV                    |
| EVENCARE MINI MONITOR SYSTEM   | 3    | ST; PV                    |
| EVOLUTION BLOOD GLUCOSE METER  | 3    | ST; PV                    |
| EVOLUTION NORMAL CONTROL       | 3    | PV                        |
| EZ SMART LANCETS               | 3    | PV                        |
| EZ SMART PLUS SYSTEM           | 3    | ST; PV                    |
| EZ SMART SYSTEM                | 3    | ST; PV                    |
| FINGERSTIX LANCETS             | 3    | PV                        |
| FONDCIRCLE BLOOD GLUCOSE MONTR | 3    | ST; PV                    |
| FONDCIRCLE CONTROL SOLUTION    | 3    | PV                        |
| FONDCIRCLE LANCING DEVICE      | 3    | PV                        |
| FORA D40D GLUCOSE-BP MONITOR   | 3    | ST; PV                    |
| FORA D40G GLUCOSE-BP MONITOR   | 3    | ST; PV                    |
| FORA G20 KIT                   | 3    | ST; PV                    |
| FORA G30A                      | 3    | ST; PV                    |
| FORA GD50 BLOOD GLUCOSE SYSTEM | 3    | ST; PV                    |
| FORA HIGH CONTROL              | 3    | PV                        |
| FORA LANCING DEVICE            | 3    | PV                        |
| FORA LOW CONTROL               | 3    | PV                        |
| FORA NORMAL CONTROL            | 3    | PV                        |
| FORA PREMIUM V10 GLUCOSE METER | 3    | ST; PV                    |
| FORA TEST N'GO VOICE METER     | 3    | ST; PV                    |
| FORA TN'G VOICE METER          | 3    | ST; PV                    |

| Product Description            | Tier | Limits/Restrictions/Notes |
|--------------------------------|------|---------------------------|
| FORA V12 BLOOD GLUCOSE SYSTEM  | 3    | ST; PV                    |
| FORACARE GD20 GLUCOSE METER    | 3    | ST; PV                    |
| FORACARE GD40B GLUCOSE METER   | 3    | ST; PV                    |
| FORACARE GDH HIGH CONTROL      | 3    | PV                        |
| FORACARE GDH LOW CONTROL       | 3    | PV                        |
| FORACARE GDH NORMAL CONTROL    | 3    | PV                        |
| FORACARE LANCETS               | 3    | PV                        |
| FREESTYLE CONTROL              | 3    | PV                        |
| FREESTYLE FREEDOM              | 2    | PV                        |
| FREESTYLE FREEDOM LITE         | 2    | PV                        |
| FREESTYLE INSULINX             | 2    | PV                        |
| FREESTYLE LANCETS              | 3    | PV                        |
| FREESTYLE LIBRE 14 DAY READER  | 2    | QL; PV                    |
| FREESTYLE LIBRE 14 DAY SENSOR  | 2    | QL; PV                    |
| FREESTYLE LIBRE 2 PLUS SENSOR  | 2    | QL; PV                    |
| FREESTYLE LIBRE 2 READER       | 2    | QL; PV                    |
| FREESTYLE LIBRE 2 SENSOR       | 2    | QL; PV                    |
| FREESTYLE LIBRE 3 PLUS SENSOR  | 2    | QL; PV                    |
| FREESTYLE LIBRE 3 READER       | 2    | QL; PV                    |
| FREESTYLE LIBRE 3 SENSOR       | 2    | QL; PV                    |
| FREESTYLE LITE METER           | 2    | PV                        |
| FREESTYLE PRECISION NEO METER  | 2    | PV                        |
| GE100 BLOOD GLUCOSE SYSTEM     | 3    | ST; PV                    |
| GE100 CONTROL SOLUTION NORMAL  | 3    | PV                        |
| GE333 BLOOD GLUCOSE SYSTEM     | 3    | ST; PV                    |
| GENTEEL VACUUM LANCING DEVICE  | 3    | PV                        |
| GLUCO NAVII GLUCOSE MONITOR    | 3    | ST; PV                    |
| GLUCOCARD 01 HI-NORMAL CONTROL | 3    | PV                        |
| GLUCOCARD 01 METER             | 3    | ST; PV                    |
| GLUCOCARD 01 NORMAL CONTROL    | 3    | PV                        |
| GLUCOCARD EXPRESSION           | 3    | ST; PV                    |
| GLUCOCARD EXPRESSION KIT       | 3    | ST; PV                    |
| GLUCOCARD EXPRESSION SOLUTION  | 3    | PV                        |
| GLUCOCARD SHINE                | 3    | PV                        |
| GLUCOCARD SHINE CONNEX METER   | 3    | ST; PV                    |
| GLUCOCARD SHINE EXPRESS METER  | 3    | ST; PV                    |
| GLUCOCARD SHINE METER          | 3    | ST; PV                    |
| GLUCOCARD SHINE METER KIT      | 3    | ST; PV                    |
| GLUCOCARD SHINE XL METER       | 3    | ST; PV                    |
| GLUCOCARD VITAL                | 3    | ST; PV                    |
| GLUCOCOM AUTOLINK              | 3    | PV                        |
| GLUCOCOM BLOOD GLUCOSE         | 3    | ST; PV                    |
| GLUCOCOM CONTROL HIGH          | 3    | PV                        |
| GLUCOCOM CONTROL NORMAL        | 3    | PV                        |
| GLUCOCOM LANCETS               | 3    | PV                        |
| GLUCOSE CONTROL                | 3    | PV                        |
| GLUCOSE KETONE CONTROL SOLN    | 3    | PV                        |
| GM100 KIT                      | 3    | ST; PV                    |
| GOJJI GLUCOSE CNTRL SOL-NORMAL | 3    | PV                        |
| GOJJI LANCET-GLUCOSE TEST STRP | 3    | PV                        |

| Product Description            | Tier | Limits/Restrictions/Notes |
|--------------------------------|------|---------------------------|
| GOJJI LANCETS                  | 3    | PV                        |
| GOJJI LANCING DEVICE           | 3    | PV                        |
| HEALTHPRO GLUCOSE MONITOR      | 3    | ST; PV                    |
| HEALTHPRO HIGH-LOW CONTROL     | 3    | PV                        |
| HYPOLANCE AST LANCING          | 3    | PV                        |
| IHEALTH CONTROL SOLN LEVEL 2   | 3    | PV                        |
| IHEALTH GLUCO PLUS METER       | 3    | ST; PV                    |
| INCONTROL LANCING DEVICE       | 3    | PV                        |
| INCONTROL SUPER THIN LANCETS   | 3    | PV                        |
| INCONTROL ULTRA THIN LANCETS   | 3    | PV                        |
| INFINITY CONTROL SOLUTION HIGH | 3    | PV                        |
| INFINITY CONTROL SOLUTION LOW  | 3    | PV                        |
| INFINITY CONTROL SOLUTION NORM | 3    | PV                        |
| INFINITY METER KIT             | 3    | ST; PV                    |
| INFINITY STARTER KIT           | 3    | ST; PV                    |
| INJECT EASE LANCETS            | 3    | PV                        |
| INSUL-CAP                      | 3    | PV                        |
| INSUL-EZE                      | 3    | PV                        |
| INVACARE LANCETS               | 3    | PV                        |
| LANCETS                        | 3    | PV                        |
| LANCETS,THIN                   | 3    | PV                        |
| LANCING DEVICE                 | 3    | PV                        |
| LANCING DEVICE WITH LANCETS    | 3    | PV                        |
| LANCING SYSTEM                 | 3    | PV                        |
| LANZO LANCING DEVICE           | 3    | PV                        |
| MEDISENSE GLUCOSE KETONE       | 3    | PV                        |
| MEDLANCE PLUS LANCETS          | 3    | PV                        |
| MEDLANCE PLUS SPECIAL BLADE    | 3    | PV                        |
| MICRO THIN LANCETS             | 3    | PV                        |
| MICRODOT BLOOD GLUCOSE SYSTEM  | 3    | ST; PV                    |
| MICRODOT HIGH-LOW CONTROL      | 3    | PV                        |
| MICRODOT NORMAL CONTROL        | 3    | PV                        |
| MICROLET 2 LANCING DEVICE      | 3    | PV                        |
| MICROLET LANCET                | 3    | PV                        |
| MICROLET NEXT LANCING DEVICE   | 3    | PV                        |
| MINI LANCING DEVICE            | 3    | PV                        |
| MOBILE LANCETS                 | 3    | PV                        |
| MONOLET LANCETS                | 3    | PV                        |
| MONOLET THIN LANCETS           | 3    | PV                        |
| MULTI-LANCET DEVICE 2          | 3    | PV                        |
| MYGLUCOHEALTH CONTROL SOLUTION | 3    | PV                        |
| MYGLUCOHEALTH KIT              | 3    | ST; PV                    |
| MYGLUCOHEALTH LANCETS          | 3    | PV                        |
| NOVA SAFETY LANCETS            | 3    | PV                        |
| NOVA SUREFLEX LANCETS          | 3    | PV                        |
| NOVAMAX PLUS GLU-KET           | 3    | PV                        |
| ON CALL EXPRESS CONTROL        | 3    | PV                        |
| ON CALL EXPRESS METER          | 3    | ST; PV                    |
| ON CALL LANCET                 | 3    | PV                        |
| ON CALL LANCING DEVICE         | 3    | PV                        |

| Product Description                 | Tier | Limits/Restrictions/Notes |
|-------------------------------------|------|---------------------------|
| ONETOUCH DELICA PLUS LANC DEV       | 3    | PV                        |
| ONETOUCH DELICA PLUS LANCET         | 3    | PV                        |
| ONETOUCH DELICA SAFETY LANCET       | 3    | PV                        |
| ONETOUCH ULTRA CONTROL              | 3    | PV                        |
| ONETOUCH ULTRA2 METER               | 3    | ST; PV                    |
| ONETOUCH ULTRASOFT 2 LANCET         | 3    | PV                        |
| ONETOUCH VERIO FLEX METER           | 3    | ST; PV                    |
| ONETOUCH VERIO HIGH CONTROL         | 3    | PV                        |
| ONETOUCH VERIO MID CONTROL          | 3    | PV                        |
| ONETOUCH VERIO REFLECT METER        | 3    | ST; PV                    |
| ON-THE-GO LANCETS                   | 3    | PV                        |
| OVAL TAPE                           | 3    | PV                        |
| PERFECT POINT SAFETY LANCETS        | 3    | PV                        |
| PHARMACIST CHOICE GLUCOSE SYS       | 3    | ST; PV                    |
| PIP BLOOD GLUCOSE MONITOR           | 3    | ST; PV                    |
| PIP GLUCOSE CONTROL SOLN L1-L2      | 3    | PV                        |
| PIP LANCET                          | 3    | PV                        |
| PRECISION XTRA MONITOR              | 2    | PV                        |
| PREMIER BLU GLUCOSE METER           | 3    | ST; PV                    |
| PREMIER CLASSIC GLUCOSE METER       | 3    | ST; PV                    |
| PREMIER COMPACT GLUCOSE METER       | 3    | ST; PV                    |
| PREMIER VOICE GLUCOSE METER         | 3    | ST; PV                    |
| PREMIUM BLOOD GLUCOSE MONITOR       | 3    | ST; PV                    |
| PREMIUM V10                         | 3    | ST; PV                    |
| PRESSURE ACTIVATED LANCETS          | 3    | PV                        |
| PRO COMFORT LANCET                  | 3    | PV                        |
| PRO COMFORT SAFETY LANCET           | 3    | PV                        |
| PRO VOICE V9 GLUCOSE MONITOR        | 3    | ST; PV                    |
| PRODIGY AUTOCODE METER              | 3    | ST; PV                    |
| PRODIGY AUTOCODE MONITOR SYST       | 3    | ST; PV                    |
| PRODIGY CONTROL SOLUTION, LOW       | 3    | PV                        |
| PRODIGY CONTROL SOLUTION,HIGH       | 3    | PV                        |
| PRODIGY LANCETS                     | 3    | PV                        |
| PRODIGY LANCING DEVICE              | 3    | PV                        |
| PRODIGY POCKET METER                | 3    | ST; PV                    |
| PRODIGY TWIST TOP LANCET            | 3    | PV                        |
| PRODIGY VOICE GLUCOSE METER         | 3    | ST; PV                    |
| PURE COMFORT LANCETS                | 3    | PV                        |
| PURE COMFORT SAFETY LANCETS         | 3    | PV                        |
| PUSH BUTTON SAFETY LANCETS 28 GAUGE | 3    | PV                        |
| QUINTET AC                          | 3    | ST; PV                    |
| QUINTET BLOOD GLUCOSE METER         | 3    | ST; PV                    |
| REFUAH PLUS GLUCOSE CONTROL         | 3    | PV                        |
| REFUAH PLUS GLUCOSE MONITOR         | 3    | ST; PV                    |
| RELIAMED LANCET 28 GAUGE, 30 GAUGE  | 3    | PV                        |
| RELIAMED MINI LANCING DEVICE        | 3    | PV                        |
| RELIAMED SAFETY SEAL LANCETS        | 3    | PV                        |
| RELION ALL-IN-ONE METER             | 3    | ST; PV                    |
| RELION CONFIRM                      | 3    | ST; PV                    |
| RELION MICRO GLUCOSE MONITOR KIT    | 3    | ST; PV                    |

| Product Description                           | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| RELION PRIME METER                            | 3    | ST; PV                    |
| REVEAL BLOOD GLUCOSE METER                    | 3    | ST; PV                    |
| RIGHTEST CONTROL SOLUTION HIGH                | 3    | PV                        |
| RIGHTEST CONTROL SOLUTION NORM                | 3    | PV                        |
| RIGHTEST GD500 LANCING DEVICE                 | 3    | PV                        |
| RIGHTEST GL300 LANCETS                        | 3    | PV                        |
| RIGHTEST GM550 SYSTEM                         | 3    | ST; PV                    |
| RIGHTEST GT333 GLUCOSE METER                  | 3    | ST; PV                    |
| SAFETY LANCETS 21 GAUGE, 28 GAUGE             | 3    | PV                        |
| SAFETY SEAL LANCETS                           | 3    | PV                        |
| SAFETY-LET LANCETS                            | 3    | PV                        |
| SIL-SERTER                                    | 3    | PV                        |
| SINGLE-LET                                    | 3    | PV                        |
| SMART SENSE MONITORING SYSTEM                 | 3    | ST; PV                    |
| SMARTDIABETES VANTAGE                         | 3    | PV                        |
| SMARTEST CONTROL                              | 3    | PV                        |
| SMARTEST EJECT                                | 3    | ST; PV                    |
| SMARTEST LANCET                               | 3    | PV                        |
| SMARTEST PERSONA STARTER                      | 3    | ST; PV                    |
| SMARTEST PRONTO STARTER                       | 3    | ST; PV                    |
| SMARTEST PROTEGE                              | 3    | ST; PV                    |
| SOLUS V2 AUDIBLE METER                        | 3    | ST; PV                    |
| SOLUS V2 CONTROL SOLUTION, LOW                | 3    | PV                        |
| SOLUS V2 CONTROL SOLUTION,HIGH                | 3    | PV                        |
| SOLUS V2 LANCETS                              | 3    | PV                        |
| SOLUS V2 LANCING DEVICE                       | 3    | PV                        |
| STERILANCE TL                                 | 3    | PV                        |
| SUPER THIN LANCETS 28 GAUGE, 30 GAUGE         | 3    | PV                        |
| SURE COMFORT LANCETS                          | 3    | PV                        |
| SURE COMFORT LANCING PEN                      | 3    | PV                        |
| SUREFLEX DEVICE WITH LANCETS                  | 3    | PV                        |
| SURE-LANCE                                    | 3    | PV                        |
| SURE-LANCE ULTRA THIN                         | 3    | PV                        |
| SURE-PEN LANCING DEVICE                       | 3    | PV                        |
| SURE-TEST EASYPLUS MINI METER                 | 3    | ST; PV                    |
| SURE-TEST EASYPLUS MINI SOLUTION              | 3    | PV                        |
| SURE-TOUCH LANCET                             | 3    | PV                        |
| TECHLITE LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE | 3    | PV                        |
| TELCARE CONTROL                               | 3    | PV                        |
| TELCARE LANCETS                               | 3    | PV                        |
| TEST N'GO BLOOD GLUCOSE SYSTEM                | 3    | ST; PV                    |
| THIN LANCETS                                  | 3    | PV                        |
| TRUE COMFORT LANCET                           | 3    | PV                        |
| TRUE METRIX AIR GLUCOSE METER                 | 3    | ST; PV                    |
| TRUE METRIX GLUCOSE METER                     | 3    | ST; PV                    |
| TRUE METRIX GO GLUCOSE METER                  | 3    | ST; PV                    |
| TRUE METRIX LEVEL 1                           | 3    | PV                        |
| TRUE METRIX LEVEL 2                           | 3    | PV                        |
| TRUE METRIX LEVEL 3                           | 3    | PV                        |
| TRUEDRAW LANCING DEVICE                       | 3    | PV                        |

| Product Description             | Tier | Limits/Restrictions/Notes |
|---------------------------------|------|---------------------------|
| TRUEPLUS LANCETS                | 3    | PV                        |
| TRUERESULT BLOOD GLUCOSE SYSTEM | 3    | ST; PV                    |
| TRUETRACK BLOOD GLUCOSE SYSTEM  | 3    | ST; PV                    |
| TRUETRACK SMART SYSTEM          | 3    | ST; PV                    |
| TWIST LANCETS                   | 3    | PV                        |
| ULTI-LANCE                      | 3    | PV                        |
| ULTILET BASIC LANCETS           | 3    | PV                        |
| ULTILET CLASSIC LANCETS         | 3    | PV                        |
| ULTILET LANCETS                 | 3    | PV                        |
| ULTILET SAFETY LANCETS          | 3    | PV                        |
| ULTIMA MONITOR                  | 3    | ST; PV                    |
| ULTRA THIN II LANCETS           | 3    | PV                        |
| ULTRA THIN LANCETS              | 3    | PV                        |
| ULTRA-CARE LANCETS              | 3    | PV                        |
| ULTRALANCE LANCETS              | 3    | PV                        |
| ULTRA-THIN II LANCETS           | 3    | PV                        |
| ULTRATRAK GLUCOSE METER         | 3    | ST; PV                    |
| ULTRATRAK HIGH-LOW CONTROL      | 3    | PV                        |
| ULTRATRAK NORMAL CONTROL        | 3    | PV                        |
| ULTRATRAK ULTIMATE              | 3    | ST; PV                    |
| ULTRATRAK ULTIMATE SOLUTION     | 3    | PV                        |
| UNILET COMFORTOUCH LANCET       | 3    | PV                        |
| UNILET GP LANCET                | 3    | PV                        |
| UNILET LANCET                   | 3    | PV                        |
| UNILET LANCETS                  | 3    | PV                        |
| UNILET SUPER THIN LANCETS       | 3    | PV                        |
| UNISTIK 2 DEVICE                | 3    | PV                        |
| UNISTIK 3 COMFORT LANCET        | 3    | PV                        |
| UNISTIK 3 EXTRA LANCET          | 3    | PV                        |
| UNISTIK 3 GENTLE                | 3    | PV                        |
| UNISTIK 3 NORMAL LANCET         | 3    | PV                        |
| UNISTIK COMFORT LANCETS         | 3    | PV                        |
| UNISTIK CZT LANCET              | 3    | PV                        |
| UNISTIK EXTRA LANCETS           | 3    | PV                        |
| UNISTIK NORMAL LANCETS          | 3    | PV                        |
| UNISTIK PRO LANCET              | 3    | PV                        |
| UNISTIK SAFETY                  | 3    | PV                        |
| UNISTIK TOUCH LANCETS           | 3    | PV                        |
| UNISTRIP LOW CONTROL            | 3    | PV                        |
| UNIVERSAL 1 LANCETS             | 3    | PV                        |
| VERIFINE SAFETY LANCET MINI     | 3    | PV                        |
| VERIFINE UNIVERSAL LANCET       | 3    | PV                        |
| VIVAGUARD INO CTRL SOLN-L1,2,3  | 3    | PV                        |
| VIVAGUARD INO CTRL SOLN-L1,L3   | 3    | PV                        |
| VIVAGUARD INO CTRL SOLN-L2      | 3    | PV                        |
| VIVAGUARD INO GLUCOSE METER     | 3    | ST; PV                    |
| VIVAGUARD INO SMART GLUC METER  | 3    | ST; PV                    |
| VIVAGUARD LANCET                | 3    | PV                        |
| VIVAGUARD LANCING DEVICE        | 3    | PV                        |
| VIVAGUARD SAFETY LANCET         | 3    | PV                        |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| <b>MEDICAL SUPPLIES AND DME - INSULIN NEEDLES-SYRINGES AND ADMIN SUPPLIES</b>  |      |                           |
| 1ST TIER UNIFINE PENTIPS   | 3    | PV                        |
| 1ST TIER UNIFINE PENTIPS PLUS  | 3    | PV                        |
| ADVOCATE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"  | 3    | PV                        |
| 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   | 3    | PV                        |
| AQINJECT PEN NEEDLE  | 3    | PV                        |
| ASSURE ID DUO PRO SFTY PEN NDL   | 3    | PV                        |
| ASSURE ID PEN NEEDLE   | 3    | PV                        |
| ASSURE ID PRO PEN NEEDLE   | 3    | PV                        |
| AUTOJECT 2 INJECTION DEVICE  | 3    | PV                        |
| AUTOPEN 1 TO 21 UNITS  | 3    | PV                        |
| AUTOPEN 2 TO 42 UNITS  | 3    | PV                        |
| AUTOSHIELD DUO PEN NEEDLE  | 2    |                           |
| BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2"   | 3    | PV                        |
| BD SAFETYGLIDE INSULIN SYRINGE   | 3    | PV                        |
| BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8"  | 3    | PV                        |
| CAREFINE PEN NEEDLE  | 3    | PV                        |
| CARETOUCH INSULIN SYRINGE  | 3    | PV                        |
| CARETOUCH PEN NEEDLE   | 3    | PV                        |
| CLICKFINE PEN NEEDLE   | 3    | PV                        |
| COMFORT EZ INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 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 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" | 3    | PV                        |
| COMFORT EZ PEN NEEDLES   | 3    | PV                        |
| COMFORT EZ PRO SAFETY PEN NDL  | 3    | PV                        |
| COMFORT TOUCH PEN NEEDLE   | 3    | PV                        |
| DROPLET INSULIN SYR(HALF UNIT) SYRINGE 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 15/64", 0.5 ML 31 GAUGE X 5/16", 0.5ML 30 GAUGE X 15/64"   | 3    | PV                        |
| DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16   | 3    | PV                        |
| DROPLET MICRON PEN NEEDLE  | 3    | PV                        |
| DROPLET PEN NEEDLE   | 3    | PV                        |
| DROPSAFE INSULIN SYRINGE   | 3    | PV                        |
| DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16"   | 3    | PV                        |
| EASY COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.3 ML 31 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 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", 1/2 ML 32 GAUGE X 5/16"   | 3    | PV                        |
| EASY COMFORT PEN NEEDLES NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"   | 3    | PV                        |
| EASY COMFORT SAFETY PEN NEEDLE   | 3    | PV                        |
| EASY GLIDE INSULIN SYRINGE   | 3    | PV                        |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| EASY GLIDE PEN NEEDLE  | 3    | PV                        |
| EASY TOUCH FLIPLOCK INSULIN  | 3    | PV                        |
| EASY TOUCH INSULIN SAFETY SYR  | 3    | PV                        |
| EASY TOUCH INSULIN SYRINGE SYRINGE 0.3 ML 30 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 1/2", 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 31 GAUGE X 5/16, 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"   | 3    | PV                        |
| EASY TOUCH LUER LOCK INSULIN   | 3    | PV                        |
| EASY TOUCH NEEDLE  | 3    | PV                        |
| EASY TOUCH PEN NEEDLE  | 3    | PV                        |
| EASY TOUCH SAFETY PEN NEEDLE   | 3    | PV                        |
| EASY TOUCH SHEATHLOCK INSULIN  | 3    | PV                        |
| EASY TOUCH UNI-SLIP SYRINGE 1 ML   | 3    | PV                        |
| EMBRACE PEN NEEDLE   | 3    | PV                        |
| EXEL INSULIN   | 3    | PV                        |
| EXTENDED RESERVOIR   | 3    | PV                        |
| HEALTHWISE INSULIN SYRINGE   | 3    | PV                        |
| HEALTHWISE PEN NEEDLE  | 3    | PV                        |
| INCONTROL PEN NEEDLE   | 3    | PV                        |
| INPEN (FOR HUMALOG) BLUE   | 3    | QL; PV                    |
| INPEN (FOR HUMALOG) GREY   | 3    | QL; PV                    |
| INPEN (FOR HUMALOG) PINK   | 3    | QL; PV                    |
| INPEN (NOVOLOG OR FIASP) BLUE  | 3    | QL; PV                    |
| INPEN (NOVOLOG OR FIASP) GREY  | 3    | QL; PV                    |
| INPEN (NOVOLOG OR FIASP) PINK  | 3    | QL; PV                    |
| INSULIN SYR/NDL U100 HALF MARK   | 3    | PV                        |
| INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"   | 3    | PV                        |
| INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 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 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 7/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29, 1/2 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 15/64" | 3    | PV                        |
| insulin syringe-needle u-100 syringe 1 ml 30 gauge x 3/8"  | 1    | PV                        |
| INSUPEN PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"  | 3    | PV                        |
| 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"   | 3    | PV                        |
| MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16"  | 3    | PV                        |
| MAXICOMFORT II PEN NEEDLE  | 3    | PV                        |
| MAXICOMFORT INSULIN SYRINGE  | 3    | PV                        |
| MAXI-COMFORT INSULIN SYRINGE   | 3    | PV                        |
| MAXICOMFORT SAFETY PEN NEEDLE  | 3    | PV                        |
| MINI ULTRA-THIN II   | 3    | PV                        |
| MONOJECT INSULIN SAFETY SYRING   | 3    | PV                        |
| MONOJECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 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, 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"  | 3    | PV                        |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE   | 3    | PV                        |
| MONOJECT ULTRA COMFORT INSULIN   | 3    | PV                        |
| NANO 2ND GEN PEN NEEDLE  | 2    |                           |
| NANO PEN NEEDLE  | 2    |                           |
| NOVOFINE 32  | 3    | PV                        |
| NOVOFINE PLUS  | 3    | PV                        |
| NOVOPEN ECHO   | 3    | PV                        |
| PARADIGM RESERVOIR   | 3    | PV                        |
| PEN NEEDLE   | 3    | PV                        |
| PEN NEEDLE, DIABETIC   | 3    | PV                        |
| PEN NEEDLE, DIABETIC, SAFETY   | 3    | PV                        |
| PENTIPS PEN NEEDLE   | 3    | PV                        |
| PIP PEN NEEDLE   | 3    | PV                        |
| PREVENT DROPSAFE PEN NEEDLE  | 3    | PV                        |
| PRO COMFORT INSULIN SYRINGE  | 3    | PV                        |
| PRO COMFORT PEN NEEDLE   | 3    | PV                        |
| PRODIGY INSULIN SYRINGE  | 3    | PV                        |
| PURE COMFORT PEN NEEDLE  | 3    | PV                        |
| PURE COMFORT SAFETY PEN NEEDLE   | 3    | PV                        |
| SAFESNAP INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2"   | 3    | PV                        |
| SAFETY PEN NEEDLE  | 3    | PV                        |
| SECURESAFE INSULIN SYRINGE   | 3    | PV                        |
| SECURESAFE PEN NEEDLE NEEDLE 30 GAUGE X 5/16"  | 3    | PV                        |
| SKY SAFETY PEN NEEDLE  | 3    | PV                        |
| SURE COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 1/4" | 3    | PV                        |
| SURE COMFORT PEN NEEDLE  | 3    | PV                        |
| SURE COMFORT SAFETY PEN NEEDLE   | 3    | PV                        |
| SURE-FINE PEN NEEDLES  | 3    | PV                        |
| SURE-JECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 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 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"     | 3    | PV                        |
| TECHLITE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16  | 3    | PV                        |
| TECHLITE INSULIN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16"                                     | 3    | PV                        |
| TECHLITE 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"  | 3    | PV                        |
| TECHLITE PLUS PEN NEEDLE   | 3    | PV                        |
| TERUMO INSULIN SYRINGE SYRINGE 0.3 ML 30 X 3/8", 1 ML 27 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 30 X 3/8"  | 3    | PV                        |
| thinpro insulin syringe 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    | PV                        |
| THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 31 X 3/8", 0.5 ML 31 X 3/8", 1 ML 31 X 3/8"   | 3    | PV                        |
| TRUE COMFORT INSULIN SYRINGE   | 3    | PV                        |
| TRUE COMFORT PEN NEEDLE  | 3    | PV                        |
| TRUE COMFORT PRO INS SYRINGE   | 3    | PV                        |
| TRUE COMFORT SAFE INSULIN SYRG   | 3    | PV                        |
| TRUE COMFORT SAFETY PEN NEEDLE   | 3    | PV                        |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| TRUEPLUS INSULIN   | 3    | PV                        |
| TRUEPLUS PEN NEEDLE  | 3    | PV                        |
| ULTICARE INSULIN SYRINGE   | 3    | PV                        |
| ULTICARE INSULN SYR(HALF UNIT)   | 3    | PV                        |
| ULTICARE PEN NEEDLE  | 3    | PV                        |
| ULTICARE SAFETY PEN NEEDLE   | 3    | PV                        |
| ULTICARE SYR 0.3 ML 30GX1/2" (WITH SYRINGE CONTAINER)  | 3    |                           |
| ULTICARE SYR 0.3 ML 30GX1/2" (WITH SYRINGE CONTAINER)  | 3    | PV                        |
| ULTICARE SYR 0.5 ML 30GX1/2" (WITH SYRINGE CONTAINER)  | 3    |                           |
| ULTICARE SYR 0.5 ML 30GX1/2" (WITH SYRINGE CONTAINER)  | 3    | PV                        |
| ulticare syringe 0.3 ml 30 gauge x 1/2", 0.5 ml 30 gauge x 1/2", 1 ml 30 gauge x 1/2"  | 1    | PV                        |
| ULTICARE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16  | 3    | PV                        |
| ULTICARE SYRINGE 1 ML 30GX1/2" (WITH SYRINGE CONTAINER)  | 3    |                           |
| ULTICARE SYRINGE 1 ML 30GX1/2" (WITH SYRINGE CONTAINER)  | 3    | PV                        |
| ULTIGUARD SAFEPACK-INSULIN SYR   | 3    | PV                        |
| ULTIGUARD SAFEPACK-PEN NEEDLE  | 3    | PV                        |
| ULTILET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 29  | 3    | PV                        |
| ULTILET PEN NEEDLE   | 3    | PV                        |
| ULTRA CMFT INS SYR (HALF UNIT)   | 3    | PV                        |
| ULTRA COMFORT INSULIN SYRINGE  | 3    | PV                        |
| ULTRA FLO INSUL SYR(HALF UNIT)   | 3    | PV                        |
| ULTRA FLO INSULIN SYRINGE  | 3    | PV                        |
| ULTRA FLO PEN NEEDLE   | 3    | PV                        |
| ULTRA THIN PEN NEEDLE  | 3    | PV                        |
| ULTRACARE INSULIN SYRINGE  | 3    | PV                        |
| ULTRACARE PEN NEEDLE   | 3    | PV                        |
| ULTRA-FINE PEN NEEDLE  | 2    |                           |
| ULTRA-THIN II (SHORT) INS SYR  | 3    | PV                        |
| ULTRA-THIN II (SHORT) PEN NDL  | 3    | PV                        |
| ULTRA-THIN II INS PEN NEEDLES  | 3    | PV                        |
| ULTRA-THIN II INSULIN SYRINGE  | 3    | PV                        |
| UNIFINE PENTIPS MAXFLOW  | 3    | PV                        |
| 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" | 3    | PV                        |
| UNIFINE PENTIPS PLUS   | 3    | PV                        |
| UNIFINE PENTIPS PLUS MAXFLOW   | 3    | PV                        |
| UNIFINE PROTECT  | 3    | PV                        |
| UNIFINE SAFECONTROL PEN NEEDLE   | 3    | PV                        |
| UNIFINE ULTRA PEN NEEDLE   | 3    | PV                        |
| VANISHPOINT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 3/16"  | 3    | PV                        |
| VANISHPOINT SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"   | 3    | PV                        |
| VERIFINE INSULIN SYRINGE   | 3    | PV                        |
| 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"                                | 3    | PV                        |
| VERIFINE PLUS PEN NEEDLE   | 3    | PV                        |
| VERIFINE PLUS PEN NEEDLE-SHARP   | 3    | PV                        |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| <b>MEDICAL SUPPLIES AND DME - IV SETS-TUBING</b>   |      |                           |
| IV ADMINISTRATION SET  | 3    | PV                        |
| SCALP VEIN SET   | 3    | PV                        |
| <b>MEDICAL SUPPLIES AND DME - MALE CONDOMS</b>   |      |                           |
| AIMSCO LATEX CONDOM  | 3    | Covered in full*          |
| DUREX AVANTI BARE REAL FEEL  | 3    | Covered in full*          |
| FANTASY CONDOM   | 3    | Covered in full*          |
| KIMONO MICROTHIN AQUA LUBE CON   | 3    | Covered in full*          |
| KIMONO MICROTHIN CONDOMS   | 3    | Covered in full*          |
| KIMONO MICROTHIN LARGE CONDOMS   | 3    | Covered in full*          |
| KIMONO TEXTURED CONDOMS  | 3    | Covered in full*          |
| KIMONO THIN LUBRICATED CONDOMS   | 3    | Covered in full*          |
| TRUSTEX LATEX CONDOM   | 3    | Covered in full*          |
| TRUSTEX LUBRICATED CONDOMS   | 3    | Covered in full*          |
| TRUSTEX NON-LUB CONDOMS  | 3    | Covered in full*          |
| TRUSTEX-RIA LUB/SPERMICIDE   | 3    | Covered in full*          |
| TRUSTEX-RIA NON-LUB CONDOMS  | 3    | Covered in full*          |
| <b>MEDICAL SUPPLIES AND DME - NEEDLES AND SYRINGES</b>   |      |                           |
| BD BLUNT PLASTIC CANNULA SYRINGE   | 3    | PV                        |
| BD BULK SYRINGE SLIP TIP SYRINGE 1 ML  | 3    | PV                        |
| BD ECLIPSE   | 3    | PV                        |
| BD ECLIPSE LUER-LOK NEEDLE   | 3    | PV                        |
| BD ECLIPSE LUER-LOK SYRINGE 1 ML 27 X 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 25 X 5/8"   | 3    | PV                        |
| BD FILTER NEEDLE 5-MICRON NOKO   | 3    | PV                        |
| BD FILTER NEEDLE-5 MICRON  | 3    | PV                        |
| BD INTEGRA NEEDLE  | 3    | PV                        |
| BD INTEGRA SYRINGE   | 3    | PV                        |
| BD INTERLINK BLUNT PLASTIC CAN   | 3    |                           |
| BD INTERLINK SYRINGE   | 3    |                           |
| BD INTRADERMAL BEVEL NEEDLES   | 3    | PV                        |
| BD LUER-LOK BULK SYRINGE   | 3    | PV                        |
| BD LUER-LOK SYRINGE SYRINGE 1 ML, 1 ML 20 GAUGE X 1", 10 ML 20 X 1 1/2", 10 ML 20 X 1", 10 ML 21 GAUGE X 1", 10 ML 21 X 1 1/2", 20 ML, 3 ML, 3 ML 18 X 1 1/2", 3 ML 20 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/2", 3 ML 25 X 5/8", 5 ML, 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 | 3    | PV                        |
| BD LUER-LOK TIP CONTROL SYRING   | 3    | PV                        |
| BD NOKOR ADMIX NEEDLE  | 3    | PV                        |
| BD PRECISIONGLIDE  | 3    | PV                        |
| BD PRECISIONGLIDE NON-STERILE  | 3    | PV                        |
| BD QUINCKE SPINAL NEEDLE   | 3    |                           |
| BD REGULAR BEVEL NEEDLES   | 3    | PV                        |
| BD SAFETYGLIDE NEEDLE NEEDLE 18 GAUGE X 1 1/2", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 23 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 27 GAUGE X 5/8"   | 3    | PV                        |
| BD SAFETYGLIDE SHIELDING REG   | 3    | PV                        |
| BD SAFETYGLIDE SYRINGE SYRINGE 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8"  | 3    | PV                        |
| BD SAFETYGLIDE TB REG BEVEL  | 3    | PV                        |
| BD SLIP TIP SYRINGE  | 3    | PV                        |
| B-D SLIP TIP SYRINGE   | 3    | PV                        |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| BD SPECIALTY USE NEEDLES   | 3    | PV                        |
| BD SYRINGE   | 3    | PV                        |
| BD SYRINGE CATH TIP NONSTERILE   | 3    | PV                        |
| BD SYRINGE CATHETER TIP  | 3    | PV                        |
| BD SYRINGE LUER-LOK NONSTERILE   | 3    | PV                        |
| BD SYRINGE LUER-LOK STERILE  | 3    | PV                        |
| BD SYRINGE SLIP TIP NONSTERILE SYRINGE 50 ML   | 3    | PV                        |
| BD SYRINGE-DUAL CANNULA  | 3    | PV                        |
| BD TUBERCULIN SLIP-TIP   | 3    | PV                        |
| BD TUBERCULIN SYRINGE  | 3    | PV                        |
| BLUNT NEEDLE, DISPOSABLE NEEDLE 18 X 1 1/2", 22 X 1 1/2"   | 3    | PV                        |
| CAREPOINT LUER LOCK SYRINGE  | 3    | PV                        |
| CAREPOINT LUER LOCK SYR-NEEDLE   | 3    | PV                        |
| CAREPOINT LUER SLIP SYRINGE  | 3    | PV                        |
| CAREPOINT LUER SLIP SYRING-NDL   | 3    | PV                        |
| CAREPOINT PRECISION NEEDLE NEEDLE 21 GAUGE X 1"  | 3    | PV                        |
| CAREPOINT SAFETY LL SYR-NEEDLE   | 3    | PV                        |
| CARETOUCH HYPODERMIC NEEDLE  | 3    | PV                        |
| CARETOUCH LUER LOCK SYRINGE  | 3    | PV                        |
| CARETOUCH LUER LOCK SYR-NEEDLE   | 3    | PV                        |
| CARETOUCH LUER SLIP SYRINGE  | 3    | PV                        |
| DAVOL IRRIGATION SYRINGE   | 3    | PV                        |
| DAVOL PISTON IRRIGATION  | 3    | PV                        |
| DOVER BULB SYRINGE   | 3    | PV                        |
| DROPSAFE SICURA SAFETY NEEDLE NEEDLE 25 GAUGE X 1"   | 3    | PV                        |
| EASY GLIDE CATHETER TIP SYRING   | 3    | PV                        |
| EASY GLIDE LUER LOCK SYRINGE   | 3    | PV                        |
| EASY GLIDE LUER SLIP TB SYRING   | 3    | PV                        |
| EASY TOUCH FLIPLOCK NEEDLE   | 3    | PV                        |
| EASY TOUCH FLIPLOCK SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2", 10 ML 18 GAUGE X 1 1/2", 10 ML 18 GAUGE X 1", 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 10 ML 21 X 1", 10 ML 22 GAUGE X 1 1/2", 10 ML 25 GAUGE X 1", 3 ML 18 GAUGE X 1 1/2", 3 ML 18 GAUGE X 1", 3 ML 19 GAUGE X 1 1/2", 3 ML 19 GAUGE X 1", 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8", 5 ML 18 GAUGE X 1", 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 25 GAUGE X 1", 5 ML 25 GAUGE X 5/8" | 3    | PV                        |
| EASY TOUCH FLURINGE  | 3    | PV                        |
| EASY TOUCH FLURINGE FLIPLOCK SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8"  | 3    | PV                        |
| EASY TOUCH FLURINGE SHEATHLOCK   | 3    | PV                        |
| EASY TOUCH HYPODERMIC NEEDLE NEEDLE 16 GAUGE X 1 1/2", 16 GAUGE X 1", 18 GAUGE X 1 1/2", 18 GAUGE X 1 1/4", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1 1/4", 23 GAUGE X 1", 23 GAUGE X 3/4", 24 GAUGE X 1 1/4", 24 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 26 GAUGE X 3/8", 26 GAUGE X 5/8", 27 GAUGE X 1 1/2", 27 GAUGE X 1 1/4", 27 GAUGE X 1/2", 30 GAUGE X 1", 30 GAUGE X 1/2", 31 GAUGE X 5/16", 32 GAUGE X 5/16"   | 3    | PV                        |
| EASY TOUCH LUER LOCK SYRINGE   | 3    | PV                        |
| EASY TOUCH SYRINGE   | 3    | PV                        |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| EASY TOUCH TUBERCULIN FLIPLOCK   | 3    | PV                        |
| EASY TOUCH UNI-SLIP SYRINGE 10 ML, 3 ML, 5 ML  | 3    | PV                        |
| EASYPPOINT NEEDLE  | 3    | PV                        |
| ECLIPSE NEEDLE NEEDLE 23 GAUGE X 1", 25 GAUGE X 5/8"   | 3    | PV                        |
| ECLIPSE SYRINGE  | 3    | PV                        |
| EXCEL SYRINGE  | 3    | PV                        |
| EXEL HYPODERMIC NEEDLES NEEDLE 18 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 20 X 3/4", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 22 GAUGE X 3/4", 23 GAUGE X 3/4", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 3/4", 25 GAUGE X 5/8", 26 GAUGE X 1 1/2", 26 GAUGE X 1/2", 26 GAUGE X 3/8", 26 GAUGE X 5/8", 27 GAUGE X 1/2", 30 GAUGE X 1/2" | 3    | PV                        |
| EXEL SYRINGE SYRINGE 10 ML, 3 ML 27 GAUGE X 1 1/4", 30 ML, 50 ML   | 3    | PV                        |
| FILTER NEEDLES NEEDLE 18 GAUGE X 1 1/2"  | 3    | PV                        |
| FLOW-EZE VENTED NEEDLE   | 3    | PV                        |
| huber safety needles (disp.)   | 1    | PV                        |
| HYPODERMIC NEEDLES NEEDLE 21 GAUGE X 1", 23 GAUGE X 1 1/2", 26 GAUGE X 5/8"  | 3    | PV                        |
| INJECT-EASE  | 3    |                           |
| INTEGRA PRECISIONGLIDE NEEDLE  | 3    | PV                        |
| INTEGRA SYRINGE  | 3    | PV                        |
| INTERLINK SYRINGE AND CANNULA  | 3    |                           |
| LIFESHIELD BLUNT CANNULA   | 3    | PV                        |
| LUER LOCK SYRINGE SYRINGE 30 ML  | 3    | PV                        |
| LUER SLIP TIP SYRINGE TRAY   | 3    | PV                        |
| LUER-LOK TIP   | 3    | PV                        |
| MAGELLAN SAFETY SYRINGE  | 3    | PV                        |
| MAGELLAN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2"  | 3    | PV                        |
| MAGELLAN TUBERCULIN SAFETY SYR   | 3    | PV                        |
| MONOJECT 140CC PISTON SYRINGE  | 3    | PV                        |
| MONOJECT 3CC SYR 25GX1"  | 3    | PV                        |
| MONOJECT BLUNT CANNULAS NEEDLE 15 GAUGE X 1 1/2"   | 3    |                           |
| MONOJECT CONTROL SYRINGE LUER  | 3    | PV                        |
| MONOJECT DISPOSABLE SYRINGE  | 3    | PV                        |
| MONOJECT ECCENTRIC NON-STERILE SYRINGE 35 ML   | 3    | PV                        |
| MONOJECT FILTER ASPIRATOR  | 3    | PV                        |
| MONOJECT FILTER NEEDLE   | 3    | PV                        |
| MONOJECT HYPODERMIC NEEDLES NEEDLE 14 GAUGE X 1 1/2", 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1 1/2", 27 GAUGE X 1 1/2", 27 GAUGE X 1/2", 30 GAUGE X 3/4"                       | 3    | PV                        |
| MONOJECT HYPODERMIC POLYPROPYL NEEDLE 18 GAUGE X 1 1/2"  | 3    | PV                        |
| MONOJECT LUER-LOCK TIP SYRINGE 12 ML   | 3    | PV                        |
| MONOJECT MAGELLAN SAFETY SYRNG SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8", 3 ML 20 GAUGE X 1"  | 3    | PV                        |
| MONOJECT MEDICATION TRANSF NDL   | 3    | PV                        |
| MONOJECT PHARMACY TRAY LUER  | 3    | PV                        |
| MONOJECT PHARMACY TRAY REG TIP   | 3    | PV                        |
| MONOJECT REG TIP NON-STERILE   | 3    | PV                        |
| MONOJECT REGULAR LUER SYRINGE 3 ML, 35 ML, 6 ML  | 3    | PV                        |
| MONOJECT SAFETY LUER LOCK TIP  | 3    | PV                        |

| Product Description   | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| MONOJECT SAFETY SYRINGES SYRINGE 12 ML, 12 ML 20 X 1 1/2", 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 6 ML   | 3    | PV                        |
| MONOJECT SMARTIP CANNULA SYRINGE 12 ML  | 3    |                           |
| MONOJECT SMARTIP CANNULA SYRINGE 3 ML, 6 ML   | 3    | PV                        |
| MONOJECT SYRINGE CATHETER   | 3    | PV                        |
| MONOJECT SYRINGE LUER LOK SYRINGE 35 ML, 60 ML  | 3    | PV                        |
| MONOJECT SYRINGE SYRINGE 12 ML 18 GAUGE X 1", 12 ML 20 X 1 1/2", 12 ML 21 GAUGE X 1 1/2", 12 ML 21 GAUGE X 1", 3 ML, 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 20 X 3/4", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/4", 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4", 6 ML, 6 ML 20 X 1 1/2", 6 ML 21 X 1 1/2", 6 ML 21 X 1", 6 ML 22 X 1 1/2" | 3    | PV                        |
| MONOJECT SYRINGE SYRINGE 140 ML   | 3    |                           |
| MONOJECT TB   | 3    | PV                        |
| MONOJECT TB LUER LOK  | 3    | PV                        |
| MONOJECT TB SAFETY SYRINGE  | 3    | PV                        |
| MONOJECT TUBERCULIN SYRINGE   | 3    | PV                        |
| NEEDLE (DISP) 16 G  | 3    | PV                        |
| NEEDLE (DISP) 18 G NEEDLE 18 GAUGE X 1"   | 3    | PV                        |
| NEEDLE (DISP) 19 G  | 3    | PV                        |
| NEEDLE (DISP) 23 GAUGE  | 3    | PV                        |
| NEEDLES, HUBER DISPOSABLE   | 3    | PV                        |
| NOKOR NEEDLE  | 3    | PV                        |
| NORM-JECT   | 3    | PV                        |
| NORM-JECT TUBERKULIN  | 3    | PV                        |
| PERFECT POINT SAFETY NEEDLE   | 3    | PV                        |
| POLY HUB NEEDLE   | 3    | PV                        |
| SAFESNAP SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 10 ML, 10 ML 22 GAUGE X 1", 3 ML, 3 ML 25 GAUGE X 5/8", 5 ML, 5 ML 20 GAUGE X 1", 5 ML 22 GAUGE X 1"   | 3    | PV                        |
| SAFETY NEEDLES  | 3    | PV                        |
| SURGUARD2 SAFETY NEEDLE   | 3    | PV                        |
| SURGUARD2 SAFETY SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 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", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 5/8", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2"   | 3    | PV                        |
| SYRINGE (DISPOSABLE) SYRINGE 20 ML, 3 ML, 30 ML, 5 ML   | 3    | PV                        |
| SYRINGE 3CC/20GX1"  | 3    | PV                        |
| SYRINGE 3CC/21GX1"  | 3    | PV                        |
| SYRINGE 3CC/21GX1-1/2"  | 3    | PV                        |
| SYRINGE 3CC/22GX1"  | 3    | PV                        |
| SYRINGE 3CC/22GX3/4"  | 3    | PV                        |
| SYRINGE 3CC/25GX1"  | 3    | PV                        |
| SYRINGE WITH NEEDLE SYRINGE 1 ML 25 GAUGE X 1", 3 ML 20 GAUGE X 1 1/2", 3 ML 22 X 1 1/2"  | 3    | PV                        |
| TERUMO HYPODERMIC NEEDLE/SYRIN SYRINGE 5 ML 21 GAUGE X 1 1/2"   | 3    | PV                        |
| TERUMO SYRINGE SYRINGE 3 ML 23 X 1", 30 ML  | 3    | PV                        |
| TOOMEY SYRINGE  | 3    |                           |
| TUBERCULIN SYRINGE  | 3    | PV                        |
| ULTICARE LOW DEAD SPACE SYRING  | 3    | PV                        |
| ULTICARE SAFETY SYRINGE SYRINGE 3 ML  | 3    |                           |

| Product Description   | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| ULTICARE SAFETY SYRINGE SYRINGE 3 ML 21 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8"  | 3    | PV                        |
| ULTICARE SYRINGE 1 ML 25 GAUGE X 5/8"   | 3    | PV                        |
| ULTICARE TB SAFETY SYRINGE  | 3    | PV                        |
| VANISHPOINT SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 10 ML 21 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", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 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" | 3    | PV                        |
| VANISHPOINT TUBERCULIN SYRINGE  | 3    | PV                        |
| YALE DISPOSABLE NEEDLES   | 3    | PV                        |
| <b>MEDICAL SUPPLIES AND DME - PARENTERAL THERAPY SUPPLIES</b>   |      |                           |
| BD Q-SYTE MDV ADAPTER   | 3    | PV                        |
| BD Q-SYTE SPLIT-SEPT DEVICE   | 3    | PV                        |
| DISPOSABLE POWER  | 3    | PV                        |
| PHASEAL PROTECTOR   | 3    | PV                        |
| SYRINGE FILTER 50-0.22 MM-MICRON  | 3    |                           |
| <b>MEDICAL SUPPLIES AND DME - PEAK FLOW METERS</b>  |      |                           |
| AIRZONE PEAK FLOW METER   | 3    | PV                        |
| ASTHMA CHECK METER  | 3    | PV                        |
| ASTHMAPACK CHILDREN'S   | 3    | PV                        |
| CLEVER CHOICE PEAK FLOW METER   | 3    | PV                        |
| IN-CHECK NASAL WITH MASK  | 3    | PV                        |
| IN-CHECK ORAL FLOW METER  | 3    | PV                        |
| MICROLIFE PEAK FLOW METER   | 3    | PV                        |
| MINI WRIGHT PEAK FLOW METER   | 3    | PV                        |
| PERSONAL BEST FULL RANGE  | 3    | PV                        |
| PIKO 1  | 3    | PV                        |
| POCKET PEAK FLOW METER  | 3    | PV                        |
| PURECOMFORT PEAK FLOW METER   | 3    | PV                        |
| TRUZONE PEAK FLOW METER   | 3    | PV                        |
| <b>MEDICAL SUPPLIES AND DME - RESPIRATORY THERAPY SUPPLIES</b>  |      |                           |
| ACE AEROSOL CLOUD ENHANCER  | 3    | QL                        |
| AEROCHAMBER MECHANICAL VENT   | 3    | QL                        |
| AEROCHAMBER MINI  | 3    | QL                        |
| AEROCHAMBER MV  | 3    | QL                        |
| AEROCHAMBER PLUS FLOW-VU  | 3    | QL                        |
| AEROCHAMBER PLUS FLOW-VU,L MSK  | 3    | QL                        |
| AEROCHAMBER PLUS FLOW-VU,M MSK  | 3    | QL                        |
| AEROCHAMBER PLUS FLOW-VU,S MSK  | 3    | QL                        |
| AEROCHAMBER PLUS Z STAT LG MSK  | 3    | QL                        |
| AEROCHAMBER PLUS Z STAT MD MSK  | 3    | QL                        |
| AEROCHAMBER PLUS Z STAT SM MSK  | 3    | QL                        |
| AEROCHAMBER Z-STAT PLUS-FLW SG  | 3    | QL                        |
| AEROTRACH PLUS  | 3    | QL                        |
| AEROVENT PLUS   | 3    | QL                        |
| BREATHERITE MDI SPACER  | 3    | QL                        |
| BREATHERITE SPACER-MASK, NEO.   | 3    | QL                        |
| BREATHERITE SPACER-MASK,ADULT   | 3    | QL                        |
| BREATHERITE SPACER-MASK,CHILD   | 3    | QL                        |

| Product Description            | Tier | Limits/Restrictions/Notes |
|--------------------------------|------|---------------------------|
| BREATHERITE SPACER-MASK,INFANT | 3    | QL                        |
| BREATHERITE SPACER-MASK,S.CHLD | 3    | QL                        |
| BREATHERITE VALVED MDI CHAMBER | 3    | QL                        |
| BREATHERITE VALVED MDI SPACER  | 3    | QL                        |
| CLEVER CHOICE CHAMBER-LRG MASK | 3    | QL                        |
| CLEVER CHOICE CHAMBER-MED MASK | 3    | QL                        |
| CLEVER CHOICE CHAMBER-SM MASK  | 3    | QL                        |
| COMFORTSEAL LARGE MASK         | 3    | QL                        |
| COMFORTSEAL MEDIUM MASK        | 3    | QL                        |
| COMFORTSEAL SMALL MASK         | 3    | QL                        |
| COMPACT SPACE CHAMBER          | 3    | QL                        |
| COMPACT SPACE CHAMBER-LRG MASK | 3    | QL                        |
| COMPACT SPACE CHAMBER-MED MASK | 3    | QL                        |
| COMPACT SPACE CHAMBER-SM MASK  | 3    | QL                        |
| EASIVENT HOLDING CHAMBER       | 3    | QL                        |
| EASIVENT MASK LARGE            | 3    | QL                        |
| EASIVENT MASK MEDIUM           | 3    | QL                        |
| EASIVENT MASK SMALL            | 3    | QL                        |
| FLEXICHAMBER                   | 3    | QL                        |
| FLEXICHAMBER-LG CHILD MASK     | 3    | QL                        |
| FLEXICHAMBER-SM ADULT MASK     | 3    | QL                        |
| FLEXICHAMBER-SM CHILD MASK     | 3    | QL                        |
| LITE TOUCH-MEDIUM MASK         | 3    | QL                        |
| LITEAIRE MDI CHAMBER           | 3    | QL                        |
| LITETOUCH-LARGE MASK           | 3    | QL                        |
| LITETOUCH-SMALL MASK           | 3    | QL                        |
| MICROCHAMBER                   | 3    | QL                        |
| MICROSPACER                    | 3    | QL                        |
| MOUHPICE                       | 3    | QL                        |
| ONE WAY VALVED MOUTHPIECE      | 3    | QL                        |
| OPTICHAMBER ADULT MASK-LARGE   | 3    | QL                        |
| OPTICHAMBER DIAMOND LG MASK    | 3    | QL                        |
| OPTICHAMBER DIAMOND VHC        | 3    | QL                        |
| OPTICHAMBER DIAMOND-MED MSK    | 3    | QL                        |
| OPTICHAMBER DIAMOND-SML MASK   | 3    | QL                        |
| PANDA MASK                     | 3    | QL                        |
| PEDIATRIC MEDIUM MASK          | 3    | QL                        |
| PEDIATRIC PANDA MASK           | 3    | QL                        |
| PEDIATRIC SMALL MASK           | 3    | QL                        |
| POCKET CHAMBER                 | 3    | QL                        |
| PRIMEAIRE                      | 3    | QL                        |
| PRO COMFORT SPACER-ADULT MASK  | 3    | QL                        |
| PRO COMFORT SPACER-CHILD MASK  | 3    | QL                        |
| PRO COMFORT SPACER-INFANT MASK | 3    | QL                        |
| PROCARE SPACER WITH ADULT MASK | 3    | QL                        |
| PROCARE SPACER WITH CHILD MASK | 3    | QL                        |
| PROCHAMBER                     | 3    | QL                        |
| PURE COMFORT SPACER-ADULT MASK | 3    | QL                        |
| RITFLO AEROCHAMBER             | 3    | QL                        |
| SIDESTREAM PEDIATRIC FACE MASK | 3    | QL                        |

| Product Description   | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| SILICONE MASK - INFANT  | 3    | QL                        |
| SILICONE MASK - PEDIATRIC   | 3    | QL                        |
| SPACE CHAMBER   | 3    | QL                        |
| SPACE CHAMBER WITH LARGE MASK   | 3    | QL                        |
| SPACE CHAMBER WITH MEDIUM MASK  | 3    | QL                        |
| SPACE CHAMBER WITH SMALL MASK   | 3    | QL                        |
| VORTEX ADULT MASK   | 3    | QL                        |
| VORTEX HOLDING CHAMBER  | 3    | QL                        |
| <b>MEDICAL SUPPLIES AND DME - SUBCUTANEOUS ADMINISTRATION SUPPLY</b>          |      |                           |
| NERIA SUBCUTANEOUS INFUSION SET 6 MM X 110 CM                                 | 3    | PV                        |
| <b>MEDICAL SUPPLIES AND DME - SUBCUTANEOUS INSULIN DELIVERY DEVICES</b>       |      |                           |
| CEQR SIMPLICITY   | 3    | QL; PV                    |
| ILET STARTER KIT CONTACT  | 3    | QL                        |
| ILET STARTER KIT-INSET  | 3    | QL                        |
| OMNIPOD 5 (G6/LIBRE 2 PLUS)   | 3    | PA; QL; PV                |
| OMNIPOD 5 G6-G7 INTRO KT(GEN5)  | 3    | PA; QL; PV                |
| OMNIPOD 5 G6-G7 PODS (GEN 5)  | 3    | PA; QL; PV                |
| OMNIPOD 5 INTRO(G6/LIBRE2PLUS)  | 3    | PA; QL; PV                |
| OMNIPOD DASH INTRO KIT (GEN 4)  | 3    | PA; QL; PV                |
| OMNIPOD DASH PODS (GEN 4)   | 3    | PA; QL; PV                |
| TWIIIST REFILL KT(CSST-NDL-SYR)   | 3    | PA; QL                    |
| TWIIIST RFL(INFUS-CSST-NDL-SYR)   | 3    | PA; QL                    |
| TWIIIST STARTER KIT   | 3    | PA; QL                    |
| V-GO 20   | 3    | PV                        |
| V-GO 30   | 3    | PV                        |
| V-GO 40   | 3    | PV                        |
| <b>MEDICAL SUPPLIES AND DME - URINE GLUCOSE TESTS</b>                         |      |                           |
| DIASTIX   | 3    | PV                        |
| <b>MEDICAL SUPPLIES AND DME - URINE GLUCOSE-ACETONE COMBINATION TESTS</b>     |      |                           |
| KETO-DIASTIX  | 3    | PV                        |
| <b>MEDICAL SUPPLIES AND DME - URINE KETONE TESTS</b>                          |      |                           |
| CHEK-STIX CONTROL   | 3    | PV                        |
| KETONE CARE   | 3    | PV                        |
| KETONE URINE TEST   | 3    | PV                        |
| KETOSTIX  | 3    | PV                        |
| TRUEPLUS KETONE   | 3    | PV                        |
| <b>MEDICAL SUPPLIES AND DME-GLUCOSE MONITORING AND INSULIN ADMIN SUPPLIES</b> |      |                           |
| ILET INFUSION KIT-FLEX 23"  | 3    | PV                        |
| ILET INFUSION KIT-INSET 23"   | 3    | PV                        |
| ILET INFUSION KIT-INSET 32"   | 3    | PV                        |
| ILET INFUSION-CONTACT DTCH 23"  | 3    | PV                        |
| MEDTRONIC EXT INFUSION SET 23"  | 3    | PV                        |
| MEDTRONIC EXT INFUSION SET 32"  | 3    | PV                        |
| MINIMED MIO ADVANCE INF SET23"  | 3    | PV                        |
| MINIMED MIO ADVANCE INF SET43"  | 3    | PV                        |
| MINIMED QUICK SET 18"   | 3    | PV                        |
| MINIMED QUICK SET 23"   | 3    | PV                        |

| Product Description                             | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| MINIMED QUICK SET 32"                           | 3    | PV                        |
| MINIMED QUICK SET 43"                           | 3    | PV                        |
| MINIMED SILHOUETTE 18"                          | 3    | PV                        |
| MINIMED SILHOUETTE 23"                          | 3    | PV                        |
| MINIMED SILHOUETTE 32"                          | 3    | PV                        |
| MINIMED SILHOUETTE 43"                          | 3    | PV                        |
| MINIMED SURE T 18"                              | 3    | PV                        |
| MINIMED SURE T 23"                              | 3    | PV                        |
| MINIMED SURE T 32"                              | 3    | PV                        |
| MODD1 SUPPLY KIT                                | 3    | QL; PV                    |
| TANDEM MOBI AUTOSOFT 30 KT 23"                  | 3    | PV                        |
| TANDEM MOBI AUTOSOFT XC KIT 5"                  | 3    | PV                        |
| TANDEM MOBI AUTOSOFT XC KT 23"                  | 3    | PV                        |
| TANDEM MOBI TRUSTEEL KIT 23"                    | 3    | PV                        |
| TANDEM T:SLIM ASFT XC PK10 23"                  | 3    | PV                        |
| TANDEM T:SLIM ASFT XC PK14 23"                  | 3    | PV                        |
| TANDEM T:SLIM TRUSTL PK10 23"                   | 3    | PV                        |
| <b>MEDICAL SUPPLY, FDB SUPERSET</b>             |      |                           |
| <b>MEDICAL SUPPLY, FDB SUPERSET</b>             |      |                           |
| 1ST TIER UNIFINE PENTIPS                        | 3    | PV                        |
| 1ST TIER UNIFINE PENTIPS PLUS                   | 3    | PV                        |
| 2-IN-1 LANCET DEVICE                            | 3    | PV                        |
| 2TEK CONTROL (HIGH-NORMAL)                      | 3    | PV                        |
| 2TEK GLUCOSE/BLOOD PRESSURE                     | 3    | ST; PV                    |
| ACCU-CHEK AVIVA CONTROL SOLN                    | 3    | PV                        |
| ACCU-CHEK AVIVA PLUS TEST STRP                  | 3    | ST; QL; PV                |
| ACCU-CHEK FASTCLIX LANCET DRUM                  | 3    | PV                        |
| ACCU-CHEK FASTCLIX LANCING DEV                  | 3    | PV                        |
| ACCU-CHEK GUIDE GLUCOSE METER                   | 3    | ST; PV                    |
| ACCU-CHEK GUIDE L1-L2 CTRL SOL                  | 3    | PV                        |
| ACCU-CHEK GUIDE ME GLUCOSE MTR                  | 3    | ST; PV                    |
| ACCU-CHEK GUIDE TEST STRIPS                     | 3    | ST; QL; PV                |
| ACCU-CHEK SAFE-T-PRO PLUS                       | 3    | PV                        |
| ACCU-CHEK SMARTVIEW CONTRL SOL                  | 3    | PV                        |
| ACCU-CHEK SMARTVIEW TEST STRIP                  | 3    | ST; QL; PV                |
| ACCU-CHEK SOFT DEV LANCETS                      | 3    | PV                        |
| ACCU-CHEK SOFTCLIX LANCETS                      | 3    | PV                        |
| ACCUTREND GLUCOSE CONTROL                       | 3    | PV                        |
| ACCUTREND GLUCOSE TEST STRIPS                   | 3    | ST; QL; PV                |
| ACE AEROSOL CLOUD ENHANCER                      | 3    | QL                        |
| ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE, 28 GAUGE | 1    | PV                        |
| ACTI-LANCE UNIVERS 23G LANCETS                  | 3    |                           |
| ADJUSTABLE LANCING DEVICE                       | 3    | PV                        |
| ADVANCED ALL-IN-ONE METER                       | 3    | ST                        |
| ADVANCED GLUC METER TEST STRIP                  | 3    | ST; QL; PV                |
| ADVANCED GLUCOSE METER                          | 3    | ST; PV                    |
| ADVANCED LANCING DEVICE                         | 3    | PV                        |
| ADVANCED TRAVEL LANCETS 28 GAUGE                | 3    | PV                        |
| ADVOCATE LANCET                                 | 3    | PV                        |
| ADVOCATE LANCING DEVICE                         | 3    | PV                        |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| ADVOCATE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"  | 3    | PV                        |
| ADVOCATE REDI-CODE PLUS  | 3    | ST; PV                    |
| ADVOCATE REDI-CODE PLUS CTRL L   | 3    | PV                        |
| ADVOCATE REDI-CODE PLUS STRIP  | 3    | ST; QL; PV                |
| ADVOCATE REDI-CODE+ CTRL HIGH  | 3    | PV                        |
| 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 | 3    | PV                        |
| AEROCHAMBER MECHANICAL VENT  | 3    | QL                        |
| AEROCHAMBER MINI   | 3    | QL                        |
| AEROCHAMBER MV   | 3    | QL                        |
| AEROCHAMBER PLUS FLOW-VU   | 3    | QL                        |
| AEROCHAMBER PLUS FLOW-VU,L MSK   | 3    | QL                        |
| AEROCHAMBER PLUS FLOW-VU,M MSK   | 3    | QL                        |
| AEROCHAMBER PLUS FLOW-VU,S MSK   | 3    | QL                        |
| AEROCHAMBER PLUS Z STAT LG MSK   | 3    | QL                        |
| AEROCHAMBER PLUS Z STAT MD MSK   | 3    | QL                        |
| AEROCHAMBER PLUS Z STAT SM MSK   | 3    | QL                        |
| AEROCHAMBER Z-STAT PLUS-FLW SG   | 3    | QL                        |
| AEROTRACH PLUS   | 3    | QL                        |
| AEROVENT PLUS  | 3    | QL                        |
| AGAMATRIX AMP TEST STRIPS  | 3    | ST; QL; PV                |
| AGAMATRIX CONTROL SOLN-HIGH  | 3    | PV                        |
| AGAMATRIX CONTROL SOLN-NORM-HI   | 3    | PV                        |
| AGAMATRIX JAZZ TEST STRIPS   | 3    | ST; QL                    |
| AGAMATRIX JAZZ WIRELESS 2 MNTR   | 3    | ST                        |
| AGAMATRIX PRESTO SYSTEM  | 3    | ST                        |
| AGAMATRIX PRESTO TEST STRIPS   | 3    | ST; QL                    |
| AIMSCO LATEX CONDOM  | 3    | Covered in full*          |
| AIRZONE PEAK FLOW METER  | 3    | PV                        |
| ALKALINE BATTERIES   | 3    | PV                        |
| ALTERNATE SITE LANCET  | 3    | PV                        |
| ALTERNATE SITE LANCING DEVICE  | 3    | PV                        |
| AQINJECT PEN NEEDLE  | 3    | PV                        |
| AQUA LANCE LANCING DEVICE  | 3    | PV                        |
| ASSURE 4 CONTROL SOLUTION  | 3    | PV                        |
| ASSURE 4 STRIPS  | 3    | ST; QL; PV                |
| ASSURE DOSE NORMAL CONTROL   | 3    | PV                        |
| ASSURE DOSE NORM-HI CONTROL  | 3    | PV                        |
| ASSURE ID DUO PRO SFTY PEN NDL   | 3    | PV                        |
| ASSURE ID PEN NEEDLE   | 3    | PV                        |
| ASSURE ID PRO PEN NEEDLE   | 3    | PV                        |
| ASSURE LANCE   | 3    | PV                        |
| ASSURE LANCE PLUS  | 3    | PV                        |
| ASSURE PLATINUM GLUCOSE METER  | 3    | ST; PV                    |
| ASSURE PLATINUM TEST STRIP   | 3    | ST; QL; PV                |
| ASSURE PRISM CONTROL 1-2 SOLN  | 3    | PV                        |
| ASSURE PRISM MULTI METER   | 3    | ST; PV                    |
| ASSURE PRISM MULTI STRIP   | 3    | ST; QL; PV                |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| ASTHMA CHECK METER   | 3    | PV                        |
| ASTHMAPACK CHILDREN'S  | 3    | PV                        |
| AUTOJECT 2 INJECTION DEVICE  | 3    | PV                        |
| AUTOLET IMPRESSION LANC DEV  | 3    | PV                        |
| AUTOLET LANCING DEVICE   | 3    | PV                        |
| AUTOLET LITE   | 3    | PV                        |
| AUTOPEN 1 TO 21 UNITS  | 3    | PV                        |
| AUTOPEN 2 TO 42 UNITS  | 3    | PV                        |
| AUTOSHIELD DUO PEN NEEDLE  | 2    |                           |
| BD BLUNT PLASTIC CANNULA SYRINGE   | 3    | PV                        |
| BD BULK SYRINGE SLIP TIP SYRINGE 1 ML  | 3    | PV                        |
| BD ECLIPSE   | 3    | PV                        |
| BD ECLIPSE LUER-LOK NEEDLE   | 3    | PV                        |
| BD ECLIPSE LUER-LOK SYRINGE 1 ML 27 X 1/2", 1 ML 30 GAUGE X 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 25 X 5/8"   | 3    | PV                        |
| BD FILTER NEEDLE 5-MICRON NOKO   | 3    | PV                        |
| BD FILTER NEEDLE-5 MICRON  | 3    | PV                        |
| BD INTEGRA NEEDLE  | 3    | PV                        |
| BD INTEGRA SYRINGE   | 3    | PV                        |
| BD INTERLINK BLUNT PLASTIC CAN   | 3    |                           |
| BD INTERLINK SYRINGE   | 3    |                           |
| BD INTRADERMAL BEVEL NEEDLES   | 3    | PV                        |
| BD LUER-LOK BULK SYRINGE   | 3    | PV                        |
| BD LUER-LOK SYRINGE SYRINGE 1 ML, 1 ML 20 GAUGE X 1", 10 ML 20 X 1 1/2", 10 ML 20 X 1", 10 ML 21 GAUGE X 1", 10 ML 21 X 1 1/2", 20 ML, 3 ML, 3 ML 18 X 1 1/2", 3 ML 20 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/2", 3 ML 25 X 5/8", 5 ML, 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 | 3    | PV                        |
| BD LUER-LOK TIP CONTROL SYRINGE  | 3    | PV                        |
| BD MICROTAINER LANCET  | 3    | PV                        |
| BD NOKOR ADMIX NEEDLE  | 3    | PV                        |
| BD PRECISIONGLIDE  | 3    | PV                        |
| BD PRECISIONGLIDE NON-STERILE  | 3    | PV                        |
| BD Q-SYTE MDV ADAPTER  | 3    | PV                        |
| BD Q-SYTE SPLIT-SEPT DEVICE  | 3    | PV                        |
| BD QUINCKE SPINAL NEEDLE   | 3    |                           |
| BD REGULAR BEVEL NEEDLES   | 3    | PV                        |
| BD SAFETYGLIDE INSULIN SYRINGE   | 3    | PV                        |
| BD SAFETYGLIDE NEEDLE NEEDLE 18 GAUGE X 1 1/2", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 23 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 27 GAUGE X 5/8"   | 3    | PV                        |
| BD SAFETYGLIDE SHIELDING REG   | 3    | PV                        |
| BD SAFETYGLIDE SYRINGE   | 3    | PV                        |
| BD SAFETYGLIDE TB REG BEVEL  | 3    | PV                        |
| BD SLIP TIP SYRINGE  | 3    | PV                        |
| B-D SLIP TIP SYRINGE   | 3    | PV                        |
| BD SPECIALTY USE NEEDLES   | 3    | PV                        |
| BD SYRINGE   | 3    | PV                        |
| BD SYRINGE CATH TIP NONSTERILE   | 3    | PV                        |
| BD SYRINGE CATHETER TIP  | 3    | PV                        |
| BD SYRINGE LUER-LOK NONSTERILE   | 3    | PV                        |
| BD SYRINGE LUER-LOK STERILE  | 3    | PV                        |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| BD SYRINGE SLIP TIP NONSTERILE SYRINGE 50 ML               | 3    | PV                        |
| BD SYRINGE-DUAL CANNULA                                    | 3    | PV                        |
| BD TUBERCULIN SLIP-TIP                                     | 3    | PV                        |
| BD TUBERCULIN SYRINGE                                      | 3    | PV                        |
| BIGFOOT UNITY  | 3    | QL                        |
| BIONIME RIGHTEST GM300 SYSTEM                              | 3    | ST; PV                    |
| BIONIME RIGHTEST TEST STRIPS                               | 3    | ST; QL; PV                |
| BIOTEL CARE BGM-4 METER                                    | 3    | ST; PV                    |
| BLOOD GLUCOSE CONTRL HI,NORMAL                             | 3    | PV                        |
| BLOOD GLUCOSE CONTROL, NORMAL                              | 3    | PV                        |
| BLOOD GLUCOSE MONITORING                                   | 3    | ST; PV                    |
| BLOOD GLUCOSE TEST   | 3    | ST; QL; PV                |
| BLOOD-GLUCOSE METER  | 3    | ST; PV                    |
| BLULINK BG SYSTEM REFILL                                   | 3    | PV                        |
| BLULINK DIABETIC TEST BUNDLE                               | 3    | ST; PV                    |
| BLULINK GLUCOSE MONITOR SYSTEM                             | 3    | ST; PV                    |
| BLULINK GLUCOSE TEST STRIP                                 | 3    | ST; QL; PV                |
| BLUNT NEEDLE, DISPOSABLE NEEDLE 18 X 1 1/2 ", 22 X 1 1/2 " | 3    | PV                        |
| BREATHERITE MDI SPACER                                     | 3    | QL                        |
| BREATHERITE SPACER-MASK, NEO.                              | 3    | QL                        |
| BREATHERITE SPACER-MASK,ADULT                              | 3    | QL                        |
| BREATHERITE SPACER-MASK,CHILD                              | 3    | QL                        |
| BREATHERITE SPACER-MASK,INFANT                             | 3    | QL                        |
| BREATHERITE SPACER-MASK,S.CHLD                             | 3    | QL                        |
| BREATHERITE VALVED MDI CHAMBER                             | 3    | QL                        |
| BREATHERITE VALVED MDI SPACER                              | 3    | QL                        |
| BREEZE 2 CONTROL SOLUTION, LOW                             | 3    | PV                        |
| BREEZE 2 CONTROL SOLUTION, NML                             | 3    | PV                        |
| BREEZE 2 CONTROL SOLUTION,HIGH                             | 3    | PV                        |
| BULLSEYE MINI SAFETY LANCETS                               | 3    | PV                        |
| BUTTERFLY TOUCH LANCET                                     | 3    | PV                        |
| CAREFINE PEN NEEDLE  | 3    | PV                        |
| CAREONE LANCING DEVICE                                     | 3    | PV                        |
| CAREONE ULTRA THIN LANCET                                  | 3    | PV                        |
| CAREPOINT LUER LOCK SYRINGE                                | 3    | PV                        |
| CAREPOINT LUER LOCK SYR-NEEDLE                             | 3    | PV                        |
| CAREPOINT LUER SLIP SYRINGE                                | 3    | PV                        |
| CAREPOINT LUER SLIP SYRING-NDL                             | 3    | PV                        |
| CAREPOINT PRECISION NEEDLE NEEDLE 21 GAUGE X 1"            | 3    | PV                        |
| CAREPOINT SAFETY LL SYR-NEEDLE                             | 3    | PV                        |
| CARESENS CONTROL A AND B                                   | 3    | PV                        |
| CARESENS LANCETS   | 3    | PV                        |
| CARESENS N   | 3    | ST; PV                    |
| CARESENS N FELIZ BT GLUC METER                             | 3    | ST; PV                    |
| CARESENS N FELIZ GLUCOSE METER                             | 3    | ST; PV                    |
| CARESENS N TEST STRIPS                                     | 3    | ST; QL; PV                |
| CARESENS N VOICE   | 3    | ST; PV                    |
| CARESENS S CONTROL A AND B                                 | 3    | PV                        |
| CARESENS S FIT BT GLUCOSE MTR                              | 3    | ST; PV                    |
| CARESENS S FIT GLUCOSE METER                               | 3    | ST; PV                    |

| Product Description            | Tier | Limits/Restrictions/Notes |
|--------------------------------|------|---------------------------|
| CARESENS S TEST STRIP          | 3    | ST; QL; PV                |
| CARETOUCH CONTROL SOLN L2-L3   | 3    | PV                        |
| CARETOUCH GLUCOSE MONITORING   | 3    | ST; PV                    |
| CARETOUCH HYPODERMIC NEEDLE    | 3    | PV                        |
| CARETOUCH INSULIN SYRINGE      | 3    | PV                        |
| CARETOUCH LANCING DEVICE       | 3    | PV                        |
| CARETOUCH LUER LOCK SYRINGE    | 3    | PV                        |
| CARETOUCH LUER LOCK SYR-NEEDLE | 3    | PV                        |
| CARETOUCH LUER SLIP SYRINGE    | 3    | PV                        |
| CARETOUCH PEN NEEDLE           | 3    | PV                        |
| CARETOUCH SAFETY LANCETS       | 3    | PV                        |
| CARETOUCH TEST STRIP           | 3    | ST; QL; PV                |
| CARETOUCH TWIST LANCET         | 3    | PV                        |
| CAYA CONTOURED                 | 3    | Covered in full*          |
| CEQUR SIMPLICITY               | 3    | QL; PV                    |
| CEQUR SIMPLICITY INSERTER      | 3    | QL; PV                    |
| CHEK-STIX CONTROL              | 3    | PV                        |
| CHEMSTRIP 10 MD                | 3    | PV                        |
| CHEMSTRIP 10/SG                | 3    | PV                        |
| CHEMSTRIP 2 GP                 | 3    | PV                        |
| CHEMSTRIP 50B                  | 3    | PV                        |
| CHEMSTRIP 7                    | 3    | PV                        |
| CHEMSTRIP 9                    | 3    | PV                        |
| CHEMSTRIP BG LOG BOOK          | 3    | PV                        |
| CHOSEN LANCET                  | 3    | PV                        |
| CHOSEN LANCING DEVICE          | 3    | PV                        |
| CHOSEN SAFETY LANCET           | 3    | PV                        |
| CLEVER CHEK BLOOD GLUCOSE      | 3    | ST; PV                    |
| CLEVER CHEK BLOOD GLUCOSE SYST | 3    | ST; PV                    |
| CLEVER CHEK LANCETS            | 3    | PV                        |
| CLEVER CHOICE BLOOD GLUC SYS   | 3    | ST; PV                    |
| CLEVER CHOICE CHAMBER-LRG MASK | 3    | QL                        |
| CLEVER CHOICE CHAMBER-MED MASK | 3    | QL                        |
| CLEVER CHOICE CHAMBER-SM MASK  | 3    | QL                        |
| CLEVER CHOICE GLUCOSE MONITOR  | 3    | ST; PV                    |
| CLEVER CHOICE LEVEL 1 CONTROL  | 3    | PV                        |
| CLEVER CHOICE LEVEL 2 CONTROL  | 3    | PV                        |
| CLEVER CHOICE LEVEL 3 CONTROL  | 3    | PV                        |
| CLEVER CHOICE MICRO            | 3    | ST; PV                    |
| CLEVER CHOICE MICRO TEST STRIP | 3    | ST; QL; PV                |
| CLEVER CHOICE PEAK FLOW METER  | 3    | PV                        |
| CLEVER CHOICE PRO              | 3    | ST; PV                    |
| CLEVER CHOICE PRO STRIP        | 3    | ST; QL; PV                |
| CLEVER CHOICE TALK GLUCOSE SYS | 3    | ST; PV                    |
| CLEVER CHOICE TALK TEST        | 3    | ST; QL; PV                |
| CLEVER CHOICE TEST STRIPS      | 3    | ST; QL; PV                |
| CLEVER CHOICE VOICE PLUS TEST  | 3    | ST; QL; PV                |
| CLICKFINE PEN NEEDLE           | 3    | PV                        |
| COAGUCHEK LANCETS              | 3    | PV                        |
| COMBISTIX REAGENT              | 3    | PV                        |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| COMFORT EZ INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 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 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" | 3    | PV                        |
| COMFORT EZ LANCETS 23 GAUGE, 28 GAUGE  | 3    | PV                        |
| COMFORT EZ PEN NEEDLES   | 3    | PV                        |
| COMFORT EZ PRO SAFETY PEN NDL  | 3    | PV                        |
| COMFORT TOUCH PEN NEEDLE   | 3    | PV                        |
| COMFORT TOUCH PLUS SAFETY LANC   | 3    | PV                        |
| COMFORT TOUCH ULT THIN LANCETS   | 3    | PV                        |
| COMFORTSEAL LARGE MASK   | 3    | QL                        |
| COMFORTSEAL MEDIUM MASK  | 3    | QL                        |
| COMFORTSEAL SMALL MASK   | 3    | QL                        |
| COMPACT SPACE CHAMBER  | 3    | QL                        |
| COMPACT SPACE CHAMBER-LRG MASK   | 3    | QL                        |
| COMPACT SPACE CHAMBER-MED MASK   | 3    | QL                        |
| COMPACT SPACE CHAMBER-SM MASK  | 3    | QL                        |
| CONTOUR CONTROL SOLUTION, HIGH   | 3    | PV                        |
| CONTOUR CONTROL SOLUTION, LOW  | 3    | PV                        |
| CONTOUR CONTROL SOLUTION, NML  | 3    | PV                        |
| CONTOUR METER  | 2    | PV                        |
| CONTOUR NEXT EZ METER  | 2    | PV                        |
| CONTOUR NEXT GEN METER   | 2    | PV                        |
| CONTOUR NEXT GLUCOSE METER   | 2    | PV                        |
| CONTOUR NEXT LEV 1 CONTROL SOL   | 3    | PV                        |
| CONTOUR NEXT LEV 2 CONTROL SOL   | 3    | PV                        |
| CONTOUR NEXT LINK  | 2    | PV                        |
| CONTOUR NEXT LINK 2.4  | 2    | PV                        |
| CONTOUR NEXT METER   | 2    | PV                        |
| CONTOUR NEXT ONE METER   | 2    | PV                        |
| CONTOUR NEXT ONE METER KIT   | 2    |                           |
| CONTOUR NEXT TEST STRIPS   | 2    | QL; PV                    |
| CONTOUR PLUS BLUE METER  | 2    | PV                        |
| CONTOUR PLUS TEST STRIP  | 2    | QL; PV                    |
| CONTOUR TEST STRIPS  | 2    | QL; PV                    |
| DAVOL IRRIGATION SYRINGE   | 3    | PV                        |
| DAVOL PISTON IRRIGATION  | 3    | PV                        |
| DEXCOM G6 RECEIVER   | 2    | QL; PV                    |
| DEXCOM G6 SENSOR   | 2    | QL; PV                    |
| DEXCOM G6 TRANSMITTER  | 2    | QL; PV                    |
| DEXCOM G7 15 DAY SENSOR  | 2    | QL; PV                    |
| DEXCOM G7 RECEIVER   | 2    | QL; PV                    |
| DEXCOM G7 SENSOR   | 2    | QL; PV                    |
| DIASTIX  | 3    | PV                        |
| DIATRUE CONTROL SOLN NORMAL  | 3    | PV                        |
| DIATRUE CONTROL SOLUTION HIGH  | 3    | PV                        |
| DIATRUE CONTROL SOLUTION LOW   | 3    | PV                        |
| DIATRUE PLUS BLOOD GLUCOSE MET   | 3    | ST; PV                    |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| DIATRUE PLUS TEST STRIP  | 3    | ST; QL; PV                |
| DISPOSABLE POWER   | 3    | PV                        |
| DOVER BULB SYRINGE   | 3    | PV                        |
| DROPLET GENTEEL LANCING DEVICE   | 3    | PV                        |
| DROPLET INSULIN SYR(HALF UNIT) SYRINGE 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 15/64", 0.5 ML 31 GAUGE X 5/16", 0.5ML 30 GAUGE X 15/64"   | 3    | PV                        |
| DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16 | 3    | PV                        |
| DROPLET LANCETS  | 3    | PV                        |
| DROPLET LANCING DEVICE   | 3    | PV                        |
| DROPLET MICRON PEN NEEDLE  | 3    | PV                        |
| DROPLET PEN NEEDLE   | 3    | PV                        |
| DROPSAFE INSULIN SYRINGE   | 3    | PV                        |
| DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16"   | 3    | PV                        |
| DROPSAFE SICURA SAFETY NEEDLE NEEDLE 25 GAUGE X 1"   | 3    | PV                        |
| DUREX AVANTI BARE REAL FEEL  | 3    | Covered in full*          |
| EASIVENT HOLDING CHAMBER   | 3    | QL                        |
| EASIVENT MASK LARGE  | 3    | QL                        |
| EASIVENT MASK MEDIUM   | 3    | QL                        |
| EASIVENT MASK SMALL  | 3    | QL                        |
| EASY COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.3 ML 31 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 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", 1/2 ML 32 GAUGE X 5/16"   | 3    | PV                        |
| EASY COMFORT LANCETS   | 3    | PV                        |
| EASY COMFORT PEN NEEDLES NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"   | 3    | PV                        |
| EASY COMFORT SAFETY PEN NEEDLE   | 3    | PV                        |
| EASY GLIDE CATHETER TIP SYRING   | 3    | PV                        |
| EASY GLIDE INSULIN SYRINGE   | 3    | PV                        |
| EASY GLIDE LUER LOCK SYRINGE   | 3    | PV                        |
| EASY GLIDE LUER SLIP TB SYRING   | 3    | PV                        |
| EASY GLIDE PEN NEEDLE  | 3    | PV                        |
| EASY MINI EJECT LANCING DEVICE   | 3    | PV                        |
| EASY PLUS II BLOOD GLUCOSE MET   | 3    | ST; PV                    |
| EASY PLUS II HIGH CONTROL  | 3    | PV                        |
| EASY PLUS II LOW CONTROL   | 3    | PV                        |
| EASY PLUS II TEST  | 3    | ST; QL; PV                |
| EASY STEP  | 3    | ST; QL; PV                |
| EASY STEP BLOOD GLUCOSE METER  | 3    | ST; PV                    |
| EASY STEP HIGH CONTROL SOLN  | 3    | PV                        |
| EASY STEP LOW CONTROL SOLUTION   | 3    | PV                        |
| EASY STEP NORMAL CONTROL SOLN  | 3    | PV                        |
| EASY TALK BLOOD GLUCOSE METER  | 3    | ST; PV                    |
| EASY TALK GLUCOSE TEST   | 3    | ST; QL; PV                |
| EASY TALK HIGH CONTROL   | 3    | PV                        |
| EASY TALK LOW CONTROL  | 3    | PV                        |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| EASY TALK PLUS II HIGH CONTROL   | 3    | PV                        |
| EASY TALK PLUS II LOW CONTROL  | 3    | PV                        |
| EASY TALK PLUS II TEST STRIP   | 3    | ST; QL; PV                |
| EASY TOUCH   | 3    | PV                        |
| EASY TOUCH BLU CTRL SOLN-L1,L3   | 3    | PV                        |
| EASY TOUCH BLULINK GLUC SYST   | 3    | ST; PV                    |
| EASY TOUCH BLULINK TEST STRIP  | 3    | ST; QL; PV                |
| EASY TOUCH FLIPLOCK INSULIN  | 3    | PV                        |
| EASY TOUCH FLIPLOCK NEEDLE   | 3    | PV                        |
| EASY TOUCH FLIPLOCK SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2", 10 ML 18 GAUGE X 1 1/2", 10 ML 18 GAUGE X 1", 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 10 ML 21 X 1", 10 ML 22 GAUGE X 1 1/2", 10 ML 25 GAUGE X 1", 3 ML 18 GAUGE X 1 1/2", 3 ML 18 GAUGE X 1", 3 ML 19 GAUGE X 1 1/2", 3 ML 19 GAUGE X 1", 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8", 5 ML 18 GAUGE X 1", 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 25 GAUGE X 1", 5 ML 25 GAUGE X 5/8" | 3    | PV                        |
| EASY TOUCH FLURINGE  | 3    | PV                        |
| EASY TOUCH FLURINGE FLIPLOCK SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8"  | 3    | PV                        |
| EASY TOUCH FLURINGE SHEATHLOCK   | 3    | PV                        |
| EASY TOUCH GLUCOSE MONITOR   | 3    | ST; PV                    |
| EASY TOUCH HEALTHPRO SYSTEM  | 3    | ST; PV                    |
| EASY TOUCH HIGH-LOW CONTROL  | 3    | PV                        |
| EASY TOUCH HYPODERMIC NEEDLE NEEDLE 16 GAUGE X 1 1/2", 16 GAUGE X 1", 18 GAUGE X 1 1/2", 18 GAUGE X 1 1/4", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1 1/4", 23 GAUGE X 1", 23 GAUGE X 3/4", 24 GAUGE X 1 1/4", 24 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 26 GAUGE X 3/8", 26 GAUGE X 5/8", 27 GAUGE X 1 1/2", 27 GAUGE X 1 1/4", 27 GAUGE X 1/2", 30 GAUGE X 1", 30 GAUGE X 1/2", 31 GAUGE X 5/16", 32 GAUGE X 5/16"   | 3    | PV                        |
| EASY TOUCH INSULIN SAFETY SYR  | 3    | PV                        |
| EASY TOUCH INSULIN SYRINGE SYRINGE 0.3 ML 30 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 1/2", 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 31 GAUGE X 5/16, 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"   | 3    | PV                        |
| EASY TOUCH LANCING DEVICE  | 3    | PV                        |
| EASY TOUCH LUER LOCK INSULIN   | 3    | PV                        |
| EASY TOUCH LUER LOCK SYRINGE   | 3    | PV                        |
| EASY TOUCH PEN NEEDLE  | 3    | PV                        |
| EASY TOUCH SAFETY LANCETS  | 3    | PV                        |
| EASY TOUCH SAFETY PEN NEEDLE   | 3    | PV                        |
| EASY TOUCH SHEATHLOCK INSULIN  | 3    | PV                        |
| EASY TOUCH TEST STRIP  | 3    | ST; QL; PV                |
| EASY TOUCH TUBERCULIN FLIPLOCK   | 3    | PV                        |
| EASY TOUCH TWIST LANCETS   | 3    | PV                        |
| EASY TOUCH UNI-SLIP  | 3    | PV                        |
| EASY TRAK BLOOD GLUCOSE METER  | 3    | ST; PV                    |
| EASY TRAK GLUCOSE TEST   | 3    | ST; QL; PV                |
| EASY TRAK HIGH CONTROL   | 3    | PV                        |

| Product Description                                  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| EASY TRAK II BLOOD GLUCOSE MTR                       | 3    | ST; PV                    |
| EASY TRAK II CTRL SOLN-NORMAL                        | 3    | PV                        |
| EASY TRAK II TEST STRIP                              | 3    | ST; QL; PV                |
| EASY TRAK LOW CONTROL                                | 3    | PV                        |
| EASY TWIST AND CAP LANCETS                           | 3    | PV                        |
| EASYGLUCO TEST                                       | 3    | ST; QL; PV                |
| EASYMAX  | 3    | ST; QL; PV                |
| EASYMAX 15 LEVEL 2                                   | 3    | PV                        |
| EASYMAX 15 TEST STRIPS                               | 3    | ST; QL; PV                |
| EASYMAX NG   | 3    | ST; PV                    |
| EASYMAX NORMAL CONTROL                               | 3    | PV                        |
| EASYMAX T1   | 3    | ST; PV                    |
| EASYMAX V SPEAKING GLUCOSE SYS                       | 3    | ST; PV                    |
| EASYPOINT NEEDLE                                     | 3    | PV                        |
| EASY-TOUCH BLOOD GLUCOSE METER                       | 3    | ST; PV                    |
| ECLIPSE NEEDLE NEEDLE 23 GAUGE X 1", 25 GAUGE X 5/8" | 3    | PV                        |
| ECLIPSE SYRINGE                                      | 3    | PV                        |
| ELEMENT COMPACT GLUCOSE METER                        | 3    | ST; PV                    |
| ELEMENT COMPACT HIGH CONTROL                         | 3    | PV                        |
| ELEMENT COMPACT NORMAL CONTROL                       | 3    | PV                        |
| ELEMENT COMPACT TEST STRIPS                          | 3    | ST; QL; PV                |
| ELEMENT COMPACT V GLUCOSE MTR                        | 3    | ST; PV                    |
| ELEMENT HIGH CONTROL                                 | 3    | PV                        |
| ELEMENT LOW CONTROL                                  | 3    | PV                        |
| ELEMENT NORMAL CONTROL                               | 3    | PV                        |
| ELEMENT PLUS BLOOD GLUCOSE KIT                       | 3    | ST; PV                    |
| ELEMENT TEST STRIPS                                  | 3    | ST; QL; PV                |
| EMBRACE BLOOD GLUCOSE SYSTEM                         | 3    | ST; PV                    |
| EMBRACE BLOOD GLUCOSE SYSTEM STRIP                   | 3    | ST; QL; PV                |
| EMBRACE EVO BLOOD GLUCOSE KIT                        | 3    | ST; PV                    |
| EMBRACE EVO GLUCOSE MONITOR                          | 3    | ST; PV                    |
| EMBRACE EVO LEVEL 1                                  | 3    | PV                        |
| EMBRACE EVO TEST STRIPS                              | 3    | ST; QL; PV                |
| EMBRACE GLUCOSE CONTROL HIGH                         | 3    | PV                        |
| EMBRACE GLUCOSE CONTROL LOW                          | 3    | PV                        |
| EMBRACE LANCETS                                      | 3    | PV                        |
| EMBRACE LANCING DEVICE                               | 3    | PV                        |
| EMBRACE PEN NEEDLE                                   | 3    | PV                        |
| EMBRACE PRO  | 3    | PV                        |
| EMBRACE PRO GLUCOSE METER                            | 3    | ST; PV                    |
| EMBRACE PRO TEST STRIPS                              | 3    | ST; QL; PV                |
| EMBRACE SAFETY LANCET                                | 3    | PV                        |
| EMBRACE TALK BLOOD GLUCOSE SYS                       | 3    | ST; PV                    |
| EMBRACE TALK CONTROL-HIGH (L2)                       | 3    | PV                        |
| EMBRACE TALK CONTROL-LOW (L1)                        | 3    | PV                        |
| EMBRACE TALK GLUCOSE MONITOR                         | 3    | ST; PV                    |
| EMBRACE TALK TEST STRIPS                             | 3    | ST; QL; PV                |
| EMBRACE WAVE CONTROL-HIGH (L2)                       | 3    | PV                        |
| EMBRACE WAVE CONTROL-LOW (L1)                        | 3    | PV                        |
| EMBRACE WAVE GLUCOSE TEST STRP                       | 3    | ST; QL; PV                |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| EMBRACE WAVE PLUS GLUCOSE MTR  | 3    | ST; PV                    |
| EVENCARE G2  | 3    | ST; PV                    |
| EVENCARE G2 STRIP  | 3    | ST; QL; PV                |
| EVENCARE G3 CONTROL  | 3    | PV                        |
| EVENCARE G3 GLUCOSE METER  | 3    | ST; PV                    |
| EVENCARE G3 TEST   | 3    | ST; QL; PV                |
| EVENCARE MINI GLUCOSE TEST STR   | 3    | ST; QL; PV                |
| EVENCARE MINI MONITOR SYSTEM   | 3    | ST; PV                    |
| EVENCARE PROVIEW TEST STRIP  | 3    | ST; QL; PV                |
| EVOLUTION BLOOD GLUCOSE METER  | 3    | ST; PV                    |
| EVOLUTION NORMAL CONTROL   | 3    | PV                        |
| EVOLUTION TEST STRIPS  | 3    | ST; QL; PV                |
| EXCEL SYRINGE  | 3    | PV                        |
| EXEL HYPODERMIC NEEDLES NEEDLE 18 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 20 X 3/4", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 22 GAUGE X 3/4", 23 GAUGE X 3/4", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 3/4", 25 GAUGE X 5/8", 26 GAUGE X 1 1/2", 26 GAUGE X 1/2", 26 GAUGE X 3/8", 26 GAUGE X 5/8", 27 GAUGE X 1/2", 30 GAUGE X 1/2" | 3    | PV                        |
| EXEL INSULIN   | 3    | PV                        |
| EXEL SYRINGE SYRINGE 10 ML, 3 ML 27 GAUGE X 1 1/4", 30 ML, 50 ML   | 3    | PV                        |
| EXTENDED RESERVOIR   | 3    | PV                        |
| EZ SMART LANCETS   | 3    | PV                        |
| EZ SMART PLUS SYSTEM   | 3    | ST; PV                    |
| EZ SMART PLUS TEST   | 3    | ST; QL; PV                |
| EZ SMART SYSTEM  | 3    | ST; PV                    |
| EZ SMART TEST  | 3    | ST; QL; PV                |
| FANTASY CONDOM   | 3    | Covered in full*          |
| FC2 FEMALE CONDOM  | 3    | Covered in full*          |
| FEMCAP   | 3    | Covered in full*          |
| FILTER NEEDLES NEEDLE 18 GAUGE X 1 1/2"  | 3    | PV                        |
| FINGERSTIX LANCETS   | 3    | PV                        |
| FLEXICHAMBER   | 3    | QL                        |
| FLEXICHAMBER-LG CHILD MASK   | 3    | QL                        |
| FLEXICHAMBER-SM ADULT MASK   | 3    | QL                        |
| FLEXICHAMBER-SM CHILD MASK   | 3    | QL                        |
| FLOW-EZE VENTED NEEDLE   | 3    | PV                        |
| FONDCIRCLE BLOOD GLUCOSE MONTR   | 3    | ST; PV                    |
| FONDCIRCLE CONTROL SOLUTION  | 3    | PV                        |
| FONDCIRCLE LANCING DEVICE  | 3    | PV                        |
| FORA 6 CONNECT GLUCOSE STRIP   | 3    | ST; QL; PV                |
| FORA 6CONN-GTEL-TN'G ADV STRIP   | 3    | ST; QL; PV                |
| FORA D40D GLUCOSE-BP MONITOR   | 3    | ST; PV                    |
| FORA D40G GLUCOSE-BP MONITOR   | 3    | ST; PV                    |
| FORA D40-G31 TEST STRIPS   | 3    | ST; QL; PV                |
| FORA G20 KIT   | 3    | ST; PV                    |
| FORA G20 STRIP   | 3    | ST; QL; PV                |
| FORA G30A  | 3    | ST; PV                    |
| FORA GD50 BLOOD GLUCOSE SYSTEM   | 3    | ST; PV                    |
| FORA GD50 TEST STRIPS  | 3    | ST; QL; PV                |
| FORA GTEL GLUCOSE TEST STRIP   | 3    | ST; QL; PV                |

| Product Description            | Tier | Limits/Restrictions/Notes |
|--------------------------------|------|---------------------------|
| FORA GTEL KETONE TEST STRIP    | 3    | PV                        |
| FORA GTEL MULTI-FUNCTN MONITOR | 3    | ST; PV                    |
| FORA HIGH CONTROL              | 3    | PV                        |
| FORA KETONE CONTROL SOLN-L1    | 3    | PV                        |
| FORA LANCING DEVICE            | 3    | PV                        |
| FORA LOW CONTROL               | 3    | PV                        |
| FORA NORMAL CONTROL            | 3    | PV                        |
| FORA PREMIUM V10 GLUCOSE METER | 3    | ST; PV                    |
| FORA TEST N'GO VOICE METER     | 3    | ST; PV                    |
| FORA TEST STRIP                | 3    | ST; QL; PV                |
| FORA TN'G ADV MOBILE MULTI MTR | 3    | ST; PV                    |
| FORA TN'G ADVAN PRO TEST STRIP | 3    | ST; QL; PV                |
| FORA TN'G ADVANCE MULTI-FN MTR | 3    | ST; PV                    |
| FORA TN'G ADVANCE PRO MONITOR  | 3    | ST; PV                    |
| FORA TN'G VOICE METER          | 3    | ST; PV                    |
| FORA TN'G VOICE TEST STRIPS    | 3    | ST; QL; PV                |
| FORA V10 STRIP                 | 3    | ST; QL; PV                |
| FORA V10-V12-D10-D20 STRIPS    | 3    | ST; QL; PV                |
| FORA V12 BLOOD GLUCOSE SYSTEM  | 3    | ST; PV                    |
| FORACARE GD20                  | 3    | ST; QL; PV                |
| FORACARE GD20 GLUCOSE METER    | 3    | ST; PV                    |
| FORACARE GD40 TEST STRIPS      | 3    | ST; QL; PV                |
| FORACARE GD40B GLUCOSE METER   | 3    | ST; PV                    |
| FORACARE GDH HIGH CONTROL      | 3    | PV                        |
| FORACARE GDH LOW CONTROL       | 3    | PV                        |
| FORACARE GDH NORMAL CONTROL    | 3    | PV                        |
| FORACARE LANCETS               | 3    | PV                        |
| FREESTYLE CONTROL              | 3    | PV                        |
| FREESTYLE FREEDOM              | 2    | PV                        |
| FREESTYLE FREEDOM LITE         | 2    | PV                        |
| FREESTYLE INSULINX             | 2    | PV                        |
| FREESTYLE INSULINX STRIP       | 2    | QL; PV                    |
| FREESTYLE INSULINX TEST STRIPS | 2    | QL; PV                    |
| FREESTYLE LANCETS              | 3    | PV                        |
| FREESTYLE LIBRE 14 DAY READER  | 2    | QL; PV                    |
| FREESTYLE LIBRE 14 DAY SENSOR  | 2    | QL; PV                    |
| FREESTYLE LIBRE 2 PLUS SENSOR  | 2    | QL; PV                    |
| FREESTYLE LIBRE 2 READER       | 2    | QL; PV                    |
| FREESTYLE LIBRE 2 SENSOR       | 2    | QL; PV                    |
| FREESTYLE LIBRE 3 PLUS SENSOR  | 2    | QL; PV                    |
| FREESTYLE LIBRE 3 READER       | 2    | QL; PV                    |
| FREESTYLE LIBRE 3 SENSOR       | 2    | QL; PV                    |
| FREESTYLE LITE METER           | 2    | PV                        |
| FREESTYLE LITE STRIPS          | 2    | QL; PV                    |
| FREESTYLE PRECISION NEO METER  | 2    | PV                        |
| FREESTYLE PRECISION NEO STRIPS | 2    | QL; PV                    |
| FREESTYLE TEST                 | 2    | QL; PV                    |
| GE100 BLOOD GLUCOSE SYSTEM     | 3    | ST; PV                    |
| GE100 BLOOD GLUCOSE TEST STRIP | 3    | ST; QL; PV                |
| GE100 CONTROL SOLUTION NORMAL  | 3    | PV                        |

| Product Description            | Tier | Limits/Restrictions/Notes |
|--------------------------------|------|---------------------------|
| GE333 BLOOD GLUCOSE SYSTEM     | 3    | ST; PV                    |
| GE333 BLOOD GLUCOSE TEST STRIP | 3    | ST; QL; PV                |
| GENSTRIP TEST STRIP            | 3    | ST; QL; PV                |
| GENTEEL VACUUM LANCING DEVICE  | 3    | PV                        |
| GLUCO NAVII GLUCOSE MONITOR    | 3    | ST; PV                    |
| GLUCO NAVII TEST STRIP         | 3    | ST; QL; PV                |
| GLUCOCARD 01 HI-NORMAL CONTROL | 3    | PV                        |
| GLUCOCARD 01 METER             | 3    | ST; PV                    |
| GLUCOCARD 01 NORMAL CONTROL    | 3    | PV                        |
| GLUCOCARD 01 SENSOR PLUS       | 3    | ST; QL; PV                |
| GLUCOCARD EXPRESSION           | 3    | ST; PV                    |
| GLUCOCARD EXPRESSION KIT       | 3    | ST; PV                    |
| GLUCOCARD EXPRESSION SOLUTION  | 3    | PV                        |
| GLUCOCARD EXPRESSION STRIP     | 3    | ST; QL; PV                |
| GLUCOCARD SHINE                | 3    | PV                        |
| GLUCOCARD SHINE CONNEX METER   | 3    | ST; PV                    |
| GLUCOCARD SHINE EXPRESS METER  | 3    | ST; PV                    |
| GLUCOCARD SHINE METER          | 3    | ST; PV                    |
| GLUCOCARD SHINE METER KIT      | 3    | ST; PV                    |
| GLUCOCARD SHINE TEST STRIPS    | 3    | ST; QL; PV                |
| GLUCOCARD SHINE XL METER       | 3    | ST; PV                    |
| GLUCOCARD VITAL                | 3    | ST; PV                    |
| GLUCOCARD VITAL SENSOR         | 3    | ST; QL; PV                |
| GLUCOCARD VITAL TEST STRIPS    | 3    | ST; QL; PV                |
| GLUCOCOM AUTOLINK              | 3    | PV                        |
| GLUCOCOM BLOOD GLUCOSE         | 3    | ST; PV                    |
| GLUCOCOM CONTROL HIGH          | 3    | PV                        |
| GLUCOCOM CONTROL NORMAL        | 3    | PV                        |
| GLUCOCOM GLUCOSE               | 3    | ST; QL; PV                |
| GLUCOCOM LANCETS               | 3    | PV                        |
| GLUCOSE CONTROL                | 3    | PV                        |
| GLUCOSE KETONE CONTROL SOLN    | 3    | PV                        |
| GM100 KIT                      | 3    | ST; PV                    |
| GM100 STRIP                    | 3    | ST; QL; PV                |
| GOJJI BLOOD GLUCOSE TEST STRIP | 3    | ST; QL; PV                |
| GOJJI GLUCOSE CNTRL SOL-NORMAL | 3    | PV                        |
| GOJJI KETONE CONTROL SOLN-L1   | 3    | PV                        |
| GOJJI LANCET-GLUCOSE TEST STRP | 3    | PV                        |
| GOJJI LANCETS                  | 3    | PV                        |
| GOJJI LANCING DEVICE           | 3    | PV                        |
| GOJJI MULTI-FUNCTIONAL METER   | 3    | ST; PV                    |
| HARMONY GLUCOSE TEST STRIP     | 3    | ST; QL; PV                |
| HEALTHPRO GLUCOSE MONITOR      | 3    | ST; PV                    |
| HEALTHPRO HIGH-LOW CONTROL     | 3    | PV                        |
| HEALTHPRO TEST STRIPS          | 3    | ST; QL; PV                |
| HEALTHWISE INSULIN SYRINGE     | 3    | PV                        |
| HEALTHWISE PEN NEEDLE          | 3    | PV                        |
| HEMA-COMBISTIX                 | 3    | PV                        |
| huber safety needles (disp.)   | 1    | PV                        |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| HYPODERMIC NEEDLES NEEDLE 21 GAUGE X 1", 23 GAUGE X 1 1/2", 26 GAUGE X 5/8"  | 3    | PV                        |
| HYPOLANCE AST LANCING  | 3    | PV                        |
| IHEALTH CONTROL SOLN LEVEL 2   | 3    | PV                        |
| IHEALTH GLUCO PLUS METER   | 3    | ST; PV                    |
| IHEALTH GLUCOSE TEST STRIP   | 3    | ST; QL; PV                |
| ILET INFUSION KIT-FLEX 23"   | 3    | PV                        |
| ILET INFUSION KIT-INSET 23"  | 3    | PV                        |
| ILET INFUSION KIT-INSET 32"  | 3    | PV                        |
| ILET INFUSION-CONTACT DTCH 23"   | 3    | PV                        |
| ILET STARTER KIT CONTACT   | 3    | QL                        |
| ILET STARTER KIT-INSET   | 3    | QL                        |
| IN-CHECK NASAL WITH MASK   | 3    | PV                        |
| IN-CHECK ORAL FLOW METER   | 3    | PV                        |
| INCONTROL LANCING DEVICE   | 3    | PV                        |
| INCONTROL PEN NEEDLE   | 3    | PV                        |
| INCONTROL SUPER THIN LANCETS   | 3    | PV                        |
| INCONTROL ULTRA THIN LANCETS   | 3    | PV                        |
| INFINITY CONTROL SOLUTION HIGH   | 3    | PV                        |
| INFINITY CONTROL SOLUTION LOW  | 3    | PV                        |
| INFINITY CONTROL SOLUTION NORM   | 3    | PV                        |
| INFINITY METER KIT   | 3    | ST; PV                    |
| INFINITY STARTER KIT   | 3    | ST; PV                    |
| INFINITY TEST STRIPS   | 3    | ST; QL; PV                |
| INJECT EASE LANCETS  | 3    | PV                        |
| INJECT-EASE  | 3    |                           |
| INPEN (FOR HUMALOG) BLUE   | 3    | QL; PV                    |
| INPEN (FOR HUMALOG) GREY   | 3    | QL; PV                    |
| INPEN (FOR HUMALOG) PINK   | 3    | QL; PV                    |
| INPEN (NOVOLOG OR FIASP) BLUE  | 3    | QL; PV                    |
| INPEN (NOVOLOG OR FIASP) GREY  | 3    | QL; PV                    |
| INPEN (NOVOLOG OR FIASP) PINK  | 3    | QL; PV                    |
| INSUL-CAP  | 3    | PV                        |
| INSUL-EZE  | 3    | PV                        |
| INSULIN SYR/NDL U100 HALF MARK   | 3    | PV                        |
| INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"   | 3    | PV                        |
| INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 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 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 7/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29, 1/2 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 15/64" | 3    | PV                        |
| insulin syringe-needle u-100 syringe 1 ml 30 gauge x 3/8"  | 1    | PV                        |
| INSUPEN PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"  | 3    | PV                        |
| INTEGRA PRECISIONGLIDE NEEDLE  | 3    | PV                        |
| INTEGRA SYRINGE  | 3    | PV                        |
| INTERLINK SYRINGE AND CANNULA  | 3    |                           |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| INVACARE LANCETS   | 3    | PV                        |
| IV ADMINISTRATION SET  | 3    | PV                        |
| KETO-DIASTIX   | 3    | PV                        |
| KETONE CARE  | 3    | PV                        |
| KETONE URINE TEST  | 3    | PV                        |
| KETOSTIX   | 3    | PV                        |
| KIMONO MICROTHIN AQUA LUBE CON   | 3    | Covered in full*          |
| KIMONO MICROTHIN CONDOMS   | 3    | Covered in full*          |
| KIMONO MICROTHIN LARGE CONDOMS   | 3    | Covered in full*          |
| KIMONO TEXTURED CONDOMS  | 3    | Covered in full*          |
| KIMONO THIN LUBRICATED CONDOMS   | 3    | Covered in full*          |
| LABSTIX REAGENT  | 3    | PV                        |
| LANCETS  | 3    | PV                        |
| LANCETS,THIN   | 3    | PV                        |
| LANCING DEVICE   | 3    | PV                        |
| LANCING DEVICE WITH LANCETS  | 3    | PV                        |
| LANCING SYSTEM   | 3    | PV                        |
| LANZO LANCING DEVICE   | 3    | PV                        |
| LIFESHIELD BLUNT CANNULA   | 3    | PV                        |
| LITE TOUCH-MEDIUM MASK   | 3    | QL                        |
| LITEAIRE MDI CHAMBER   | 3    | QL                        |
| LITETOUCH-LARGE MASK   | 3    | QL                        |
| LITETOUCH-SMALL MASK   | 3    | QL                        |
| LUER LOCK SYRINGE SYRINGE 30 ML  | 3    | PV                        |
| LUER SLIP TIP SYRINGE TRAY   | 3    | PV                        |
| LUER-LOK TIP   | 3    | PV                        |
| 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" | 3    | PV                        |
| MAGELLAN SAFETY SYRINGE  | 3    | PV                        |
| MAGELLAN SYRINGE   | 3    | PV                        |
| MAGELLAN TUBERCULIN SAFETY SYR   | 3    | PV                        |
| MAXICOMFORT II PEN NEEDLE  | 3    | PV                        |
| MAXICOMFORT INSULIN SYRINGE  | 3    | PV                        |
| MAXI-COMFORT INSULIN SYRINGE   | 3    | PV                        |
| MAXICOMFORT SAFETY PEN NEEDLE  | 3    | PV                        |
| MEDISENSE GLUCOSE KETONE   | 3    | PV                        |
| MEDLANCE PLUS LANCETS  | 3    | PV                        |
| MEDLANCE PLUS SPECIAL BLADE  | 3    | PV                        |
| MEDTRONIC EXT INFUSION SET 23"   | 3    | PV                        |
| MEDTRONIC EXT INFUSION SET 32"   | 3    | PV                        |
| MICRO BLOOD GLUCOSE  | 3    | ST; QL; PV                |
| MICRO THIN LANCETS   | 3    | PV                        |
| MICROCHAMBER   | 3    | QL                        |
| MICRODOT BLOOD GLUCOSE SYSTEM  | 3    | ST; PV                    |
| MICRODOT BLOOD GLUCOSE SYSTEM STRIP  | 3    | ST; QL; PV                |
| MICRODOT HIGH-LOW CONTROL  | 3    | PV                        |
| MICRODOT NORMAL CONTROL  | 3    | PV                        |
| MICRODOT XTRA BLOOD GLUCOSE  | 3    | ST; QL; PV                |
| MICROLET 2 LANCING DEVICE  | 3    | PV                        |
| MICROLET LANCET  | 3    | PV                        |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| MICROLET NEXT LANCING DEVICE   | 3    | PV                        |
| MICROLIFE PEAK FLOW METER  | 3    | PV                        |
| MICROSPACER  | 3    | QL                        |
| MINI LANCING DEVICE  | 3    | PV                        |
| MINI ULTRA-THIN II   | 3    | PV                        |
| MINI WRIGHT PEAK FLOW METER  | 3    | PV                        |
| MINIMED MIO ADVANCE INF SET23"   | 3    | PV                        |
| MINIMED MIO ADVANCE INF SET43"   | 3    | PV                        |
| MINIMED QUICK SET 18"  | 3    | PV                        |
| MINIMED QUICK SET 23"  | 3    | PV                        |
| MINIMED QUICK SET 32"  | 3    | PV                        |
| MINIMED QUICK SET 43"  | 3    | PV                        |
| MINIMED SILHOUETTE 18"   | 3    | PV                        |
| MINIMED SILHOUETTE 23"   | 3    | PV                        |
| MINIMED SILHOUETTE 32"   | 3    | PV                        |
| MINIMED SILHOUETTE 43"   | 3    | PV                        |
| MINIMED SURE T 18"   | 3    | PV                        |
| MINIMED SURE T 23"   | 3    | PV                        |
| MINIMED SURE T 32"   | 3    | PV                        |
| MOBILE LANCETS   | 3    | PV                        |
| MODD1 SUPPLY KIT   | 3    | QL; PV                    |
| MONOJECT 140CC PISTON SYRINGE  | 3    | PV                        |
| MONOJECT 3CC SYR 25GX1"  | 3    | PV                        |
| MONOJECT BLOOD COLLECTION  | 3    | PV                        |
| MONOJECT BLUNT CANNULAS NEEDLE 15 GAUGE X 1 1/2"   | 3    |                           |
| MONOJECT CONTROL SYRINGE LUER  | 3    | PV                        |
| MONOJECT DISPOSABLE SYRINGE  | 3    | PV                        |
| MONOJECT ECCENTRIC NON-STERILE SYRINGE 35 ML   | 3    | PV                        |
| MONOJECT ENFIT STERILE SYRINGE SYRINGE 1 ML, 35 ML, 6 ML, 60 ML  | 3    |                           |
| MONOJECT ENFIT SYRINGE   | 3    |                           |
| MONOJECT FILTER ASPIRATOR  | 3    | PV                        |
| MONOJECT FILTER NEEDLE   | 3    | PV                        |
| MONOJECT HYPODERMIC NEEDLES NEEDLE 14 GAUGE X 1 1/2", 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1 1/2", 27 GAUGE X 1 1/2", 27 GAUGE X 1/2", 30 GAUGE X 3/4" | 3    | PV                        |
| MONOJECT HYPODERMIC POLYPROPYL NEEDLE 18 GAUGE X 1 1/2"  | 3    | PV                        |
| MONOJECT INSULIN SAFETY SYRING   | 3    | PV                        |
| MONOJECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 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, 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"  | 3    | PV                        |
| MONOJECT LUER-LOCK TIP SYRINGE 12 ML   | 3    | PV                        |
| MONOJECT MAGELLAN SAFETY SYRING SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8", 3 ML 20 GAUGE X 1"   | 3    | PV                        |
| MONOJECT MEDICATION TRANSF NDL   | 3    | PV                        |
| MONOJECT PHARMACY TRAY LUER  | 3    | PV                        |
| MONOJECT PHARMACY TRAY REG TIP   | 3    | PV                        |
| MONOJECT REG TIP NON-STERILE   | 3    | PV                        |
| MONOJECT REGULAR LUER SYRINGE 3 ML, 35 ML, 6 ML  | 3    | PV                        |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| MONOJECT SAFETY LUER LOCK TIP  | 3    | PV                        |
| MONOJECT SAFETY SYRINGES SYRINGE 12 ML, 12 ML 20 X 1 1/2", 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 6 ML  | 3    | PV                        |
| MONOJECT SMARTIP CANNULA SYRINGE 12 ML   | 3    |                           |
| MONOJECT SMARTIP CANNULA SYRINGE 3 ML, 6 ML  | 3    | PV                        |
| MONOJECT SYRINGE CATHETER  | 3    | PV                        |
| MONOJECT SYRINGE LUER LOK SYRINGE 35 ML, 60 ML   | 3    | PV                        |
| MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE, 12 ML 18 GAUGE X 1", 12 ML 20 X 1 1/2", 12 ML 21 GAUGE X 1 1/2", 12 ML 21 GAUGE X 1", 3 ML, 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 20 X 3/4", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/4", 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4", 6 ML, 6 ML 20 X 1 1/2", 6 ML 21 X 1 1/2", 6 ML 21 X 1", 6 ML 22 X 1 1/2" | 3    | PV                        |
| MONOJECT SYRINGE SYRINGE 140 ML  | 3    |                           |
| MONOJECT TB  | 3    | PV                        |
| MONOJECT TB LUER LOK   | 3    | PV                        |
| MONOJECT TB SAFETY SYRINGE   | 3    | PV                        |
| MONOJECT TUBERCULIN SYRINGE  | 3    | PV                        |
| MONOJECT ULTRA COMFORT INSULIN   | 3    | PV                        |
| MONOLET LANCETS  | 3    | PV                        |
| MONOLET THIN LANCETS   | 3    | PV                        |
| MOUTHPIECE   | 3    | QL                        |
| MULTI-DRAW NEEDLE  | 3    | PV                        |
| MULTI-LANCET DEVICE 2  | 3    | PV                        |
| MULTISTIX  | 3    | PV                        |
| MULTISTIX 10 SG  | 3    | PV                        |
| MULTISTIX 5  | 3    | PV                        |
| MULTISTIX 7  | 3    | PV                        |
| MULTISTIX 8 SG   | 3    | PV                        |
| MULTISTIX 9  | 3    | PV                        |
| MULTISTIX 9 SG   | 3    | PV                        |
| MYGLUCOHEALTH CONTROL SOLUTION   | 3    | PV                        |
| MYGLUCOHEALTH KIT  | 3    | ST; PV                    |
| MYGLUCOHEALTH LANCETS  | 3    | PV                        |
| MYGLUCOHEALTH STRIP  | 3    | ST; QL; PV                |
| NANO 2ND GEN PEN NEEDLE  | 2    |                           |
| NANO PEN NEEDLE  | 2    |                           |
| NEEDLE (DISP) 16 G   | 3    | PV                        |
| NEEDLE (DISP) 18 G NEEDLE 18 GAUGE X 1"  | 3    | PV                        |
| NEEDLE (DISP) 19 G   | 3    | PV                        |
| NEEDLE (DISP) 23 GAUGE   | 3    | PV                        |
| NEEDLES, HUBER DISPOSABLE  | 3    | PV                        |
| NERIA SUBCUTANEOUS INFUSION SET 6 MM X 110 CM  | 3    | PV                        |
| NEUTEK 2TEK TEST STRIPS  | 3    | ST; QL; PV                |
| NOKOR NEEDLE   | 3    | PV                        |
| NORM-JECT  | 3    | PV                        |
| NORM-JECT TUBERKULIN   | 3    | PV                        |
| NOVA MAX GLUCOSE TEST  | 3    | ST; QL; PV                |
| NOVA MAX PLUS GLUC-KETON METER   | 3    | ST; PV                    |
| NOVA SAFETY LANCETS  | 3    | PV                        |
| NOVA SUREFLEX LANCETS  | 3    | PV                        |

| Product Description            | Tier | Limits/Restrictions/Notes |
|--------------------------------|------|---------------------------|
| NOVAMAX PLUS GLU-KET           | 3    | PV                        |
| NOVAMAX PLUS KETONE            | 3    | PV                        |
| NOVOFINE 32                    | 3    | PV                        |
| NOVOFINE PLUS                  | 3    | PV                        |
| NOVOPEN ECHO                   | 3    | PV                        |
| OMNIPOD 5 (G6/LIBRE 2 PLUS)    | 3    | PA; QL; PV                |
| OMNIPOD 5 G6-G7 INTRO KT(GEN5) | 3    | PA; QL; PV                |
| OMNIPOD 5 G6-G7 PODS (GEN 5)   | 3    | PA; QL; PV                |
| OMNIPOD 5 INTRO(G6/LIBRE2PLUS) | 3    | PA; QL; PV                |
| OMNIPOD DASH INTRO KIT (GEN 4) | 3    | PA; QL; PV                |
| OMNIPOD DASH PODS (GEN 4)      | 3    | PA; QL; PV                |
| ON CALL EXPRESS CONTROL        | 3    | PV                        |
| ON CALL EXPRESS METER          | 3    | ST; PV                    |
| ON CALL EXPRESS TEST STRIP     | 3    | ST; QL; PV                |
| ON CALL LANCET                 | 3    | PV                        |
| ON CALL LANCING DEVICE         | 3    | PV                        |
| ONE WAY VALVED MOUTHPIECE      | 3    | QL                        |
| ONETOUCH DELICA PLUS LANC DEV  | 3    | PV                        |
| ONETOUCH DELICA PLUS LANCET    | 3    | PV                        |
| ONETOUCH DELICA SAFETY LANCET  | 3    | PV                        |
| ONETOUCH ULTRA CONTROL         | 3    | PV                        |
| ONETOUCH ULTRA TEST            | 3    | ST; QL; PV                |
| ONETOUCH ULTRA2 METER          | 3    | ST; PV                    |
| ONETOUCH ULTRASOFT 2 LANCET    | 3    | PV                        |
| ONETOUCH VERIO FLEX METER      | 3    | ST; PV                    |
| ONETOUCH VERIO HIGH CONTROL    | 3    | PV                        |
| ONETOUCH VERIO MID CONTROL     | 3    | PV                        |
| ONETOUCH VERIO REFLECT METER   | 3    | ST; PV                    |
| ONETOUCH VERIO TEST STRIPS     | 3    | ST; QL; PV                |
| ON-THE-GO LANCETS              | 3    | PV                        |
| OPTICHAMBER ADULT MASK-LARGE   | 3    | QL                        |
| OPTICHAMBER DIAMOND LG MASK    | 3    | QL                        |
| OPTICHAMBER DIAMOND VHC        | 3    | QL                        |
| OPTICHAMBER DIAMOND-MED MSK    | 3    | QL                        |
| OPTICHAMBER DIAMOND-SML MASK   | 3    | QL                        |
| OPTIUM EZ                      | 3    | ST; QL; PV                |
| OVAL TAPE                      | 3    | PV                        |
| PANDA MASK                     | 3    | QL                        |
| PARADIGM RESERVOIR             | 3    | PV                        |
| PEDIATRIC MEDIUM MASK          | 3    | QL                        |
| PEDIATRIC PANDA MASK           | 3    | QL                        |
| PEDIATRIC SMALL MASK           | 3    | QL                        |
| PEN NEEDLE                     | 3    | PV                        |
| PEN NEEDLE, DIABETIC           | 3    | PV                        |
| PEN NEEDLE, DIABETIC, SAFETY   | 3    | PV                        |
| PENTIPS PEN NEEDLE             | 3    | PV                        |
| PERFECT POINT SAFETY LANCETS   | 3    | PV                        |
| PERFECT POINT SAFETY NEEDLE    | 3    | PV                        |
| PERSONAL BEST FULL RANGE       | 3    | PV                        |
| PHARMACIST CHOICE              | 3    | ST; QL; PV                |

| Product Description            | Tier | Limits/Restrictions/Notes |
|--------------------------------|------|---------------------------|
| PHARMACIST CHOICE GLUCOSE SYS  | 3    | ST; PV                    |
| PHASEAL PROTECTOR              | 3    | PV                        |
| PIKO 1                         | 3    | PV                        |
| PIP BLOOD GLUCOSE MONITOR      | 3    | ST; PV                    |
| PIP BLOOD GLUCOSE TEST STRIP   | 3    | ST; QL; PV                |
| PIP GLUCOSE CONTROL SOLN L1-L2 | 3    | PV                        |
| PIP LANCET                     | 3    | PV                        |
| PIP PEN NEEDLE                 | 3    | PV                        |
| PISTON SYRINGE WITH ENFIT      | 3    |                           |
| PLATINUM TEST STRIP            | 3    | ST; QL; PV                |
| POCKET CHAMBER                 | 3    | QL                        |
| POCKET PEAK FLOW METER         | 3    | PV                        |
| POLY HUB NEEDLE                | 3    | PV                        |
| PRECISION POINT OF CARE TEST   | 2    | QL; PV                    |
| PRECISION XTRA B-KETONE        | 2    | PV                        |
| PRECISION XTRA KETONE-GLUCOSE  | 3    | ST; PV                    |
| PRECISION XTRA MONITOR         | 2    | PV                        |
| PRECISION XTRA TEST            | 2    | QL; PV                    |
| PREMIER BLU GLUCOSE METER      | 3    | ST; PV                    |
| PREMIER CLASSIC GLUCOSE METER  | 3    | ST; PV                    |
| PREMIER COMPACT GLUCOSE METER  | 3    | ST; PV                    |
| PREMIER TEST STRIP             | 3    | ST; QL; PV                |
| PREMIER VOICE GLUCOSE METER    | 3    | ST; PV                    |
| PREMIUM BLOOD GLUCOSE MONITOR  | 3    | ST; PV                    |
| PREMIUM V10                    | 3    | ST; PV                    |
| PREMIUM V10 STRIP              | 3    | ST; QL; PV                |
| PRESSURE ACTIVATED LANCETS     | 3    | PV                        |
| PREVENT DROPSAFE PEN NEEDLE    | 3    | PV                        |
| PRIMEAIRE                      | 3    | QL                        |
| PRO COMFORT INSULIN SYRINGE    | 3    | PV                        |
| PRO COMFORT LANCET             | 3    | PV                        |
| PRO COMFORT PEN NEEDLE         | 3    | PV                        |
| PRO COMFORT SAFETY LANCET      | 3    | PV                        |
| PRO COMFORT SPACER-ADULT MASK  | 3    | QL                        |
| PRO COMFORT SPACER-CHILD MASK  | 3    | QL                        |
| PRO COMFORT SPACER-INFANT MASK | 3    | QL                        |
| PRO VOICE V8-V9 TEST STRIP     | 3    | ST; QL; PV                |
| PRO VOICE V9 GLUCOSE MONITOR   | 3    | ST; PV                    |
| PROCARE SPACER WITH ADULT MASK | 3    | QL                        |
| PROCARE SPACER WITH CHILD MASK | 3    | QL                        |
| PROCHAMBER                     | 3    | QL                        |
| PRODIGY AUTOCODE METER         | 3    | ST; PV                    |
| PRODIGY AUTOCODE MONITOR SYST  | 3    | ST; PV                    |
| PRODIGY CONTROL SOLUTION, LOW  | 3    | PV                        |
| PRODIGY CONTROL SOLUTION,HIGH  | 3    | PV                        |
| PRODIGY INSULIN SYRINGE        | 3    | PV                        |
| PRODIGY LANCETS                | 3    | PV                        |
| PRODIGY LANCING DEVICE         | 3    | PV                        |
| PRODIGY NO CODING              | 3    | ST; QL; PV                |
| PRODIGY POCKET METER           | 3    | ST; PV                    |

| Product Description   | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| PRODIGY TWIST TOP LANCET  | 3    | PV                        |
| PRODIGY VOICE GLUCOSE METER   | 3    | ST; PV                    |
| PURE COMFORT LANCETS  | 3    | PV                        |
| PURE COMFORT PEN NEEDLE   | 3    | PV                        |
| PURE COMFORT SAFETY LANCETS   | 3    | PV                        |
| PURE COMFORT SAFETY PEN NEEDLE  | 3    | PV                        |
| PURE COMFORT SPACER-ADULT MASK  | 3    | QL                        |
| PURECOMFORT PEAK FLOW METER   | 3    | PV                        |
| PUSH BUTTON SAFETY LANCETS 28 GAUGE   | 3    | PV                        |
| QUINTET AC  | 3    | ST; PV                    |
| QUINTET AC STRIP  | 3    | ST; QL; PV                |
| QUINTET BLOOD GLUCOSE METER   | 3    | ST; PV                    |
| QUINTET GLUCOSE TEST STRIPS   | 3    | ST; QL; PV                |
| REFUAH PLUS   | 3    | ST; QL; PV                |
| REFUAH PLUS GLUCOSE CONTROL   | 3    | PV                        |
| REFUAH PLUS GLUCOSE MONITOR   | 3    | ST; PV                    |
| RELIAMED LANCET 28 GAUGE, 30 GAUGE  | 3    | PV                        |
| RELIAMED MINI LANCING DEVICE  | 3    | PV                        |
| RELIAMED SAFETY SEAL LANCETS  | 3    | PV                        |
| RELION ALL-IN-ONE METER   | 3    | ST; PV                    |
| RELION CONFIRM  | 3    | ST; PV                    |
| RELION CONFIRM-MICRO  | 3    | ST; QL; PV                |
| RELION MICRO GLUCOSE MONITOR KIT  | 3    | ST; PV                    |
| RELION PRIME METER  | 3    | ST; PV                    |
| RELION PRIME TEST STRIPS  | 3    | ST; QL; PV                |
| RELION ULTIMA   | 3    | ST; QL; PV                |
| REVEAL BLOOD GLUCOSE METER  | 3    | ST; PV                    |
| REVEAL TEST STRIP   | 3    | ST; QL; PV                |
| RIGHTTEST CONTROL SOLUTION HIGH   | 3    | PV                        |
| RIGHTTEST CONTROL SOLUTION NORM   | 3    | PV                        |
| RIGHTTEST GD500 LANCING DEVICE  | 3    | PV                        |
| RIGHTTEST GL300 LANCETS   | 3    | PV                        |
| RIGHTTEST GM550 SYSTEM  | 3    | ST; PV                    |
| RIGHTTEST GS550 TEST STRIPS   | 3    | ST; QL; PV                |
| RIGHTTEST GT333 GLUCOSE METER   | 3    | ST; PV                    |
| RIGHTTEST GT333 TEST STRIP  | 3    | ST; QL; PV                |
| RITFLO AEROCHAMBER  | 3    | QL                        |
| SAFESNAP INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2"  | 3    | PV                        |
| SAFESNAP SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 10 ML, 10 ML 22 GAUGE X 1", 3 ML, 3 ML 25 GAUGE X 5/8", 5 ML, 5 ML 20 GAUGE X 1", 5 ML 22 GAUGE X 1" | 3    | PV                        |
| SAFETY LANCETS 21 GAUGE, 28 GAUGE   | 3    | PV                        |
| SAFETY NEEDLES  | 3    | PV                        |
| SAFETY PEN NEEDLE   | 3    | PV                        |
| SAFETY SEAL LANCETS   | 3    | PV                        |
| SAFETY-LET LANCETS  | 3    | PV                        |
| SCALP VEIN SET  | 3    | PV                        |
| SECURESAFE INSULIN SYRINGE  | 3    | PV                        |
| SECURESAFE PEN NEEDLE NEEDLE 30 GAUGE X 5/16"   | 3    | PV                        |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| SIDESTREAM PEDIATRIC FACE MASK   | 3    | QL                        |
| SILICONE MASK - INFANT   | 3    | QL                        |
| SILICONE MASK - PEDIATRIC  | 3    | QL                        |
| SIL-SERTER   | 3    | PV                        |
| SINGLE-LET   | 3    | PV                        |
| SKY SAFETY PEN NEEDLE  | 3    | PV                        |
| SMART SENSE MONITORING SYSTEM  | 3    | ST; PV                    |
| SMART SENSE TEST STRIPS  | 3    | ST; QL; PV                |
| SMARTDIABETES VANTAGE  | 3    | PV                        |
| SMARTTEST CONTROL  | 3    | PV                        |
| SMARTTEST EJECT  | 3    | ST; PV                    |
| SMARTTEST LANCET   | 3    | PV                        |
| SMARTTEST PERSONA STARTER  | 3    | ST; PV                    |
| SMARTTEST PRONTO STARTER   | 3    | ST; PV                    |
| SMARTTEST PROTEGE  | 3    | ST; PV                    |
| SMARTTEST TEST   | 3    | ST; QL; PV                |
| SOLUS V2 AUDIBLE METER   | 3    | ST; PV                    |
| SOLUS V2 CONTROL SOLUTION, LOW   | 3    | PV                        |
| SOLUS V2 CONTROL SOLUTION,HIGH   | 3    | PV                        |
| SOLUS V2 LANCETS   | 3    | PV                        |
| SOLUS V2 LANCING DEVICE  | 3    | PV                        |
| SOLUS V2 TEST STRIPS   | 3    | ST; QL; PV                |
| SPACE CHAMBER  | 3    | QL                        |
| SPACE CHAMBER WITH LARGE MASK  | 3    | QL                        |
| SPACE CHAMBER WITH MEDIUM MASK   | 3    | QL                        |
| SPACE CHAMBER WITH SMALL MASK  | 3    | QL                        |
| STERILANCE TL  | 3    | PV                        |
| SUPER THIN LANCETS 28 GAUGE, 30 GAUGE  | 3    | PV                        |
| SURE COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 1/4" | 3    | PV                        |
| SURE COMFORT LANCETS   | 3    | PV                        |
| SURE COMFORT LANCING PEN   | 3    | PV                        |
| SURE COMFORT PEN NEEDLE  | 3    | PV                        |
| SURE COMFORT SAFETY PEN NEEDLE   | 3    | PV                        |
| SURE-FINE PEN NEEDLES  | 3    | PV                        |
| SUREFLEX DEVICE WITH LANCETS   | 3    | PV                        |
| SURE-JECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 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 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"     | 3    | PV                        |
| SURE-LANCE   | 3    | PV                        |
| SURE-LANCE ULTRA THIN  | 3    | PV                        |
| SURE-PEN LANCING DEVICE  | 3    | PV                        |
| SURE-TEST EASYPLUS MINI METER  | 3    | ST; PV                    |
| SURE-TEST EASYPLUS MINI SOLUTION   | 3    | PV                        |
| SURE-TEST EASYPLUS MINI STRIP  | 3    | ST; QL; PV                |
| SURE-TOUCH LANCET  | 3    | PV                        |
| SURGUARD2 SAFETY NEEDLE  | 3    | PV                        |

| Product Description   | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| SURGUARD2 SAFETY SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 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", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 5/8", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2" | 3    | PV                        |
| SYRINGE (DISPOSABLE) SYRINGE 20 ML, 3 ML, 30 ML, 5 ML   | 3    | PV                        |
| SYRINGE 3CC/20GX1"  | 3    | PV                        |
| SYRINGE 3CC/21GX1"  | 3    | PV                        |
| SYRINGE 3CC/21GX1-1/2"  | 3    | PV                        |
| SYRINGE 3CC/22GX1"  | 3    | PV                        |
| SYRINGE 3CC/22GX3/4"  | 3    | PV                        |
| SYRINGE 3CC/25GX1"  | 3    | PV                        |
| SYRINGE FILTER 50-0.22 MM-MICRON  | 3    |                           |
| SYRINGE WITH NEEDLE SYRINGE 1 ML 25 GAUGE X 1", 3 ML 20 GAUGE X 1 1/2", 3 ML 22 X 1 1/2"  | 3    | PV                        |
| TANDEM MOBI AUTOSOFT 30 KT 23"  | 3    | PV                        |
| TANDEM MOBI AUTOSOFT XC KIT 5"  | 3    | PV                        |
| TANDEM MOBI AUTOSOFT XC KT 23"  | 3    | PV                        |
| TANDEM MOBI TRUSTEEL KIT 23"  | 3    | PV                        |
| TANDEM T:SLIM ASFT XC PK10 23"  | 3    | PV                        |
| TANDEM T:SLIM ASFT XC PK14 23"  | 3    | PV                        |
| TANDEM T:SLIM TRUSTL PK10 23"   | 3    | PV                        |
| TECHLITE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16"  | 3    | PV                        |
| TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16"   | 3    | PV                        |
| TECHLITE LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE   | 3    | PV                        |
| TECHLITE 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"   | 3    | PV                        |
| TECHLITE PLUS PEN NEEDLE  | 3    | PV                        |
| TELCARE CONTROL   | 3    | PV                        |
| TELCARE LANCETS   | 3    | PV                        |
| TELCARE TEST STRIPS   | 3    | ST; QL; PV                |
| TERUMO HYPODERMIC NEEDLE/SYRIN SYRINGE 5 ML 21 GAUGE X 1 1/2"   | 3    | PV                        |
| TERUMO INSULIN SYRINGE SYRINGE 0.3 ML 30 X 3/8", 1 ML 27 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 30 X 3/8"   | 3    | PV                        |
| TERUMO SYRINGE SYRINGE 3 ML 23 X 1", 30 ML  | 3    | PV                        |
| TEST N'GO BLOOD GLUCOSE SYSTEM  | 3    | ST; PV                    |
| TEST N'GO TEST  | 3    | ST; QL; PV                |
| THIN LANCETS  | 3    | PV                        |
| thinpro insulin syringe 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    | PV                        |
| THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 31 X 3/8", 0.5 ML 31 X 3/8", 1 ML 31 X 3/8"  | 3    | PV                        |
| TOOMEY SYRINGE  | 3    |                           |
| TRUE COMFORT INSULIN SYRINGE  | 3    | PV                        |
| TRUE COMFORT LANCET   | 3    | PV                        |
| TRUE COMFORT PEN NEEDLE   | 3    | PV                        |
| TRUE COMFORT PRO INS SYRINGE  | 3    | PV                        |
| TRUE COMFORT SAFE INSULIN SYRG  | 3    | PV                        |
| TRUE COMFORT SAFETY PEN NEEDLE  | 3    | PV                        |
| TRUE METRIX AIR GLUCOSE METER   | 3    | ST; PV                    |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| TRUE METRIX GLUCOSE METER  | 3    | ST; PV                    |
| TRUE METRIX GLUCOSE TEST STRIP   | 3    | ST; QL; PV                |
| TRUE METRIX GO GLUCOSE METER   | 3    | ST; PV                    |
| TRUE METRIX LEVEL 1  | 3    | PV                        |
| TRUE METRIX LEVEL 2  | 3    | PV                        |
| TRUE METRIX LEVEL 3  | 3    | PV                        |
| TRUEDRAW LANCING DEVICE  | 3    | PV                        |
| TRUEPLUS INSULIN   | 3    | PV                        |
| TRUEPLUS KETONE  | 3    | PV                        |
| TRUEPLUS LANCETS   | 3    | PV                        |
| TRUEPLUS PEN NEEDLE  | 3    | PV                        |
| TRUERESULT BLOOD GLUCOSE SYSTEM  | 3    | ST; PV                    |
| TRUETEST TEST STRIPS   | 3    | ST; QL; PV                |
| TRUETRACK BLOOD GLUCOSE SYSTEM   | 3    | ST; PV                    |
| TRUETRACK SMART SYSTEM   | 3    | ST; PV                    |
| TRUETRACK TEST   | 3    | ST; QL; PV                |
| TRUSTEX LATEX CONDOM   | 3    | Covered in full*          |
| TRUSTEX LUBRICATED CONDOMS   | 3    | Covered in full*          |
| TRUSTEX NON-LUB CONDOMS  | 3    | Covered in full*          |
| TRUSTEX-RIA LUB/SPERMICIDE   | 3    | Covered in full*          |
| TRUSTEX-RIA NON-LUB CONDOMS  | 3    | Covered in full*          |
| TRUZONE PEAK FLOW METER  | 3    | PV                        |
| TUBERCULIN SYRINGE   | 3    | PV                        |
| TWIIST REFILL KT(CSST-NDL-SYR)   | 3    | PA; QL                    |
| TWIIST RFL(INFUS-CSST-NDL-SYR)   | 3    | PA; QL                    |
| TWIIST STARTER KIT   | 3    | PA; QL                    |
| TWIST LANCETS  | 3    | PV                        |
| ULTICARE INSULIN SYRINGE   | 3    | PV                        |
| ULTICARE INSULN SYR(HALF UNIT)   | 3    | PV                        |
| ULTICARE LOW DEAD SPACE SYRING   | 3    | PV                        |
| ULTICARE PEN NEEDLE  | 3    | PV                        |
| ULTICARE SAFETY PEN NEEDLE   | 3    | PV                        |
| ULTICARE SAFETY SYRINGE SYRINGE 3 ML   | 3    |                           |
| ULTICARE SAFETY SYRINGE SYRINGE 3 ML 21 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" | 3    | PV                        |
| ULTICARE SYR 0.3 ML 30GX1/2" (WITH SYRINGE CONTAINER)  | 3    |                           |
| ULTICARE SYR 0.3 ML 30GX1/2" (WITH SYRINGE CONTAINER)  | 3    | PV                        |
| ULTICARE SYR 0.5 ML 30GX1/2" (WITH SYRINGE CONTAINER)  | 3    |                           |
| ULTICARE SYR 0.5 ML 30GX1/2" (WITH SYRINGE CONTAINER)  | 3    | PV                        |
| ulticare syringe 0.3 ml 30 gauge x 1/2", 0.5 ml 30 gauge x 1/2", 1 ml 30 gauge x 1/2"  | 1    | PV                        |
| ULTICARE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 25 GAUGE X 5/8", 1 ML 31 GAUGE X 5/16  | 3    | PV                        |
| ULTICARE SYRINGE 1 ML 30GX1/2" (WITH SYRINGE CONTAINER)  | 3    |                           |
| ULTICARE SYRINGE 1 ML 30GX1/2" (WITH SYRINGE CONTAINER)  | 3    | PV                        |
| ULTICARE TB SAFETY SYRINGE   | 3    | PV                        |
| ULTIGUARD SAFEPACK-INSULIN SYR   | 3    | PV                        |
| ULTIGUARD SAFEPACK-PEN NEEDLE  | 3    | PV                        |
| ULTI-LANCE   | 3    | PV                        |
| ULTILET BASIC LANCETS  | 3    | PV                        |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| ULTILET CLASSIC LANCETS  | 3    | PV                        |
| ULTILET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 29  | 3    | PV                        |
| ULTILET LANCETS  | 3    | PV                        |
| ULTILET PEN NEEDLE   | 3    | PV                        |
| ULTILET SAFETY LANCETS   | 3    | PV                        |
| ULTIMA MONITOR   | 3    | ST; PV                    |
| ULTIMA TEST STRIPS   | 3    | ST; QL; PV                |
| ULTRA CMFT INS SYR (HALF UNIT)   | 3    | PV                        |
| ULTRA COMFORT INSULIN SYRINGE  | 3    | PV                        |
| ULTRA FLO INSUL SYR(HALF UNIT)   | 3    | PV                        |
| ULTRA FLO INSULIN SYRINGE  | 3    | PV                        |
| ULTRA FLO PEN NEEDLE   | 3    | PV                        |
| ULTRA THIN II LANCETS  | 3    | PV                        |
| ULTRA THIN LANCETS   | 3    | PV                        |
| ULTRA THIN PEN NEEDLE  | 3    | PV                        |
| ULTRACARE INSULIN SYRINGE  | 3    | PV                        |
| ULTRA-CARE LANCETS   | 3    | PV                        |
| ULTRACARE PEN NEEDLE   | 3    | PV                        |
| ULTRA-FINE PEN NEEDLE  | 2    |                           |
| ULTRALANCE LANCETS   | 3    | PV                        |
| ULTRA-THIN II (SHORT) INS SYR  | 3    | PV                        |
| ULTRA-THIN II (SHORT) PEN NDL  | 3    | PV                        |
| ULTRA-THIN II INS PEN NEEDLES  | 3    | PV                        |
| ULTRA-THIN II INSULIN SYRINGE  | 3    | PV                        |
| ULTRA-THIN II LANCETS  | 3    | PV                        |
| ULTRATRAK  | 3    | ST; QL; PV                |
| ULTRATRAK GLUCOSE METER  | 3    | ST; PV                    |
| ULTRATRAK HIGH-LOW CONTROL   | 3    | PV                        |
| ULTRATRAK NORMAL CONTROL   | 3    | PV                        |
| ULTRATRAK ULTIMATE   | 3    | ST; PV                    |
| ULTRATRAK ULTIMATE SOLUTION  | 3    | PV                        |
| ULTRATRAK ULTIMATE STRIP   | 3    | ST; QL; PV                |
| UNIFINE PENTIPS MAXFLOW  | 3    | PV                        |
| 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" | 3    | PV                        |
| UNIFINE PENTIPS PLUS   | 3    | PV                        |
| UNIFINE PENTIPS PLUS MAXFLOW   | 3    | PV                        |
| UNIFINE PROTECT  | 3    | PV                        |
| UNIFINE SAFECONTROL PEN NEEDLE   | 3    | PV                        |
| UNIFINE ULTRA PEN NEEDLE   | 3    | PV                        |
| UNILET COMFORTOUCH LANCET  | 3    | PV                        |
| UNILET GP LANCET   | 3    | PV                        |
| UNILET LANCET  | 3    | PV                        |
| UNILET LANCETS   | 3    | PV                        |
| UNILET SUPER THIN LANCETS  | 3    | PV                        |
| UNISTIK 2 DEVICE   | 3    | PV                        |
| UNISTIK 3 COMFORT LANCET   | 3    | PV                        |
| UNISTIK 3 EXTRA LANCET   | 3    | PV                        |

| Product Description   | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| UNISTIK 3 GENTLE  | 3    | PV                        |
| UNISTIK 3 NORMAL LANCET   | 3    | PV                        |
| UNISTIK COMFORT LANCETS   | 3    | PV                        |
| UNISTIK CZT LANCET  | 3    | PV                        |
| UNISTIK EXTRA LANCETS   | 3    | PV                        |
| UNISTIK NORMAL LANCETS  | 3    | PV                        |
| UNISTIK PRO LANCET  | 3    | PV                        |
| UNISTIK SAFETY  | 3    | PV                        |
| UNISTIK TOUCH LANCETS   | 3    | PV                        |
| UNISTRIP LOW CONTROL  | 3    | PV                        |
| UNISTRIP1 TEST STRIP  | 3    | ST; QL; PV                |
| UNIVERSAL 1 LANCETS   | 3    | PV                        |
| URISTIX 4   | 3    | PV                        |
| URISTIX REAGENT   | 3    | PV                        |
| VANISHPOINT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 3/16"   | 3    | PV                        |
| VANISHPOINT SYRINGE   | 3    | PV                        |
| VANISHPOINT TUBERCULIN SYRINGE  | 3    | PV                        |
| VERIFINE INSULIN SYRINGE  | 3    | PV                        |
| 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" | 3    | PV                        |
| VERIFINE PLUS PEN NEEDLE  | 3    | PV                        |
| VERIFINE PLUS PEN NEEDLE-SHARP  | 3    | PV                        |
| VERIFINE SAFETY LANCET MINI   | 3    | PV                        |
| VERIFINE UNIVERSAL LANCET   | 3    | PV                        |
| V-GO 20   | 3    | PV                        |
| V-GO 30   | 3    | PV                        |
| V-GO 40   | 3    | PV                        |
| VIVAGUARD INO CTRL SOLN-L1,2,3  | 3    | PV                        |
| VIVAGUARD INO CTRL SOLN-L1,L3   | 3    | PV                        |
| VIVAGUARD INO CTRL SOLN-L2  | 3    | PV                        |
| VIVAGUARD INO GLUCOSE METER   | 3    | ST; PV                    |
| VIVAGUARD INO SMART GLUC METER  | 3    | ST; PV                    |
| VIVAGUARD INO TEST STRIP  | 3    | ST; QL; PV                |
| VIVAGUARD LANCET  | 3    | PV                        |
| VIVAGUARD LANCING DEVICE  | 3    | PV                        |
| VIVAGUARD SAFETY LANCET   | 3    | PV                        |
| VORTEX ADULT MASK   | 3    | QL                        |
| VORTEX HOLDING CHAMBER  | 3    | QL                        |
| YALE DISPOSABLE NEEDLES   | 3    | PV                        |
| <b>METABOLIC DISEASE ENZYME REPLACEMENT AGENTS</b>  |      |                           |
| <b>METABOLIC DISEASE ENZYME REPLACEMENT, FABRY'S DISEASE</b>  |      |                           |
| FABRAZYME   | 3    | PA; MS; S                 |
| <b>METABOLIC DISEASE ENZYME REPLACEMENT, HYPOPHOSPHATASIA</b>   |      |                           |
| STRENSIQ  | 3    | PA; QL; S                 |
| <b>METABOLIC DX ENZYME REPLACEMENT, SEVERE COMBINED IMMUNE DEFICIENCY</b>   |      |                           |
| REVCOVI   | 3    | PA; S                     |
| <b>METABOLIC MODIFIERS</b>  |      |                           |
| <b>HYPERPARATHYROID TREATMENT AGENTS - VITAMIN D ANALOG-TYPE</b>  |      |                           |
| calcitriol oral   | 1    |                           |

| Product Description   | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| doxercalciferol oral  | 3    |                           |
| paricalcitol oral   | 1    |                           |
| RAYALDEE  | 3    | PA; QL                    |
| ROCALTROL ORAL SOLUTION   | 3    |                           |
| ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG   | 3    |                           |
| <b>METABOLIC MODIFIER - CARNITINE REPLENISHER AGENTS</b>                      |      |                           |
| CARNITOR (SUGAR-FREE)   | 3    |                           |
| CARNITOR ORAL   | 3    |                           |
| levocarnitine (with sugar)  | 1    |                           |
| levocarnitine oral solution 100 mg/ml   | 1    |                           |
| levocarnitine oral tablet   | 1    |                           |
| <b>METABOLIC MODIFIER - GAUCHER'S DISEASE, TYPE-1, SUBSTRATE REDUCTION TX</b> |      |                           |
| CERDELGA  | 3    | PA; QL; MS; S             |
| miglustat   | 2    | PA; QL; MS; S             |
| YARGESA   | 2    | PA; QL; S                 |
| ZAVESCA   | 3    | PA; QL; MS; S             |
| <b>METABOLIC MODIFIER - HEREDITARY OROTIC ACIDURIA TREATMENT AGENTS</b>       |      |                           |
| XURIDEN   | 3    | PA; QL; S                 |
| <b>METABOLIC MODIFIER - HOMOCYSTINURIA TREATMENT AGENTS</b>                   |      |                           |
| betaine   | 1    | MS; S                     |
| CYSTADANE   | 3    | S                         |
| <b>METABOLIC MODIFIER - NEIMANN PICK DISEASE TYPE C (NPC)</b>                 |      |                           |
| AQNEURSA  | 3    | PA; QL; S                 |
| MIPLYFFA  | 3    | PA; QL; S                 |
| <b>METABOLIC MODIFIER - PHOSPHATIDYLINOSITOL-3-KINASE (PI3K) INHIBITORS</b>   |      |                           |
| JOENJA  | 3    | PA; QL; S                 |
| VIJOICE   | 3    | PA; QL; S                 |
| <b>METABOLIC MODIFIER - POMPE DISEASE - GCS INHIBITOR</b>                     |      |                           |
| OPFOLDA   | 3    | QL; MS; S                 |
| <b>METABOLIC MODIFIER - TYROSINE METABOLISM DISORDER AGENTS</b>               |      |                           |
| HARLIKU   | 3    | PA; QL; MS; S             |
| nitisinone  | 2    | PA; S                     |
| NITYR   | 3    | PA; MS; S                 |
| ORFADIN   | 3    | PA; S                     |
| <b>METABOLIC MODIFIER - UREA CYCLE DISORDER AGENTS-CONJUGATING AGENTS</b>     |      |                           |
| BUPHENYL  | 3    | S                         |
| glycerol phenylbutyrate   | 1    | PA; QL; MS; S             |
| OLPRUVA   | 3    | PA; QL; S                 |
| PHEBURANE   | 3    | ST; MS; S                 |
| RAVICTI   | 3    | PA; QL; MS; S             |
| sodium phenylbutyrate   | 1    |                           |
| <b>METABOLIC MODIFIER-CARBAMOYL PHOSPHATE SYNTHETASE 1 (CPS 1) ACTIVATOR</b>  |      |                           |
| CARBAGLU  | 3    | PA; MS; S                 |
| carglumic acid  | 1    | PA; MS; S                 |

| Product Description   | Tier | Limits/Restrictions/Notes         |
|---|------|-----------------------------------|
| <b>PHARMACOLOGICAL CHAPERONE TX - ALPHA-GALACTOSIDASE A ENZYME STABILIZER</b> |      |                                   |
| GALAFOLD  | 3    | PA; QL; MS; S                     |
| <b>PHENYLKETONURIA(PKU) TX AGENTS - COFACTOR OF PHENYLALANINE HYDROXYLASE</b> |      |                                   |
| JAVYGTOR  | 3    | PA; MS; S                         |
| KUVAN   | 3    | PA; MS; S                         |
| sapropterin   | 3    | PA; MS; S                         |
| SEPHIENCE   | 3    | PA; QL; S                         |
| ZELVYSIA ORAL POWDER IN PACKET 100 MG   | 3    | PA                                |
| ZELVYSIA ORAL POWDER IN PACKET 500 MG   | 3    | PA; MS; S                         |
| <b>PHENYLKETONURIA(PKU) TX AGENTS - PHENYLALANINE AMMONIA LYASE</b>           |      |                                   |
| PALYNZIQ  | 3    | PA; QL; MS; S                     |
| <b>PROGERIA SYNDROME TREATMENT AGENTS - FARNYLTRANSFERASE INHIBITOR</b>       |      |                                   |
| ZOKINVY   | 3    | PA; QL; S                         |
| <b>MOUTH-THROAT-DENTAL - PREPARATIONS</b>                                     |      |                                   |
| <b>DENTAL PRODUCT - FLUORIDE PREPARATIONS</b>                                 |      |                                   |
| clinpro 5000  | 1    |                                   |
| denta 5000 plus   | 1    |                                   |
| denta 5000 plus sensitive   | 1    |                                   |
| dentagel  | 1    |                                   |
| FLORIVA (FLUORIDE-VITAMIN D3)   | 3    | Covered in full age 16 and under* |
| fluoride (sodium) dental  | 1    |                                   |
| fluoride (sodium) oral drops  | 1    | Covered in full age 16 and under* |
| fluoride (sodium) oral tablet,chewable  | 1    | Covered in full age 16 and under* |
| ludent fluoride   | 1    | Covered in full age 16 and under* |
| PREVIDENT   | 3    |                                   |
| PREVIDENT 5000 BOOSTER PLUS   | 3    |                                   |
| PREVIDENT 5000 DRY MOUTH  | 3    |                                   |
| PREVIDENT 5000 ENAMEL PROTECT   | 3    |                                   |
| PREVIDENT 5000 ORTHO DEFENSE  | 3    |                                   |
| PREVIDENT 5000 PLUS   | 3    |                                   |
| PREVIDENT 5000 SENSITIVE  | 3    |                                   |
| PREVIDENT KIDS  | 3    |                                   |
| sf  | 1    |                                   |
| sf 5000 plus  | 1    |                                   |
| sodium fluoride 5000 dry mouth  | 1    |                                   |
| sodium fluoride 5000 plus   | 1    |                                   |
| sodium fluoride-pot nitrate   | 1    |                                   |
| <b>MOUTH AND THROAT - ANTIFUNGALS</b>   |      |                                   |
| clotrimazole mucous membrane  | 1    |                                   |
| nystatin oral suspension  | 1    |                                   |
| <b>MOUTH AND THROAT - ANTISEPTICS</b>   |      |                                   |
| chlorhexidine gluconate mucous membrane                                       | 1    |                                   |
| paroex oral rinse   | 1    |                                   |
| PERIDEX   | 3    |                                   |
| periogard   | 1    |                                   |
| <b>MOUTH AND THROAT - GLUCOCORTICOIDS</b>                                     |      |                                   |
| kourzeq   | 1    |                                   |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| oralone  | 1    |                           |
| triamcinolone acetonide dental   | 1    |                           |
| <b>MOUTH AND THROAT - LOCAL ANESTHETIC AMIDES</b>                            |      |                           |
| lidocaine hcl mucous membrane solution                                       | 1    |                           |
| <b>MOUTH AND THROAT - SALIVA STIMULANTS</b>                                  |      |                           |
| cevimeline   | 1    |                           |
| EVOXAC   | 3    |                           |
| pilocarpine hcl oral   | 1    |                           |
| SALAGEN (PILOCARPINE)  | 3    |                           |
| <b>PERIODONTAL PRODUCT - TETRACYCLINE-TYPE, COLLAGENASE INHIBITORS</b>       |      |                           |
| doxycycline hyclate oral tablet 20 mg  | 1    |                           |
| <b>THERAPY FOR DROOLING- PRIMARY OR SECONDARY SIALORRHEA-ANTICHOLINERGIC</b> |      |                           |
| CUVPOSA  | 3    | PA; QL                    |
| glycopyrrolate oral solution   | 3    | PA; QL                    |
| <b>MULTIPLE SCLEROSIS AGENTS</b>   |      |                           |
| <b>LEUKOCYTE ADHESION INHIBITORS, ALPHA4-MEDIATED, IGG4K MC ANTIBODY</b>     |      |                           |
| TYRUKO   | 3    | PA; QL; MS; S             |
| TYSABRI  | 3    | QL; MS; S                 |
| <b>MULTIPLE SCLEROSIS AGENT - CD20 SPECIFIC MONOCLONAL ANTIBODY</b>          |      |                           |
| KESIMPTA PEN   | 2    | QL; MS; S                 |
| <b>MULTIPLE SCLEROSIS AGENT - INTERFERONS</b>                                |      |                           |
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT  | 2    | QL; MS; S                 |
| AVONEX INTRAMUSCULAR SYRINGE KIT   | 2    | QL; MS; S                 |
| BETASERON SUBCUTANEOUS KIT   | 3    | QL; MS; S                 |
| PLEGRIDY   | 2    | QL; MS; S                 |
| REBIF (WITH ALBUMIN)   | 2    | QL; MS; S                 |
| REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML        | 2    | QL; MS; S                 |
| REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)       | 2    | MS; S                     |
| REBIF TITRATION PACK   | 2    | MS; S                     |
| <b>MULTIPLE SCLEROSIS AGENT - OTHERS</b>                                     |      |                           |
| BAFIERTAM  | 3    | PA; QL; MS; S             |
| COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML                                       | 3    | QL; MS; S                 |
| COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML                                       | 2    | QL; MS; S                 |
| dimethyl fumarate  | 1    | QL; MS; S                 |
| glatiramer   | 1    | QL; MS; S                 |
| glatopa  | 1    | QL; MS; S                 |
| TECFIDERA  | 3    | QL; MS; S                 |
| VUMERITY   | 3    | ST; QL; MS; S             |
| <b>MULTIPLE SCLEROSIS AGENT - POTASSIUM CHANNEL BLOCKER</b>                  |      |                           |
| AMPYRA   | 3    | QL; MS; S                 |
| dalfampridine  | 1    | QL; MS; S                 |
| <b>MULTIPLE SCLEROSIS AGENT - PURINE NUCLEOSIDE ANALOGS</b>                  |      |                           |
| cladribine(multiple sclerosis)   | 3    | PA; QL; MS; S             |
| MAVENCLAD (10 TABLET PACK)   | 3    | PA; QL; MS; S             |
| MAVENCLAD (4 TABLET PACK)  | 3    | PA; QL; MS; S             |
| MAVENCLAD (5 TABLET PACK)  | 3    | PA; QL; MS; S             |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| MAVENCLAD (6 TABLET PACK)  | 3    | PA; QL; MS; S             |
| MAVENCLAD (7 TABLET PACK)  | 3    | PA; QL; MS; S             |
| MAVENCLAD (8 TABLET PACK)  | 3    | PA; QL; MS; S             |
| MAVENCLAD (9 TABLET PACK)  | 3    | PA; QL; MS; S             |
| <b>MULTIPLE SCLEROSIS AGENT - PYRIMIDINE SYNTHESIS INHIBITORS</b>            |      |                           |
| AUBAGIO  | 3    | QL; MS; S                 |
| teriflunomide  | 1    | QL; MS; S                 |
| <b>MULTIPLE SCLEROSIS AGENT - SPHINGOSINE 1-PHOSPHATE RECEPTOR MODULATOR</b> |      |                           |
| fingolimod   | 1    | QL; MS; S                 |
| GILENYA ORAL CAPSULE 0.25 MG   | 3    | QL; S                     |
| GILENYA ORAL CAPSULE 0.5 MG  | 3    | QL; MS; S                 |
| MAYZENT  | 2    | QL; MS; S                 |
| MAYZENT STARTER(FOR 1MG MAINT)   | 2    | QL; MS; S                 |
| MAYZENT STARTER(FOR 2MG MAINT)   | 2    | QL; MS; S                 |
| PONVORY  | 3    | ST; QL; MS; S             |
| PONVORY 14-DAY STARTER PACK  | 3    | ST; QL; MS; S             |
| TASCENSO ODT   | 3    | PA; QL; MS; S             |
| ZEPOSIA  | 2    | PA; QL; MS; S             |
| ZEPOSIA STARTER KIT (28-DAY)   | 2    | PA; QL; MS; S             |
| ZEPOSIA STARTER PACK (7-DAY)   | 2    | PA; QL; MS; S             |
| <b>OPHTHALMIC AGENTS</b>   |      |                           |
| <b>ARTIFICIAL TEARS AND LUBRICANT SINGLE AGENTS</b>                          |      |                           |
| MIEBO (PF)   | 3    | PA; QL                    |
| <b>MIOTICS - CHOLINESTERASE INHIBITORS</b>                                   |      |                           |
| PHOSPHOLINE IODIDE   | 3    | PA; S                     |
| <b>MIOTICS - DIRECT ACTING</b>   |      |                           |
| pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %                         | 1    |                           |
| <b>OPHTHALMIC - ADRENERGIC RECEPTOR AGONIST</b>                              |      |                           |
| UPNEEQ (PF)  | 3    | QL                        |
| <b>OPHTHALMIC - ADRENERGIC-CARBONIC ANHYDRASE INHIBITOR COMBINATIONS</b>     |      |                           |
| SIMBRINZA  | 3    | QL                        |
| <b>OPHTHALMIC - AGENTS FOR PRESBYOPIA</b>                                    |      |                           |
| pilocarpine hcl ophthalmic (eye) drops 1.25 %                                | 1    | QL                        |
| QLOSI  | 3    | QL                        |
| VIZZ   | 3    | QL                        |
| VUITY  | 3    | QL                        |
| YUVEZZI  | 3    | QL                        |
| <b>OPHTHALMIC - ANTIBACTERIAL-GLUCOCORTICOID COMBINATIONS</b>                |      |                           |
| MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION                                   | 3    |                           |
| neomycin-bacitracin-poly-hc  | 1    |                           |
| neomycin-polymyxin b-dexameth  | 1    |                           |
| neomycin-polymyxin-hc ophthalmic (eye)                                       | 1    |                           |
| neo-polycin hc   | 1    |                           |
| sulfacetamide-prednisolone   | 1    |                           |
| TOBRADEX OPHTHALMIC (EYE) OINTMENT   | 3    |                           |
| TOBRADEX ST  | 3    |                           |
| tobramycin-dexamethasone   | 1    |                           |
| tobramycin-lotepred  | 3    |                           |

| Product Description                                      | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| ZYLET  | 3    |                           |
| <b>OPHTHALMIC - ANTICHOLINERGICS</b>                     |      |                           |
| atropine ophthalmic (eye) drops 1 %                      | 1    |                           |
| ATROPINE SULFATE (PF)                                    | 3    | ST; QL                    |
| cyclopentolate   | 1    |                           |
| tropicamide  | 1    |                           |
| <b>OPHTHALMIC - ANTIHISTAMINES</b>                       |      |                           |
| azelastine ophthalmic (eye)                              | 1    |                           |
| bepotastine besilate                                     | 3    |                           |
| BEPREVE  | 3    |                           |
| epinastine   | 1    |                           |
| ZERVIAE  | 3    | ST                        |
| <b>OPHTHALMIC - ANTI-INFLAMMATORY, GLUCOCORTICOIDS</b>   |      |                           |
| ALREX  | 3    |                           |
| BYQLOVI  | 3    | PA                        |
| CLOBETASOL OPHTHALMIC (EYE)                              | 3    |                           |
| dexamethasone sodium phosphate ophthalmic (eye)          | 1    |                           |
| difluprednate  | 3    |                           |
| DUREZOL  | 3    |                           |
| EYSUVIS  | 3    | QL                        |
| FLAREX   | 3    |                           |
| fluorometholone  | 1    |                           |
| FML FORTE  | 3    |                           |
| FML LIQUIFILM  | 3    |                           |
| INVELTYS   | 3    |                           |
| LOTEMAX OPHTHALMIC (EYE) DROPS,GEL                       | 3    |                           |
| LOTEMAX OPHTHALMIC (EYE) OINTMENT                        | 2    |                           |
| LOTEMAX SM   | 2    |                           |
| loteprednol etabonate ophthalmic (eye) drops,gel         | 1    |                           |
| loteprednol etabonate ophthalmic (eye) drops,suspension  | 3    |                           |
| MAXIDEX  | 3    |                           |
| PRED FORTE   | 3    |                           |
| PRED MILD  | 3    |                           |
| prednisolone acetate                                     | 1    |                           |
| prednisolone sodium phosphate ophthalmic (eye)           | 1    |                           |
| <b>OPHTHALMIC - ANTI-INFLAMMATORY, IMMUNOMODULATORS</b>  |      |                           |
| CEQUA  | 3    | QL                        |
| cyclosporine ophthalmic (eye)                            | 1    | QL                        |
| RESTASIS   | 3    | ST; QL                    |
| RESTASIS MULTIDOSE                                       | 3    | ST; QL                    |
| VERKAZIA   | 3    | PA; QL                    |
| VEVYE  | 3    | PA; QL                    |
| <b>OPHTHALMIC - ANTI-INFLAMMATORY, LFA-1 ANTAGONISTS</b> |      |                           |
| XIIDRA   | 2    | QL                        |
| <b>OPHTHALMIC - ANTI-INFLAMMATORY, NSAIDS</b>            |      |                           |
| ACULAR   | 3    |                           |
| ACULAR LS  | 3    |                           |
| ACUVAIL (PF)   | 3    |                           |
| bromfenac ophthalmic (eye) drops 0.07 %, 0.075 %         | 3    | QL                        |
| bromfenac ophthalmic (eye) drops 0.09 %                  | 1    |                           |

| Product Description   | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| BROMSITE  | 3    | QL                        |
| diclofenac sodium ophthalmic (eye)  | 1    |                           |
| flurbiprofen sodium   | 1    |                           |
| ILEVRO  | 3    |                           |
| ketorolac ophthalmic (eye)  | 1    |                           |
| NEVANAC   | 3    |                           |
| PROLENSA  | 3    | QL                        |
| <b>OPHTHALMIC - BETA BLOCKERS-ADRENERGIC COMBINATIONS</b>                   |      |                           |
| brimonidine-timolol   | 3    | QL                        |
| COMBIGAN  | 3    | QL                        |
| <b>OPHTHALMIC - BETA BLOCKERS-CARBONIC ANHYDRASE INHIBITOR COMBINATIONS</b> |      |                           |
| COSOPT  | 3    |                           |
| COSOPT (PF)   | 3    | QL                        |
| dorzolamide-timolol   | 1    |                           |
| dorzolamide-timolol (pf) ophthalmic (eye) dropperette                       | 3    | QL                        |
| <b>OPHTHALMIC - CARBONIC ANHYDRASE INHIBITORS</b>                           |      |                           |
| AZOPT   | 3    |                           |
| brinzolamide  | 3    |                           |
| dorzolamide   | 1    |                           |
| <b>OPHTHALMIC - CYSTINE DEPLETING AGENTS</b>                                |      |                           |
| CYSTADROPS  | 3    | PA; QL; S                 |
| CYSTARAN  | 3    | PA; QL; S                 |
| <b>OPHTHALMIC - DECONGESTANTS</b>   |      |                           |
| phenylephrine hcl ophthalmic (eye)  | 1    |                           |
| <b>OPHTHALMIC - HUMAN NERVE GROWTH FACTOR (HNGF)</b>                        |      |                           |
| OXERVATE  | 3    | PA; QL; MS; S             |
| <b>OPHTHALMIC - INTRAOCULAR PRESSURE REDUCING AGENTS, BETA-BLOCKERS</b>     |      |                           |
| betaxolol ophthalmic (eye)  | 1    |                           |
| BETIMOL OPHTHALMIC (EYE) DROPS 0.5 %  | 3    |                           |
| BETOPTIC S  | 3    |                           |
| carteolol   | 1    |                           |
| ISTALOL   | 3    |                           |
| levobunolol ophthalmic (eye) drops 0.5 %                                    | 1    |                           |
| timolol   | 3    |                           |
| timolol maleate (pf)  | 3    |                           |
| timolol maleate ophthalmic (eye) drops 0.25 %                               | 3    |                           |
| timolol maleate ophthalmic (eye) drops 0.5 %                                | 1    |                           |
| timolol maleate ophthalmic (eye) drops, once daily                          | 3    |                           |
| timolol maleate ophthalmic (eye) gel forming solution                       | 3    |                           |
| TIMOPTIC OCUDOSE (PF)   | 3    |                           |
| <b>OPHTHALMIC - LOCAL ANESTHETIC ESTERS</b>                                 |      |                           |
| ALCAINE   | 3    |                           |
| proparacaine  | 1    |                           |
| tetracaine hcl  | 3    |                           |
| <b>OPHTHALMIC - LOCAL ANESTHETIC, AMIDES</b>                                |      |                           |
| AKTEN (PF)  | 3    |                           |
| <b>OPHTHALMIC - MAST CELL STABILIZERS</b>                                   |      |                           |
| cromolyn ophthalmic (eye)   | 1    |                           |

| Product Description   | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| <b>OPHTHALMIC - RHO KINASE INHIBITOR AND PROSTAGLANDIN ANALOG COMBINATION</b> |      |                           |
| ROCKLATAN   | 2    | ST; QL                    |
| <b>OPHTHALMIC - TRPM8 AGONIST</b>   |      |                           |
| TRYPTYR   | 3    | PA; QL                    |
| <b>OPHTHALMIC ANTIBACTERIAL MIXTURES</b>                                      |      |                           |
| bacitracin-polymyxin b  | 1    |                           |
| neomycin-bacitracin-polymyxin   | 1    |                           |
| neomycin-polymyxin-gramicidin   | 1    |                           |
| neo-polycin   | 1    |                           |
| polycin   | 1    |                           |
| polymyxin b sulf-trimethoprim   | 1    |                           |
| <b>OPHTHALMIC ANTIBIOTIC - AMINOGLYCOSIDES</b>                                |      |                           |
| gentamicin ophthalmic (eye) drops   | 1    |                           |
| tobramycin ophthalmic (eye)   | 1    |                           |
| TOBEX OPHTHALMIC (EYE) OINTMENT   | 3    |                           |
| <b>OPHTHALMIC ANTIBIOTIC - DEHYDROPEPTIDASE INHIBITORS</b>                    |      |                           |
| bacitracin ophthalmic (eye)   | 1    |                           |
| <b>OPHTHALMIC ANTIBIOTIC - FLUOROQUINOLONES</b>                               |      |                           |
| besifloxacin  | 3    |                           |
| BESIVANCE   | 3    |                           |
| CILOXAN OPHTHALMIC (EYE) OINTMENT   | 3    |                           |
| ciprofloxacin hcl ophthalmic (eye)  | 1    |                           |
| gatifloxacin  | 3    |                           |
| levofloxacin ophthalmic (eye) drops 1.5 %                                     | 1    |                           |
| moxifloxacin ophthalmic (eye) drops   | 1    | QL                        |
| moxifloxacin ophthalmic (eye) drops, viscous                                  | 3    | QL                        |
| OCUFLOX   | 3    |                           |
| ofloxacin ophthalmic (eye)  | 1    |                           |
| VIGAMOX   | 3    | QL                        |
| <b>OPHTHALMIC ANTIBIOTIC - MACROLIDES</b>                                     |      |                           |
| AZASITE   | 3    |                           |
| erythromycin ophthalmic (eye)   | 1    |                           |
| <b>OPHTHALMIC ANTIBIOTIC - SULFONAMIDES</b>                                   |      |                           |
| sulfacetamide sodium ophthalmic (eye)   | 1    |                           |
| <b>OPHTHALMIC ANTIFUNGALS</b>   |      |                           |
| NATACYN   | 3    |                           |
| <b>OPHTHALMIC ANTIFUNGALS - TETRAENE POLYENE-TYPE</b>                         |      |                           |
| NATACYN   | 3    |                           |
| <b>OPHTHALMIC ANTIPARASITICS</b>  |      |                           |
| XDEMVA  | 3    | PA; QL; S                 |
| <b>OPHTHALMIC ANTIVIRALS</b>  |      |                           |
| trifluridine  | 1    |                           |
| ZIRGAN  | 3    |                           |
| <b>OPHTHALMIC-INTRAOCULAR PRESS. REDUCING, SEL. ALPHA ADRENERGIC AGONISTS</b> |      |                           |
| ALPHAGAN P  | 3    |                           |
| apraclonidine   | 1    |                           |
| brimonidine ophthalmic (eye)  | 1    |                           |
| IOPIDINE OPHTHALMIC (EYE) DROPPERETTE   | 3    |                           |

| Product Description   | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| <b>OPHTHALMIC-INTRAOCULAR PRESSURE REDUCING AGENTS, PROSTAGLANDIN ANALOGS</b> |      |                           |
| bimatoprost 0.01% eye drops   | 3    |                           |
| bimatoprost ophthalmic (eye) drops 0.03 %                                     | 1    |                           |
| IYUZEH (PF)   | 3    | ST; QL                    |
| latanoprost   | 1    | QL                        |
| LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %   | 2    |                           |
| OMLONTI   | 3    | PA; QL                    |
| tafluprost (pf)   | 3    | ST; QL                    |
| TRAVATAN Z  | 3    |                           |
| travoprost  | 1    |                           |
| VYZULTA   | 3    | ST                        |
| XALATAN   | 3    | QL                        |
| XELPROS   | 3    | ST; QL                    |
| ZIOPTAN (PF)  | 3    | ST; QL                    |
| <b>OPHTHALMIC-INTRAOCULAR PRESSURE REDUCING AGENTS, RHO KINASE INHIBITORS</b> |      |                           |
| RHOPRESSA   | 2    | ST; QL                    |
| <b>OTIC (EAR)</b>   |      |                           |
| <b>OTIC (EAR) - ANTI-INFECTIVE-GLUCOCORTICOID COMBINATIONS</b>                |      |                           |
| CIPRO HC  | 3    |                           |
| ciprofloxacin-dexamethasone   | 1    |                           |
| CIPROFLOXACIN-FLUOCINOLONE  | 3    | QL                        |
| ciprofloxacin-hydrocortisone  | 1    |                           |
| CORTISPORIN-TC  | 3    |                           |
| neomycin-polymyxin-hc otic (ear)  | 1    |                           |
| OTOVEL  | 3    | QL                        |
| <b>OTIC (EAR) - ANTI-INFECTIVES OTHER</b>                                     |      |                           |
| acetic acid otic (ear)  | 1    |                           |
| <b>OTIC (EAR) - FLUOROQUINOLONES</b>  |      |                           |
| CETRAXAL  | 3    | QL                        |
| ciprofloxacin hcl otic (ear)  | 1    | QL                        |
| ofloxacin otic (ear)  | 1    |                           |
| <b>OTIC (EAR) - GLUCOCORTICOIDS</b>   |      |                           |
| DERMOTIC OIL  | 3    |                           |
| flac otic oil   | 1    |                           |
| fluocinolone acetonide oil  | 1    |                           |
| hydrocortisone-acetic acid  | 1    |                           |
| <b>RESPIRATORY THERAPY AGENTS</b>   |      |                           |
| <b>1ST GENERATION ANTIHISTAMINE-DECONGESTANT COMBINATIONS</b>                 |      |                           |
| promethazine-phenylephrine  | 1    |                           |
| <b>2ND GENERATION ANTIHISTAMINE-DECONGESTANT COMBINATIONS</b>                 |      |                           |
| CLARINEX-D 12 HOUR  | 3    |                           |
| <b>ANTIHISTAMINE - 1ST GENERATION - ALKYLAMINES</b>                           |      |                           |
| RYCLORA   | 3    | QL                        |
| <b>ANTIHISTAMINE - 1ST GENERATION - ETHANOLAMINES</b>                         |      |                           |
| carbinoxamine maleate oral liquid   | 1    |                           |
| CARBINOXAMINE MALEATE ORAL SUSPENSION,EXTENDED REL 12 HR                      | 3    | QL                        |
| carbinoxamine maleate oral tablet 4 mg  | 1    |                           |
| carbinoxamine maleate oral tablet 6 mg  | 3    | PA; QL                    |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| clemastine oral syrup  | 3    | PA; QL                    |
| clemastine oral tablet   | 1    |                           |
| diphenhydramine hcl oral elixir                                | 1    |                           |
| KARBINAL ER  | 3    | QL                        |
| RYVENT   | 3    | PA; QL                    |
| <b>ANTIHISTAMINE - 1ST GENERATION - PHENOTHIAZINES</b>         |      |                           |
| promethazine oral  | 1    |                           |
| promethazine rectal  | 1    |                           |
| promethegan  | 1    |                           |
| <b>ANTIHISTAMINE - 1ST GENERATION - PIPERIDINES</b>            |      |                           |
| cyproheptadine   | 1    |                           |
| <b>ANTIHISTAMINES - 1ST GENERATION</b>                         |      |                           |
| carbinoxamine maleate oral liquid                              | 1    |                           |
| CARBINOXAMINE MALEATE ORAL SUSPENSION,EXTENDED REL 12 HR       | 3    | QL                        |
| carbinoxamine maleate oral tablet 4 mg                         | 1    |                           |
| carbinoxamine maleate oral tablet 6 mg                         | 3    | PA; QL                    |
| clemastine oral syrup  | 3    | PA; QL                    |
| clemastine oral tablet   | 1    |                           |
| cyproheptadine   | 1    |                           |
| diphenhydramine hcl oral elixir                                | 1    |                           |
| KARBINAL ER  | 3    | QL                        |
| promethazine oral  | 1    |                           |
| promethazine rectal  | 1    |                           |
| promethegan  | 1    |                           |
| RYCLORA  | 3    | QL                        |
| RYVENT   | 3    | PA; QL                    |
| <b>ANTIHISTAMINES - 2ND GENERATION</b>                         |      |                           |
| cetirizine oral solution 1 mg/ml                               | 1    |                           |
| CLARINEX ORAL TABLET   | 3    |                           |
| desloratadine oral solution                                    | 3    | PA; QL                    |
| desloratadine oral tablet                                      | 1    |                           |
| desloratadine oral tablet,disintegrating                       | 3    |                           |
| levocetirizine   | 1    |                           |
| <b>ANTIHISTAMINES - 2ND GENERATION - PIPERAZINES</b>           |      |                           |
| cetirizine oral solution 1 mg/ml                               | 1    |                           |
| levocetirizine   | 1    |                           |
| <b>ANTIHISTAMINES - 2ND GENERATION - PIPERIDINES</b>           |      |                           |
| CLARINEX ORAL TABLET   | 3    |                           |
| desloratadine oral solution                                    | 3    | PA; QL                    |
| desloratadine oral tablet                                      | 1    |                           |
| desloratadine oral tablet,disintegrating                       | 3    |                           |
| <b>ANTITUSSIVES - NON-OPIOID</b>                               |      |                           |
| benzonatate oral capsule 100 mg, 200 mg                        | 1    |                           |
| <b>ASTHMA THERAPY - 5-LIPOXYGENASE INHIBITORS</b>              |      |                           |
| zileuton   | 3    | PA; QL; PV                |
| <b>ASTHMA THERAPY - ALPHA/BETA ADRENERGIC AGENTS</b>           |      |                           |
| EPINEPHRINE (BULK)   | 3    |                           |
| epinephrine injection syringe 0.1 mg/ml                        | 1    |                           |
| <b>ASTHMA THERAPY - IMMUNOGLOBULIN E (IGE) INHIBITORS, MAB</b> |      |                           |
| XOLAIR   | 3    | PA; QL; MS; S             |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| <b>ASTHMA THERAPY - INHALED CORTICOSTEROIDS (GLUCOCORTICOIDS)</b>  |      |                           |
| ALVESCO  | 3    | ST; QL; PV                |
| ARMONAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG/ACTUATION   | 3    | ST; QL; PV                |
| ARNUITY ELLIPTA  | 2    | QL; PV                    |
| ASMANEX HFA  | 2    | QL; PV                    |
| ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60) | 2    | QL; PV                    |
| beclomethasone dipropionate  | 3    | PA; QL                    |
| budesonide inhalation  | 1    | QL; PV                    |
| fluticasone furoate  | 3    | PA; QL                    |
| FLUTICASONE PROPIONATE INHALATION  | 2    | QL; PV                    |
| PULMICORT  | 3    | QL; PV                    |
| PULMICORT FLEXHALER  | 3    | ST; QL; PV                |
| QVAR REDIHALER   | 2    | QL; PV                    |
| <b>ASTHMA THERAPY - INTERLEUKIN-4 (IL-4) RECEPTOR ALPHA ANTAGONISTS, MAB</b>   |      |                           |
| DUPIXENT PEN   | 2    | PA; QL; MS; S             |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML  | 2    | PA; QL; MS; S             |
| <b>ASTHMA THERAPY - INTERLEUKIN-5 (IL-5) INHIBITORS, MAB</b>   |      |                           |
| NUCALA SUBCUTANEOUS AUTO-INJECTOR  | 2    | PA; QL; MS; S             |
| NUCALA SUBCUTANEOUS SYRINGE  | 2    | PA; QL; MS; S             |
| <b>ASTHMA THERAPY - INTERLEUKIN-5 (IL-5) RECEPTOR ALPHA ANTAGONISTS, MAB</b>   |      |                           |
| FASENRA PEN  | 2    | PA; QL; MS; S             |
| <b>ASTHMA THERAPY - LEUKOTRIENE RECEPTOR ANTAGONISTS</b>   |      |                           |
| ACCOLATE   | 3    | QL; PV                    |
| montelukast  | 1    | QL; PV                    |
| SINGULAIR  | 3    | QL; PV                    |
| zafirlukast  | 1    | QL                        |
| <b>ASTHMA THERAPY - MAST CELL STABILIZERS</b>  |      |                           |
| cromolyn inhalation  | 1    |                           |
| <b>ASTHMA THERAPY - THYMIC STROMAL LYMPHOPOIETIN INHIBITOR, MAB</b>  |      |                           |
| TEZSPIRE SUBCUTANEOUS PEN INJECTOR   | 3    | PA; QL; MS; S             |
| <b>ASTHMA THERAPY - XANTHINES</b>  |      |                           |
| THEO-24  | 3    |                           |
| theophylline oral elixir   | 1    |                           |
| theophylline oral solution   | 1    |                           |
| theophylline oral tablet extended release 12 hr  | 1    |                           |
| theophylline oral tablet extended release 24 hr  | 1    |                           |
| <b>ASTHMA/COPD - PHOSPHODIESTERASE-3 AND -4 (PDE3 AND PDE4) INHIBITORS</b>   |      |                           |
| OHTUVAYRE  | 3    | PA; QL; S; PV             |
| <b>ASTHMA/COPD - PHOSPHODIESTERASE-4 (PDE4) INHIBITORS</b>   |      |                           |
| DALIRESP   | 3    | QL; PV                    |
| roflumilast  | 1    | QL; PV                    |
| <b>ASTHMA/COPD - ANTICHOLINERGIC AGENTS, INHALED LONG ACTING</b>   |      |                           |
| INCRUSE ELLIPTA  | 2    | QL; PV                    |
| SPIRIVA RESPIMAT   | 2    | QL                        |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| SPIRIVA WITH HANDIHALER  | 3    | QL                        |
| tiotropium bromide   | 1    | QL; PV                    |
| TUDORZA PRESSAIR   | 3    | ST; QL; PV                |
| umeclidinium ellipta 62.5 mcg inh  | 3    | PA; QL                    |
| YUPELRI  | 3    | ST; QL; PV                |
| <b>ASTHMA/COPD - ANTICHOLINERGIC AGENTS, INHALED SHORT ACTING</b>                                |      |                           |
| ATROVENT HFA   | 2    | PV                        |
| ipratropium bromide inhalation hfa aerosol inhaler   | 3    | PV                        |
| ipratropium bromide inhalation solution  | 1    | PV                        |
| <b>ASTHMA/COPD - BETA 2-ADRENERGIC AGENTS, INHALED, ULTRA-LONG ACTING</b>                        |      |                           |
| STRIVERDI RESPIMAT   | 2    | QL; PV                    |
| <b>ASTHMA/COPD THERAPY - BETA 2-ADRENERGIC AGENTS, INHALED, LONG ACTING</b>                      |      |                           |
| arformoterol   | 1    | QL                        |
| BROVANA  | 3    | QL                        |
| formoterol fumarate  | 1    | QL; PV                    |
| PERFOROMIST  | 3    | QL; PV                    |
| SEREVENT DISKUS  | 2    | PV                        |
| <b>ASTHMA/COPD THERAPY - BETA 2-ADRENERGIC AGENTS, INHALED, SHORT ACTING</b>                     |      |                           |
| ALBUTEROL HFA 90 MCG INHALER (ALTERNATIVE TO VENTOLIN)   | 3    | QL                        |
| albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation                                | 1    | QL                        |
| albuterol sulfate inhalation solution for nebulization   | 1    |                           |
| levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml                               | 1    |                           |
| levalbuterol hcl inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml | 3    |                           |
| LEVALBUTEROL TARTRATE  | 2    | QL                        |
| PROAIR RESPICLICK  | 3    | QL                        |
| VENTOLIN HFA   | 2    | QL                        |
| XOPENEX HFA  | 3    | QL                        |
| <b>ASTHMA/COPD THERAPY - BETA ADRENERGIC AGENTS</b>  |      |                           |
| albuterol sulfate oral syrup   | 1    |                           |
| albuterol sulfate oral tablet  | 1    |                           |
| terbutaline  | 1    |                           |
| <b>ASTHMA/COPD THERAPY - BETA ADRENERGIC-ANTICHOLINERGIC COMBINATIONS</b>                        |      |                           |
| ANORO ELLIPTA  | 2    | QL; PV                    |
| BEVESPI AEROSPHERE   | 2    | QL; PV                    |
| COMBIVENT RESPIMAT   | 2    | QL; PV                    |
| DUAKLIR PRESSAIR   | 3    | ST; QL; PV                |
| ipratropium-albuterol  | 1    | PV                        |
| STIOLTO RESPIMAT   | 2    | QL; PV                    |
| umeclidinium-vilanterol  | 3    | PA; QL                    |
| <b>ASTHMA/COPD THERAPY - BETA ADRENERGIC-GLUCOCORTICOID COMBINATIONS</b>                         |      |                           |
| ADVAIR DISKUS  | 3    | QL; PV                    |
| ADVAIR HFA   | 2    | QL; PV                    |
| AIRSUPRA   | 3    | PA; QL; PV                |
| BREO ELLIPTA   | 2    | QL; PV                    |
| brey-na  | 1    | QL; PV                    |

| Product Description   | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| budesonide-formoterol   | 1    | QL; PV                    |
| DULERA  | 2    | QL; PV                    |
| FLUTICASONE FUROATE-VILANTEROL  | 3    | PA; QL; PV                |
| FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED      | 2    | QL; PV                    |
| fluticasone propion-salmeterol inhalation blister with device                 | 1    | QL; PV                    |
| FLUTICASONE PROPION-SALMETEROL INHALATION HFA AEROSOL INHALER                 | 3    | ST; QL; PV                |
| SYMBICORT   | 3    | QL; PV                    |
| wixela inhub  | 1    | QL; PV                    |
| <b>ASTHMA/COPD TX - BETA-ADRENERGIC-ANTICHOLINERGIC-GLUCOCORTICOID COMB,</b>  |      |                           |
| BREZTRI AEROSPHERE INHALER  | 2    | QL                        |
| TRELEGY ELLIPTA   | 2    | QL; PV                    |
| <b>BRONCHIECTASIS THERAPY AGENTS</b>  |      |                           |
| BRINSUPRI   | 3    | PA; QL; S                 |
| <b>CYSTIC FIBROSIS - INHALED AMINOGLYCOSIDES</b>                              |      |                           |
| BETHKIS   | 3    | QL; MS; S                 |
| KITABIS PAK   | 3    | MS; S                     |
| TOBI  | 3    | MS; S                     |
| TOBI PODHALER   | 3    | QL; MS; S                 |
| tobramycin in 0.225 % nacl  | 1    | MS; S                     |
| tobramycin inhalation   | 3    | QL; MS; S                 |
| TOBRAMYCIN WITH NEBULIZER   | 3    | MS; S                     |
| <b>CYSTIC FIBROSIS - INHALED MONOBACTAMS</b>                                  |      |                           |
| CAYSTON   | 3    | MS; S                     |
| <b>CYSTIC FIBROSIS - INHALED OSMOTIC AGENTS</b>                               |      |                           |
| BRONCHITOL  | 3    | PA; QL; MS                |
| <b>CYSTIC FIBROSIS-TRANSMEMBRANE CONDUCTANCE REGULATOR (CFTR) POTENTIATOR</b> |      |                           |
| KALYDECO  | 3    | PA; QL; MS; S             |
| <b>CYSTIC FIB-TRANSMEMB CONDUCT. REG.(CFTR) POTENTIATOR AND CORRECTOR CMB</b> |      |                           |
| ALYFTREK  | 3    | PA; QL; MS; S             |
| ORKAMBI   | 3    | PA; QL; MS; S             |
| SYMDEKO   | 3    | PA; QL; MS; S             |
| TRIKAFTA  | 3    | PA; QL; MS; S             |
| <b>LUNG SURFACTANTS</b>   |      |                           |
| CUROSURF  | 3    |                           |
| <b>MUCOLYTICS</b>   |      |                           |
| acetylcysteine  | 1    |                           |
| PULMOZYME   | 3    | MS; S                     |
| <b>NASAL ANTICHOLINERGICS</b>   |      |                           |
| ipratropium bromide nasal   | 1    |                           |
| <b>NASAL ANTIHISTAMINE AND ANTI-INFLAMMATORY STEROID COMBINATIONS</b>         |      |                           |
| azelastine-fluticasone  | 3    | PA; QL                    |
| DYMISTA   | 3    | PA; QL                    |
| RYALTRIS  | 3    | PA; QL                    |
| <b>NASAL ANTIHISTAMINES</b>   |      |                           |
| azelastine nasal spray,non-aerosol 137 mcg (0.1 %)                            | 1    |                           |

| Product Description   | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)                         | 1    | QL                        |
| olopatadine nasal   | 1    | QL                        |
| <b>NASAL CORTICOSTEROIDS</b>  |      |                           |
| flunisolide   | 1    | QL                        |
| fluticasone propionate nasal  | 1    |                           |
| mometasone nasal  | 1    |                           |
| OMNARIS   | 3    | QL                        |
| QNASL   | 2    | QL                        |
| XHANCE  | 3    | QL                        |
| <b>NASAL PREPARATIONS - NICOTINIC RECEPTOR PARTIAL AGONIST</b>                |      |                           |
| TYRVAYA   | 3    | QL                        |
| <b>NON-OPIOID ANTITUSSIVE-1ST GEN.ANTIHISTAMINE-DECONGESTANT COMBINATIONS</b> |      |                           |
| bromfed dm  | 1    |                           |
| brompheniramine-pseudoeph-dm  | 1    |                           |
| <b>NON-OPIOID ANTITUSSIVE-ANTIHISTAMINE COMBINATIONS</b>                      |      |                           |
| promethazine-dm   | 1    |                           |
| <b>OPIOID ANTITUSSIVE-1ST GENERATION ANTIHISTAMINE COMBINATIONS</b>           |      |                           |
| DURATUSS AC   | 3    | PA                        |
| hydrocodone-chlorpheniramine  | 1    | QL                        |
| promethazine-codeine  | 1    |                           |
| TUXARIN ER  | 3    |                           |
| <b>OPIOID ANTITUSSIVE-ANTICHOLINERGIC COMBINATIONS</b>                        |      |                           |
| HYCODAN   | 3    |                           |
| HYCODAN (WITH HOMATROPINE)  | 3    |                           |
| hydrocodone-homatropine oral solution 5-1.5 mg/5 ml                           | 1    |                           |
| hydrocodone-homatropine oral tablet   | 3    |                           |
| <b>OPIOID ANTITUSSIVE-EXPECTORANT COMBINATIONS</b>                            |      |                           |
| codeine-guaifenesin oral liquid 10-100 mg/5 ml                                | 1    |                           |
| CODITUSSIN AC   | 3    |                           |
| g tussin ac   | 1    |                           |
| GUAIFENESIN-CODEINE 100-10 MG/5 ML CUP  | 3    |                           |
| GUAIFENESIN-CODEINE 100-10 MG/5 ML CUP  | 3    |                           |
| GUAIFENESIN-CODEINE 200-20 MG/10 ML CUP                                       | 3    |                           |
| GUAIFENESIN-CODEINE 200-20 MG/10 ML CUP                                       | 3    |                           |
| <b>PULMONARY FIBROSIS TREATMENT AGENTS - ANTIFIBROTIC THERAPY</b>             |      |                           |
| ESBRIET ORAL TABLET   | 3    | PA; QL; MS; S             |
| pirfenidone oral capsule  | 2    | PA; QL; MS; S             |
| pirfenidone oral tablet 267 mg, 801 mg  | 3    | PA; QL; MS; S             |
| PIRFENIDONE ORAL TABLET 534 MG  | 3    | PA; QL; S                 |
| <b>PULMONARY FIBROSIS TREATMENT AGENTS - MULTIKINASE INHIBITORS</b>           |      |                           |
| nintedanib  | 1    | PA; QL; MS; S             |
| OFEV  | 2    | PA; QL; MS; S             |
| <b>PULMONARY FIBROSIS TREATMENT AGENTS - PDE4 INHIBITORS</b>                  |      |                           |
| JASCAYD   | 3    | PA; QL; MS; S             |
| <b>VAGINAL PRODUCTS</b>   |      |                           |
| <b>VAGINAL ANTIBACTERIAL - LINCOSAMIDES</b>                                   |      |                           |
| CLEOCIN VAGINAL   | 3    |                           |
| clindamycin phosphate vaginal   | 1    |                           |

| Product Description   | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| CLINDESSE   | 3    |                           |
| XACIATO   | 3    |                           |
| <b>VAGINAL ANTIFUNGAL - IMIDAZOLES</b>  |      |                           |
| GNAZOLE-1   | 3    |                           |
| MICONAZOLE-3 VAGINAL SUPPOSITORY  | 3    |                           |
| <b>VAGINAL ANTIFUNGAL - TRIAZOLES</b>   |      |                           |
| terconazole   | 1    |                           |
| <b>VAGINAL ANTIPROTOZOAL-ANTIBACTERIAL - NITROIMIDAZOLE DERIVATIVES</b>       |      |                           |
| metronidazole vaginal gel 0.75 % (37.5mg/5 gram)                              | 1    |                           |
| NUVESSA   | 3    | QL                        |
| vandazole   | 1    |                           |
| <b>VAGINAL ANTISEPTIC MIXTURES</b>  |      |                           |
| FEM PH  | 3    |                           |
| RELAGARD  | 3    |                           |
| <b>VAGINAL ESTROGENS</b>  |      |                           |
| ESTRACE VAGINAL   | 3    |                           |
| estradiol vaginal   | 1    |                           |
| ESTRING   | 3    | ST                        |
| FEMRING   | 3    |                           |
| PREMARIN VAGINAL  | 2    |                           |
| VAGIFEM   | 3    |                           |
| yuvafem   | 1    |                           |
| <b>VAGINAL PROGESTINS</b>   |      |                           |
| CRINONE VAGINAL GEL 4 %   | 3    |                           |
| <b>WEIGHT LOSS/GAIN AGENTS</b>  |      |                           |
| <b>ANOREXIANT COMBINATIONS</b>  |      |                           |
| phentermine-topiramate  | 3    | PA; QL                    |
| QSYMIA  | 3    | PA; QL                    |
| <b>ANOREXIANTS</b>  |      |                           |
| benzphetamine   | 1    |                           |
| diethylpropion  | 1    |                           |
| LOMAIRA   | 3    |                           |
| phendimetrazine tartrate  | 3    |                           |
| phentermine   | 1    |                           |
| <b>ANTI-OBESITY - DUAL GIP AND GLP-1 RECEPTOR AGONISTS</b>                    |      |                           |
| ZEPBOUND SUBCUTANEOUS PEN INJECTOR  | 3    | PA; QL                    |
| <b>ANTI-OBESITY - FAT ABSORPTION DECREASING AGENTS</b>                        |      |                           |
| ORLISTAT  | 3    | PA; QL                    |
| XENICAL   | 3    | PA; QL                    |
| <b>ANTI-OBESITY - GLUCAGON-LIKE PEPTIDE-1 (GLP-1) RECEPTOR AGONISTS</b>       |      |                           |
| FOUNDAYO  | 3    | PA; QL                    |
| liraglutide (weight loss)   | 3    | PA; QL; PV                |
| SAXENDA   | 3    | PA; QL                    |
| WEGOVY  | 3    | PA; QL                    |
| WEGOVY HD   | 3    | PA; QL                    |
| <b>ANTI-OBESITY-OPIOID ANTAG/NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIBIT</b> |      |                           |
| CONTRAVE  | 3    | PA; QL                    |

| Product Description  | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| <b>APPETITE STIMULANTS - CANNABINOIDS</b>  |      |                           |
| dronabinol   | 1    |                           |
| MARINOL  | 3    |                           |
| SYNDROS  | 3    | PA                        |
| <b>APPETITE STIMULANTS - PROGESTIN HORMONE TYPE</b>  |      |                           |
| megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml) | 1    |                           |
| <b>MELANOCORTIN 4 (MC4) RECEPTOR AGONIST</b>   |      |                           |
| IMCIVREE   | 3    | PA; QL; S                 |
| <b>TREATMENT OF HYPERPHAGIA IN PRADER-WILLI SYNDROME (PWS)</b>                                   |      |                           |
| VYKAT XR   | 3    | PA; QL; S                 |

**Index**

|  |           |  |               |                                     |          |
|--|-----------|--|---------------|-------------------------------------|----------|
| 1ST TIER UNIFINE PENTIPS .....                   | 136, 147  | ADALIMUMAB-AACF(CF) PEN CROHNS .....   | 8, 9, 111     | AIMOVIG AUTOINJECTOR .....          | 58       |
| 1ST TIER UNIFINE PENTIPS PLUS .....              | 136, 147  | ADALIMUMAB-AACF(CF) PEN PS-UV .....    | 8, 9, 111     | AIMSCO LATEX CONDOM .....           | 140, 148 |
| 2-IN-1 LANCET DEVICE .....                       | 126, 147  | ADALIMUMAB-AATY .....                  | 8, 9, 111     | AIRSUPRA .....                      | 181      |
| 2TEK CONTROL (HIGH-NORMAL) .....                 | 126, 147  | ADALIMUMAB-AATY(CF) AI CROHNS .....    | 8, 9, 112     | AIRZONE PEAK FLOW METER .....       | 144, 148 |
| 2TEK GLUCOSE/BLOOD PRESSURE .....                | 126, 147  | ADALIMUMAB-ADAZ (SANDOZ) .....         | 8, 9, 112     | AJOVY AUTOINJECTOR .....            | 58       |
| 5-HYDROXYTRYPTOPHAN (5-HTP) .....                | 5         | adalimumab-adaz (sandoz) .....         | 8, 9          | AJOVY SYRINGE .....                 | 58       |
| abacavir .....                                   | 19        | ADALIMUMAB-ADBIM (BOEHRINGER ING.) ... | 8, 9, 112     | AKEEGA .....                        | 28       |
| abacavir-lamivudine .....                        | 20        | ADALIMUMAB-FKJP .....                  | 8, 9, 112     | AKLIEF .....                        | 70       |
| ABIGALE .....                                    | 100       | adalimumab-ryvk .....                  | 8, 9, 112     | AKTEN (PF) .....                    | 176      |
| ABIGALE LO .....                                 | 100       | adapalene .....                        | 70            | AKYNZEO (NETUPITANT) .....          | 107      |
| ABILIFY .....                                    | 53, 56    | ADAPALENE .....                        | 70            | ala-cort .....                      | 75       |
| ABILIFY ASIMTUFI .....                           | 53        | adapalene-benzoyl peroxide .....       | 70            | ALA-SCALP .....                     | 75       |
| ABILIFY MAINTENA .....                           | 53        | ADBRY .....                            | 72            | albendazole .....                   | 16       |
| abiraterone .....                                | 25        | ADDERALL .....                         | 53, 57, 60    | ALBUTEROL SULFATE .....             | 181      |
| ABRILADA(CF) .....                               | 8, 9, 111 | ADDERALL XR .....                      | 54, 57        | albuterol sulfate .....             | 181      |
| ABRILADA(CF) PEN .....                           | 8, 9, 111 | ADDYI .....                            | 58            | ALCAINE .....                       | 176      |
| ABRYSVO (PF) .....                               | 33        | adefovir .....                         | 21            | alclometasone .....                 | 75       |
| ABSORICA .....                                   | 69        | ADEMPAS .....                          | 44            | ALCOHOL PADS .....                  | 31       |
| ABSORICA LD .....                                | 69        | ADJUSTABLE LANCING DEVICE .....        | 127, 147      | ALCOHOL PREP PADS .....             | 31       |
| acamprosate .....                                | 62        | ADLARITY .....                         | 63            | alcohol swabs .....                 | 31       |
| ACANYA .....                                     | 70        | ADMELOG SOLOSTAR U-100 INSULIN .....   | 103           | ALCOHOL WIPES .....                 | 31       |
| acarbose .....                                   | 97        | ADMELOG U-100 INSULIN LISPRO .....     | 103           | ALDACTONE .....                     | 35, 42   |
| ACCOLATE .....                                   | 180       | ADRENALIN .....                        | 41            | ALECENSA .....                      | 25       |
| ACCRUFER .....                                   | 86        | adthyza .....                          | 105           | alendronate .....                   | 100      |
| ACCU-CHEK AVIVA CONTROL SOLN .....               | 126, 147  | ADTHYZA .....                          | 105           | ALFAMINO INFANT .....               | 83       |
| ACCU-CHEK AVIVA PLUS TEST STRP .....             | 123, 147  | ADULT ASPIRIN REGIMEN .....            | 14, 119       | ALFAMINO JUNIOR .....               | 88       |
| ACCU-CHEK FASTCLIX LANCET DRUM .....             | 126, 147  | ADVAIR DISKUS .....                    | 181           | ALFERON N .....                     | 77       |
| ACCU-CHEK FASTCLIX LANCING DEV .....             | 126, 147  | ADVAIR HFA .....                       | 181           | alfuzosin .....                     | 115      |
| ACCU-CHEK GUIDE GLUCOSE METER .....              | 126, 147  | ADVANCED ALL-IN-ONE METER .....        | 127, 147      | ALHEMO PEN .....                    | 118      |
| ACCU-CHEK GUIDE L1-L2 CTRL SOL .....             | 126, 147  | ADVANCED GLUC METER TEST STRIP .....   | 123, 147      | ALINIA .....                        | 18       |
| ACCU-CHEK GUIDE ME GLUCOSE MTR .....             | 126, 147  | ADVANCED GLUCOSE METER .....           | 127, 147      | aliskiren .....                     | 44       |
| ACCU-CHEK GUIDE TEST STRIPS .....                | 123, 147  | ADVANCED LANCING DEVICE .....          | 127, 147      | ALKALINE BATTERIES .....            | 127, 148 |
| ACCU-CHEK SAFE-T-PRO PLUS .....                  | 126, 147  | ADVANCED TRAVEL LANCETS .....          | 127, 147      | ALKERAN .....                       | 25       |
| ACCU-CHEK SMARTVIEW CONTRL SOL .....             | 127, 147  | ADVANTAGE WITH IRON .....              | 83            | ALKINDI SPRINKLE .....              | 101      |
| ACCU-CHEK SMARTVIEW TEST STRIP .....             | 123, 147  | ADVANTAGE WITH IRON NON-GMO .....      | 83            | allopurinol .....                   | 117      |
| ACCU-CHEK SOFT DEV LANCETS .....                 | 127, 147  | ADVOCATE LANCET .....                  | 127, 147      | almotriptan malate .....            | 59       |
| ACCU-CHEK SOFTCLIX LANCETS .....                 | 127, 147  | ADVOCATE LANCING DEVICE .....          | 127, 147      | ALOGLIPTIN .....                    | 97       |
| ACCU-TREND GLUCOSE CONTROL .....                 | 127, 147  | ADVOCATE PEN NEEDLE .....              | 136, 148      | ALOGLIPTIN-METFORMIN .....          | 99       |
| ACCU-TREND GLUCOSE TEST STRIPS .....             | 123, 147  | ADVOCATE REDI-CODE PLUS .....          | 123, 127, 148 | ALOGLIPTIN-PIOGLITAZONE .....       | 99       |
| ACE AEROSOL CLOUD ENHANCER .....                 | 144, 147  | ADVOCATE REDI-CODE PLUS CTRL L .....   | 127, 148      | alosetron .....                     | 110, 112 |
| acebutolol .....                                 | 39        | ADVOCATE REDI-CODE+ CTRL HIGH .....    | 127, 148      | ALPHAGAN P .....                    | 177      |
| ACERFLEX .....                                   | 88        | ADVOCATE SYRINGES .....                | 136, 148      | alprazolam .....                    | 44, 55   |
| ACETADOTE .....                                  | 14        | ADYPHREN .....                         | 41            | alprazolam intensol .....           | 44, 55   |
| acetaminophen-caff-dihydrocod 320.5-30-16 mg ... | 7         | ADZENYS XR-ODT .....                   | 54, 57        | ALREX .....                         | 175      |
| acetaminophen-codeine .....                      | 7         | AEROCHAMBER MECHANICAL VENT .....      | 144, 148      | ALTABAX .....                       | 72       |
| acetazolamide .....                              | 42        | AEROCHAMBER MINI .....                 | 144, 148      | ALTACE .....                        | 34       |
| acetic acid .....                                | 178       | AEROCHAMBER MV .....                   | 144, 148      | altavera (28) .....                 | 64       |
| acetylcysteine .....                             | 14, 182   | AEROCHAMBER PLUS FLOW-VU .....         | 144, 148      | ALTERNATE SITE LANCET .....         | 127, 148 |
| ACIPHEX .....                                    | 108       | AEROCHAMBER PLUS FLOW-VU,L MSK .....   | 144, 148      | ALTERNATE SITE LANCING DEVICE ..... | 127, 148 |
| acitretin .....                                  | 74        | AEROCHAMBER PLUS FLOW-VU,M MSK .....   | 144, 148      | ALTRENO .....                       | 70       |
| ACTEMRA .....                                    | 11        | AEROCHAMBER PLUS FLOW-VU,S MSK .....   | 144, 148      | ALUNBRIG .....                      | 25       |
| ACTEMRA ACTPEN .....                             | 11        | AEROCHAMBER PLUS Z STAT LG MSK .....   | 144, 148      | ALVAIZ .....                        | 120      |
| ACTHAR .....                                     | 96        | AEROCHAMBER PLUS Z STAT MD MSK .....   | 144, 148      | ALVESCO .....                       | 180      |
| ACTHAR SELFJECT .....                            | 96        | AEROCHAMBER PLUS Z STAT SM MSK .....   | 144, 148      | alvimopan .....                     | 15       |
| ACTHIB (PF) .....                                | 32        | AEROCHAMBER Z-STAT PLUS-FLW SG .....   | 144, 148      | alyacen 1/35 (28) .....             | 64       |
| ACTICARNITINE SF .....                           | 80        | AEROTRACH PLUS .....                   | 144, 148      | alyacen 7/7/7 (28) .....            | 67       |
| ACTI-LANCE LANCETS .....                         | 127, 147  | AEROVENT PLUS .....                    | 144, 148      | ALYFTREK .....                      | 182      |
| ACTIMMUNE .....                                  | 17        | AFINITOR .....                         | 28            | alyq .....                          | 44       |
| ACTIVE Q .....                                   | 5         | AFINITOR DISPERZ .....                 | 28            | amantadine hcl .....                | 51       |
| ACTIVELLA .....                                  | 100       | afirmelle .....                        | 64            | AMBIEN .....                        | 61       |
| ACTIVESSENTIALS .....                            | 81        | AFLURIA 2025-2026 (3YR UP)(PF) .....   | 33            | AMBIEN CR .....                     | 61       |
| ACTIVESSENTIALS FOR WOMEN .....                  | 81        | AFREZZA .....                          | 103           | ambrisentan .....                   | 44       |
| ACTIVESSENTIALS-ONCOPLX-D3 .....                 | 81        | after pill .....                       | 68            | amcinonide .....                    | 75       |
| ACTONEL .....                                    | 100       | AFTERA .....                           | 68            | AMELUZ .....                        | 77       |
| ACTOPLUS MET .....                               | 99        | AGAMATRIX AMP TEST STRIPS .....        | 123, 148      | amethia .....                       | 64       |
| ACTOS .....                                      | 104       | AGAMATRIX CONTROL SOLN-HIGH .....      | 127, 148      | amethyst (28) .....                 | 64       |
| ACULAR .....                                     | 175       | AGAMATRIX CONTROL SOLN-NORM-HI .....   | 127, 148      | AMICAR .....                        | 118      |
| ACULAR LS .....                                  | 175       | AGAMATRIX JAZZ TEST STRIPS .....       | 123, 148      | amiloride .....                     | 42       |
| ACUVAIL (PF) .....                               | 175       | AGAMATRIX JAZZ WIRELESS 2 MNTR .....   | 127, 148      | amiloride-hydrochlorothiazide ..... | 42       |
| acyclovir .....                                  | 22, 74    | AGAMATRIX PRESTO SYSTEM .....          | 127, 148      | aminocaproic acid .....             | 118      |
| ACZONE .....                                     | 69        | AGAMATRIX PRESTO TEST STRIPS .....     | 123, 148      | amidodrone .....                    | 37       |
| ADACEL(TDAP ADOLESN/ADULT)(PF) .....             | 32        | AGAMREE .....                          | 101           | AMITIZA .....                       | 110, 112 |
| ADALIMUMAB-AACF .....                            | 8, 9, 111 | AGRYLIN .....                          | 119           | amitriptyline .....                 | 50       |

|                                 |            |                                |              |                                |               |
|---------------------------------|------------|--------------------------------|--------------|--------------------------------|---------------|
| amitriptyline-chlordiazepoxide  | 50, 55     | aripiprazole                   | 53, 56       | AUSTEDO XR TITRATION KT(WK1-4) | 59, 60        |
| AMJEVITA(CF)                    | 9, 10, 112 | ARISTADA                       | 53           | AUTOJECT 2 INJECTION DEVICE    | 136, 149      |
| AMJEVITA(CF) AUTOINJECTOR       | 9, 10, 112 | ARISTADA INITIO                | 53           | AUTOLET IMPRESSION LANC DEV    | 127, 149      |
| amlodipine                      | 40         | ARIXTRA                        | 119          | AUTOLET LANCING DEVICE         | 127, 149      |
| amlodipine-atorvastatin         | 39         | armodafinil                    | 60           | AUTOLET LITE                   | 127, 149      |
| amlodipine-benazepril           | 34         | ARMONAIR DIGIHALER             | 180          | AUTOPEN 1 TO 21 UNITS          | 136, 149      |
| amlodipine-olmesartan           | 35         | ARMOUR THYROID                 | 105          | AUTOPEN 2 TO 42 UNITS          | 136, 149      |
| amlodipine-valsartan            | 35         | ARNUIITY ELLIPTA               | 180          | AUTOSHIELD DUO PEN NEEDLE      | 136, 149      |
| amlodipine-valsartan-hcthiaziid | 35         | AROMASIN                       | 26           | AUVELITY                       | 48            |
| AMNESTEEM                       | 69         | ARTHROTEC 50                   | 12           | AUVI-Q                         | 41            |
| amoxapine                       | 50         | ARTHROTEC 75                   | 12           | AVALIDE                        | 35            |
| amoxicil-clarithromy-lansopraz  | 110        | ARYNTA                         | 54           | avanafil                       | 80            |
| amoxicillin                     | 16         | ascomp with codeine            | 7            | AVAPRO                         | 36            |
| amoxicillin-pot clavulanate     | 16         | asenapine maleate              | 51, 56       | AVERI                          | 64            |
| amphetamine                     | 54, 57     | ashlyna                        | 64           | aviane                         | 64            |
| amphetamine sulfate             | 54, 57, 60 | ASMANEX HFA                    | 180          | avidoxy                        | 24            |
| amphotericin b                  | 17         | ASMANEX TWISTHALER             | 180          | AVITENE                        | 118           |
| AMPHOTERICIN B (BULK)           | 17, 62     | aspirin                        | 14, 119      | AVMAPKI-FAKZYNYA               | 30            |
| ampicillin                      | 16         | ASPIRIN CHILDRENS              | 14, 119      | AVODART                        | 115           |
| AMPYRA                          | 173        | aspirin-dipyridamole           | 119          | AVONEX                         | 173           |
| AMRIX                           | 122        | ASPRUZYO SPRINKLE              | 36           | AVTOZMA                        | 11            |
| AMZEEQ                          | 69         | ASSURE 4 CONTROL SOLUTION      | 127, 148     | AVTOZMA AUTOINJECTOR           | 11            |
| ANACAINE                        | 78         | ASSURE 4 STRIPS                | 123, 148     | ayuna                          | 65            |
| ANAFRANIL                       | 50         | ASSURE DOSE NORMAL CONTROL     | 127, 148     | AYVAKIT                        | 29            |
| anagrelide                      | 119        | ASSURE DOSE NORM-HI CONTROL    | 127, 148     | AZASAN                         | 11, 121       |
| ANALPRAM-HC                     | 14, 77     | ASSURE ID DUO PRO SFTY PEN NDL | 136, 148     | AZASITE                        | 177           |
| ANAPROX DS                      | 13         | ASSURE ID PEN NEEDLE           | 136, 148     | azathioprine                   | 11, 121       |
| ANASPAZ                         | 109, 116   | ASSURE ID PRO PEN NEEDLE       | 136, 148     | azelaic acid                   | 69, 78        |
| ANASTIA                         | 78         | ASSURE LANCE                   | 127, 148     | azelastine                     | 175, 182, 183 |
| anastrozole                     | 26         | ASSURE LANCE PLUS              | 127, 148     | azelastine-fluticasone         | 182           |
| ANCOBON                         | 17         | ASSURE PLATINUM GLUCOSE METER  | 127, 148     | AZELEX                         | 69, 78        |
| ANDEMBRY AUTOINJECTOR           | 43         | ASSURE PLATINUM TEST STRIP     | 123, 148     | AZILECT                        | 51            |
| ANDROGEL                        | 96         | ASSURE PRISM CONTROL 1-2 SOLN  | 127, 148     | azilsartan medoxomil           | 36            |
| ANGELIQ                         | 100        | ASSURE PRISM MULTI METER       | 127, 148     | azithromycin                   | 22            |
| ANGINOX                         | 5          | ASSURE PRISM MULTI STRIP       | 123, 148     | AZMIRO                         | 96            |
| ANNOVERA                        | 68         | ASTAGRAF XL                    | 121          | AZOPT                          | 176           |
| ANORO ELLIPTA                   | 181        | ASTHMA CHECK METER             | 144, 149     | AZOR                           | 35            |
| ANTIVERT                        | 106        | ASTHMAPACK CHILDREN'S          | 144, 149     | AZSTARYS                       | 54            |
| ANUSOL-HC                       | 14, 75     | ATACAND                        | 36           | AZULFIDINE                     | 11, 111       |
| ANZUPGO                         | 72         | ATACAND HCT                    | 35           | AZULFIDINE EN-TABS             | 11, 111       |
| APETIBEX                        | 81         | atazanavir                     | 23           | azurette (28)                  | 64            |
| APEXICON E                      | 75         | ATELVIA                        | 100          | B COMPLEX 1 (WITH FOLIC ACID)  | 80            |
| APIDRA SOLOSTAR U-100 INSULIN   | 103        | atenolol                       | 39           | b complex-vitamin c-folic acid | 80            |
| APIDRA U-100 INSULIN            | 103        | atenolol-chlorthalidone        | 41           | BABY'S ONLY ORG LACTORELIEF    | 81            |
| APLENZIN                        | 50         | ATIVAN                         | 44, 55       | BABY'S ONLY ORGANIC DAIRY      | 81            |
| APOKYN                          | 51         | ATMEKSI                        | 122          | BABY'S ONLY ORGANIC DAIRY WHEY | 81            |
| apomorphine                     | 51         | atomoxetine                    | 55           | BABY'S ONLY ORGANIC SOY        | 81            |
| apraclonidine                   | 177        | ATORVALIQ                      | 38           | bacitracin                     | 177           |
| aprepitant                      | 107        | atorvastatin                   | 38           | bacitracin-polymyxin b         | 177           |
| APRETUDE                        | 18         | atovaquone                     | 18           | baclofen                       | 122           |
| apri                            | 64         | atovaquone-proguanil           | 17           | BACLOFEN                       | 122           |
| APRISO                          | 111        | ATP IGNITE WORKOUT             | 5            | BACTRIM                        | 16            |
| APTENSIO XR                     | 54         | ATRALIN                        | 70           | BACTRIM DS                     | 16            |
| APTIOM                          | 46         | atropine                       | 175          | BAFIERTAM                      | 173           |
| APTIVUS                         | 23         | ATROPINE SULFATE (PF)          | 175          | BALANCE B-50 (WITH FOLIC ACID) | 80            |
| AQINJECT PEN NEEDLE             | 136, 148   | ATROVENT HFA                   | 181          | bal-care dha                   | 94            |
| AQNEURSA                        | 171        | ATTRUBY                        | 96           | BAL-CARE DHA ESSENTIAL         | 94            |
| AQUA LANCE LANCING DEVICE       | 127, 148   | AUBAGIO                        | 174          | BALCOLTRA                      | 65            |
| AQVESME                         | 120        | aubra                          | 64           | balsalazide                    | 111           |
| ARAKODA                         | 17         | aubra eq                       | 64           | BALVERSA                       | 27            |
| aranelle (28)                   | 67         | AUDENZ (NATIONAL STOCKPILE)    | 33           | balziva (28)                   | 65            |
| ARANESP (IN POLYSORBATE)        | 118        | AUDENZ(PF)(NATIONAL STOCKPILE) | 33           | BANZEL                         | 48            |
| ARAVA                           | 12         | AUGMENTIN                      | 16           | BAQSIMI                        | 96            |
| ARAZLO                          | 70         | AUGMENTIN ES-600               | 16           | BARACLUDE                      | 21            |
| ARBLI                           | 36         | AUGTYRO                        | 29           | BASAGLAR KWIKPEN U-100 INSULIN | 103           |
| ARCALYST                        | 8          | auranofin                      | 11           | BAXDELA                        | 21            |
| AREXVY (PF)                     | 33         | aurovela 1.5/30 (21)           | 64           | bayer low dose aspirin         | 14, 119       |
| arformoterol                    | 181        | aurovela 1/20 (21)             | 64           | BCAD 1                         | 83, 88        |
| ARGIMENT AT                     | 5          | aurovela 24 fe                 | 64           | BCAD 2                         | 88            |
| ARGINAID                        | 81         | aurovela fe 1.5/30 (28)        | 64           | B-COMPLEX WITH VITAMIN C       | 80            |
| ARGININE (L-ARGININE)           | 80         | aurovela fe 1-20 (28)          | 64           | BD BLUNT PLASTIC CANNULA       | 140, 149      |
| ARICEPT                         | 63         | AURYXIA                        | 86, 114, 115 | BD BULK SYRINGE SLIP TIP       | 140, 149      |
| ARIKAYCE                        | 16         | AUSTEDO                        | 59, 60       | BD ECLIPSE                     | 140, 149      |
| ARIMIDEX                        | 26         | AUSTEDO XR                     | 59, 60       | BD ECLIPSE LUER-LOK            | 136, 140, 149 |

|                                      |               |                                      |          |                                      |             |
|--------------------------------------|---------------|--------------------------------------|----------|--------------------------------------|-------------|
| BD FILTER NEEDLE 5-MICRON NOKO ..... | 140, 149      | bicalutamide .....                   | 26       | bromfed dm .....                     | 183         |
| BD FILTER NEEDLE-5 MICRON .....      | 140, 149      | BIDIL .....                          | 44       | bromfenac .....                      | 175         |
| BD INTEGRA NEEDLE .....              | 140, 149      | BIGFOOT UNITY .....                  | 127, 150 | bromocriptine .....                  | 51          |
| BD INTEGRA SYRINGE .....             | 140, 149      | BIJUVA .....                         | 100      | brompheniramine-pseudoeph-dm .....   | 183         |
| BD INTERLINK BLUNT PLASTIC CAN ..... | 140, 149      | BIKTARVY .....                       | 19       | BROMSITE .....                       | 176         |
| BD INTERLINK SYRINGE .....           | 140, 149      | bimatoprost .....                    | 178      | BRONCHITOL .....                     | 182         |
| BD INTRADERMAL BEVEL NEEDLES .....   | 140, 149      | BIMZELX .....                        | 71       | BROVANA .....                        | 181         |
| BD LUER-LOK BULK SYRINGE .....       | 140, 149      | BIMZELX AUTOINJECTOR .....           | 71       | BRUKINSA .....                       | 26, 29      |
| BD LUER-LOK SYRINGE .....            | 140, 149      | BINOSTO .....                        | 100      | BRYHALI .....                        | 74, 75      |
| BD LUER-LOK TIP CONTROL SYRING ..... | 140, 149      | BIONIME RIGHTEST GM300 SYSTEM .....  | 127, 150 | BRYNOVIN .....                       | 97          |
| BD MICROTAINER LANCET .....          | 127, 149      | BIONIME RIGHTEST TEST STRIPS .....   | 123, 150 | BUCAPSOL .....                       | 45          |
| BD NOKOR ADMX NEEDLE .....           | 140, 149      | BIOTEL CARE BGM-4 METER .....        | 127, 150 | budesonide .....                     | 111, 180    |
| BD PRECISIONGLIDE .....              | 140, 149      | bisacodyl .....                      | 113      | budesonide-formoterol .....          | 182         |
| BD PRECISIONGLIDE NON-STERILE .....  | 140, 149      | bismuth subcit k-metronidz-tcn ..... | 109      | BULLSEYE MINI SAFETY LANCETS .....   | 127, 150    |
| BD Q-SYTE MDV ADAPTER .....          | 144, 149      | bisoprolol fumarate .....            | 39       | bumetanide .....                     | 42          |
| BD Q-SYTE SPLIT-SEPT DEVICE .....    | 144, 149      | bisoprolol-hydrochlorothiazide ..... | 41       | BUPHENYL .....                       | 171         |
| BD QUINCKE SPINAL NEEDLE .....       | 140, 149      | blisovi 24 fe .....                  | 65       | buprenorphine .....                  | 8           |
| BD REGULAR BEVEL NEEDLES .....       | 140, 149      | blisovi fe 1.5/30 (28) .....         | 65       | buprenorphine hcl .....              | 61          |
| BD SAFETYGLIDE INSULIN SYRINGE ..... | 136, 149      | blisovi fe 1/20 (28) .....           | 65       | buprenorphine-naloxone .....         | 62          |
| BD SAFETYGLIDE NEEDLE .....          | 140, 149      | BLOOD GLUCOSE CONTRL HI,NORMAL ..... | 127, 150 | bupropion hcl .....                  | 50          |
| BD SAFETYGLIDE SHIELDING REG .....   | 140, 149      | BLOOD GLUCOSE CONTROL, NORMAL .....  | 127, 150 | BUPROPION HCL .....                  | 50          |
| BD SAFETYGLIDE SYRINGE .....         | 136, 140, 149 | BLOOD GLUCOSE MONITORING .....       | 127, 150 | bupropion hcl (smoking deter) .....  | 62          |
| BD SAFETYGLIDE TB REG BEVEL .....    | 140, 149      | BLOOD GLUCOSE TEST .....             | 124, 150 | buspirone .....                      | 45          |
| BD SLIP TIP SYRINGE .....            | 140, 149      | BLOOD-GLUCOSE METER .....            | 127, 150 | butalbital-acetaminop-caf-cod .....  | 7           |
| B-D SLIP TIP SYRINGE .....           | 140, 149      | BLUES AWAY POSTPARTUM SUPPORT .....  | 5        | butalbital-acetaminophen .....       | 8           |
| BD SPECIALTY USE NEEDLES .....       | 141, 149      | BLUJEPa .....                        | 20       | butalbital-acetaminophen-caff .....  | 8           |
| BD SYRINGE .....                     | 141, 149      | BLULINK BG SYSTEM REFILL .....       | 127, 150 | butalbital-aspirin-caffeine .....    | 14          |
| BD SYRINGE CATH TIP NONSTERILE ..... | 141, 149      | BLULINK DIABETIC TEST BUNDLE .....   | 127, 150 | butorphanol .....                    | 8           |
| BD SYRINGE CATHETER TIP .....        | 141, 149      | BLULINK GLUCOSE MONITOR SYSTEM ..... | 127, 150 | BUTRANS .....                        | 8           |
| BD SYRINGE LUER-LOK NONSTERILE ..... | 141, 149      | BLULINK GLUCOSE TEST STRIP .....     | 124, 150 | BUTTERFLY TOUCH LANCET .....         | 128, 150    |
| BD SYRINGE LUER-LOK STERILE .....    | 141, 149      | BLUNT NEEDLE, DISPOSABLE .....       | 141, 150 | BYLVAY .....                         | 120         |
| BD SYRINGE SLIP TIP NONSTERILE ..... | 141, 150      | BONJESTA .....                       | 106      | BYNFEZIA .....                       | 105, 114    |
| BD SYRINGE-DUAL CANNULA .....        | 141, 150      | BONSITY .....                        | 99       | BYQLOVI .....                        | 175         |
| BD TUBERCULIN SLIP-TIP .....         | 141, 150      | BOOST .....                          | 81       | BYSTOLIC .....                       | 39          |
| BD TUBERCULIN SYRINGE .....          | 141, 150      | BOOST BREEZE NUTRITIONAL .....       | 81       | cabergoline .....                    | 105         |
| beclomethasone dipropionate .....    | 180           | BOOST GLUCOSE CONTROL .....          | 88       | CABLIVI .....                        | 117         |
| BELBUCA .....                        | 7             | BOOST HIGH PROTEIN .....             | 81       | CABOMETYX .....                      | 28          |
| belladonna alkaloids-opium .....     | 109           | BOOST KID ESSENTIALS .....           | 81       | CABTREEO .....                       | 70          |
| BELSOMRA .....                       | 61            | BOOST KID ESSENTIALS W-FIBER .....   | 81       | CADUET .....                         | 39          |
| benazepril .....                     | 34            | BOOST MAX .....                      | 88       | CAFERGOT .....                       | 58          |
| benazepril-hydrochlorothiazide ..... | 34            | BOOST PLUS .....                     | 81       | caffeine citrate .....               | 57          |
| BENECALORIE .....                    | 81            | BOOST VHC .....                      | 81       | CALCILO XD .....                     | 83          |
| BENEPROTEIN .....                    | 92            | BOOST WOMEN .....                    | 81       | calcipotriene .....                  | 74          |
| BENICAR .....                        | 36            | BOOSTRIX TDAP .....                  | 32       | CALCIPOTRIENE .....                  | 74          |
| BENICAR HCT .....                    | 35            | bosentan .....                       | 44       | calcipotriene-betamethasone .....    | 71          |
| BENLYSTA .....                       | 12            | BOSULIF .....                        | 29       | calcitonin (salmon) .....            | 100         |
| BENZAMYCIN .....                     | 70            | BRAFTOVI .....                       | 26       | calcitriol .....                     | 74, 95, 170 |
| BENZNIDAZOLE .....                   | 18            | BRAINSUSTAIN .....                   | 5        | calcium acetate(phosphat bind) ..... | 114, 115    |
| benzonatate .....                    | 179           | BRAINSUSTAIN FOR KIDS .....          | 5        | CALQUENCE (ACALABRUTINIB MAL) .....  | 26, 29      |
| benzphetamine .....                  | 184           | BREAKFAST ESSENTIALS .....           | 81       | CAMBIA .....                         | 13, 58      |
| benztropine .....                    | 51            | BREATHERITE MDI SPACER .....         | 144, 150 | camila .....                         | 67          |
| bepotastine besilate .....           | 175           | BREATHERITE SPACER-MASK, NEO .....   | 144, 150 | camrese .....                        | 64          |
| BEPREVE .....                        | 175           | BREATHERITE SPACER-MASK,ADULT .....  | 144, 150 | camrese lo .....                     | 64          |
| BERINERT .....                       | 117           | BREATHERITE SPACER-MASK,CHILD .....  | 144, 150 | CAMZYOS .....                        | 41          |
| besifloxacin .....                   | 177           | BREATHERITE SPACER-MASK,INFANT ..... | 145, 150 | CANASA .....                         | 111         |
| BESIVANCE .....                      | 177           | BREATHERITE SPACER-MASK,S.CHLD ..... | 145, 150 | candesartan .....                    | 36          |
| BESREMI .....                        | 27            | BREATHERITE VALVED MDI CHAMBER ..... | 145, 150 | candesartan-hydrochlorothiazid ..... | 35          |
| betaine .....                        | 171           | BREATHERITE VALVED MDI SPACER .....  | 145, 150 | capecitabine .....                   | 26          |
| betamethasone dipropionate .....     | 75            | BREEZE 2 CONTROL SOLUTION, LOW ..... | 127, 150 | CAPEX .....                          | 75          |
| betamethasone valerate .....         | 75            | BREEZE 2 CONTROL SOLUTION, NML ..... | 127, 150 | CAPLYTA .....                        | 52          |
| betamethasone, augmented .....       | 75            | BREEZE 2 CONTROL SOLUTION,HIGH ..... | 127, 150 | CAPRELSA .....                       | 29          |
| BETAPACE .....                       | 37, 39        | BREKIYA .....                        | 58       | captopril .....                      | 34          |
| BETAPACE AF .....                    | 37, 39        | BREO ELLIPTA .....                   | 181      | captopril-hydrochlorothiazide .....  | 34          |
| BETASERON .....                      | 173           | breyana .....                        | 181      | CARAC .....                          | 73          |
| betaxolol .....                      | 39, 176       | BREZTRI AEROSPHERE .....             | 182      | CARAFATE .....                       | 113         |
| bethanechol chloride .....           | 117           | briellyn .....                       | 65       | CARBAGLU .....                       | 171         |
| BETHKIS .....                        | 182           | BRILINTA .....                       | 119      | carbamazepine .....                  | 46, 55, 56  |
| BETIMOL .....                        | 176           | brimonidine .....                    | 78, 177  | CARBAMAZEPINE .....                  | 46, 56      |
| BETOPTIC S .....                     | 176           | brimonidine-timolol .....            | 176      | CARBATROL .....                      | 46, 56      |
| BEVESPI AEROSPHERE .....             | 181           | BRINSUPRI .....                      | 182      | carbidopa .....                      | 51          |
| bexarotene .....                     | 30, 73        | brinzolamide .....                   | 176      | carbidopa-levodopa .....             | 50          |
| BEXSERO .....                        | 33            | brivaracetam .....                   | 47       | carbidopa-levodopa-entacapone .....  | 50          |
| BEYAZ .....                          | 65            | BRIVIACT .....                       | 47       | carbinoxamine maleate .....          | 178, 179    |
| BEYFORTUS .....                      | 31            | BRIXADI .....                        | 61       | CARBINOXAMINE MALEATE .....          | 178, 179    |

|                                |          |                                |              |                                |               |
|--------------------------------|----------|--------------------------------|--------------|--------------------------------|---------------|
| CARDAMYST                      | 37, 41   | CEQR SIMPLICITY INSERTER       | 128, 151     | CLEOCIN T                      | 69            |
| CARDIZEM                       | 40       | CERDELGA                       | 171          | CLEVER CHEK BLOOD GLUCOSE      | 128, 151      |
| CARDIZEM CD                    | 40       | cetirizine                     | 179          | CLEVER CHEK BLOOD GLUCOSE SYST | 128, 151      |
| CARDIZEM LA                    | 40       | CETRALAX                       | 178          | CLEVER CHEK LANCETS            | 128, 151      |
| CARDURA                        | 43       | cetorelix                      | 104          | CLEVER CHOICE BLOOD GLUC SYS   | 128, 151      |
| CARDURA XL                     | 43       | CETROTIDE                      | 104          | CLEVER CHOICE CHAMBER-LRG MASK | 145, 151      |
| CAREFINE PEN NEEDLE            | 136, 150 | cevimeline                     | 173          | CLEVER CHOICE CHAMBER-MED MASK | 145, 151      |
| CAREONE LANCING DEVICE         | 128, 150 | charlotte 24 fe                | 65           | CLEVER CHOICE CHAMBER-SM MASK  | 145, 151      |
| CAREONE ULTRA THIN LANCET      | 128, 150 | chateal eq (28)                | 65           | CLEVER CHOICE GLUCOSE MONITOR  | 128, 151      |
| CAREPOINT LUER LOCK SYRINGE    | 141, 150 | CHEK-STIX CONTROL              | 79, 146, 151 | CLEVER CHOICE LEVEL 1 CONTROL  | 128, 151      |
| CAREPOINT LUER LOCK SYR-NEEDLE | 141, 150 | CHEMET                         | 15           | CLEVER CHOICE LEVEL 2 CONTROL  | 128, 151      |
| CAREPOINT LUER SLIP SYRINGE    | 141, 150 | CHEMSTRIP 10 MD                | 79, 151      | CLEVER CHOICE LEVEL 3 CONTROL  | 128, 151      |
| CAREPOINT LUER SLIP SYRING-NDL | 141, 150 | CHEMSTRIP 10/SG                | 79, 151      | CLEVER CHOICE MICRO            | 128, 151      |
| CAREPOINT PRECISION NEEDLE     | 141, 150 | CHEMSTRIP 2 GP                 | 79, 151      | CLEVER CHOICE MICRO TEST STRIP | 124, 151      |
| CAREPOINT SAFETY LL SYR-NEEDLE | 141, 150 | CHEMSTRIP 50B                  | 79, 151      | CLEVER CHOICE PEAK FLOW METER  | 144, 151      |
| CARESENS CONTROL A AND B       | 128, 150 | CHEMSTRIP 7                    | 79, 151      | CLEVER CHOICE PRO              | 124, 128, 151 |
| CARESENS LANCETS               | 128, 150 | CHEMSTRIP 9                    | 79, 151      | CLEVER CHOICE TALK GLUCOSE SYS | 128, 151      |
| CARESENS N                     | 128, 150 | CHEMSTRIP BG LOG BOOK          | 128, 151     | CLEVER CHOICE TALK TEST        | 124, 151      |
| CARESENS N FELIZ BT GLUC METER | 128, 150 | CHICKEN-PEAS-CARROTS           | 88           | CLEVER CHOICE TEST STRIPS      | 124, 151      |
| CARESENS N FELIZ GLUCOSE METER | 128, 150 | CHICKEN-PEAS-CARROTS PED PLUS  | 88           | CLEVER CHOICE VOICE PLUS TEST  | 124, 151      |
| CARESENS N TEST STRIPS         | 124, 150 | CHICKEN-PEAS-CARROTS PLUS      | 88           | CLICKFINE PEN NEEDLE           | 136, 151      |
| CARESENS N VOICE               | 128, 150 | CHILDREN'S ASPIRIN             | 14, 119      | CLIMARA                        | 101           |
| CARESENS S CONTROL A AND B     | 128, 150 | CHILDREN'S DIARESQ             | 5            | CLIMARA PRO                    | 100           |
| CARESENS S FIT BT GLUCOSE MTR  | 128, 150 | chlordiazepoxide hcl           | 44, 55       | CLINDACIN                      | 69            |
| CARESENS S FIT GLUCOSE METER   | 128, 150 | chlordiazepoxide-clidinium     | 55, 109      | clindacin etz                  | 69            |
| CARESENS S TEST STRIP          | 124, 151 | chlorhexidine gluconate        | 172          | clindacin p                    | 69            |
| CARETOUCH ALCOHOL PREP PAD     | 31       | chloroquine phosphate          | 17           | CLINDAGEL                      | 69            |
| CARETOUCH CONTROL SOLN L2-L3   | 128, 151 | chlorpromazine                 | 52           | clindamycin hcl                | 22            |
| CARETOUCH GLUCOSE MONITORING   | 128, 151 | chlorthalidone                 | 43           | clindamycin pediatric          | 22            |
| CARETOUCH HYPODERMIC NEEDLE    | 141, 151 | chlorzoxazone                  | 122          | clindamycin phosphate          | 69, 183       |
| CARETOUCH INSULIN SYRINGE      | 136, 151 | CHOLBAM                        | 107          | clindamycin-benzoyl peroxide   | 70            |
| CARETOUCH LANCING DEVICE       | 128, 151 | cholestyramine light           | 37           | clindamycin-tretinoin          | 70            |
| CARETOUCH LUER LOCK SYRINGE    | 141, 151 | CHOLEXMAX                      | 87           | CLINDESSE                      | 184           |
| CARETOUCH LUER LOCK SYR-NEEDLE | 141, 151 | CHOLEXTRA T-F                  | 87           | clinpro 5000                   | 172           |
| CARETOUCH LUER SLIP SYRINGE    | 141, 151 | CHORIONIC GONADOTROPIN, HUMAN  | 102          | clobazam                       | 45, 55        |
| CARETOUCH PEN NEEDLE           | 136, 151 | CHOSEN LANCET                  | 128, 151     | clobetasol                     | 74, 75        |
| CARETOUCH SAFETY LANCETS       | 128, 151 | CHOSEN LANCING DEVICE          | 128, 151     | CLOBETASOL                     | 175           |
| CARETOUCH TEST STRIP           | 124, 151 | CHOSEN SAFETY LANCET           | 128, 151     | clobetasol-emollient           | 75            |
| CARETOUCH TWIST LANCET         | 128, 151 | CIALIS                         | 80, 115      | CLOBEX                         | 75            |
| carglumic acid                 | 171      | CIBINQO                        | 72           | clocortolone pivalate          | 75            |
| carisoprodol                   | 122      | ciclodan                       | 72           | clodan                         | 75            |
| carisoprodol-aspirin-codeine   | 123      | ciclopirox                     | 72, 73       | clomid                         | 101           |
| CARNITOR                       | 171      | cilostazol                     | 119          | clomiphene citrate             | 101           |
| CARNITOR (SUGAR-FREE)          | 171      | CILOXAN                        | 177          | clomipramine                   | 50            |
| CAROSPIR                       | 35, 42   | CIMDUO                         | 19           | clonazepam                     | 44, 45, 55    |
| carteolol                      | 176      | cimetidine                     | 108          | clonidine                      | 41            |
| cartia xt                      | 40       | cimetidine hcl                 | 108          | clonidine hcl                  | 41, 53        |
| carvedilol                     | 35       | CIMZIA                         | 9, 10, 112   | CLONIDINE HCL                  | 42            |
| carvedilol phosphate           | 35       | CIMZIA STARTER KIT             | 9, 10, 112   | clopidogrel                    | 119           |
| CASODEX                        | 26       | cinacalcet                     | 100          | clorazepate dipotassium        | 44, 55        |
| CATAPRES-TTS-1                 | 41       | CINRYZE                        | 117          | clotrimazole                   | 172           |
| CATAPRES-TTS-2                 | 41       | CIPRO                          | 21           | clotrimazole-betamethasone     | 73            |
| CATAPRES-TTS-3                 | 41       | CIPRO HC                       | 178          | clozapine                      | 52            |
| CAVERJECT                      | 79       | ciprofloxacin                  | 21           | CLOZARIL                       | 52            |
| CAVERJECT IMPULSE              | 79       | ciprofloxacin hcl              | 21, 177, 178 | c-nate dha                     | 94            |
| CAYA CONTOURED                 | 126, 151 | ciprofloxacin-dexamethasone    | 178          | COAGUCHEK LANCETS              | 128, 151      |
| CAYSTON                        | 182      | CIPROFLOXACIN-FLUOCINOLONE     | 178          | COARTEM                        | 17            |
| caziant (28)                   | 67       | ciprofloxacin-hydrocortisone   | 178          | COBENFY                        | 52            |
| cefaclor                       | 20       | CITALOPRAM                     | 48           | COBENFY STARTER PACK           | 52            |
| cefadroxil                     | 20       | citalopram                     | 48           | codeine sulfate                | 5             |
| cefdinir                       | 21       | CITROMA                        | 113          | codeine-butalbital-asa-caff    | 7             |
| cefixime                       | 21       | CITRULLINE 1000                | 80           | codeine-guaifenesin            | 183           |
| cefpodoxime                    | 21       | cladribine(multiple sclerosis) | 173          | CODEINE-GUAIFENESIN            | 183           |
| cefprozil                      | 20       | CLARAVIS                       | 69           | CODITUSSIN AC                  | 183           |
| cefuroxime axetil              | 20       | CLARINEX                       | 179          | COLAZAL                        | 111           |
| CELEBREX                       | 12       | CLARINEX-D 12 HOUR             | 178          | colchicine                     | 117           |
| celecoxib                      | 12       | clarithromycin                 | 22           | COLCRYS                        | 117           |
| CELEXA                         | 48       | CLASSIC PRENATAL               | 94           | colesevelam                    | 37            |
| CELLCEPT                       | 11, 121  | CLEARLAX                       | 113          | COLESTID                       | 37            |
| CELONTIN                       | 48       | clemastine                     | 179          | colestipol                     | 37            |
| CENTANY                        | 72       | CLENPIQ                        | 113          | COMBIGAN                       | 176           |
| cephalexin                     | 20       | CLEOCIN                        | 183          | COMBIPATCH                     | 100           |
| CEQUA                          | 175      | CLEOCIN HCL                    | 22           | COMBISTIX REAGENT              | 79, 151       |
| CEQR SIMPLICITY                | 146, 151 | CLEOCIN PEDIATRIC              | 22           | COMBIVENT RESPIMAT             | 181           |

|                                     |               |                                    |              |                                     |            |
|-------------------------------------|---------------|------------------------------------|--------------|-------------------------------------|------------|
| COMBOGESIC.....                     | 12            | CORTENEMA.....                     | 111          | dapsone.....                        | 17, 69     |
| COMETRIQ.....                       | 28            | CORTIFOAM.....                     | 111          | DAPTACEL (DTAP PEDIATRIC) (PF)..... | 32         |
| COMFORT EZ INSULIN SYRINGE.....     | 136, 152      | cortisone.....                     | 101          | DARAPRIM.....                       | 17         |
| COMFORT EZ LANCETS.....             | 128, 152      | CORTISPORIN-TC.....                | 178          | darifenacin.....                    | 116        |
| COMFORT EZ PEN NEEDLES.....         | 136, 152      | CORTROPHIN GEL.....                | 96           | DARTISLA.....                       | 109        |
| COMFORT EZ PRO SAFETY PEN NDL.....  | 136, 152      | COSENTYX.....                      | 71           | darunavir.....                      | 23         |
| COMFORT TOUCH PEN NEEDLE.....       | 136, 152      | COSENTYX (2 SYRINGES).....         | 71           | dasatinib.....                      | 29         |
| COMFORT TOUCH PLUS SAFETY LANC..... | 128, 152      | COSENTYX PEN.....                  | 71           | dasetta 1/35 (28).....              | 65         |
| COMFORT TOUCH ULT THIN LANCETS..... | 128, 152      | COSENTYX PEN (2 PENS).....         | 71           | dasetta 7/7/7 (28).....             | 67         |
| COMFORTSEAL LARGE MASK.....         | 145, 152      | COSENTYX UNOREADY PEN.....         | 71           | DAURISMO.....                       | 27         |
| COMFORTSEAL MEDIUM MASK.....        | 145, 152      | COSOPT.....                        | 176          | DAVOL IRRIGATION SYRINGE.....       | 141, 152   |
| COMFORTSEAL SMALL MASK.....         | 145, 152      | COSOPT (PF).....                   | 176          | DAVOL PISTON IRRIGATION.....        | 141, 152   |
| COMIRNATY 2025-2026(5-11Y)(PF)..... | 33            | COTELLIC.....                      | 28           | DAYBUE.....                         | 63         |
| COMIRNATY 2025-26 (12Y UP)(PF)..... | 33            | COTEMPLA XR-ODT.....               | 54           | DAYBUE STIX.....                    | 63         |
| COMPACT SPACE CHAMBER.....          | 145, 152      | COVARYX.....                       | 100          | daysee.....                         | 64         |
| COMPACT SPACE CHAMBER-LRG MASK..... | 145, 152      | COVARYX H.S.....                   | 100          | DAYTRANA.....                       | 54         |
| COMPACT SPACE CHAMBER-MED MASK..... | 145, 152      | COXANTO.....                       | 13           | DAYVIGO.....                        | 61         |
| COMPACT SPACE CHAMBER-SM MASK.....  | 145, 152      | COZAAR.....                        | 36           | DDAVP.....                          | 97         |
| COMPAZINE.....                      | 52, 107       | CRENESSITY.....                    | 100          | deblitane.....                      | 67         |
| COMPLEAT.....                       | 88            | CREON.....                         | 107          | DECUB-AMINE.....                    | 92         |
| COMPLEAT 1.5.....                   | 88            | CRESEMBA.....                      | 17           | deferasirox.....                    | 15         |
| COMPLEAT ORGANIC BLEND CHICKEN..... | 88            | CRESTOR.....                       | 38           | deferiprone.....                    | 15         |
| COMPLEAT ORGANIC BLENDS PLANT.....  | 89            | CREXONT.....                       | 50           | deflazacort.....                    | 101        |
| COMPLEAT PED ORG BLEND CHICKEN..... | 89            | CRINONE.....                       | 101, 184     | DELESTROGEN.....                    | 101        |
| COMPLEAT PED ORG BLENDS PLANT.....  | 89            | cromolyn.....                      | 28, 176, 180 | DELSTRIGO.....                      | 20         |
| COMPLEAT PED STANDARD 1.4.....      | 89            | CROTAN.....                        | 78           | demeclocycline.....                 | 24         |
| COMPLEAT PEDIATRIC.....             | 81            | cryselle (28).....                 | 65           | DENAVIR.....                        | 74         |
| COMPLEAT PEDIATRIC PEPTIDE 1.5..... | 89            | CTEXLI.....                        | 108, 120     | denta 5000 plus.....                | 172        |
| COMPLEAT PEDIATRIC REDUCED CAL..... | 81            | CUPRIMINE.....                     | 11, 15       | denta 5000 plus sensitive.....      | 172        |
| COMPLEAT PEDIATRIC STANDARD 1.....  | 81            | CURITY ALCOHOL SWABS.....          | 31           | dentagel.....                       | 172        |
| COMPLEAT PEPTIDE.....               | 89            | CUROSURF.....                      | 182          | DEPAKOTE.....                       | 45, 56     |
| COMPLEAT PEPTIDE 1.5.....           | 89            | CUVPOSA.....                       | 173          | DEPAKOTE ER.....                    | 45, 56, 58 |
| COMPLEAT STANDARD 1.4.....          | 89            | CUVRIOR.....                       | 15           | DEPAKOTE SPRINKLES.....             | 45, 56     |
| COMPLERA.....                       | 20            | cyanocobalamin (vitamin b-12)..... | 95           | DEPEN TITRATABS.....                | 11, 15     |
| COMPLETE AMINO ACID MIX.....        | 80            | CYCLINEX-1.....                    | 83, 93       | DEPO-ESTRADIOL.....                 | 101        |
| complete natal dha.....             | 94            | CYCLINEX-2.....                    | 93           | DEPO-MEDROL.....                    | 101        |
| COMPLEX ESSENTIAL.....              | 88            | cyclobenzaprine.....               | 122          | DEPO-TESTOSTERONE.....              | 96         |
| COMPLEX JUNIOR MSD.....             | 88            | cyclopentolate.....                | 175          | DERMA-SMOOTH/FS BODY OIL.....       | 75         |
| COMPLEX MSD AMINO ACID BLEND.....   | 88            | cyclophosphamide.....              | 11, 25       | DERMA-SMOOTH/FS SCALP OIL.....      | 75         |
| compro.....                         | 107           | CYCLOPHOSPHAMIDE.....              | 11, 25       | DERMOTIC OIL.....                   | 178        |
| CONCEPT DHA.....                    | 86            | cycloserine.....                   | 20           | DESCOVY.....                        | 19         |
| CONCEPT OB.....                     | 86            | CYCLOSET.....                      | 97           | desipramine.....                    | 50         |
| CONCERTA.....                       | 54            | cyclosporine.....                  | 11, 121, 175 | desloratadine.....                  | 179        |
| CONDYLOX.....                       | 77            | cyclosporine modified.....         | 11, 121      | DESMODA.....                        | 97         |
| conjugated estrogens.....           | 101           | CYLTEZO(CF).....                   | 9, 10, 112   | desmopressin.....                   | 97         |
| CONJUPRI.....                       | 40            | CYLTEZO(CF) PEN.....               | 9, 10, 112   | desog-e.estradiol/e.estradiol.....  | 64         |
| CONSENSI.....                       | 40            | cyproheptadine.....                | 179          | desonide.....                       | 75         |
| constulose.....                     | 113           | cyred.....                         | 65           | desoximetasone.....                 | 76         |
| CONTOUR CONTROL SOLUTION, HIGH..... | 128, 152      | cyred eq.....                      | 65           | DESOXYN.....                        | 54, 57     |
| CONTOUR CONTROL SOLUTION, LOW.....  | 128, 152      | CYSTADANE.....                     | 171          | DESVENLAFAXINE.....                 | 49         |
| CONTOUR CONTROL SOLUTION, NML.....  | 128, 152      | CYSTADROPS.....                    | 176          | desvenlafaxine succinate.....       | 49         |
| CONTOUR METER.....                  | 128, 152      | CYSTAGON.....                      | 114          | dexamethasone.....                  | 101        |
| CONTOUR NEXT EZ METER.....          | 128, 152      | CYSTARAN.....                      | 176          | DEXAMETHASONE INTENSOL.....         | 101        |
| CONTOUR NEXT GEN METER.....         | 128, 152      | cytarabine (pf).....               | 26           | dexamethasone sodium phosphate..... | 175        |
| CONTOUR NEXT GLUCOSE METER.....     | 128, 152      | CYTO CARN.....                     | 80           | DEXCOM G6 RECEIVER.....             | 129, 152   |
| CONTOUR NEXT LEV 1 CONTROL SOL..... | 128, 152      | CYTO RALA.....                     | 87           | DEXCOM G6 SENSOR.....               | 129, 152   |
| CONTOUR NEXT LEV 2 CONTROL SOL..... | 128, 152      | CYTOLLINE.....                     | 80           | DEXCOM G6 TRANSMITTER.....          | 129, 152   |
| CONTOUR NEXT LINK.....              | 128, 152      | CYTOMEL.....                       | 106          | DEXCOM G7 15 DAY SENSOR.....        | 129, 152   |
| CONTOUR NEXT LINK 2.4.....          | 128, 152      | CYTO-Q MAX.....                    | 5            | DEXCOM G7 RECEIVER.....             | 129, 152   |
| CONTOUR NEXT METER.....             | 128, 152      | CYTO-Q T-F.....                    | 5            | DEXCOM G7 SENSOR.....               | 129, 152   |
| CONTOUR NEXT ONE METER.....         | 128, 129, 152 | CYTOTEC.....                       | 108          | DEXEDRINE SPANSULE.....             | 54, 57, 60 |
| CONTOUR NEXT TEST STRIPS.....       | 124, 152      | CYTOTINE.....                      | 81           | DEXILANT.....                       | 108        |
| CONTOUR PLUS BLUE METER.....        | 129, 152      | CYTOTINE MAX.....                  | 81           | dexlansoprazole.....                | 108        |
| CONTOUR PLUS TEST STRIP.....        | 124, 152      | dabigatran etexilate.....          | 120          | dexmethylphenidate.....             | 54         |
| CONTOUR TEST STRIPS.....            | 124, 152      | dalfampridine.....                 | 173          | dextroamphetamine sulfate.....      | 54, 57, 60 |
| CONTRAVE.....                       | 184           | DALIRESP.....                      | 180          | dextroamphetamine-amphetamine.....  | 54, 57, 60 |
| CONZIP.....                         | 5             | danazol.....                       | 102          | DEXTROSE.....                       | 96         |
| COPAXONE.....                       | 173           | DANTRIUM.....                      | 123          | DHIVY.....                          | 50         |
| COPIKTRA.....                       | 28, 29        | dantrolene.....                    | 123          | DIABETISOURCE AC.....               | 89         |
| CORDRAN TAPE LARGE ROLL.....        | 75            | DANZITEN.....                      | 29           | DIACOMIT.....                       | 48         |
| COREG.....                          | 35            | DAPAGLIFLOZIN.....                 | 98           | DIAFOODS THICK-IT.....              | 63         |
| COREG CR.....                       | 35            | DAPAGLIFLOZIN-METFORMIN.....       | 98           | DIAFOODS THICK-IT #2.....           | 63         |
| CORLANOR.....                       | 43            | dapagliflozin-metformin.....       | 98           | DIALYVITE 800.....                  | 80         |
| CORTEF.....                         | 101           | dapagliflozin-saxagliptin.....     | 98           | DIARESQ.....                        | 5          |

|                                     |                 |                                     |              |                                     |               |
|-------------------------------------|-----------------|-------------------------------------|--------------|-------------------------------------|---------------|
| DIASTIX.....                        | 146, 152        | doxycycline monohydrate.....        | 24, 78       | EASY TALK PLUS II HIGH CONTROL..... | 129, 154      |
| DIATRUE CONTROL SOLN NORMAL.....    | 129, 152        | doxylamine-pyridoxine (vit b6)..... | 106          | EASY TALK PLUS II LOW CONTROL.....  | 129, 154      |
| DIATRUE CONTROL SOLUTION HIGH.....  | 129, 152        | DRITHOCREME HP.....                 | 74           | EASY TALK PLUS II TEST STRIP.....   | 124, 154      |
| DIATRUE CONTROL SOLUTION LOW.....   | 129, 152        | DRIZALMA SPRINKLE.....              | 49, 58       | EASY TOUCH.....                     | 137, 141, 154 |
| DIATRUE PLUS BLOOD GLUCOSE MET..... | 129, 152        | dronabinol.....                     | 57, 106, 185 | EASY TOUCH ALCOHOL PREP PADS.....   | 31            |
| DIATRUE PLUS TEST STRIP.....        | 124, 153        | DROPLET GENTEEL LANCING DEVICE..... | 129, 153     | EASY TOUCH BLU CTRL SOLN-L1,L3..... | 129, 154      |
| diazepam.....                       | 45, 55          | DROPLET INSULIN SYR(HALF UNIT)..... | 136, 153     | EASY TOUCH BLULINK GLUC SYST.....   | 129, 154      |
| diazepam intensol.....              | 44, 55          | DROPLET INSULIN SYRINGE.....        | 136, 153     | EASY TOUCH BLULINK TEST STRIP.....  | 124, 154      |
| diazoxide.....                      | 96              | DROPLET LANCETS.....                | 129, 153     | EASY TOUCH FLIPLOCK INSULIN.....    | 137, 154      |
| dichlorphenamide.....               | 42, 121         | DROPLET LANCING DEVICE.....         | 129, 153     | EASY TOUCH FLIPLOCK NEEDLE.....     | 141, 154      |
| DICLEGIS.....                       | 106             | DROPLET MICRON PEN NEEDLE.....      | 136, 153     | EASY TOUCH FLIPLOCK SYRINGE.....    | 141, 154      |
| DICLOFENAC EPOLAMINE.....           | 77              | DROPLET PEN NEEDLE.....             | 136, 153     | EASY TOUCH FLURINGE.....            | 141, 154      |
| diclofenac potassium.....           | 13, 58          | DROPSAFE ALCOHOL PREP PADS.....     | 31           | EASY TOUCH FLURINGE FLIPLOCK.....   | 141, 154      |
| diclofenac sodium.....              | 13, 73, 77, 176 | DROPSAFE INSULIN SYRINGE.....       | 136, 153     | EASY TOUCH FLURINGE SHEATHLOCK..... | 141, 154      |
| DICLOFENAC SUBMICRONIZED.....       | 13              | DROPSAFE PEN NEEDLE.....            | 136, 153     | EASY TOUCH GLUCOSE MONITOR.....     | 129, 154      |
| diclofenac-misoprostol.....         | 12              | DROPSAFE SICURA SAFETY NEEDLE.....  | 141, 153     | EASY TOUCH HEALTHPRO SYSTEM.....    | 129, 154      |
| dicloxacillin.....                  | 23              | drospirenone-e.estradiol-lm.fa..... | 65           | EASY TOUCH HIGH-LOW CONTROL.....    | 129, 154      |
| dicyclomine.....                    | 109             | drospirenone-ethinyl estradiol..... | 65           | EASY TOUCH HYPODERMIC NEEDLE.....   | 141, 154      |
| diethylpropion.....                 | 184             | DROXIA.....                         | 120          | EASY TOUCH INSULIN SAFETY SYR.....  | 137, 154      |
| DIFFERIN.....                       | 70              | droxidopa.....                      | 41           | EASY TOUCH INSULIN SYRINGE.....     | 137, 154      |
| DIFICID.....                        | 22              | DRY EYE OMEGA BENEFITS.....         | 81           | EASY TOUCH LANCING DEVICE.....      | 129, 154      |
| DIFLORASONE.....                    | 76              | DRYSOL.....                         | 73           | EASY TOUCH LUER LOCK INSULIN.....   | 137, 154      |
| diflorasone.....                    | 76              | DRYSOL DAB-O-MATIC.....             | 74           | EASY TOUCH LUER LOCK SYRINGE.....   | 141, 154      |
| DIFLUCAN.....                       | 17              | DSUVIA.....                         | 5            | EASY TOUCH PEN NEEDLE.....          | 137, 154      |
| diflunisal.....                     | 14              | DUAKLIR PRESSAIR.....               | 181          | EASY TOUCH SAFETY LANCETS.....      | 129, 154      |
| difluprednate.....                  | 175             | DUAVEE.....                         | 100          | EASY TOUCH SAFETY PEN NEEDLE.....   | 137, 154      |
| digoxin.....                        | 42              | DUETACT.....                        | 99           | EASY TOUCH SHEATHLOCK INSULIN.....  | 137, 154      |
| dihydroergotamine.....              | 58              | DULCOLAX (MAGNESIUM HYDROXIDE)..... | 113          | EASY TOUCH TEST STRIP.....          | 124, 154      |
| DIHYDROERGOTAMINE.....              | 58              | DULERA.....                         | 182          | EASY TOUCH TUBERCULIN FLIPLOCK..... | 142, 154      |
| DILANTIN.....                       | 46              | duloxetine.....                     | 49, 58       | EASY TOUCH TWIST LANCETS.....       | 129, 154      |
| DILANTIN EXTENDED.....              | 46              | DUOBRII.....                        | 70           | EASY TOUCH UNI-SLIP.....            | 137, 142, 154 |
| DILANTIN INFATABS.....              | 46              | DUOCAL.....                         | 81           | EASY TRAK BLOOD GLUCOSE METER.....  | 129, 154      |
| DILANTIN-125.....                   | 46              | DUPIXENT PEN.....                   | 72, 180      | EASY TRAK GLUCOSE TEST.....         | 124, 154      |
| DILAUDID.....                       | 5               | DUPIXENT SYRINGE.....               | 72, 180      | EASY TRAK HIGH CONTROL.....         | 129, 154      |
| diltiazem hcl.....                  | 40              | DURATUSS AC.....                    | 183          | EASY TRAK II BLOOD GLUCOSE MTR..... | 129, 155      |
| dilt-xr.....                        | 40              | DUREX AVANTI BARE REAL FEEL.....    | 140, 153     | EASY TRAK II CTRL SOLN-NORMAL.....  | 129, 155      |
| dimethyl fumarate.....              | 173             | DUREZOL.....                        | 175          | EASY TRAK II TEST STRIP.....        | 124, 155      |
| DIOVAN.....                         | 36              | dutasteride.....                    | 115          | EASY TRAK LOW CONTROL.....          | 129, 155      |
| DIOVAN HCT.....                     | 35              | dutasteride-tamsulosin.....         | 114          | EASY TWIST AND CAP LANCETS.....     | 129, 155      |
| DIPENTUM.....                       | 111             | DUVYZAT.....                        | 122          | EASYGLUCO TEST.....                 | 124, 155      |
| diphenhydramine hcl.....            | 179             | DYANAVEL XR.....                    | 54, 57       | EASYMAX.....                        | 124, 155      |
| diphenoxylate-atropine.....         | 106             | DYMISTA.....                        | 182          | EASYMAX 15 LEVEL 2.....             | 129, 155      |
| DIPROLENE (AUGMENTED).....          | 76              | DYRENIUM.....                       | 42           | EASYMAX 15 TEST STRIPS.....         | 124, 155      |
| dipyridamole.....                   | 120             | E. E. S. 400.....                   | 22           | EASYMAX NG.....                     | 129, 155      |
| DISKETS.....                        | 5               | E. E. S. GRANULES.....              | 22           | EASYMAX NORMAL CONTROL.....         | 129, 155      |
| disopyramide phosphate.....         | 36              | EAA UCD.....                        | 93           | EASYMAX T1.....                     | 129, 155      |
| DISPOSABLE POWER.....               | 144, 153        | EASIVENT HOLDING CHAMBER.....       | 145, 153     | EASYMAX V SPEAKING GLUCOSE SYS..... | 129, 155      |
| disulfiram.....                     | 62              | EASIVENT MASK LARGE.....            | 145, 153     | EASYPOINT NEEDLE.....               | 142, 155      |
| divalproex.....                     | 45, 56, 58      | EASIVENT MASK MEDIUM.....           | 145, 153     | EASY-TOUCH BLOOD GLUCOSE METER..... | 129, 155      |
| DIVIGEL.....                        | 101             | EASIVENT MASK SMALL.....            | 145, 153     | EBGLYSS PEN.....                    | 72            |
| D-MANNOSE.....                      | 5               | EASY COMFORT ALCOHOL PAD.....       | 31           | EBGLYSS SYRINGE.....                | 72            |
| dofetilide.....                     | 37              | EASY COMFORT INSULIN SYRINGE.....   | 136, 153     | ECLIPSE NEEDLE.....                 | 142, 155      |
| DOJOLVI.....                        | 87              | EASY COMFORT LANCETS.....           | 129, 153     | ECLIPSE SYRINGE.....                | 142, 155      |
| dolishale.....                      | 65              | EASY COMFORT PEN NEEDLES.....       | 136, 153     | EC-NAPROSYN.....                    | 13            |
| DOLOBID.....                        | 14              | EASY COMFORT SAFETY PEN NEEDLE..... | 136, 153     | econazole nitrate.....              | 73            |
| donepezil.....                      | 63              | EASY GLIDE CATHETER TIP SYRING..... | 141, 153     | econtra ez.....                     | 68            |
| DOPTELET (10 TAB PACK).....         | 120             | EASY GLIDE INSULIN SYRINGE.....     | 136, 153     | econtra one-step.....               | 68            |
| DOPTELET (15 TAB PACK).....         | 120             | EASY GLIDE LUER LOCK SYRINGE.....   | 141, 153     | ecotrin low strength.....           | 14, 119       |
| DOPTELET (30 TAB PACK).....         | 120             | EASY GLIDE LUER SLIP TB SYRING..... | 141, 153     | ECOZA.....                          | 73            |
| DOPTELET SPRINKLE.....              | 120             | EASY GLIDE PEN NEEDLE.....          | 137, 153     | EDARBI.....                         | 36            |
| DORAL.....                          | 55, 61          | EASY MINI EJECT LANCING DEVICE..... | 129, 153     | EDARBYCLOR.....                     | 35            |
| DORYX.....                          | 24              | EASY PLUS II BLOOD GLUCOSE MET..... | 129, 153     | EDECIN.....                         | 42            |
| DORYX MPC.....                      | 24              | EASY PLUS II HIGH CONTROL.....      | 129, 153     | EDEX.....                           | 79            |
| dorzolamide.....                    | 176             | EASY PLUS II LOW CONTROL.....       | 129, 153     | EDLUAR.....                         | 61            |
| dorzolamide-timolol.....            | 176             | EASY PLUS II TEST.....              | 124, 153     | ed-spaz.....                        | 109, 116      |
| dorzolamide-timolol (pf).....       | 176             | EASY STEP.....                      | 124, 153     | EDURANT.....                        | 19            |
| dotti.....                          | 101             | EASY STEP BLOOD GLUCOSE METER.....  | 129, 153     | EDURANT PED.....                    | 19            |
| DOVATO.....                         | 19              | EASY STEP HIGH CONTROL SOLN.....    | 129, 153     | eemt.....                           | 100           |
| DOVER BULB SYRINGE.....             | 141, 153        | EASY STEP LOW CONTROL SOLUTION..... | 129, 153     | eemt hs.....                        | 100           |
| doxazosin.....                      | 43              | EASY STEP NORMAL CONTROL SOLN.....  | 129, 153     | efavirenz.....                      | 19            |
| doxepin.....                        | 50, 61, 78      | EASY TALK BLOOD GLUCOSE METER.....  | 129, 153     | efavirenz-emtricitabin-tenofov..... | 20            |
| doxercalciferol.....                | 171             | EASY TALK GLUCOSE TEST.....         | 124, 153     | efavirenz-lamivu-tenofov disop..... | 20            |
| doxycycline hyclate.....            | 24, 173         | EASY TALK HIGH CONTROL.....         | 129, 153     | EFFER-K.....                        | 86            |
| DOXYCYCLINE HYCLATE.....            | 24              | EASY TALK LOW CONTROL.....          | 129, 153     | EFFEXOR XR.....                     | 49            |

|                                    |               |                                 |             |                                |               |
|------------------------------------|---------------|---------------------------------|-------------|--------------------------------|---------------|
| EFFIENT                            | 119           | ENDARI                          | 80, 87, 120 | ENVARBUS XR                    | 121           |
| EFUDEX                             | 73            | ENDO AVITENE                    | 118         | EO28 SPLASH                    | 82, 89        |
| EGG-PRO                            | 81            | endocet                         | 7           | EOHILIA                        | 102           |
| EGRIFTA SV                         | 102           | ENDOMETRIN                      | 101         | EPANED                         | 34            |
| EGRIFTA WR                         | 102           | ENFAGROW NEUROPRO TODDLR NOGMO  | 81          | EPCLUSA                        | 22            |
| EKTERLY                            | 43            | ENFAGROW PREMIUM TODDLER        | 81          | EPIDIOLEX                      | 45            |
| ELECARE INFANT FORMULA             | 83            | ENFAGROW TODDLER NEXT STEP      | 81          | EPIDUO FORTE                   | 70            |
| ELECARE JR                         | 89            | ENFAGROW TODDLER NON-GMO        | 81          | EPIFOAM                        | 77            |
| ELEMENT COMPACT GLUCOSE METER      | 129, 155      | ENFAGROW TODDLR GENTLEASE NOGMO | 81          | epinastine                     | 175           |
| ELEMENT COMPACT HIGH CONTROL       | 130, 155      | ENFAGROW TODDLR NXT STP NON-GMO | 81          | epinephrine                    | 41, 179       |
| ELEMENT COMPACT NORMAL CONTROL     | 130, 155      | ENFAMIL A.R.                    | 83          | EPINEPHRINE (BULK)             | 41, 62, 179   |
| ELEMENT COMPACT TEST STRIPS        | 124, 155      | ENFAMIL DHA-ARA SUPPLEMENT      | 81          | EPINEPHRINESNAP-V              | 41            |
| ELEMENT COMPACT V GLUCOSE MTR      | 130, 155      | ENFAMIL ENSPIRE GENTLEASE       | 83          | EPIPEN                         | 41            |
| ELEMENT HIGH CONTROL               | 130, 155      | ENFAMIL ENSPIRE INFANT FORMULA  | 83          | EPIPEN 2-PAK                   | 41            |
| ELEMENT LOW CONTROL                | 130, 155      | ENFAMIL ENSPIRE OPTIMUM NONGMO  | 83          | EPIPEN JR                      | 41            |
| ELEMENT NORMAL CONTROL             | 130, 155      | ENFAMIL GENTLEASE               | 83          | EPIPEN JR 2-PAK                | 41            |
| ELEMENT PLUS BLOOD GLUCOSE KIT     | 130, 155      | ENFAMIL GLUCOSE                 | 86          | EPIVIR                         | 19            |
| ELEMENT TEST STRIPS                | 124, 155      | ENFAMIL HUMAN MILK FORTIFIER    | 83          | epiphenone                     | 35, 42        |
| ELEPSIA XR                         | 47            | ENFAMIL INFANT                  | 83          | EPOGEN                         | 118           |
| ELESTRIN                           | 101           | ENFAMIL NEURO ENFACARE NON-GMO  | 83          | EPRONTIA                       | 47            |
| eletriptan                         | 59            | ENFAMIL NEURO GENTLEASE NONGMO  | 83          | EPSOLAY                        | 78            |
| elinet                             | 65            | ENFAMIL NEURO SENSITIVE NONGMO  | 83          | EQUACARE JR                    | 89            |
| ELIQUIS                            | 117           | ENFAMIL NEUROPRO NON-GMO        | 83          | EQUETRO                        | 46, 56        |
| ELIQUIS DVT-PE TREAT 30D START     | 117           | ENFAMIL PREMATURE 20            | 83          | ergocalciferol (vitamin d2)    | 95            |
| ELIQUIS SPRINKLE                   | 117           | ENFAMIL PREMATURE 24            | 83          | ergoloid                       | 63            |
| ELITE-OB                           | 86            | ENFAMIL PREMATURE 30            | 83          | ERGOMAR                        | 58            |
| ELLA                               | 68            | ENFAMIL PROSOBEE                | 83          | ergotamine-caffeine            | 58            |
| ELMIRON                            | 114           | ENFAMIL PROSOBEE LIPIL          | 83          | ERIVEDGE                       | 27            |
| eltrombopag olamine                | 120           | ENFAMIL REGULINE                | 83          | ERLEADA                        | 26            |
| eluryng                            | 68            | ENFAPORT                        | 83, 86      | erlotinib                      | 25            |
| ELYXYB                             | 58            | ENGERIX-B (PF)                  | 31          | errin                          | 67            |
| EMBRACE BLOOD GLUCOSE SYSTEM       | 124, 130, 155 | ENGERIX-B PEDIATRIC (PF)        | 31          | ERTACZO                        | 73            |
| EMBRACE EVO BLOOD GLUCOSE KIT      | 130, 155      | enilloring                      | 68          | ery pads                       | 69            |
| EMBRACE EVO GLUCOSE MONITOR        | 130, 155      | enoxaparin                      | 119         | ERYPED 200                     | 22            |
| EMBRACE EVO LEVEL 1                | 130, 155      | enpresse                        | 67          | ERYPED 400                     | 22            |
| EMBRACE EVO TEST STRIPS            | 124, 155      | ENSACOVE                        | 25          | ery-tab                        | 22            |
| EMBRACE GLUCOSE CONTROL HIGH       | 130, 155      | enskyce                         | 65          | ERY-TAB                        | 22            |
| EMBRACE GLUCOSE CONTROL LOW        | 130, 155      | ENSPRYNG                        | 121         | erythrocin (as stearate)       | 22            |
| EMBRACE LANCETS                    | 130, 155      | ENSTILAR                        | 71          | erythromycin                   | 22, 177       |
| EMBRACE LANCING DEVICE             | 130, 155      | ENSURE                          | 81          | erythromycin ethylsuccinate    | 22            |
| EMBRACE PEN NEEDLE                 | 137, 155      | ENSURE ACTIVE HEART HEALTH      | 81          | erythromycin with ethanol      | 69            |
| EMBRACE PRO                        | 130, 155      | ENSURE ACTIVE HIGH PROTEIN      | 81          | erythromycin-benzoyl peroxide  | 70            |
| EMBRACE PRO GLUCOSE METER          | 130, 155      | ENSURE ACTIVE LIGHT             | 81          | ERZOFRI                        | 51            |
| EMBRACE PRO TEST STRIPS            | 124, 155      | ENSURE ACTIVE MUSCLE HEALTH     | 81          | ESBRIET                        | 183           |
| EMBRACE SAFETY LANCET              | 130, 155      | ENSURE ACTIVE PROTEIN-MUSCLE    | 81          | escitalopram oxalate           | 48, 49        |
| EMBRACE TALK BLOOD GLUCOSE SYS     | 130, 155      | ENSURE CLEAR                    | 81          | eslicarbazepine                | 46            |
| EMBRACE TALK CONTROL-HIGH (L2)     | 130, 155      | ENSURE CLEAR THERAPEUTIC        | 89          | esomeprazole magnesium         | 108           |
| EMBRACE TALK CONTROL-LOW (L1)      | 130, 155      | ENSURE COMPACT                  | 81          | ESSENTIAL AMINO ACID MIX       | 93            |
| EMBRACE TALK GLUCOSE MONITOR       | 130, 155      | ENSURE COMPLETE                 | 81          | ESSENTIAL CARE JR              | 89            |
| EMBRACE TALK TEST STRIPS           | 124, 155      | ENSURE ENLIVE                   | 82          | estarylla                      | 65            |
| EMBRACE WAVE CONTROL-HIGH (L2)     | 130, 155      | ENSURE HARVEST                  | 82          | estazolam                      | 55, 61        |
| EMBRACE WAVE CONTROL-LOW (L1)      | 130, 155      | ENSURE HIGH PROTEIN             | 82, 92      | ESTRACE                        | 184           |
| EMBRACE WAVE GLUCOSE TEST STRP     | 124, 155      | ENSURE MAX PROTEIN              | 82          | estradiol                      | 101, 184      |
| EMBRACE WAVE PLUS GLUCOSE MTR      | 130, 156      | ENSURE MUSCLE HEALTH            | 82          | estradiol valerate             | 101           |
| EMEND                              | 107           | ENSURE ORIGINAL                 | 82          | estradiol-norethindrone acet   | 100           |
| EMFLAZA                            | 101           | ENSURE ORIGINAL WITH FIBER      | 82          | ESTRATEST H.S.                 | 100           |
| EMGALITY PEN                       | 58            | ENSURE PLANT-BASED PROTEIN      | 89          | ESTRING                        | 184           |
| EMGALITY SYRINGE                   | 44, 58        | ENSURE PLUS                     | 82          | ESTROGEL                       | 101           |
| EMPAVELI                           | 117, 120      | ENSURE PLUS HIGH PROTEIN        | 82          | estrogens-methyltestosterone   | 100           |
| EMROSI                             | 24, 78        | ENSURE PLUS WITH FIBER          | 82          | eszopiclone                    | 61            |
| EMSAM                              | 48            | ENSURE PRE-SURGERY              | 86          | ethacrynic acid                | 42            |
| emtricitabine                      | 19            | ENSURE PUDDING                  | 82          | ethambutol                     | 20            |
| emtricitabine-tenofovir (tdf)      | 19            | ENSURE SURGERY                  | 89          | ethosuximide                   | 48            |
| emtricitabine-rilpivirine-tenof df | 20            | ENSURE SURGERY PERIOP BUNDLE    | 89          | etodolac                       | 13            |
| EMTRIVA                            | 19            | entacapone                      | 51          | etonogestrel-ethinyl estradiol | 68            |
| EMVERM                             | 16            | ENTADFI                         | 114         | etoposide                      | 27            |
| emzahh                             | 67            | entecavir                       | 21          | etravirine                     | 19            |
| enalapril maleate                  | 34            | ENTERADE ADVANCED ONCOLOGY      | 5           | EUCRISA                        | 72            |
| enalapril-hydrochlorothiazide      | 34            | ENTRESTO                        | 35          | EURAX                          | 78            |
| ENBREL                             | 8, 10         | ENTRESTO SPRINKLE               | 35          | EVAMIST                        | 101           |
| ENBREL MINI                        | 8, 10         | ENTYVIO PEN                     | 111         | EVEKEO                         | 54, 57, 60    |
| ENBREL SURECLICK                   | 8, 10         | ENU NUTRITION SHAKE             | 89          | EVENCARE G2                    | 124, 130, 156 |
| ENBUMYST                           | 42            | enulose                         | 107         | EVENCARE G3 CONTROL            | 130, 156      |
| ENCALA                             | 89            |                                 |             | EVENCARE G3 GLUCOSE METER      | 130, 156      |

|                                      |              |                                      |          |                                      |               |
|--------------------------------------|--------------|--------------------------------------|----------|--------------------------------------|---------------|
| EVENCARE G3 TEST .....               | 124, 156     | fesoterodine .....                   | 116      | fluvastatin .....                    | 38            |
| EVENCARE MINI GLUCOSE TEST STR ..... | 124, 156     | FEZIMA .....                         | 49       | flvoxamine .....                     | 49            |
| EVENCARE MINI MONITOR SYSTEM .....   | 130, 156     | FEXMID .....                         | 122      | FLUZONE 2025-2026 (PF) .....         | 33            |
| EVENCARE PROVIEW TEST STRIP .....    | 124, 156     | FIASP FLEXTOUCH U-100 INSULIN .....  | 103      | FLUZONE HIGH-DOSE 2025-26 (PF) ..... | 33            |
| everolimus (antineoplastic) .....    | 28           | FIASP PENFILL U-100 INSULIN .....    | 103      | FML FORTE .....                      | 175           |
| everolimus (immunosuppressive) ..... | 121          | FIASP PUMPCART .....                 | 103      | FML LIQUIFILM .....                  | 175           |
| EVICEL .....                         | 119          | FIASP U-100 INSULIN .....            | 103      | FOCALIN .....                        | 54            |
| EVISTA .....                         | 105          | FIBERSOURCE HN .....                 | 89       | FOCALIN XR .....                     | 54            |
| EVOLUTION BLOOD GLUCOSE METER .....  | 130, 156     | FIBRICOR .....                       | 38       | folic acid .....                     | 95            |
| EVOLUTION NORMAL CONTROL .....       | 130, 156     | fidaxomicin .....                    | 22       | FOLITAB .....                        | 86            |
| EVOLUTION TEST STRIPS .....          | 124, 156     | FILSPARI .....                       | 43       | folivane-ob .....                    | 86            |
| EVOTAZ .....                         | 19, 23       | FILSUVEZ .....                       | 79       | FOLLISTIM AQ .....                   | 101           |
| EVOXAC .....                         | 173          | FILTER NEEDLES .....                 | 142, 156 | fondaparinux .....                   | 119           |
| EVYSDI .....                         | 123          | FINACEA .....                        | 69, 78   | FONDCIRCLE BLOOD GLUCOSE MONTR ..... | 130, 156      |
| EXCEL SYRINGE .....                  | 142, 156     | finasteride .....                    | 115      | FONDCIRCLE CONTROL SOLUTION .....    | 130, 156      |
| EXEL HYPODERMIC NEEDLES .....        | 142, 156     | FINGERSTIX LANCETS .....             | 130, 156 | FONDCIRCLE LANCING DEVICE .....      | 130, 156      |
| EXEL INSULIN .....                   | 137, 156     | ingolimod .....                      | 174      | FORA 6 CONNECT GLUCOSE STRIP .....   | 124, 156      |
| EXEL SYRINGE .....                   | 142, 156     | FINTEPLA .....                       | 48       | FORA 6CONN-GTEL-TN'G ADV STRIP ..... | 124, 156      |
| EXELDERM .....                       | 73           | finzala .....                        | 65       | FORA D40D GLUCOSE-BP MONITOR .....   | 126, 130, 156 |
| EXELON PATCH .....                   | 63           | FIORICET .....                       | 8        | FORA D40G GLUCOSE-BP MONITOR .....   | 126, 130, 156 |
| exemestane .....                     | 26           | FIRAZYR .....                        | 40       | FORA D40-G31 TEST STRIPS .....       | 124, 156      |
| exenatide .....                      | 97           | FIRDAPSE .....                       | 122      | FORA G20 .....                       | 124, 130, 156 |
| EXFORGE .....                        | 35           | FIRVANQ .....                        | 21       | FORA G30A .....                      | 130, 156      |
| EXFORGE HCT .....                    | 35           | flac otic oil .....                  | 178      | FORA GD50 BLOOD GLUCOSE SYSTEM ..... | 130, 156      |
| EXJADE .....                         | 15           | FLAREX .....                         | 175      | FORA GD50 TEST STRIPS .....          | 124, 156      |
| EXTENDED RESERVOIR .....             | 137, 156     | flavoxate .....                      | 116      | FORA GTEL GLUCOSE TEST STRIP .....   | 124, 156      |
| EXXUA .....                          | 48           | flecainide .....                     | 37       | FORA GTEL KETONE TEST STRIP .....    | 79, 157       |
| EYSUVIS .....                        | 175          | FLECTOR .....                        | 77       | FORA GTEL MULTI-FUNCTN MONITOR ..... | 126, 157      |
| EZ SMART LANCETS .....               | 130, 156     | FLEET BISACODYL .....                | 113      | FORA HIGH CONTROL .....              | 130, 157      |
| EZ SMART PLUS SYSTEM .....           | 130, 156     | FLEQSUVY .....                       | 123      | FORA KETONE CONTROL SOLN-L1 .....    | 79, 157       |
| EZ SMART PLUS TEST .....             | 124, 156     | FLEXICHAMBER .....                   | 145, 156 | FORA LANCING DEVICE .....            | 130, 157      |
| EZ SMART SYSTEM .....                | 130, 156     | FLEXICHAMBER-LG CHILD MASK .....     | 145, 156 | FORA LOW CONTROL .....               | 130, 157      |
| EZ SMART TEST .....                  | 124, 156     | FLEXICHAMBER-SM ADULT MASK .....     | 145, 156 | FORA NORMAL CONTROL .....            | 130, 157      |
| EZALLOR SPRINKLE .....               | 38           | FLEXICHAMBER-SM CHILD MASK .....     | 145, 156 | FORA PREMIUM V10 GLUCOSE METER ..... | 130, 157      |
| ezetimibe .....                      | 39           | FLOLIPID .....                       | 38       | FORA TEST N'GO VOICE METER .....     | 130, 157      |
| EZETIMIBE-ROSUVASTATIN .....         | 39           | FLORIVA .....                        | 93       | FORA TEST STRIP .....                | 124, 157      |
| ezetimibe-simvastatin .....          | 39           | FLORIVA (FLUORIDE-VITAMIN D3) .....  | 93, 172  | FORA TN'G ADV MOBILE MULTI MTR ..... | 126, 157      |
| FABHALTA .....                       | 117, 120     | FLORIVA PLUS .....                   | 93       | FORA TN'G ADVAN PRO TEST STRIP ..... | 124, 157      |
| FABIOR .....                         | 70           | FLOTREX .....                        | 93       | FORA TN'G ADVANCE MULTI-FN MTR ..... | 126, 157      |
| FABRAZYME .....                      | 170          | FLOW-EZE VENTED NEEDLE .....         | 142, 156 | FORA TN'G ADVANCE PRO MONITOR .....  | 126, 157      |
| falmina (28) .....                   | 65           | FLUAD 2025-2026 (65 YR UP)(PF) ..... | 33       | FORA TN'G VOICE METER .....          | 130, 157      |
| famciclovir .....                    | 22           | FLUARIX 2025-2026 (PF) .....         | 33       | FORA TN'G VOICE TEST STRIPS .....    | 124, 157      |
| famotidine .....                     | 108          | FLUBLOK 2025-2026 (PF) .....         | 33       | FORA V10 .....                       | 124, 157      |
| FANAPT .....                         | 51           | FLUCELVAX 2025-2026 (PF) .....       | 33       | FORA V10-V12-D10-D20 STRIPS .....    | 124, 157      |
| FANAPT TITRATION PACK A .....        | 51           | fluconazole .....                    | 17       | FORA V12 BLOOD GLUCOSE SYSTEM .....  | 131, 157      |
| FANAPT TITRATION PACK B .....        | 51           | flucytosine .....                    | 17       | FORACARE GD20 .....                  | 125, 157      |
| FANAPT TITRATION PACK C .....        | 51           | fludrocortisone .....                | 105      | FORACARE GD20 GLUCOSE METER .....    | 131, 157      |
| FANTASY CONDOM .....                 | 140, 156     | FLULAVAL 2025-2026 (PF) .....        | 33       | FORACARE GD40 TEST STRIPS .....      | 125, 157      |
| FARESTON .....                       | 30           | FLUMADINE .....                      | 22       | FORACARE GD40B GLUCOSE METER .....   | 131, 157      |
| FARXIGA .....                        | 98           | FLUMIST 2025-2026 .....              | 32, 33   | FORACARE GDH HIGH CONTROL .....      | 131, 157      |
| FASENRA PEN .....                    | 180          | FLUMIST HOME 2025-2026 .....         | 32, 33   | FORACARE GDH LOW CONTROL .....       | 131, 157      |
| FC2 FEMALE CONDOM .....              | 126, 156     | flunisolide .....                    | 183      | FORACARE GDH NORMAL CONTROL .....    | 131, 157      |
| febuxostat .....                     | 117          | fluocinolone .....                   | 76       | FORACARE LANCETS .....               | 131, 157      |
| FEIRZA .....                         | 65           | fluocinolone acetamide oil .....     | 178      | formoterol fumarate .....            | 181           |
| felbamate .....                      | 45           | fluocinolone and shower cap .....    | 76       | FORTEO .....                         | 99            |
| FELBATOL .....                       | 45           | fluocinonide .....                   | 76       | FORTINI INFANT .....                 | 83            |
| felodipine .....                     | 40           | fluocinonide-e .....                 | 76       | FORZINITY .....                      | 122           |
| FEM PH .....                         | 184          | fluoride (sodium) .....              | 172      | FOSAMAX .....                        | 100           |
| FEMARA .....                         | 26           | fluorometholone .....                | 175      | FOSAMAX PLUS D .....                 | 99            |
| FEMCAP .....                         | 126, 156     | FLUOROURACIL .....                   | 73       | fosamprenavir .....                  | 23            |
| FEMLYV .....                         | 65           | fluorouracil .....                   | 73       | fosfomycin tromethamine .....        | 16, 116       |
| FEMRING .....                        | 184          | flouxetine .....                     | 49       | fosinopril .....                     | 34            |
| fenofibrate .....                    | 37           | fluphenazine decanoate .....         | 52       | fosinopril-hydrochlorothiazide ..... | 34            |
| fenofibrate micronized .....         | 37           | fluphenazine hcl .....               | 52       | FOSRENOL .....                       | 114           |
| fenofibrate nanocrystallized .....   | 37           | flurandrenolide .....                | 76       | FOTIVDA .....                        | 29            |
| fenofibric acid .....                | 37           | flurazepam .....                     | 55, 61   | FOUNDATION ESSENTIALS .....          | 82            |
| fenofibric acid (choline) .....      | 37           | flurbiprofen .....                   | 13       | FOUNDAYO .....                       | 184           |
| FENOPROFEN .....                     | 13           | flurbiprofen sodium .....            | 176      | FRAGMIN .....                        | 119           |
| fenopropfen .....                    | 13           | fluticasone furoate .....            | 180      | FREESTYLE CONTROL .....              | 131, 157      |
| FENOPRON .....                       | 13           | FLUTICASONE FUROATE-VILANTEROL ..... | 182      | FREESTYLE FREEDOM .....              | 131, 157      |
| fentanyl patch .....                 | 5            | fluticasone propionate .....         | 76, 183  | FREESTYLE FREEDOM LITE .....         | 131, 157      |
| ferric citrate .....                 | 86, 114, 115 | FLUTICASONE PROPIONATE .....         | 180      | FREESTYLE INSULINX .....             | 125, 131, 157 |
| FERRIPROX .....                      | 15           | FLUTICASONE PROPION-SALMETEROL ..... | 182      | FREESTYLE INSULINX TEST STRIPS ..... | 125, 157      |
| FERRIPROX (2 TIMES A DAY) .....      | 15           | fluticasone propion-salmeterol ..... | 182      | FREESTYLE LANCETS .....              | 131, 157      |

|                                      |             |                                      |               |                                      |               |
|--------------------------------------|-------------|--------------------------------------|---------------|--------------------------------------|---------------|
| FREESTYLE LIBRE 14 DAY READER .....  | 131, 157    | GEODON .....                         | 51, 56        | GLYTACTIN BETTERMILK 15-15 .....     | 91            |
| FREESTYLE LIBRE 14 DAY SENSOR .....  | 131, 157    | GI BALANCE .....                     | 5             | GLYTACTIN BETTERMILK 5-5 .....       | 91            |
| FREESTYLE LIBRE 2 PLUS SENSOR .....  | 131, 157    | GI PROTECT .....                     | 92            | GLYTACTIN BUILD 10-10 .....          | 91            |
| FREESTYLE LIBRE 2 READER .....       | 131, 157    | GILENYA .....                        | 174           | GLYTACTIN BUILD 20-20 .....          | 91            |
| FREESTYLE LIBRE 2 SENSOR .....       | 131, 157    | GILOTRIF .....                       | 25            | GLYTACTIN RESTORE 10 PE .....        | 91            |
| FREESTYLE LIBRE 3 PLUS SENSOR .....  | 131, 157    | GIMOTI .....                         | 109           | GLYTACTIN RESTORE 10 PE LITE .....   | 91            |
| FREESTYLE LIBRE 3 READER .....       | 131, 157    | glatiramer .....                     | 173           | GLYTACTIN RESTORE 5 PE .....         | 91            |
| FREESTYLE LIBRE 3 SENSOR .....       | 131, 157    | glatopa .....                        | 173           | GLYTACTIN RTD 10 PE .....            | 91            |
| FREESTYLE LITE METER .....           | 131, 157    | GLEEVEC .....                        | 29            | GLYTACTIN RTD 15 PE .....            | 91            |
| FREESTYLE LITE STRIPS .....          | 125, 157    | GLEOSTINE .....                      | 25            | GLYTACTIN RTD LITE 15 .....          | 91            |
| FREESTYLE PRECISION NEO METER .....  | 131, 157    | glimepiride .....                    | 98            | GLYTACTIN SWIRL 15 PE .....          | 91            |
| FREESTYLE PRECISION NEO STRIPS ..... | 125, 157    | GLIMEPIRIDE .....                    | 98            | GLYTACTIN SWIRL 15-15 .....          | 91            |
| FREESTYLE TEST .....                 | 125, 157    | glipizide .....                      | 98            | GLYXAMBI .....                       | 98            |
| FROVA .....                          | 59          | GLIPIZIDE .....                      | 98            | GM100 .....                          | 125, 131, 158 |
| frovatriptan .....                   | 59          | glipizide-metformin .....            | 98            | GOCOVRI .....                        | 51            |
| FRUZAQLA .....                       | 29          | GLOPERBA .....                       | 117           | GOJJI BLOOD GLUCOSE TEST STRIP ..... | 125, 158      |
| FULL SPECTRUM B-VITAMIN C .....      | 81          | GLUCAGON (HCL) EMERGENCY KIT .....   | 96            | GOJJI GLUCOSE CNTRL SOL-NORMAL ..... | 131, 158      |
| FULPHILA .....                       | 118         | glucagon emergency kit (human) ..... | 96            | GOJJI KETONE CONTROL SOLN-L1 .....   | 79, 158       |
| FURADANTIN .....                     | 16, 115     | GLUCERNA 1 CAL .....                 | 89            | GOJJI LANCET-GLUCOSE TEST STRP ..... | 131, 158      |
| FUROSCIX .....                       | 42          | GLUCERNA 1.2 CAL .....               | 89            | GOJJI LANCETS .....                  | 132, 158      |
| furosemide .....                     | 42          | GLUCERNA 1.5 CAL .....               | 89            | GOJJI LANCING DEVICE .....           | 132, 158      |
| fyavolv .....                        | 100         | GLUCERNA ADVANCE .....               | 89            | GOJJI MULTI-FUNCTIONAL METER .....   | 126, 158      |
| FYCOMPA .....                        | 45          | GLUCERNA HUNGER SMART .....          | 89            | GOLYTELY .....                       | 113           |
| FYLNETRA .....                       | 118         | GLUCERNA SHAKE .....                 | 89            | GOMEKLI .....                        | 28            |
| FYREMADEL .....                      | 104         | GLUCERNA SNACK SHAKE .....           | 89            | GONAL-F .....                        | 101           |
| g tussin ac .....                    | 183         | GLUCERNA THERAPEUTIC NUTRITION ..... | 89            | GONAL-F RFF REDI-JECT .....          | 101           |
| GA EXPRESS15 .....                   | 87          | GLUCO NAVII GLUCOSE MONITOR .....    | 131, 158      | GONITRO .....                        | 36            |
| GA GEL .....                         | 87          | GLUCO NAVII TEST STRIP .....         | 125, 158      | GOOD START DR BROWN GENTLE PRO ..... | 83            |
| GA POWDER .....                      | 87          | GLUCO SHOT .....                     | 96            | GOOD START DR BROWN SOOTHE PRO ..... | 83            |
| GA-1 ANAMIX EARLY YEARS .....        | 83, 87      | GLUCOCARD 01 HI-NORMAL CONTROL ..... | 131, 158      | GOOD START DR BROWN SOY-EASE .....   | 83            |
| gabapentin .....                     | 46, 61      | GLUCOCARD 01 METER .....             | 131, 158      | G-PREPROTEIN .....                   | 92            |
| GABARONE .....                       | 46          | GLUCOCARD 01 NORMAL CONTROL .....    | 131, 158      | GRALISE .....                        | 61            |
| GALAFOLD .....                       | 172         | GLUCOCARD 01 SENSOR PLUS .....       | 125, 158      | granisetron hcl .....                | 107           |
| galantamine .....                    | 63          | GLUCOCARD EXPRESSION .....           | 125, 131, 158 | GRANISOL .....                       | 107           |
| GALBRIELA .....                      | 65          | GLUCOCARD SHINE .....                | 131, 158      | GRANIX .....                         | 118           |
| GALLIFREY .....                      | 105         | GLUCOCARD SHINE CONNEX METER .....   | 131, 158      | GRASTEK .....                        | 31            |
| GALZIN .....                         | 15          | GLUCOCARD SHINE EXPRESS METER .....  | 131, 158      | GRIPE WATER (GINGER, FENNEL) .....   | 5             |
| GAMMAGARD LIQUID .....               | 32          | GLUCOCARD SHINE METER .....          | 131, 158      | griseofulvin microsize .....         | 17            |
| GAMMAGARD S-D (IGA < 1 MCG/ML) ..... | 32          | GLUCOCARD SHINE METER KIT .....      | 131, 158      | griseofulvin ultramicrosized .....   | 17            |
| GAMUNEX-C .....                      | 32          | GLUCOCARD SHINE TEST STRIPS .....    | 125, 158      | guanfacine .....                     | 42, 53        |
| ganirelix .....                      | 104         | GLUCOCARD SHINE XL METER .....       | 131, 158      | GVOKE .....                          | 96            |
| GANIRELIX .....                      | 104         | GLUCOCARD VITAL .....                | 131, 158      | GVOKE HYPOPEN 1-PACK .....           | 96            |
| GARDASIL 9 (PF) .....                | 33          | GLUCOCARD VITAL SENSOR .....         | 125, 158      | GVOKE HYPOPEN 2-PACK .....           | 96            |
| GASTROCROM .....                     | 28          | GLUCOCARD VITAL TEST STRIPS .....    | 125, 158      | GVOKE PFS 1-PACK SYRINGE .....       | 96            |
| gatifloxacin .....                   | 177         | GLUCOCOM AUTOLINK .....              | 131, 158      | GVOKE PFS 2-PACK SYRINGE .....       | 96            |
| GATTEX 30-VIAL .....                 | 114         | GLUCOCOM BLOOD GLUCOSE .....         | 131, 158      | GYNAZOLE-1 .....                     | 184           |
| GATTEX ONE-VIAL .....                | 114         | GLUCOCOM CONTROL HIGH .....          | 131, 158      | HADLIMA .....                        | 9, 10, 112    |
| GAVILAX .....                        | 113         | GLUCOCOM CONTROL NORMAL .....        | 131, 158      | HADLIMA PUSHTOUCH .....              | 9, 10, 112    |
| gavilyte-c .....                     | 113         | GLUCOCOM GLUCOSE .....               | 125, 158      | HADLIMA(CF) .....                    | 9, 10, 112    |
| gavilyte-g .....                     | 113         | GLUCOCOM LANCETS .....               | 131, 158      | HADLIMA(CF) PUSHTOUCH .....          | 9, 10, 112    |
| gavilyte-n .....                     | 113         | GLUCOSE .....                        | 96            | HAEGARDA .....                       | 117           |
| GAVRETO .....                        | 30          | glucose .....                        | 96            | hailey .....                         | 65            |
| GE100 BLOOD GLUCOSE SYSTEM .....     | 131, 157    | GLUCOSE CONTROL .....                | 131, 158      | hailey 24 fe .....                   | 65            |
| GE100 BLOOD GLUCOSE TEST STRIP ..... | 125, 157    | glucose gel .....                    | 96            | hailey fe 1.5/30 (28) .....          | 65            |
| GE100 CONTROL SOLUTION NORMAL .....  | 131, 157    | GLUCOSE KETONE CONTROL SOLN .....    | 131, 158      | hailey fe 1/20 (28) .....            | 65            |
| GE333 BLOOD GLUCOSE SYSTEM .....     | 131, 158    | GLUTALOEMINE .....                   | 82            | halcinonide .....                    | 76            |
| GE333 BLOOD GLUCOSE TEST STRIP ..... | 125, 158    | GLUTAMINE .....                      | 80, 114       | HALCION .....                        | 55, 61        |
| gefitinib .....                      | 25          | glutamine (sickle cell) .....        | 80, 87, 120   | halobetasol propionate .....         | 74, 76        |
| GELMIX .....                         | 63          | GLUTARADE AMINO ACID BLEND .....     | 87            | haloette .....                       | 68            |
| gemfibrozil .....                    | 38          | GLUTARADE GA-1 .....                 | 87            | HALOG .....                          | 76            |
| gemmily .....                        | 65          | GLUTARADE JUNIOR .....               | 87            | haloperidol .....                    | 52            |
| GEMTESA .....                        | 114         | GLUTAREX-1 .....                     | 83, 87, 89    | haloperidol decanoate .....          | 52            |
| generlac .....                       | 107         | GLUTAREX-2 .....                     | 87, 89        | haloperidol lactate .....            | 52            |
| gengraf .....                        | 11, 121     | GLUTOSE-15 .....                     | 96            | HARLIKU .....                        | 171           |
| GENOTROPIN .....                     | 102         | GLUTOSE-45 .....                     | 96            | HARMONY GLUCOSE TEST STRIP .....     | 125, 158      |
| GENOTROPIN MINIQUICK .....           | 102         | GLUTOSE-5 .....                      | 96            | HARVONI .....                        | 22            |
| GENSTRIP TEST STRIP .....            | 125, 158    | glyburide .....                      | 98            | HAVRIX (PF) .....                    | 31            |
| gentamicin .....                     | 16, 72, 177 | glyburide-metformin .....            | 98            | HCU ANAMIX EARLY YEARS .....         | 83, 88        |
| GENTEEL VACUUM LANCING DEVICE .....  | 131, 158    | GLYCATE .....                        | 109           | HCU ANAMIX NEXT .....                | 88            |
| GENTLE INFANT FORMULA .....          | 83          | glycerol phenylbutyrate .....        | 171           | HCU EXPRESS15 PLUS .....             | 88            |
| GENTLE LAXATIVE (BISACODYL) .....    | 113         | GLYCINE .....                        | 80            | HCU EXPRESS20 PLUS .....             | 88            |
| GENTLE LAXATIVE (MAG HYDROX) .....   | 113         | glycopyrrolate .....                 | 109, 173      | HCU GEL POWDER .....                 | 88            |
| GENTLELAX .....                      | 113         | GLYCOSADE .....                      | 87            | HCU LOPHLEX .....                    | 88            |
| GENVOYA .....                        | 19          | glydo .....                          | 78            | HCU MAXAMUM .....                    | 88            |

|   |                  |   |            |                                     |          |
|---|------------------|---|------------|-------------------------------------|----------|
| HCY 1 POWDER.....                         | 83, 88           | hyoscymamine sulfate.....               | 109, 116   | INCRUSE ELLIPTA.....                | 180      |
| HCY 2.....                                | 88               | hyosyine.....                           | 109, 116   | indapamide.....                     | 43       |
| HEALTHPRO GLUCOSE MONITOR.....            | 132, 158         | HYPER-SAL.....                          | 63         | INDERAL LA.....                     | 39       |
| HEALTHPRO HIGH-LOW CONTROL.....           | 132, 158         | HYPODERMIC NEEDLES.....                 | 142, 159   | INDERAL XL.....                     | 39       |
| HEALTHPRO TEST STRIPS.....                | 125, 158         | HYPOLANCE AST LANCING.....              | 132, 159   | INDOCIN.....                        | 13       |
| HEALTHWISE INSULIN SYRINGE.....           | 137, 158         | HYRIMOZ PEN CROHN'S-UC STARTER (SANDOZ) |            | indomethacin.....                   | 13, 14   |
| HEALTHWISE PEN NEEDLE.....                | 137, 158         | .....                                   | 9, 10, 112 | INFANRIX (DTAP) (PF).....           | 32       |
| heather.....                              | 67               | HYRIMOZ PEN PSORIASIS STARTER (SANDOZ)  |            | INFANT FORMULA WITH IRON.....       | 83       |
| HEMA-COMBISTIX.....                       | 79, 158          | .....                                   | 9, 10, 112 | INFINITY CONTROL SOLUTION HIGH..... | 132, 159 |
| HEMADY.....                               | 102              | HYRIMOZ(CF) (SANDOZ).....               | 9, 10, 112 | INFINITY CONTROL SOLUTION LOW.....  | 132, 159 |
| HEMANGEOL.....                            | 39               | HYRIMOZ(CF) PEDI CROHN STARTER (SANDOZ) |            | INFINITY CONTROL SOLUTION NORM..... | 132, 159 |
| HEMICLOR.....                             | 43               | .....                                   | 9, 10, 112 | INFINITY METER KIT.....             | 132, 159 |
| HEMLIBRA.....                             | 118              | HYRIMOZ(CF) PEN (SANDOZ).....           | 9, 10, 112 | INFINITY STARTER KIT.....           | 132, 159 |
| hep flush-10 (pf).....                    | 119              | HYRNUO.....                             | 27         | INFINITY TEST STRIPS.....           | 125, 159 |
| HEPLISAV-B (PF).....                      | 31               | HYSINGLA ER.....                        | 6          | INGREZZA.....                       | 59, 60   |
| HERNEXEOS.....                            | 27               | HYZAAR.....                             | 35         | INGREZZA INITIATION PK(TARDIV)..... | 59, 60   |
| HETLIOZ.....                              | 58               | I5.....                                 | 92         | INGREZZA SPRINKLE.....              | 59, 60   |
| HETLIOZ LQ.....                           | 58               | ibandronate.....                        | 100        | INJECT EASE LANCETS.....            | 132, 159 |
| HI-CAL.....                               | 82               | IBRANCE.....                            | 27         | INJECT-EASE.....                    | 142, 159 |
| HIGH-PROTEIN NUTRITIONAL SHAKE.....       | 82               | IBSRELA.....                            | 110        | INLURIYO.....                       | 30       |
| HIZENTRA.....                             | 32               | IBTROZI.....                            | 29         | INLYTA.....                         | 29       |
| HOMACTIN AA PLUS 15 PE.....               | 88               | ibu.....                                | 13         | INNOPRAN XL.....                    | 40       |
| HOMINEX-1.....                            | 83, 88           | ibuprofen.....                          | 13         | INOSITOL.....                       | 82       |
| HOMINEX-2.....                            | 88               | ibuprofen-famotidine.....               | 12         | INPEFA.....                         | 97       |
| HORIZANT.....                             | 60               | icatibant.....                          | 40         | INPEN (FOR HUMALOG) BLUE.....       | 137, 159 |
| huber safety needles (disp.).....         | 142, 158         | iclevia.....                            | 65         | INPEN (FOR HUMALOG) GREY.....       | 137, 159 |
| HULIO(CF).....                            | 9, 10, 112       | ICLUSIG.....                            | 28         | INPEN (FOR HUMALOG) PINK.....       | 137, 159 |
| HULIO(CF) PEN.....                        | 9, 10, 112       | icosapent ethyl.....                    | 38         | INPEN (NOVOLOG OR FIASP) BLUE.....  | 137, 159 |
| HUMALOG JUNIOR KWIKPEN U-100.....         | 103              | ICOTYDE.....                            | 71         | INPEN (NOVOLOG OR FIASP) GREY.....  | 137, 159 |
| HUMALOG KWIKPEN INSULIN (U-100 AND U-200) |                  | IDHIFA.....                             | 28         | INPEN (NOVOLOG OR FIASP) PINK.....  | 137, 159 |
| .....                                     | 104              | IDVYNSO.....                            | 20         | INQOVI.....                         | 30       |
| HUMALOG MIX 50-50 KWIKPEN.....            | 103              | IG 26 DF.....                           | 5          | INREBIC.....                        | 27       |
| HUMALOG MIX 75-25 KWIKPEN.....            | 103              | IG 26 PLUS DF.....                      | 82         | INSpra.....                         | 35, 42   |
| HUMALOG MIX 75-25(U-100)INSULN.....       | 103              | IGG 2000 CWP.....                       | 92         | INSTACLEAN.....                     | 62       |
| HUMALOG U-100 INSULIN.....                | 104              | IGG PURE.....                           | 92         | INSTA-GLUCOSE (WITH DEXTRIN).....   | 96       |
| HUMATIN.....                              | 16               | IHEALTH CONTROL SOLN LEVEL 2.....       | 132, 159   | INSTANT FOOD THICKENER.....         | 63       |
| HUMATROPE.....                            | 102              | IHEALTH GLUCO PLUS METER.....           | 132, 159   | INSUL-CAP.....                      | 132, 159 |
| HUMIRA.....                               | 9, 10, 112       | IHEALTH GLUCOSE TEST STRIP.....         | 125, 159   | INSUL-EZE.....                      | 132, 159 |
| HUMIRA PEN (ABBVIE).....                  | 9, 10, 112       | ILET INFUSION KIT-FLEX 23".....         | 146, 159   | INSULIN GLARGINE U-300 CONC.....    | 103      |
| HUMIRA(CF) (ABBVIE).....                  | 9, 10, 112       | ILET INFUSION KIT-INSET 23".....        | 146, 159   | INSULIN GLARGINE-YFGN.....          | 103      |
| HUMIRA(CF) PEN (ABBVIE).....              | 9, 10, 112       | ILET INFUSION KIT-INSET 32".....        | 146, 159   | INSULIN LISPRO.....                 | 104      |
| HUMIRA(CF) PEN CROHNS-UC-HS (ABBVIE)      | 9, 10, 112       | ILET INFUSION-CONTACT DTCH 23".....     | 146, 159   | INSULIN LISPRO PROTAMIN-LISPRO..... | 103      |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS (ABBVIE)   |                  | ILET STARTER KIT CONTACT.....           | 146, 159   | INSULIN SYR/NDL U100 HALF MARK..... | 137, 159 |
| .....                                     | 9, 10, 112       | ILET STARTER KIT-INSET.....             | 146, 159   | INSULIN SYRINGE.....                | 137, 159 |
| HUMULIN 70/30 U-100 INSULIN.....          | 103              | ILEVRO.....                             | 176        | INSULIN SYRINGE-NEEDLE U-100.....   | 137, 159 |
| HUMULIN 70/30 U-100 KWIKPEN.....          | 103              | imatinib.....                           | 29         | insulin syringe-needle u-100.....   | 137, 159 |
| HUMULIN N NPH INSULIN KWIKPEN.....        | 103              | IMBRUVICA.....                          | 26, 29     | INSUPEN PEN NEEDLE.....             | 137, 159 |
| HUMULIN N NPH U-100 INSULIN.....          | 103              | IMCIVREE.....                           | 185        | INTEGRA PRECISIONGLIDE NEEDLE.....  | 142, 159 |
| HUMULIN R REGULAR U-100 INSULN.....       | 103              | imipramine hcl.....                     | 50         | INTEGRA SYRINGE.....                | 142, 159 |
| HUMULIN R U-500 (CONC) KWIKPEN.....       | 103              | imipramine pamoate.....                 | 50         | INTELENCE.....                      | 19       |
| HYCAMTIN.....                             | 30               | imiquimod.....                          | 77         | INTERLINK SYRINGE AND CANNULA.....  | 142, 159 |
| HYCODAN.....                              | 183              | IMITREX.....                            | 59         | INTRAROSA.....                      | 104      |
| HYCODAN (WITH HOMATROPINE).....           | 183              | IMITREX STATDOSE PEN.....               | 59         | INTROVALE.....                      | 65       |
| hydralazine.....                          | 42               | IMITREX STATDOSE REFILL.....            | 59         | INTUNIV ER.....                     | 53       |
| HYDREA.....                               | 26               | IMKELDI.....                            | 29         | INVACARE LANCETS.....               | 132, 160 |
| hydrochlorothiazide.....                  | 43               | IMMULIFE.....                           | 92         | INVEGA.....                         | 52       |
| hydrocodone bitartrate.....               | 6                | IMPACT ADVANCED RECOVERY.....           | 89         | INVEGA HAFYERA.....                 | 51       |
| hydrocodone-acetaminophen.....            | 7                | IMPACT PEPTIDE 1.5 CAL.....             | 89         | INVEGA SUSTENNA.....                | 52       |
| hydrocodone-chlorpheniramine.....         | 183              | IMPAVIDO.....                           | 18         | INVEGA TRINZA.....                  | 52       |
| hydrocodone-homatropine.....              | 183              | IMPOYZ.....                             | 74, 76     | INVELTYS.....                       | 175      |
| hydrocodone-ibuprofen.....                | 7                | IMULDOSA.....                           | 71, 110    | INVOKAMET.....                      | 98       |
| hydrocortisone.....                       | 14, 76, 102, 111 | IMURAN.....                             | 11, 121    | INVOKAMET XR.....                   | 98       |
| hydrocortisone acetate.....               | 14, 76           | IMVEXXY MAINTENANCE PACK.....           | 104        | INVOKANA.....                       | 98       |
| hydrocortisone butyrate.....              | 76               | IMVEXXY STARTER PACK.....               | 104        | INZIRQO.....                        | 43       |
| hydrocortisone sod succinate.....         | 102              | INBRIJA.....                            | 51         | IOPIDINE.....                       | 177      |
| hydrocortisone valerate.....              | 76               | incassia.....                           | 67         | IPOL.....                           | 33       |
| hydrocortisone-acetic acid.....           | 178              | IN-CHECK NASAL WITH MASK.....           | 144, 159   | ipratropium bromide.....            | 181, 182 |
| hydromorphone.....                        | 6                | IN-CHECK ORAL FLOW METER.....           | 144, 159   | ipratropium-albuterol.....          | 181      |
| hydroxychloroquine.....                   | 10, 17           | INCONTROL ALCOHOL PADS.....             | 31         | IQIRVO.....                         | 120      |
| hydroxyurea.....                          | 26               | INCONTROL LANCING DEVICE.....           | 132, 159   | irbesartan.....                     | 36       |
| hydroxyzine hcl.....                      | 44               | INCONTROL PEN NEEDLE.....               | 137, 159   | irbesartan-hydrochlorothiazide..... | 35       |
| hydroxyzine pamoate.....                  | 44               | INCONTROL SUPER THIN LANCETS.....       | 132, 159   | IRESSA.....                         | 25       |
| HYFTOR.....                               | 77               | INCONTROL ULTRA THIN LANCETS.....       | 132, 159   | ISENTRESS.....                      | 18       |
| HYMPAVZI PEN.....                         | 118              | INCRELEX.....                           | 104        | ISENTRESS HD.....                   | 18       |

|                        |            |                                |          |                                   |          |
|------------------------|------------|--------------------------------|----------|-----------------------------------|----------|
| isibloom               | 65         | kaitlib fe                     | 65       | KLOXXADO                          | 15       |
| ISOLEUCINE 1000        | 80, 88     | KALE-QUINOA-BERRIES PEDS PLUS  | 89       | KOBEE                             | 81       |
| ISOMIL ADVANCE         | 83         | KALE-QUINOA-BERRIES PLUS       | 89       | KOMZIFTI                          | 28       |
| ISOMIL DF              | 83         | KALE-QUINOA-BERRIES VEGAN      | 89       | KONVOMEPE                         | 108      |
| ISOMIL/IRON            | 84         | KALETRA                        | 19       | KORLYM                            | 98       |
| isoniazid              | 20         | kalliga                        | 65       | KOSELUGO                          | 28       |
| ISOPROPYL ALCOHOL      | 31, 62, 63 | KALYDECO                       | 182      | KOSHER PRENATAL PLUS IRON         | 94       |
| isopropyl alcohol      | 62         | KAPSPARGO SPRINKLE             | 39       | kourzeq                           | 172      |
| ISORDIL                | 36         | KARBINAL ER                    | 179      | K-PAX                             | 86       |
| ISORDIL TITRADOSE      | 36         | kariva (28)                    | 64       | K-PAX IMMUNE BOOSTER              | 82       |
| isosorbide dinitrate   | 36         | KATE FARMS GLUCOSE SUPPORT 1.2 | 89       | K-PHOS NO 2                       | 115      |
| isosorbide mononitrate | 36         | KATE FARMS PEDIATRC BLEND MEAL | 89       | K-PHOS ORIGINAL                   | 115      |
| isosorbide-hydralazine | 44         | KATE FARMS PEDIATRIC PEPT 1.0  | 89       | KRAZATI                           | 28       |
| ISOSOURCE 1.5 CAL      | 82         | KATE FARMS PEDIATRIC PEPT 1.5  | 89       | KRINTAFEL                         | 17       |
| ISOSOURCE HN           | 82         | KATE FARMS PEDIATRIC STAND 1.2 | 89       | KRISTALOSE                        | 113      |
| isotretinoin           | 69         | KATE FARMS PEPTIDE 1.0         | 89       | kurvelo (28)                      | 65       |
| isradipine             | 40         | KATE FARMS PEPTIDE 1.5         | 89       | KUVAN                             | 172      |
| ISTALOL                | 176        | KATE FARMS RENAL SUPPORT 1.8   | 89       | KYGEVVI                           | 122      |
| ISTURISA               | 96         | KATE FARMS STANDARD 1.0        | 89       | KYLEENA                           | 64       |
| ITOVEBI                | 28         | KATE FARMS STANDARD 1.4        | 89       | KYMBEE                            | 102      |
| itraconazole           | 17         | KATERZIA                       | 40       | KYZATREX                          | 96       |
| IV ADMINISTRATION SET  | 140, 160   | KAZANO                         | 99       | l norgest/e.estradiol-e.estradiol | 64       |
| IVA ANAMIX EARLY YEARS | 84, 87     | kelnor 1/35 (28)               | 65       | labetalol                         | 35       |
| IVA ANAMIX NEXT        | 84, 87     | KENALOG                        | 76       | LABELTALOL                        | 35       |
| IVA MAXAMUM            | 87         | KEPPRA                         | 47       | LABSTIX REAGENT                   | 79, 160  |
| ivabradine             | 43         | KEPPRA XR                      | 47       | lacosamide                        | 45       |
| I-VALEX-1              | 84, 87     | KERENDIA                       | 35       | lactulose                         | 107, 113 |
| I-VALEX-2              | 87         | KESIMPTA PEN                   | 173      | LAGEVRIO (EUA)                    | 24       |
| ivermectin             | 16, 78     | KETOCAL 2.5/1                  | 87       | LAMICTAL                          | 47       |
| IWILFIN                | 28         | KETOCAL 3/1                    | 87       | LAMICTAL ODT                      | 47, 56   |
| IYUZEH (PF)            | 178        | KETOCAL 4/1                    | 87       | LAMICTAL ODT STARTER (BLUE)       | 47, 56   |
| JADENU                 | 15         | KETOCAL 4/1 (MILK-SOY)         | 87       | LAMICTAL ODT STARTER (GREEN)      | 47, 56   |
| JADENU SPRINKLE        | 15         | ketoconazole                   | 17, 73   | LAMICTAL ODT STARTER (ORANGE)     | 47, 56   |
| jaimiess               | 64         | KETODAN                        | 73       | LAMICTAL STARTER (BLUE) KIT       | 47, 56   |
| JAKAFI                 | 27         | KETO-DIASTIX                   | 146, 160 | LAMICTAL STARTER (GREEN) KIT      | 47, 56   |
| JAKAFI XR              | 27         | KETONE CARE                    | 146, 160 | LAMICTAL STARTER (ORANGE) KIT     | 47, 56   |
| JALYN                  | 114        | KETONE URINE TEST              | 146, 160 | LAMICTAL XR                       | 47       |
| JANUMET                | 99         | KETONEX-1                      | 84, 88   | LAMICTAL XR STARTER (BLUE)        | 47       |
| JANUMET XR             | 99         | KETONEX-2                      | 88       | LAMICTAL XR STARTER (GREEN)       | 47       |
| JANUVIA                | 97         | ketoprofen                     | 13       | LAMICTAL XR STARTER (ORANGE)      | 47       |
| JARDIANCE              | 98         | ketorolac                      | 12, 176  | lamivudine                        | 19, 21   |
| JASCAYD                | 183        | KETOSTIX                       | 146, 160 | lamivudine-zidovudine             | 20       |
| jasmiel (28)           | 65         | KETOVIE                        | 87       | lamotrigine                       | 47, 56   |
| JATENZO                | 96         | KETOVIE 3/1                    | 87       | LAMPIT                            | 18       |
| JAVADIN                | 42         | KETOVIE PEPTIDE 4/1            | 87       | LANAFLEX                          | 91       |
| JAVYGTOR               | 172        | KETOVIE PLANT-BASED 4/1        | 87       | LANCETS                           | 132, 160 |
| JAYPIRCA               | 27, 29     | KETOVOLVE                      | 87       | LANCETS, THIN                     | 132, 160 |
| JAYTHARI               | 102        | KEVEYIS                        | 121      | LANCING DEVICE                    | 132, 160 |
| jencycla               | 67         | KEVZARA                        | 11       | LANCING DEVICE WITH LANCETS       | 132, 160 |
| JENTADUETO             | 99         | K-FLO                          | 87       | LANCING SYSTEM                    | 132, 160 |
| JENTADUETO XR          | 99         | KHINDIVI                       | 102      | LANOXIN                           | 42       |
| JEVITY 1 CAL           | 82         | KIMONO MICROTHIN AQUA LUBE CON | 140, 160 | LANREOTIDE                        | 105      |
| JEVITY 1.2 CAL         | 82         | KIMONO MICROTHIN CONDOMS       | 140, 160 | lanreotide                        | 105      |
| JEVITY 1.5 CAL         | 82         | KIMONO MICROTHIN LARGE CONDOMS | 140, 160 | lansoprazole                      | 108      |
| jinteli                | 100        | KIMONO TEXTURED CONDOMS        | 140, 160 | lanthanum                         | 114      |
| JOENJA                 | 171        | KIMONO THIN LUBRICATED CONDOMS | 140, 160 | LANTUS SOLOSTAR U-100 INSULIN     | 103      |
| jolessa                | 65         | KINDERSPROUT PLANT PROTEIN     | 82       | LANTUS U-100 INSULIN              | 103      |
| JORNAY PM              | 54         | KINERET                        | 11       | LANZO LANCING DEVICE              | 132, 160 |
| JOURNAVX               | 5          | KINRIX (PF)                    | 32       | lapatinib                         | 25       |
| joyeaux                | 65         | KIRSTY                         | 104      | larin 1.5/30 (21)                 | 65       |
| JUBLIA                 | 73         | KIRSTY PEN                     | 104      | larin 1/20 (21)                   | 65       |
| juleber                | 65         | KISQALI                        | 27       | larin 24 fe                       | 65       |
| JULUCA                 | 18         | KITABIS PAK                    | 182      | larin fe 1.5/30 (28)              | 65       |
| junel 1.5/30 (21)      | 65         | KLARON                         | 69       | larin fe 1/20 (28)                | 66       |
| junel 1/20 (21)        | 65         | KLAYESTA                       | 72       | LASIX                             | 42       |
| junel fe 1.5/30 (28)   | 65         | KLISYRI (250 MG)               | 73       | LASIX ONYU                        | 42       |
| junel fe 1/20 (28)     | 65         | KLISYRI (350 MG)               | 73       | latanoprost                       | 178      |
| junel fe 24            | 65         | KLONOPIN                       | 45, 55   | LATUDA                            | 51       |
| JUVEN                  | 92         | klor-con                       | 86       | LAXATIVE (BISACODYL)              | 113      |
| JUVEN (WITH COLLAGEN)  | 92         | klor-con 10                    | 86       | LAXATIVE PEG 3350                 | 113      |
| JUXTAPID               | 39         | klor-con 8                     | 86       | LAZCLUZE                          | 25       |
| JYLAMVO                | 10, 26     | klor-con m10                   | 86       | L-CYSTINE                         | 80       |
| JYNARQUE               | 115        | klor-con m15                   | 86       | LEDIPASVIR-SOFOSBUVIR             | 22       |
| JYNNEOS (PF)           | 32, 33, 34 | klor-con m20                   | 86       | leflunomide                       | 12       |

|                                     |             |                                   |          |                                     |               |
|-------------------------------------|-------------|-----------------------------------|----------|-------------------------------------|---------------|
| lenalidomide.....                   | 30          | LITEAIRE MDI CHAMBER.....         | 145, 160 | LUZU.....                           | 73            |
| LENVIMA.....                        | 29          | LITETOUCH-LARGE MASK.....         | 145, 160 | LYBALVI.....                        | 53, 56        |
| LEQEMBI IQLIK.....                  | 63          | LITETOUCH-SMALL MASK.....         | 145, 160 | lyleq.....                          | 67            |
| LEQSELVI.....                       | 78          | LITFULO.....                      | 78       | lyllana.....                        | 101           |
| LEROCHOL.....                       | 38          | lithium carbonate.....            | 57       | LYNKUET.....                        | 105           |
| LESCOL XL.....                      | 38          | lithium citrate.....              | 57       | LYNPARZA.....                       | 29            |
| lessina.....                        | 66          | LITHOBID.....                     | 57       | LYRICA.....                         | 46, 57        |
| LETAIRIS.....                       | 44          | LITHOSTAT.....                    | 115      | LYRICA CR.....                      | 57, 61        |
| letrozole.....                      | 26          | LITTLE REMEDIES GRIPE WATER.....  | 5        | LYSODREN.....                       | 25            |
| LEUCINE.....                        | 80          | LIVALO.....                       | 38       | LYTGOBI.....                        | 27            |
| leucovorin calcium.....             | 30          | LIVDELZI.....                     | 121      | LYUMJEV KWIKPEN U-100 INSULIN.....  | 104           |
| LEUKERAN.....                       | 25          | LIVMARLI.....                     | 120      | LYUMJEV KWIKPEN U-200 INSULIN.....  | 104           |
| LEUKINE.....                        | 118         | LIVTENCITY.....                   | 21       | LYUMJEV U-100 INSULIN.....          | 104           |
| leuprolide.....                     | 28          | LMD POWDER.....                   | 87       | lyza.....                           | 67            |
| levabuterol hcl.....                | 181         | LO LOESTRIN FE.....               | 64       | MACROBID.....                       | 16, 116       |
| LEVALBUTEROL TARTRATE.....          | 181         | LODINE.....                       | 14       | mafenide acetate.....               | 75            |
| LEVAMLODIPINE.....                  | 40          | LODOCO.....                       | 8        | MAGELLAN INSULIN SAFETY SYRNG.....  | 137, 160      |
| LEVBID.....                         | 109, 116    | LODOSYN.....                      | 51       | MAGELLAN SAFETY SYRINGE.....        | 142, 160      |
| levetiracetam.....                  | 47, 48      | LOESTRIN 1.5/30 (21).....         | 66       | MAGELLAN SYRINGE.....               | 137, 142, 160 |
| levobunolol.....                    | 176         | LOESTRIN 1/20 (21).....           | 66       | MAGELLAN TUBERCULIN SAFETY SYR..... | 142, 160      |
| LEVOCARNITINE.....                  | 80          | LOESTRIN FE 1.5/30 (28-DAY).....  | 66       | magnesium citrate.....              | 113           |
| levocarnitine.....                  | 80, 171     | LOESTRIN FE 1/20 (28-DAY).....    | 66       | magnesium hydroxide.....            | 113           |
| levocarnitine (with sugar).....     | 171         | LOFENA.....                       | 13       | MALARONE.....                       | 17            |
| levocetirizine.....                 | 179         | lofedidine.....                   | 61       | MALARONE PEDIATRIC.....             | 17            |
| levofloxacin.....                   | 21, 177     | lojaimiess.....                   | 64       | malathion.....                      | 79            |
| levonest (28).....                  | 67          | LOKELMA.....                      | 85       | MANNXTRA.....                       | 5             |
| levonorgest-eth.estradiol-iron..... | 66          | LOMAIRA.....                      | 184      | maraviroc.....                      | 18            |
| levonorgestrel.....                 | 68          | LOMOTIL.....                      | 106      | MARINOL.....                        | 57, 106, 185  |
| levonorgestrel-ethinyl estrad.....  | 66          | lomustine.....                    | 25       | marlissa (28).....                  | 66            |
| levonorg-eth estrad triphasic.....  | 67          | LONSURF.....                      | 26       | MARNATAL-F.....                     | 94            |
| levorphanol tartrate.....           | 6           | loperamide.....                   | 106      | MARPLAN.....                        | 48            |
| levo-t.....                         | 106         | LOPHLEX.....                      | 91       | MATULANE.....                       | 25            |
| LEVOTHYROXINE.....                  | 106         | LOPID.....                        | 38       | MATZIM LA.....                      | 40            |
| levothyroxine.....                  | 106         | lopinavir-ritonavir.....          | 19       | MAVENCLAD (10 TABLET PACK).....     | 173           |
| levoxyl.....                        | 106         | LOPRESSOR.....                    | 39       | MAVENCLAD (4 TABLET PACK).....      | 173           |
| LEVSIN.....                         | 109, 116    | LOPROX (AS OLAMINE).....          | 73       | MAVENCLAD (5 TABLET PACK).....      | 173           |
| LEVSIN/SL.....                      | 109, 116    | lorazepam.....                    | 45, 55   | MAVENCLAD (6 TABLET PACK).....      | 174           |
| LEXAPRO.....                        | 49          | lorazepam intensol.....           | 45, 55   | MAVENCLAD (7 TABLET PACK).....      | 174           |
| LEXETTE.....                        | 74, 76      | LORBRENA.....                     | 25       | MAVENCLAD (8 TABLET PACK).....      | 174           |
| LIALDA.....                         | 111         | LOREEV XR.....                    | 45, 55   | MAVENCLAD (9 TABLET PACK).....      | 174           |
| LIBRAX (WITH CLIDINIUM).....        | 55, 109     | loryna (28).....                  | 66       | MAVYRET.....                        | 21            |
| LICART.....                         | 77          | losartan.....                     | 36       | MAXALT.....                         | 59            |
| lidocaine.....                      | 78          | losartan-hydrochlorothiazide..... | 35       | MAXALT-MLT.....                     | 59            |
| lidocaine (pf).....                 | 14, 36      | LOTEMAX.....                      | 175      | MAXICOMFORT II PEN NEEDLE.....      | 137, 160      |
| lidocaine hcl.....                  | 14, 78, 173 | LOTEMAX SM.....                   | 175      | MAXICOMFORT INSULIN SYRINGE.....    | 137, 160      |
| lidocaine hcl-hydrocortison ac..... | 14          | LOTENSIN.....                     | 34       | MAXI-COMFORT INSULIN SYRINGE.....   | 137, 160      |
| lidocaine-prilocaine.....           | 77          | LOTENSIN HCT.....                 | 34       | MAXICOMFORT SAFETY PEN NEEDLE.....  | 137, 160      |
| LIDOCAN III.....                    | 78          | loteprednol etabonate.....        | 175      | MAXIDEX.....                        | 175           |
| LIDOCAN IV.....                     | 78          | LOTREL.....                       | 34       | MAXITROL.....                       | 174           |
| LIDOCAN V.....                      | 78          | LOTRONEX.....                     | 110, 112 | MAYZENT.....                        | 174           |
| LIDODERM.....                       | 78          | lovastatin.....                   | 38       | MAYZENT STARTER(FOR 1MG MAINT)..... | 174           |
| lido-k.....                         | 78          | LOVAZA.....                       | 38       | MAYZENT STARTER(FOR 2MG MAINT)..... | 174           |
| lidopin.....                        | 78          | LOVENOX.....                      | 119      | meclizine.....                      | 106           |
| LIDOPIN.....                        | 78          | low-ogestrel (28).....            | 66       | MECLOFENAMATE.....                  | 12            |
| LIFEMS NALOXONE.....                | 15          | loxapine succinate.....           | 52       | MEDIHONEY (HONEY).....              | 79            |
| LIFESHIELD BLUNT CANNULA.....       | 142, 160    | lo-zumandimine (28).....          | 66       | MEDISENSE GLUCOSE KETONE.....       | 132, 160      |
| LIFYORLI.....                       | 27          | LPS NEUTRAL FLAVOR.....           | 92       | MEDLANCE PLUS LANCETS.....          | 132, 160      |
| LILETTA.....                        | 64          | lubiprostone.....                 | 110, 112 | MEDLANCE PLUS SPECIAL BLADE.....    | 132, 160      |
| linezolid.....                      | 23          | LUCEMYRA.....                     | 61       | MEDROL.....                         | 102           |
| LINZESS.....                        | 107, 110    | ludent fluoride.....              | 172      | MEDROL (PAK).....                   | 102           |
| LIOMNY.....                         | 106         | LUER LOCK SYRINGE.....            | 142, 160 | medroxyprogesterone.....            | 64, 105       |
| liothyronine.....                   | 106         | LUER SLIP TIP SYRINGE TRAY.....   | 142, 160 | MEDTRONIC EXT INFUSION SET 23"..... | 146, 160      |
| LIPISTART.....                      | 89          | LUER-LOK TIP.....                 | 142, 160 | MEDTRONIC EXT INFUSION SET 32"..... | 146, 160      |
| LIPITOR.....                        | 38          | LUIZZA.....                       | 66       | mefenamic acid.....                 | 12            |
| LIPOFEN.....                        | 38          | LULICONAZOLE.....                 | 73       | mefloquine.....                     | 18            |
| LIQSORB.....                        | 5           | LUMAKRAS.....                     | 28       | megestrol.....                      | 29, 185       |
| LIQUACEL.....                       | 92          | LUMIGAN.....                      | 178      | MEKINIST.....                       | 28            |
| LIQUID PROTEIN FORTIFIER.....       | 92          | LUMRYZ.....                       | 60       | MEKTOVI.....                        | 28            |
| liraglutide.....                    | 97          | LUMRYZ STARTER PACK.....          | 60       | MELEYA.....                         | 67            |
| liraglutide (weight loss).....      | 184         | LUNESTA.....                      | 61       | MELOXICAM.....                      | 12            |
| lisdexamfetamine.....               | 54          | LUPKYNIS.....                     | 121      | meloxicam.....                      | 12            |
| lisinopril.....                     | 34          | lurasidone.....                   | 51       | meloxicam submicronized.....        | 12            |
| lisinopril-hydrochlorothiazide..... | 34          | LURBIRO.....                      | 13       | memantine.....                      | 63            |
| LITE TOUCH-MEDIUM MASK.....         | 145, 160    | luteru (28).....                  | 66       | memantine-donepezil.....            | 63            |

|                                |               |                                |            |                                 |               |
|--------------------------------|---------------|--------------------------------|------------|---------------------------------|---------------|
| MENEST                         | 101           | microgestin 1/20 (21)          | 66         | MONOJECT CONTROL SYRINGE LUER   | 142, 161      |
| MENOPUR                        | 101           | microgestin fe 1.5/30 (28)     | 66         | MONOJECT DISPOSABLE SYRINGE     | 142, 161      |
| MENOSTAR                       | 101           | microgestin fe 1/20 (28)       | 66         | MONOJECT ECCENTRIC NON-STERILE  | 142, 161      |
| MENQUADFI (PF)                 | 32            | MICROLET 2 LANCING DEVICE      | 132, 160   | MONOJECT ENFIT STERILE SYRINGE  | 126, 161      |
| MENVEO A-C-Y-W-135-DIP (PF)    | 32            | MICROLET LANCET                | 132, 160   | MONOJECT ENFIT SYRINGE          | 126, 161      |
| meperidine                     | 6             | MICROLET NEXT LANCING DEVICE   | 132, 161   | MONOJECT FILTER ASPIRATOR       | 142, 161      |
| meprobamate                    | 45            | MICROLIFE PEAK FLOW METER      | 144, 161   | MONOJECT FILTER NEEDLE          | 142, 161      |
| MEPRON                         | 18            | MICROSPACER                    | 145, 161   | MONOJECT HYPODERMIC NEEDLES     | 142, 161      |
| mercaptapurine                 | 26            | midazolam                      | 55, 61     | MONOJECT HYPODERMIC POLYPROPYL  | 142, 161      |
| MERILOG                        | 104           | midodrine                      | 41         | MONOJECT INSULIN SAFETY SYRINGE | 137, 161      |
| MERILOG SOLOSTAR               | 104           | MIEBO (PF)                     | 174        | MONOJECT INSULIN SYRINGE        | 137, 161      |
| mesalamine                     | 111           | mifepristone                   | 96, 98     | MONOJECT LUER-LOCK TIP          | 142, 161      |
| mesna                          | 31            | MIGERGOT                       | 58         | MONOJECT MAGELLAN SAFETY SYRNG  | 142, 161      |
| MESNEX                         | 31            | miglitol                       | 97         | MONOJECT MEDICATION TRANSF NDL  | 142, 161      |
| MESTINON                       | 122           | miglustat                      | 171        | MONOJECT PHARMACY TRAY LUER     | 142, 161      |
| MESTINON TIMESPAN              | 122           | MIGRANAL                       | 58         | MONOJECT PHARMACY TRAY REG TIP  | 142, 161      |
| METADATE CD                    | 54            | mili                           | 66         | MONOJECT REG TIP NON-STERILE    | 142, 161      |
| metaxalone                     | 123           | MILK OF MAGNESIA               | 113        | MONOJECT REGULAR LUER           | 142, 161      |
| metformin                      | 104           | MILK OF MAGNESIA CONCENTRATED  | 113        | MONOJECT SAFETY LUER LOCK TIP   | 142, 162      |
| METFORMIN                      | 104           | MILLIPRED                      | 102        | MONOJECT SAFETY SYRINGES        | 143, 162      |
| methadone                      | 6             | MILLIPRED DP                   | 102        | MONOJECT SMARTIP CANNULA        | 143, 162      |
| METHADONE INTENSOL             | 6             | milnacipran                    | 49, 58     | MONOJECT SYRINGE                | 138, 143, 162 |
| METHADOSE                      | 6             | MILOPHONE                      | 101        | MONOJECT SYRINGE CATHETER       | 143, 162      |
| methamphetamine                | 54, 57        | mimvey                         | 100        | MONOJECT SYRINGE LUER LOK       | 143, 162      |
| methazolamide                  | 42            | MINI LANCING DEVICE            | 132, 161   | MONOJECT TB                     | 143, 162      |
| methenamine hippurate          | 23, 115       | MINI ULTRA-THIN II             | 137, 161   | MONOJECT TB LUER LOK            | 143, 162      |
| methenamine mandelate          | 23, 115       | MINI WRIGHT PEAK FLOW METER    | 144, 161   | MONOJECT TB SAFETY SYRINGE      | 143, 162      |
| methen-sod phos-meth blue-hyos | 23, 116       | MINIMED MIO ADVANCE INF SET23" | 146, 161   | MONOJECT TUBERCULIN SYRINGE     | 143, 162      |
| methimazole                    | 99            | MINIMED MIO ADVANCE INF SET43" | 146, 161   | MONOJECT ULTRA COMFORT INSULIN  | 138, 162      |
| METHIONAID                     | 88            | MINIMED QUICK SET 18"          | 146, 161   | MONOLET LANCETS                 | 132, 162      |
| METHIONINE                     | 80, 88        | MINIMED QUICK SET 23"          | 146, 161   | MONOLET THIN LANCETS            | 132, 162      |
| METHITEST                      | 96            | MINIMED QUICK SET 32"          | 147, 161   | mono-lynyah                     | 66            |
| METHOCARBAMOL                  | 123           | MINIMED QUICK SET 43"          | 147, 161   | MONSEL'S                        | 118           |
| methocarbamol                  | 123           | MINIMED SILHOUETTE 18"         | 147, 161   | montelukast                     | 180           |
| methotrexate sodium            | 10, 26        | MINIMED SILHOUETTE 23"         | 147, 161   | morgidox                        | 24            |
| methotrexate sodium (pf)       | 10, 26        | MINIMED SILHOUETTE 32"         | 147, 161   | morphine                        | 6             |
| methoxsalen                    | 74            | MINIMED SILHOUETTE 43"         | 147, 161   | morphine concentrate            | 6             |
| methscopolamine                | 109           | MINIMED SURE T 18"             | 147, 161   | MOTTEGRITY                      | 109           |
| methsuximide                   | 48            | MINIMED SURE T 23"             | 147, 161   | MOTOFEN                         | 106           |
| methyl dopa                    | 42            | MINIMED SURE T 32"             | 147, 161   | MOTPOLY XR                      | 45            |
| methylergonovine               | 105           | MINIVELLE                      | 101        | MOUNJARO                        | 97            |
| METHYLIN                       | 54, 60        | minocycline                    | 11, 24, 69 | MOUTHPIECE                      | 145, 162      |
| methylphenidate                | 54            | MINOCYCLINE                    | 24, 69     | MOVANTIK                        | 15            |
| methylphenidate hcl            | 54, 60        | minoxidil                      | 42         | MOVIPREP                        | 113           |
| METHYLPHENIDATE HCL            | 54            | MINZOYA                        | 66         | MOXATAG                         | 16            |
| methylprednisolone             | 102           | MIPLYFFA                       | 171        | moxifloxacin                    | 21, 177       |
| methylprednisolone acetate     | 102           | mirabegron                     | 114        | MOZOBIL                         | 117           |
| methyltestosterone             | 97            | MIRCERA                        | 118        | MRESVIA (PF)                    | 34            |
| metoclopramide hcl             | 109           | MIRENA                         | 64         | MS CONTIN                       | 6             |
| metolazone                     | 43            | mirtazapine                    | 48         | MSUD AID                        | 88            |
| metoprolol succinate           | 39            | misoprostol                    | 109        | MSUD ANALOG                     | 84, 88        |
| metoprolol ta-hydrochlorothiaz | 41            | MITIGARE                       | 117        | MSUD ANAMIX EARLY YEARS         | 84, 88        |
| metoprolol tartrate            | 39            | MIUDELLA                       | 64         | MSUD EXPRESS15 PLUS             | 88            |
| METROCREAM                     | 78            | MMA-PA ANAMIX EARLY YEARS      | 84, 92     | MSUD EXPRESS20 PLUS             | 88            |
| METROGEL                       | 78            | MMA-PA ANAMIX NEXT             | 84, 92     | MSUD GEL POWDER                 | 88            |
| metronidazole                  | 18, 78, 184   | MMA-PA GEL                     | 92         | MSUD LOPHLEX                    | 88            |
| metyrosine                     | 43            | MMA-PA MAXAMUM                 | 92         | MSUD MAXAMAID                   | 88            |
| mexiletine                     | 36            | M-M-R II (PF)                  | 32, 33, 34 | MSUD MAXAMUM                    | 88            |
| MIACALCIN                      | 100           | m-natal plus                   | 94         | MULPLETA                        | 120           |
| mibelas 24 fe                  | 66            | MNEXSPIKE 2025-2026 (PF)       | 33         | MULTAQ                          | 37            |
| MICARDIS                       | 36            | MOBILE LANCETS                 | 132, 161   | MULTI-DRAW NEEDLE               | 123, 162      |
| MICARDIS HCT                   | 35            | modafinil                      | 60         | MULTI-LANCET DEVICE 2           | 132, 162      |
| MICONAZOLE NITRATE-ZINC OX-PET | 73            | MODD1 SUPPLY KIT               | 147, 161   | MULTISTIX                       | 79, 162       |
| MICONAZOLE-3                   | 184           | MODEYSO                        | 27         | MULTISTIX 10 SG                 | 79, 162       |
| MICORT-HC                      | 14, 76        | moexipril                      | 34         | MULTISTIX 5                     | 79, 162       |
| MICRO BLOOD GLUCOSE            | 125, 160      | molindone                      | 52         | MULTISTIX 7                     | 79, 162       |
| MICRO THIN LANCETS             | 132, 160      | mometasone                     | 76, 183    | MULTISTIX 8 SG                  | 79, 162       |
| MICROCHAMBER                   | 145, 160      | mondoxyne nl                   | 24         | MULTISTIX 9                     | 79, 162       |
| MICROCYN                       | 31, 79        | MONDOXYNE NL                   | 24         | MULTISTIX 9 SG                  | 79, 162       |
| MICRODOT BLOOD GLUCOSE SYSTEM  | 125, 132, 160 | MONOGEN                        | 82, 89     | multi-vitamin with fluoride     | 93            |
| MICRODOT HIGH-LOW CONTROL      | 132, 160      | MONOJECT 140CC PISTON SYRINGE  | 142, 161   | mupirocin                       | 72            |
| MICRODOT NORMAL CONTROL        | 132, 160      | MONOJECT 3CC SYR 25GX1"        | 142, 161   | mupirocin calcium               | 72            |
| MICRODOT XTRA BLOOD GLUCOSE    | 125, 160      | MONOJECT BLOOD COLLECTION      | 123, 161   | mvc-fluoride                    | 93            |
| microgestin 1.5/30 (21)        | 66            | MONOJECT BLUNT CANNULAS        | 142, 161   | my choice                       | 68            |

|                                |               |  |          |                                |          |
|--------------------------------|---------------|--|----------|--------------------------------|----------|
| my way                         | 68            | NEOPHE                                   | 91       | norethindrone (contraceptive)  | 67       |
| MYALEPT                        | 104           | neo-polycin                              | 177      | norethindrone acetate          | 105      |
| MYCAPSSA                       | 105           | neo-polycin hc                           | 174      | norethindrone ac-eth estradiol | 66, 100  |
| mycophenolate mofetil          | 11, 121       | NEORAL                                   | 11, 121  | norethindrone-e.estradiol-iron | 66       |
| mycophenolate sodium           | 121           | NEO-SYNALAR                              | 72       | NORGESIC FORTE                 | 122      |
| MYDAYIS                        | 54, 57        | NEO-VITAL RX                             | 94       | norgestimate-ethinyl estradiol | 66, 67   |
| MYFEMBREE                      | 104           | NEPRO CARB STEADY                        | 90       | NORITATE                       | 78       |
| MYFORTIC                       | 121           | NERIA                                    | 146, 162 | NORLIQVA                       | 40       |
| MYGLUCOHEALTH                  | 125, 132, 162 | NERLYNX                                  | 25       | NORM-JECT                      | 143, 162 |
| MYGLUCOHEALTH CONTROL SOLUTION | 132, 162      | NESINA                                   | 97       | NORM-JECT TUBERKULIN           | 143, 162 |
| MYGLUCOHEALTH LANCETS          | 132, 162      | NESTABS                                  | 94       | NORPACE                        | 36       |
| MYHIBBIN                       | 121           | NESTABS ABC                              | 94       | NORPACE CR                     | 36       |
| MYLERAN                        | 25            | NESTABS DHA                              | 94       | NORTHERA                       | 41       |
| mynatal                        | 94            | NESTABS ONE                              | 86       | nortrel 0.5/35 (28)            | 66       |
| mynatal plus                   | 94            | neuac                                    | 70       | nortrel 1/35 (21)              | 66       |
| mynatal-z                      | 94            | NEULASTA                                 | 118      | nortrel 1/35 (28)              | 66       |
| MYQORZO                        | 41            | NEULASTA ONPRO                           | 118      | nortrel 7/7/7 (28)             | 67       |
| MYRBETRIQ                      | 114           | NEUPOGEN                                 | 118      | nortriptyline                  | 50       |
| MYSLINE                        | 45            | NEUPRO                                   | 51       | NORVASC                        | 40       |
| MYTESI                         | 106           | NEURONTIN                                | 46       | NORVIR                         | 23       |
| nabumetone                     | 12            | NEUTEK 2TEK TEST STRIPS                  | 125, 162 | NOURIANZ                       | 50       |
| nadolol                        | 40            | NEVANAC                                  | 176      | NOVA MAX GLUCOSE TEST          | 125, 162 |
| naftifine                      | 72            | nevirapine                               | 19       | NOVA MAX PLUS GLUC-KETON METER | 126, 162 |
| NAFTIN                         | 72            | new day                                  | 68       | NOVA SAFETY LANCETS            | 132, 162 |
| NALFON                         | 13            | newgen                                   | 94       | NOVA SUREFLEX LANCETS          | 132, 162 |
| NALOCET                        | 7             | NEXAVAR                                  | 28       | NOVAMAX PLUS GLU-KET           | 132, 163 |
| naloxone                       | 15            | NEXICLON XR                              | 42       | NOVAMAX PLUS KETONE            | 79, 163  |
| naltrexone                     | 62            | NEXIUM                                   | 108      | NOVAREL                        | 102      |
| NAMENDA XR                     | 63            | NEXIUM PACKET                            | 108      | NOVASOURCE RENAL 2 CAL         | 90       |
| NAMZARIC                       | 63            | NEXLETOL                                 | 37       | NOVOFINE 32                    | 138, 163 |
| NANO 2ND GEN PEN NEEDLE        | 138, 162      | NEXLIZET                                 | 39       | NOVOFINE PLUS                  | 138, 163 |
| NANO PEN NEEDLE                | 138, 162      | NEXPLANON                                | 64       | NOVOLIN 70/30 U-100 INSULIN    | 103      |
| NAPRELAN CR                    | 13            | NEXTSTELLIS                              | 66       | NOVOLIN 70-30 FLEXPEN U-100    | 103      |
| NAPROSYN                       | 13            | NGENLA                                   | 102      | NOVOLIN N FLEXPEN              | 103      |
| naproxen                       | 13            | niacin                                   | 38, 95   | NOVOLIN N NPH U-100 INSULIN    | 103      |
| naproxen sodium                | 13            | NIACOR                                   | 38       | NOVOLIN R FLEXPEN              | 103      |
| naproxen-esomeprazole          | 12            | nicardipine                              | 40       | NOVOLIN R REGULAR U100 INSULIN | 103      |
| naratriptan                    | 59            | NICODERM CQ                              | 62       | NOVOLOG FLEXPEN U-100 INSULIN  | 104      |
| NARCAN                         | 15            | NICORETTE                                | 62       | NOVOLOG MIX 70-30 U-100 INSULN | 103      |
| NARDIL                         | 48            | nicotine                                 | 62       | NOVOLOG MIX 70-30FLEXPEN U-100 | 103      |
| NASCOBAL                       | 95            | nicotine (polacrilex)                    | 62       | NOVOLOG PENFILL U-100 INSULIN  | 104      |
| NATACYN                        | 177           | NICOTROL NS                              | 62       | NOVOLOG U-100 INSULIN ASPART   | 104      |
| NATAZIA                        | 67            | nifedipine                               | 40       | NOVOPEN ECHO                   | 138, 163 |
| nateglinide                    | 98            | nikki (28)                               | 66       | NOXAFIL                        | 17       |
| NATESTO                        | 97            | nilotinib d-tartrate                     | 29       | np thyroid                     | 106      |
| NATROBA                        | 79            | nilotinib hcl                            | 29       | NUBEQA                         | 26       |
| NATURA-LAX                     | 113           | nilutamide                               | 26       | NUCALA                         | 180      |
| NAYZILAM                       | 45, 55        | nimodipine                               | 41       | NUCORT                         | 77       |
| nebivolol                      | 39            | NINLARO                                  | 29       | NUCYNTA                        | 6        |
| NEBUPENT                       | 23            | nintedanib                               | 29, 183  | NUCYNTA ER                     | 6        |
| nebusal                        | 63            | nisoldipine                              | 40       | NUDEXTA                        | 61       |
| necon 0.5/35 (28)              | 66            | nitazoxanide                             | 18       | NULEV                          | 109, 116 |
| NEEDLE (DISP) 16 G             | 143, 162      | nitisinone                               | 171      | NUMBONEX                       | 78       |
| NEEDLE (DISP) 18 G             | 143, 162      | NITRO-BID                                | 36       | NUPLAZID                       | 53       |
| NEEDLE (DISP) 19 G             | 143, 162      | NITRO-DUR                                | 36       | NURTEC ODT                     | 58       |
| NEEDLE (DISP) 23 GAUGE         | 143, 162      | nitrofurantoin                           | 16, 116  | NUTRA PRO HIGH PROTEIN         | 82       |
| NEEDLES, HUBER DISPOSABLE      | 143, 162      | NITROFURANTOIN                           | 16, 116  | NUTRAFIT                       | 82       |
| NEEVODHA (WITH ALGAL OIL)      | 86            | nitrofurantoin macrocrystal              | 16, 116  | NUTRAFIT PLUS                  | 82       |
| nefazodone                     | 49            | nitrofurantoin monohydrate macrocrystals | 16, 116  | NUTRAMIGEN DHA-ARA             | 84       |
| NEFFY                          | 41            | nitroglycerin                            | 14, 36   | NUTRAMIGEN TODDLER ENFLORA-LGG | 84       |
| NEMLUVIO                       | 72            | NITROLINGUAL                             | 36       | NUTRAMIGEN WITH ENFLORA LGG    | 84       |
| NEOCATE JUNIOR                 | 89            | NITROMIST                                | 36       | NUTRAMIGEN WITH PROBIOTIC LGG  | 84       |
| NEOCATE JUNIOR WITH PREBIOTICS | 89            | NITROSTAT                                | 36       | NUTRASENTIALS                  | 80       |
| NEOCATE SPLASH                 | 89            | nitro-time                               | 36       | NUTREN 1.5                     | 90       |
| NEOCATE SYNEO INFANT           | 84            | NITYR                                    | 171      | NUTREN 2.0                     | 90       |
| NEOCATE SYNEO JUNIOR           | 90            | niva thyroid                             | 106      | NUTREN JUNIOR                  | 90       |
| NEOKE ALCAR                    | 80            | NIVESTYM                                 | 118      | NUTREN JUNIOR FIBER            | 90       |
| NEOKE BCAA4                    | 80, 87        | nizatidine                               | 108      | NUTRITIONAL DRINK              | 82       |
| neomycin                       | 16            | NOCDURNA (MEN)                           | 97       | NUTRITIONAL DRINK MIX          | 92       |
| neomycin-bacitracin-poly-hc    | 174           | NOCDURNA (WOMEN)                         | 97       | NUTRITIONAL DRINK PLUS         | 82       |
| neomycin-bacitracin-polymyxin  | 177           | NOKOR NEEDLE                             | 143, 162 | NUTRITIONAL SHAKE              | 82       |
| neomycin-polymyxin b-dexameth  | 174           | nora-be                                  | 67       | NUTRITIONAL SHAKE PLUS         | 82       |
| neomycin-polymyxin-gramicidin  | 177           | NORDITROPIN FLEXPRO                      | 102      | NUVARING                       | 68       |
| neomycin-polymyxin-hc          | 174, 178      | norelgestromin-ethin.estradiol           | 68       | NUVAXOVID 2025-2026 (PF)       | 33       |

|                                      |              |                                     |          |                                     |          |
|--------------------------------------|--------------|-------------------------------------|----------|-------------------------------------|----------|
| NUVESSA.....                         | 184          | ONETOUCH VERIO HIGH CONTROL.....    | 133, 163 | OTEZLA XR INITIATION.....           | 12, 74   |
| NUVIGIL.....                         | 60           | ONETOUCH VERIO MID CONTROL.....     | 133, 163 | OTOVEL.....                         | 178      |
| NUZYRA.....                          | 16, 24       | ONETOUCH VERIO REFLECT METER.....   | 133, 163 | OTULFI.....                         | 71, 110  |
| nylia 1/35 (28).....                 | 66           | ONETOUCH VERIO TEST STRIPS.....     | 125, 163 | OVAL TAPE.....                      | 133, 163 |
| nylia 7/7/7 (28).....                | 67           | ONEXTON.....                        | 70       | OVASITOL.....                       | 5        |
| NYMALIZE.....                        | 41           | ONFI.....                           | 45, 55   | OVIDE.....                          | 79       |
| NYPOZI.....                          | 118          | ONGENTYS.....                       | 51       | OVIDREL.....                        | 103      |
| nystatin.....                        | 17, 72, 172  | ON-THE-GO LANCETS.....              | 133, 163 | OXAPROZIN.....                      | 13       |
| nystatin-triamcinolone.....          | 73           | ONTRALFY.....                       | 123      | oxaprozin.....                      | 13       |
| nystop.....                          | 72           | ONUREG.....                         | 26       | oxazepam.....                       | 45, 55   |
| NYVEPRIA.....                        | 118          | ONYDA XR.....                       | 53       | oxcarbazepine.....                  | 46       |
| OA 1 POWDER.....                     | 84, 92       | ONZETRA XSAIL.....                  | 59       | OXEPA.....                          | 90       |
| OA2 POWDER.....                      | 92           | opcicon one-step.....               | 68       | OXERVATE.....                       | 176      |
| OB COMPLETE.....                     | 86           | OPFOLDA.....                        | 171      | oxiconazole.....                    | 73       |
| OB COMPLETE ONE.....                 | 94           | OPILL.....                          | 67       | OXISTAT.....                        | 73       |
| OB COMPLETE PETITE.....              | 94           | OPIZA.....                          | 53, 56   | OXTELLAR XR.....                    | 46       |
| OB COMPLETE PREMIER.....             | 94           | opium tincture.....                 | 106      | oxybutynin chloride.....            | 116      |
| OB COMPLETE WITH DHA.....            | 94           | OPSUMIT.....                        | 44       | OXYBUTYNIN CHLORIDE.....            | 116      |
| ocella.....                          | 66           | OPSYNVI.....                        | 43       | oxycodone.....                      | 6        |
| octreotide acetate.....              | 105, 114     | OPTICHAMBER ADULT MASK-LARGE.....   | 145, 163 | OXYCODONE.....                      | 6        |
| octreotide,microspheres.....         | 105, 114     | OPTICHAMBER DIAMOND LG MASK.....    | 145, 163 | oxycodone-acetaminophen.....        | 7        |
| OCUFLOX.....                         | 177          | OPTICHAMBER DIAMOND VHC.....        | 145, 163 | OXYCONTIN.....                      | 6        |
| ODACTRA.....                         | 31           | OPTICHAMBER DIAMOND-MED MSK.....    | 145, 163 | oxymorphone.....                    | 6        |
| ODEFSEY.....                         | 20           | OPTICHAMBER DIAMOND-SML MASK.....   | 145, 163 | OXYTROL.....                        | 116      |
| ODOMZO.....                          | 27           | OPTICLEANSE GHI.....                | 90       | OZEMPIC.....                        | 98       |
| OFEV.....                            | 29, 183      | OPTICLEANSE PLUS.....               | 82       | OZOBAX.....                         | 123      |
| ofloxacin.....                       | 21, 177, 178 | OPTIFIBER LEAN.....                 | 5        | OZOBAX DS.....                      | 123      |
| OGSIVEO.....                         | 27           | OPTIMETABOLIX.....                  | 82       | PACERONE.....                       | 37       |
| OHTUVAYRE.....                       | 180          | OPTIMETABOLIX 2/1.....              | 82       | pacerone.....                       | 37       |
| OJEMDA.....                          | 26           | option-2.....                       | 68, 69   | PACNEX.....                         | 70       |
| OJJAARA.....                         | 27           | OPTIUM EZ.....                      | 125, 163 | PALFORZIA (LEVEL 0).....            | 32       |
| olanzapine.....                      | 53, 56       | OPVEE.....                          | 15       | PALFORZIA (LEVEL 1).....            | 32       |
| olanzapine-fluoxetine.....           | 50, 53, 56   | OPZELURA.....                       | 72       | PALFORZIA (LEVEL 2).....            | 32       |
| olmesartan.....                      | 36           | ORACEA.....                         | 24, 78   | PALFORZIA (LEVEL 3).....            | 32       |
| olmesartan-amlodipin-hcthiiazid..... | 35           | ORACIT.....                         | 115      | PALFORZIA (LEVEL 4).....            | 32       |
| olmesartan-hydrochlorothiazide.....  | 35           | ORAL SALINE LAXATIVE.....           | 113      | PALFORZIA (LEVEL 5).....            | 32       |
| olopatadine.....                     | 183          | ORALAIR.....                        | 31       | PALFORZIA (LEVEL 6).....            | 32       |
| OLPRUVA.....                         | 171          | oralone.....                        | 173      | PALFORZIA (LEVEL 7).....            | 32       |
| OLUMIANT.....                        | 11, 78       | ORAPRED ODT.....                    | 102      | PALFORZIA (LEVEL 8).....            | 32       |
| OMECLAMOX-PAK.....                   | 110          | ORAVIG.....                         | 17       | PALFORZIA (LEVEL 9).....            | 32       |
| omega-3 acid ethyl esters.....       | 38           | ORENCIA.....                        | 11       | PALFORZIA (LEVEL 10).....           | 32       |
| omeprazole.....                      | 108          | ORENCIA CLICKJECT.....              | 11       | PALFORZIA (LEVEL 11 UP-DOSE).....   | 32       |
| omeprazole-sodium bicarbonate.....   | 108          | ORENITRAM.....                      | 43       | PALFORZIA INITIAL (1-3 YRS).....    | 32       |
| OMLONTI.....                         | 178          | ORENITRAM MONTH 1 TITRATION KT..... | 43       | PALFORZIA INITIAL (4-17 YRS).....   | 32       |
| OMNARIS.....                         | 183          | ORENITRAM MONTH 2 TITRATION KT..... | 43       | PALFORZIA LEVEL 11 MAINTENANCE..... | 32       |
| OMNIPOD 5 (G6/LIBRE 2 PLUS).....     | 146, 163     | ORENITRAM MONTH 3 TITRATION KT..... | 44       | paliperidone.....                   | 52       |
| OMNIPOD 5 G6-G7 INTRO KT(GEN5).....  | 146, 163     | ORFADIN.....                        | 171      | PALSONIFY.....                      | 105      |
| OMNIPOD 5 G6-G7 PODS (GEN 5).....    | 146, 163     | ORGANIC PEDIASMART.....             | 82       | PALYNZIQ.....                       | 172      |
| OMNIPOD 5 INTRO(G6/LIBRE2PLUS).....  | 146, 163     | ORGANIX PHYTOFOOD.....              | 5        | PANCREAZE.....                      | 107      |
| OMNIPOD DASH INTRO KIT (GEN 4).....  | 146, 163     | ORGOVYX.....                        | 28       | PANDA MASK.....                     | 145, 163 |
| OMNIPOD DASH PODS (GEN 4).....       | 146, 163     | ORIAHNN.....                        | 104      | PANDEL.....                         | 76       |
| OMNITROPE.....                       | 102          | ORLISSA.....                        | 104      | PANRETIN.....                       | 73       |
| OMVOH.....                           | 110          | ORKAMBI.....                        | 182      | pantoprazole.....                   | 108      |
| OMVOH PEN.....                       | 110          | ORLADEYO.....                       | 43       | PARADIGM RESERVOIR.....             | 138, 163 |
| ON CALL EXPRESS CONTROL.....         | 132, 163     | ORLISTAT.....                       | 184      | PARAGARD T 380A.....                | 64       |
| ON CALL EXPRESS METER.....           | 132, 163     | ORLYNVAH.....                       | 23       | PARAGARD T380A (SINGLE HAND).....   | 64       |
| ON CALL EXPRESS TEST STRIP.....      | 125, 163     | ORMALVI.....                        | 121      | paricalcitol.....                   | 171      |
| ON CALL LANCET.....                  | 132, 163     | orphenadrine citrate.....           | 123      | PARNATE.....                        | 48       |
| ON CALL LANCING DEVICE.....          | 132, 163     | orphenadrine-asa-caffeine.....      | 122      | paroex oral rinse.....              | 172      |
| ONAPGO.....                          | 51           | ORPHENGESIC FORTE.....              | 122      | paroxetine hcl.....                 | 49       |
| ONDANSETRON.....                     | 107          | ORQUIDEA.....                       | 67       | paroxetine mesylate(menop.sym)..... | 105      |
| ondansetron.....                     | 107          | ORSERDU.....                        | 30       | PAXIL.....                          | 49       |
| ondansetron hcl.....                 | 107          | oscimin.....                        | 109, 116 | PAXIL CR.....                       | 49       |
| ONE NATAL RX.....                    | 94           | oscimin sl.....                     | 109, 116 | PAXLOVID.....                       | 24       |
| ONE WAY VALVED MOUTHPIECE.....       | 145, 163     | oseltamivir.....                    | 22       | pazopanib.....                      | 29       |
| ONELAX MAGNESIUM CITRATE.....        | 113          | OSENI.....                          | 99       | PEDIARIX (PF).....                  | 31, 32   |
| ONETOUCH DELICA PLUS LANC DEV.....   | 133, 163     | OSMOLEX ER.....                     | 51       | PEDIASURE.....                      | 82       |
| ONETOUCH DELICA PLUS LANCET.....     | 133, 163     | OSMOLITE 1 CAL.....                 | 90       | PEDIASURE ENTERAL.....              | 82       |
| ONETOUCH DELICA SAFETY LANCET.....   | 133, 163     | OSMOLITE 1.2 CAL.....               | 90       | PEDIASURE ENTERAL W/FIBER 1.0.....  | 82       |
| ONETOUCH ULTRA CONTROL.....          | 133, 163     | OSMOLITE 1.5 CAL.....               | 90       | PEDIASURE GROW-GAIN.....            | 82       |
| ONETOUCH ULTRA TEST.....             | 125, 163     | OSPHERA.....                        | 105      | PEDIASURE GROW-GAIN ORGANIC.....    | 82       |
| ONETOUCH ULTRA2 METER.....           | 133, 163     | OTEZLA.....                         | 12, 74   | PEDIASURE GROW-GAIN WITH FIBER..... | 82       |
| ONETOUCH ULTRASOFT 2 LANCET.....     | 133, 163     | OTEZLA STARTER.....                 | 12, 74   | PEDIASURE HARVEST.....              | 82       |
| ONETOUCH VERIO FLEX METER.....       | 133, 163     | OTEZLA XR.....                      | 12, 74   | PEDIASURE PEPTIDE 1.0 CAL.....      | 90       |

|                                |          |                                |          |                                |                |
|--------------------------------|----------|--------------------------------|----------|--------------------------------|----------------|
| PEDIASURE PEPTIDE 1.5 CAL      | 90       | phentermine-topiramate         | 184      | pnv-omega                      | 86             |
| PEDIASURE REDUCED CALORIE      | 82       | PHENYLADE 40                   | 91       | pnv-select                     | 94             |
| PEDIASURE SHAKE MIX            | 82       | PHENYLADE 60                   | 91       | POCKET CHAMBER                 | 145, 164       |
| PEDIASURE SIDEKICKS            | 82       | PHENYLADE AMINO ACIDS          | 91       | POCKET PEAK FLOW METER         | 144, 164       |
| PEDIASURE SIDEKICKS CLEAR      | 82       | PHENYLADE ESSENTIAL (FLAX)     | 91       | podofilox                      | 77             |
| PEDIASURE WITH FIBER           | 82       | PHENYLADE GMP                  | 91       | POKONZA                        | 86             |
| PEDIATRIC MEDIUM MASK          | 145, 163 | PHENYLADE GMP MIX-IN           | 91       | POLY HUB NEEDLE                | 143, 164       |
| PEDIATRIC PANDA MASK           | 145, 163 | PHENYLADE GMP READY            | 91       | POLYCAL                        | 90             |
| PEDIATRIC SMALL MASK           | 145, 163 | PHENYLADE GMP ULTRA            | 91       | polycin                        | 177            |
| PEDVAX HIB (PF)                | 32       | PHENYLADE MTE AMINO ACIDS      | 91       | polyethylene glycol 3350       | 113            |
| peg 3350-electrolytes          | 113      | PHENYLADE PHEBLOC              | 91       | polymyxin b sulf-trimethoprim  | 177            |
| peg3350-sod sul-nacl-kcl-asb-c | 113      | PHENYLALANINE                  | 80       | pomalidomide                   | 30             |
| PEGASYS                        | 21       | phenylephrine hcl              | 176      | POMALYST                       | 30             |
| peg-electrolyte soln           | 113      | PHENYL-FREE 1                  | 91       | PONVORY                        | 174            |
| PEMAZYRE                       | 27       | PHENYL-FREE 2 PKU              | 91       | PONVORY 14-DAY STARTER PACK    | 174            |
| PEN NEEDLE                     | 138, 163 | PHENYL-FREE 2HP PKU            | 91       | PORTAGEN                       | 90             |
| PEN NEEDLE, DIABETIC           | 138, 163 | PHENYTEK                       | 46       | portia 28                      | 66             |
| PEN NEEDLE, DIABETIC, SAFETY   | 138, 163 | phenytoin                      | 46       | posaconazole                   | 17             |
| PENBRAYA (PF)                  | 33       | phenytoin sodium extended      | 46       | potassium chloride             | 86             |
| penciclovir                    | 74       | PHEXX                          | 64       | POTASSIUM CHLORIDE             | 86             |
| penicillamine                  | 11, 15   | philith                        | 66       | potassium citrate              | 115            |
| penicillin v potassium         | 23       | PHLEXY-10 DRINK MIX POWDER     | 91       | potassium iodide               | 85             |
| PENMENVY MEN A-B-C-W-Y (PF)    | 33       | PHOSPHATE LAXATIVE             | 113      | POWDERLAX                      | 113            |
| PENTACEL (PF)                  | 32       | PHOSPHOLINE IODIDE             | 174      | PR BENZOYL PEROXIDE            | 70             |
| pentamidine                    | 23       | PHYRAGO                        | 29       | pr natal 400                   | 94             |
| PENTASA                        | 111      | PHYSICIANS EZ USE B-12         | 95       | pr natal 400 ec                | 94             |
| pentazocine-naloxone           | 8        | phytonadione (vitamin k1)      | 96       | pr natal 430                   | 94             |
| PENTIPS PEN NEEDLE             | 138, 163 | PIFELTRO                       | 19       | pr natal 430 ec                | 94             |
| pentoxifylline                 | 118      | PIKO 1                         | 144, 164 | PRADAXA                        | 120            |
| PEPCID                         | 108      | pilocarpine hcl                | 173, 174 | PRALUENT PEN                   | 38             |
| PEPTAMEN                       | 90       | pimecrolimus                   | 75       | pramipexole                    | 51             |
| PEPTAMEN 1.5                   | 90       | pimozide                       | 52       | PRAMOSONE                      | 77             |
| PEPTAMEN 1.5 CAL WITH PREBIO1  | 90       | pimtrea (28)                   | 64       | prasugrel hcl                  | 119            |
| PEPTAMEN AF                    | 90       | pindolol                       | 39       | pravastatin                    | 38             |
| PEPTAMEN INTENSE VHP           | 90       | pioglitazone                   | 104      | praziquantel                   | 16             |
| PEPTAMEN JUNIOR                | 90       | pioglitazone-glimepiride       | 99       | prazosin                       | 43             |
| PEPTAMEN JUNIOR 1.5            | 90       | pioglitazone-metformin         | 99       | PRE PROTEIN 20                 | 92             |
| PEPTAMEN JUNIOR FIBER          | 90       | PIP BLOOD GLUCOSE MONITOR      | 133, 164 | PRECISION POINT OF CARE TEST   | 125, 164       |
| PEPTAMEN JUNIOR HP             | 90       | PIP BLOOD GLUCOSE TEST STRIP   | 125, 164 | PRECISION XTRA B-KETONE        | 79, 164        |
| PEPTAMEN W-PREBIO1             | 90       | PIP GLUCOSE CONTROL SOLN L1-L2 | 133, 164 | PRECISION XTRA KETONE-GLUCOSE  | 126, 164       |
| PEPTICATE                      | 84       | PIP LANCET                     | 133, 164 | PRECISION XTRA MONITOR         | 133, 164       |
| perampanel                     | 45       | PIP PEN NEEDLE                 | 138, 164 | PRECISION XTRA TEST            | 125, 164       |
| PERATIVE                       | 90       | PIQRAY                         | 28       | PRED FORTE                     | 175            |
| PERCOCET                       | 7        | pirfenidone                    | 183      | PRED MILD                      | 175            |
| PERFECT POINT SAFETY LANCETS   | 133, 163 | PIRFENIDONE                    | 183      | prednicarbate                  | 76             |
| PERFECT POINT SAFETY NEEDLE    | 143, 163 | piroxicam                      | 12       | prednisolone                   | 102            |
| PERFOROMIST                    | 181      | PISTON SYRINGE WITH ENFIT      | 126, 164 | prednisolone acetate           | 175            |
| PERIDEX                        | 172      | pitavastatin calcium           | 38       | prednisolone sodium phosphate  | 102, 175       |
| PERIFLEX ADVANCE               | 91       | PIVOT 1.5 CAL                  | 90       | prednisone                     | 102            |
| PERIFLEX INFANT                | 91       | PIVYA                          | 16       | prednisone intensol            | 102            |
| PERIFLEX JUNIOR                | 91       | PKU EASY SHAKE AND GO          | 91       | pregabalin                     | 46, 57, 58, 61 |
| PERIFLEX LQ PKU                | 91       | PKU EXPLORE10                  | 91       | PREGESTIMIL                    | 84             |
| perindopril erbumine           | 34       | PKU EXPLORE5                   | 91       | PREGNITUDE                     | 5              |
| perigard                       | 172      | PKU EXPRESS15 PLUS             | 91       | PREGNYL                        | 103            |
| permethrin                     | 79       | PKU EXPRESS20 PLUS             | 91       | PREMARIN                       | 101, 184       |
| perphenazine                   | 52       | PKU GOLIKE PLUS (16 YR UP)     | 91       | PREMIER BLU GLUCOSE METER      | 133, 164       |
| perphenazine-amitriptyline     | 50       | PKU GOLIKE PLUS (4-16 YR)      | 91       | PREMIER CLASSIC GLUCOSE METER  | 133, 164       |
| PERSERIS                       | 52       | PKU LOPHLEX                    | 92       | PREMIER COMPACT GLUCOSE METER  | 133, 164       |
| PERSONAL BEST FULL RANGE       | 144, 163 | PKU MAXAMUM                    | 92       | PREMIER TEST STRIP             | 125, 164       |
| PERTZYE                        | 107      | PKU PERIFLEX EARLY YEARS       | 92       | PREMIER VOICE GLUCOSE METER    | 133, 164       |
| PFD 2                          | 90       | PKU PERIFLEX JUNIOR PLUS       | 92       | PREMIUM BLOOD GLUCOSE MONITOR  | 133, 164       |
| PFD TODDLER                    | 84       | PKU SPHERE15                   | 92       | PREMIUM INFANT FORMULA         | 84             |
| PHARMACIST CHOICE              | 125, 163 | PKU SPHERE20                   | 92       | PREMIUM V10                    | 125, 133, 164  |
| PHARMACIST CHOICE GLUCOSE SYS  | 133, 164 | PKU START                      | 84, 92   | PREMPHASE                      | 100            |
| PHASEAL PROTECTOR              | 144, 164 | PLAN B ONE-STEP                | 68, 69   | PREMPRO                        | 100            |
| PHEBURANE                      | 171      | PLAQUENIL                      | 10, 18   | PRENATA                        | 94             |
| phenazopyridine                | 115      | PLATINUM TEST STRIP            | 125, 164 | prenatabs fa                   | 94             |
| phendimetrazine tartrate       | 184      | PLAVIX                         | 119      | prenatabs rx                   | 94             |
| phenelzine                     | 48       | PLEGRIDY                       | 173      | PRENATAL                       | 94             |
| PHENEX-1                       | 84, 91   | PLENVU                         | 113      | PRENATAL 19                    | 94             |
| PHENEX-2                       | 91       | plerixafor                     | 117      | PRENATAL COMPLETE              | 94             |
| phenobarbital                  | 45, 61   | PNEUMOVAX-23                   | 33       | PRENATAL MULTI-DHA (ALGAL OIL) | 94             |
| phenoxybenzamine               | 43       | pnv no.95-ferrous fumarate-fa  | 94       | PRENATAL MULTIVITAMINS         | 94             |
| phentermine                    | 184      | pnv-dha                        | 86       | PRENATAL ONE DAILY             | 94             |

|                                |            |                               |            |                                |               |
|--------------------------------|------------|-------------------------------|------------|--------------------------------|---------------|
| prenatal plus                  | 94         | PRODIGY CONTROL SOLUTION, LOW | 133, 164   | PURE COMFORT SAFETY LANCETS    | 133, 165      |
| prenatal plus (calcium carb)   | 94         | PRODIGY CONTROL SOLUTION,HIGH | 133, 164   | PURE COMFORT SAFETY PEN NEEDLE | 138, 165      |
| PRENATAL PLUS DHA              | 94         | PRODIGY INSULIN SYRINGE       | 138, 164   | PURE COMFORT SPACER-ADULT MASK | 145, 165      |
| PRENATAL TABLET                | 94         | PRODIGY LANCETS               | 133, 164   | PURE L-CITRULLINE              | 80            |
| prenatal vit no.179-iron-folic | 94         | PRODIGY LANCING DEVICE        | 133, 164   | PURECOMFORT PEAK FLOW METER    | 144, 165      |
| PRENATAL VITAMIN               | 94         | PRODIGY NO CODING             | 125, 164   | PURELAX                        | 113           |
| prenatal vitamin plus low iron | 94         | PRODIGY POCKET METER          | 133, 164   | PUREVITA FOLIC ACID            | 95            |
| PRENATAL VITAMIN WITH MINERALS | 94         | PRODIGY TWIST TOP LANCET      | 133, 165   | PURIXAN                        | 26            |
| prenatal vit-iron fum-folic ac | 94         | PRODIGY VOICE GLUCOSE METER   | 133, 165   | PUSH 20 PLUS                   | 5             |
| prenatal-u                     | 86         | PRODUCT 3232A                 | 84         | PUSH BUTTON SAFETY LANCETS     | 133, 165      |
| PRENATE STAR                   | 95         | progesterone                  | 105        | PYLERA                         | 110           |
| PREOP                          | 86         | progesterone micronized       | 101, 105   | PYQUVI                         | 102           |
| PRE-PROTEIN                    | 92         | PROGLYCEM                     | 96         | pyrazinamide                   | 20            |
| PRESSURE ACTIVATED LANCETS     | 133, 164   | PROGRAF                       | 121        | PYRIDIDIUM                     | 115           |
| PRESTALIA                      | 34         | PROLATE                       | 7          | pyridostigmine bromide         | 122           |
| PRETOMANID                     | 20         | PROLENSA                      | 176        | PYRIDOSTIGMINE BROMIDE         | 122           |
| PREVACID                       | 108        | PROLIA                        | 105        | pyridoxine (vitamin b6)        | 95            |
| PREVACID SOLUTAB               | 108        | PROMACTA                      | 120        | pyrimethamine                  | 18            |
| prevalite                      | 37         | promethazine                  | 107, 179   | PYRUKYND                       | 120           |
| PREVENT DROPSAFE PEN NEEDLE    | 138, 164   | promethazine-codeine          | 183        | PYZCHIVA                       | 71, 110       |
| PREVIDENT                      | 172        | promethazine-dm               | 183        | QBRELIS                        | 34            |
| PREVIDENT 5000 BOOSTER PLUS    | 172        | promethazine-phenylephrine    | 178        | QBREXZA                        | 72            |
| PREVIDENT 5000 DRY MOUTH       | 172        | promethagan                   | 107, 179   | QDOLO                          | 6             |
| PREVIDENT 5000 ENAMEL PROTECT  | 172        | PROMETRIUM                    | 105        | QELBREE                        | 55            |
| PREVIDENT 5000 ORTHO DEFENSE   | 172        | PROMOD PROTEIN                | 92         | QFITLIA                        | 118           |
| PREVIDENT 5000 PLUS            | 172        | PROMOTE                       | 90         | QFITLIA PEN                    | 118           |
| PREVIDENT 5000 SENSITIVE       | 172        | PROMOTE WITH FIBER            | 90         | QH LIQUID                      | 5             |
| PREVIDENT KIDS                 | 172        | propafenone                   | 37         | QINLOCK                        | 29            |
| PREVNAR 20 (PF)                | 33         | proparacaine                  | 176        | QLOSI                          | 174           |
| PREVYMIS                       | 21         | PRO-PHREE                     | 84         | QNASL                          | 183           |
| PREZCOBIX                      | 19, 23     | PROPIMEX-1                    | 84, 92     | QSYMIA                         | 184           |
| PREZISTA                       | 23         | PROPIMEX-2                    | 92         | QUADRACEL (PF)                 | 32            |
| PRIFTIN                        | 20, 23     | propranolol                   | 40         | QUALAQUIN                      | 18            |
| PRIOSEC                        | 108        | propylthiouracil              | 99         | QUAZEPAM                       | 55, 61        |
| PRIMAQUINE                     | 18         | PROQUAD (PF)                  | 32, 33, 34 | QUESTRAN                       | 37            |
| primaquine                     | 18         | PROSCAR                       | 115        | QUESTRAN LIGHT                 | 37            |
| PRIMEAIRE                      | 145, 164   | PROSOURCE                     | 92         | quetiapine                     | 53, 56        |
| PRIMIDONE                      | 45         | PROSOURCE NO CARB             | 92         | QUETIAPINE                     | 53, 56        |
| primidone                      | 45         | PROSOURCE PLUS                | 92         | QUILLICHEW ER                  | 54            |
| PRIMSOL                        | 16         | PROSOURCE TF                  | 92         | QUILLIVANT XR                  | 54            |
| PRIORIX (PF)                   | 32, 33, 34 | PROSOURCE TF 20               | 92         | quinapril                      | 34            |
| PRISTIQ                        | 49         | PROSOURCE TF FREE             | 93         | quinapril-hydrochlorothiazide  | 34            |
| PRIVIGEN                       | 32         | PROSOURCE ZAC                 | 93         | quinidine gluconate            | 36            |
| PRO COMFORT ALCOHOL PADS       | 31         | PRO-STAT AWC                  | 93         | quinidine sulfate              | 36            |
| PRO COMFORT INSULIN SYRINGE    | 138, 164   | PRO-STAT MAX                  | 93         | quinine sulfate                | 18            |
| PRO COMFORT LANCET             | 133, 164   | PRO-STAT RENAL CARE           | 93         | QUINTET AC                     | 125, 133, 165 |
| PRO COMFORT PEN NEEDLE         | 138, 164   | PRO-STAT SUGAR FREE           | 93         | QUINTET BLOOD GLUCOSE METER    | 133, 165      |
| PRO COMFORT SAFETY LANCET      | 133, 164   | PROSYNMINIC                   | 93         | QUINTET GLUCOSE TEST STRIPS    | 125, 165      |
| PRO COMFORT SPACER-ADULT MASK  | 145, 164   | PROTALITY                     | 82         | QUIOFIC                        | 96            |
| PRO COMFORT SPACER-CHILD MASK  | 145, 164   | PROTEINEX                     | 93         | QUILIPTA                       | 58            |
| PRO COMFORT SPACER-INFANT MASK | 145, 164   | PROTEINEX-18                  | 93         | Q-UP                           | 5             |
| PRO VOICE V8-V9 TEST STRIP     | 125, 164   | PROTONIX                      | 108        | QUVIVIQ                        | 61            |
| PRO VOICE V9 GLUCOSE MONITOR   | 133, 164   | protriptlyline                | 50         | QVAR REDIHALER                 | 180           |
| PROAIR RESPICLICK              | 181        | PROVERA                       | 105        | rabeprazole                    | 108           |
| probenecid                     | 117        | PROVIDA OB                    | 95         | RADICAVA ORS                   | 121           |
| probenecid-colchicine          | 117        | PROVIGIL                      | 60         | RADICAVA ORS STARTER KIT SUSP  | 121           |
| PROCARDIA XL                   | 40         | PROVIMIN                      | 90         | RADIOGARDASE                   | 15            |
| PROCARE SPACER WITH ADULT MASK | 145, 164   | PROXEED PLUS                  | 83         | RAGWITEK                       | 31            |
| PROCARE SPACER WITH CHILD MASK | 145, 164   | PROZAC                        | 49         | RALDESY                        | 49            |
| PROCEL                         | 92         | prucalopride                  | 109        | raloxifene                     | 105           |
| PROCEL SINGLES                 | 92         | PRUDOXIN                      | 78         | ramelteon                      | 58            |
| PROCENTRA                      | 57         | PRURADIK                      | 79         | ramipril                       | 34            |
| PROCHAMBER                     | 145, 164   | PULMICORT                     | 180        | ranitidine hcl                 | 108           |
| prochlorperazine               | 107        | PULMICORT FLEXHALER           | 180        | ranolazine                     | 36            |
| prochlorperazine maleate       | 52, 107    | PULMOCARE                     | 90         | rasagiline                     | 51            |
| PROCRIT                        | 118        | PULMOZYME                     | 182        | RASUVO (PF)                    | 10            |
| PROCTOCORT                     | 76         | PURAMINO DHA-ARA              | 84         | RAVICTI                        | 171           |
| PROCTOFOAM HC                  | 14         | PURAMINO JR                   | 90         | RAYALDEE                       | 171           |
| procto-med hc                  | 14, 76     | PURE BLISS NON-GMO            | 84         | RCF SOY PROTEIN FORMULA BASE   | 84            |
| proctosol hc                   | 14, 76     | PURE BLISS ORGANIC            | 84         | RE/IIMMUNE                     | 5             |
| proctozone-hc                  | 14, 76     | PURE BLISS ORGANIC A2 MILK    | 84         | REBIF (WITH ALBUMIN)           | 173           |
| PROCSBI                        | 114        | PURE COMFORT ALCOHOL PADS     | 31         | REBIF REBIDOSE                 | 173           |
| PRODIGY AUTOCODE METER         | 133, 164   | PURE COMFORT LANCETS          | 133, 165   | REBIF TITRATION PACK           | 173           |
| PRODIGY AUTOCODE MONITOR SYST  | 133, 164   | PURE COMFORT PEN NEEDLE       | 138, 165   | reclipsen (28)                 | 66            |

|                                     |          |                                   |             |                                     |          |
|-------------------------------------|----------|-----------------------------------|-------------|-------------------------------------|----------|
| RECOMBIVAX HB (PF).....             | 32       | RIGHTEST GL300 LANCETS.....       | 134, 165    | SANDIMMUNE.....                     | 11, 121  |
| RECORLEV.....                       | 96       | RIGHTEST GM550 SYSTEM.....        | 134, 165    | SANDOSTATIN.....                    | 105, 114 |
| RECOTHROM.....                      | 119      | RIGHTEST G5550 TEST STRIPS.....   | 125, 165    | SANDOSTATIN LAR DEPOT.....          | 105, 114 |
| RECTIV.....                         | 14       | RIGHTEST GT333 GLUCOSE METER..... | 134, 165    | SANTYL.....                         | 75       |
| REDEMPLO.....                       | 37       | RIGHTEST GT333 TEST STRIP.....    | 126, 165    | SAPHNELO PEN.....                   | 121      |
| REFUAH PLUS.....                    | 125, 165 | rilpivirine hcl.....              | 19          | SAPHRIS.....                        | 51, 57   |
| REFUAH PLUS GLUCOSE CONTROL.....    | 133, 165 | riluzole.....                     | 121         | sapropterin.....                    | 172      |
| REFUAH PLUS GLUCOSE MONITOR.....    | 133, 165 | rimantadine.....                  | 22          | SAVAYSA.....                        | 118      |
| REGLAN.....                         | 109      | RIMSO-50.....                     | 114         | SAVELLA.....                        | 49, 58   |
| RELAFEN DS.....                     | 12       | RINVOQ.....                       | 11, 72, 111 | saxagliptin.....                    | 97       |
| RELAGARD.....                       | 184      | RINVOQ LQ.....                    | 11          | saxagliptin-metformin.....          | 99       |
| RELAXMAX.....                       | 5        | RIOMET.....                       | 104         | SAXENDA.....                        | 184      |
| RELENZA DISKHALER.....              | 22       | risedronate.....                  | 100         | scalacort.....                      | 76       |
| RELEUKO.....                        | 118      | RISPERDAL.....                    | 52, 56      | SCALP VEIN SET.....                 | 140, 165 |
| RELEXII.....                        | 54       | RISPERDAL CONSTA.....             | 52          | SCSEMBLIX.....                      | 29       |
| RELGAABI.....                       | 46       | risperidone.....                  | 52, 56, 57  | scopolamine base.....               | 106      |
| RELIAMED LANCET.....                | 133, 165 | risperidone microspheres.....     | 52          | SDAMLO.....                         | 40       |
| RELIAMED MINI LANCING DEVICE.....   | 133, 165 | RITALIN.....                      | 54, 60      | SECUADO.....                        | 51       |
| RELIAMED SAFETY SEAL LANCETS.....   | 133, 165 | RITFLO AEROCHAMBER.....           | 145, 165    | SECURESAFE INSULIN SYRINGE.....     | 138, 165 |
| RELION ALL-IN-ONE METER.....        | 133, 165 | ritonavir.....                    | 23          | SECURESAFE PEN NEEDLE.....          | 138, 165 |
| RELION CONFIRM.....                 | 133, 165 | rivaroxaban.....                  | 117         | SEGLUROMET.....                     | 98       |
| RELION CONFIRM-MICRO.....           | 125, 165 | rivastigmine.....                 | 63          | SELARSDI.....                       | 71, 110  |
| RELION GLUCOSE.....                 | 96       | rivastigmine tartrate.....        | 63          | SELECT-OB.....                      | 95       |
| RELION MICRO GLUCOSE MONITOR.....   | 133, 165 | rivelsa.....                      | 67          | SELECT-OB (FOLIC ACID).....         | 95       |
| RELION PRIME METER.....             | 134, 165 | RIVFLOZA.....                     | 114         | SELECT-OB + DHA.....                | 95       |
| RELION PRIME TEST STRIPS.....       | 125, 165 | rizatriptan.....                  | 59          | selegiline hcl.....                 | 51       |
| RELION ULTIMA.....                  | 125, 165 | R-NATAL OB.....                   | 95          | selenium sulfide.....               | 74       |
| RELISTOR.....                       | 15       | ROBINUL.....                      | 109         | SELZENTRY.....                      | 18       |
| RELPAK.....                         | 59       | ROBINUL FORTE.....                | 109         | SEMGLEE(INSULIN GLARGINE-YFGN)..... | 103      |
| RELTONE.....                        | 108      | ROCALTROL.....                    | 95, 171     | SEMGLEE(INSULIN GLARG-YFGN)PEN..... | 103      |
| REMERON.....                        | 48       | ROCKLATAN.....                    | 177         | se-natal 19.....                    | 95       |
| REMERON SOLTAB.....                 | 48       | roflumilast.....                  | 180         | se-natal 19 chewable.....           | 95       |
| RENA STEP.....                      | 90       | ROLVEDON.....                     | 118         | SENSIPAR.....                       | 100      |
| RENAMENT.....                       | 90       | ROMVIMZA.....                     | 29          | SENSITIVITY WITH IRON.....          | 84       |
| RENASTART.....                      | 90       | ropinirole.....                   | 51          | SEPHIENCE.....                      | 172      |
| RENA-VITE.....                      | 81       | rosadan.....                      | 78          | SEREVENT DISKUS.....                | 181      |
| RENTHYROID.....                     | 106      | rosuvastatin.....                 | 38          | SERNIVO.....                        | 76       |
| RENVELA.....                        | 114      | ROSYRAH.....                      | 67          | SEROQUEL.....                       | 53, 57   |
| repaglinide.....                    | 98       | ROSZET.....                       | 39          | SEROQUEL XR.....                    | 53, 57   |
| REPATHA PUSHTRONEX.....             | 38       | ROTARIX.....                      | 32, 34      | SEROSTIM.....                       | 102      |
| REPATHA SURECLICK.....              | 38       | ROTATEQ VACCINE.....              | 32, 34      | sertraline.....                     | 49       |
| REPATHA SYRINGE.....                | 38       | roweepra.....                     | 48          | SERTRALINE.....                     | 49       |
| RESTASIS.....                       | 175      | ROXICODONE.....                   | 6           | setlakin.....                       | 66       |
| RESTASIS MULTIDOSE.....             | 175      | ROXYBOND.....                     | 6           | sevelamer carbonate.....            | 114      |
| RESTORE FUSION RENAL SUPPORT.....   | 90       | ROZEREM.....                      | 58          | sevelamer hcl.....                  | 114      |
| RESTORE RENAL SUPPORT.....          | 90       | ROZLYTREK.....                    | 29          | SEYSARA.....                        | 24, 69   |
| RESTORIL.....                       | 55, 61   | RUBRACA.....                      | 29          | sf.....                             | 172      |
| RETACRIT.....                       | 118      | RUCONEST.....                     | 117         | sf 5000 plus.....                   | 172      |
| RETEVMO.....                        | 30       | rufinamide.....                   | 48          | sharobel.....                       | 67       |
| RETIN-A.....                        | 70       | RUKOBIA.....                      | 18          | SHINGRIX (PF).....                  | 34       |
| RETIN-A MICRO PUMP.....             | 70       | RYALTRIS.....                     | 182         | SIDESTREAM PEDIATRIC FACE MASK..... | 145, 166 |
| RETROVIR.....                       | 19       | RYBELSUS.....                     | 98          | SIGNIFOR.....                       | 105      |
| REVATIO.....                        | 44       | RYCLORA.....                      | 178, 179    | SIKLOS.....                         | 120      |
| REVCОВI.....                        | 170      | RYDAPT.....                       | 29          | sildenafil.....                     | 80       |
| REVEAL BLOOD GLUCOSE METER.....     | 134, 165 | RYKINDO.....                      | 52          | sildenafil (pulm.hypertension)..... | 44       |
| REVEAL TEST STRIP.....              | 125, 165 | RYPLAZIM.....                     | 119         | SILENOR.....                        | 61       |
| REVLIMID.....                       | 30       | RYTARY.....                       | 50          | SILICONE MASK - INFANT.....         | 146, 166 |
| REVUFORJ.....                       | 28       | RYVENT.....                       | 179         | SILICONE MASK - PEDIATRIC.....      | 146, 166 |
| REXTOVY.....                        | 15       | SABRIL.....                       | 46          | SILIQ.....                          | 71       |
| REXULTI.....                        | 53       | sacubitril-valsartan.....         | 36          | silodosin.....                      | 115      |
| REYATAZ.....                        | 23       | SAFESNAP INSULIN SYRINGE.....     | 138, 165    | SIL-SERTER.....                     | 134, 166 |
| REZDIFFRA.....                      | 120      | SAFESNAP SYRINGE.....             | 143, 165    | SILVADENE.....                      | 75       |
| REZLIDHIA.....                      | 28       | SAFETY LANCETS.....               | 134, 165    | silver sulfadiazine.....            | 75       |
| REZUROCK.....                       | 12       | SAFETY NEEDLES.....               | 143, 165    | SIMBRINZA.....                      | 174      |
| REZVOGLAR KWIKPEN.....              | 103      | SAFETY PEN NEEDLE.....            | 138, 165    | SIMILAC 360 TOTAL CARE.....         | 84       |
| RHAPSIDO.....                       | 8        | SAFETY SEAL LANCETS.....          | 134, 165    | SIMILAC 360 TOTAL CARE SENSITV..... | 84       |
| RHOPRESSA.....                      | 178      | SAFETY-LET LANCETS.....           | 134, 165    | SIMILAC ADVANCE.....                | 84       |
| ribavirin.....                      | 22       | SAFYRAL.....                      | 66          | SIMILAC ADVANCE KOSHER.....         | 84       |
| RIDAURA.....                        | 11       | SAJAZIR.....                      | 40          | SIMILAC ADVANCE LAMEHADRIDN.....    | 84       |
| rifabutin.....                      | 20, 24   | SALAGEN (PILOCARPINE).....        | 173         | SIMILAC ADVANCE NON-GMO.....        | 84       |
| rifampin.....                       | 20, 24   | salsalate.....                    | 14          | SIMILAC ADVANCE ORGANIC.....        | 84       |
| RIGHTEST CONTROL SOLUTION HIGH..... | 134, 165 | SAM-E-TMG.....                    | 5           | SIMILAC ADVANCE WITH IRON.....      | 84       |
| RIGHTEST CONTROL SOLUTION NORM..... | 134, 165 | SAMSCA.....                       | 42          | SIMILAC ALIMENTUM.....              | 84       |
| RIGHTEST GD500 LANCING DEVICE.....  | 134, 165 | SANCUSO.....                      | 107         | SIMILAC ALIMENTUM TODDLER.....      | 83       |



|                                |          |                                |          |                                |          |
|--------------------------------|----------|--------------------------------|----------|--------------------------------|----------|
| tacrolimus                     | 75, 121  | TERIPARATIDE                   | 99       | TOLECTIN DS                    | 12       |
| tadalafil                      | 80, 115  | TERUMO HYPODERMIC NEEDLE/SYRIN | 143, 167 | TOLEREX                        | 90       |
| tadalafil (pulm. hypertension) | 44       | TERUMO INSULIN SYRINGE         | 138, 167 | tolmetin                       | 12       |
| TADLIQ                         | 44       | TERUMO SYRINGE                 | 143, 167 | TOLSURA                        | 17       |
| TAFINLAR                       | 26       | TEST N'GO BLOOD GLUCOSE SYSTEM | 134, 167 | tolterodine                    | 116      |
| tafluprost (pf)                | 178      | TEST N'GO TEST                 | 126, 167 | tolvaptan                      | 43       |
| TAGRISSO                       | 25       | TESTIM                         | 97       | tolvaptan (polycys kidney dis) | 115      |
| TAKE ACTION                    | 68, 69   | TESTOSTERONE                   | 97       | TONMYA                         | 123      |
| TAKHZYRO                       | 43       | testosterone                   | 97       | TOOMEY SYRINGE                 | 143, 167 |
| TALICIA                        | 110      | testosterone cypionate         | 97       | TOPAMAX                        | 47       |
| TALTZ AUTOINJECTOR             | 71       | testosterone enanthate         | 97       | TOPICORT                       | 76       |
| TALTZ AUTOINJECTOR (2 PACK)    | 71       | tetrabenazine                  | 59, 60   | topiramate                     | 47       |
| TALTZ AUTOINJECTOR (3 PACK)    | 71       | tetracaine hcl                 | 176      | TOPROL XL                      | 39       |
| TALTZ SYRINGE                  | 71       | tetracycline                   | 24       | toremifene                     | 30       |
| TALZENNA                       | 29       | TEXACORT                       | 76       | TORPENZ                        | 28       |
| TAMIFLU                        | 22       | TEZRULY                        | 43       | torse mide                     | 42       |
| tamoxifen                      | 30       | TEZSPIRE                       | 180      | TOSYMRA                        | 59       |
| tamsulosin                     | 115      | THALITONE                      | 43       | TOUJEO MAX U-300 SOLOSTAR      | 103      |
| TANDEM MOBI AUTOSOFT 30 KT 23" | 147, 167 | THALOMID                       | 17, 30   | TOUJEO SOLOSTAR U-300 INSULIN  | 103      |
| TANDEM MOBI AUTOSOFT XC KIT 5" | 147, 167 | THEO-24                        | 180      | TOVET EMOLLIENT                | 76       |
| TANDEM MOBI AUTOSOFT XC KT 23" | 147, 167 | theophylline                   | 180      | TOVIAZ                         | 116      |
| TANDEM MOBI TRUSTEEL KIT 23"   | 147, 167 | THICK AND EASY                 | 63       | TRACLEER                       | 44       |
| TANDEM T/SLIM ASFT XC PK10 23" | 147, 167 | THICK NOW                      | 63       | TRADJENTA                      | 97       |
| TANDEM T/SLIM ASFT XC PK14 23" | 147, 167 | THICKEN UP CLEAR               | 63       | tramadol                       | 6, 7     |
| TANDEM T/SLIM TRUSTL PK10 23"  | 147, 167 | THICK-IT                       | 63       | TRAMADOL                       | 6        |
| TANLOR                         | 123      | THICK-IT #2                    | 63       | tramadol-acetaminophen         | 8        |
| tapentadol                     | 6        | THIN LANCETS                   | 134, 167 | trandolapril                   | 35       |
| TARGADOX                       | 24       | thinpro insulin syringe        | 138, 167 | trandolapril-verapamil         | 34       |
| TARGRETIN                      | 30, 73   | THINPRO INSULIN SYRINGE        | 138, 167 | tranexamic acid                | 118      |
| tarina 24 fe                   | 66       | THIOLA                         | 114      | TRANSDERM-SCOP                 | 106      |
| tarina fe 1/20 (28)            | 66       | THIOLA EC                      | 114      | tranylcypromine                | 48       |
| tarina fe 1-20 eq (28)         | 66       | thioridazine                   | 52       | TRAVATAN Z                     | 178      |
| taron-c dha                    | 86       | thiothixene                    | 53       | travoprost                     | 178      |
| TARPEYO                        | 102      | THRIVITE RX                    | 95       | trazodone                      | 49       |
| TASCENSO ODT                   | 174      | THROMBIN-JMI                   | 119      | TRELEGY ELLIPTA                | 182      |
| TASIGNA                        | 29       | THYQUIDITY                     | 106      | TREMFYA                        | 71, 111  |
| tasimelteon                    | 58       | thyroid (pork)                 | 106      | TREMFYA ONE-PRESS              | 71, 110  |
| TASMAR                         | 50       | tiadylt er                     | 40       | TREMFYA PEN                    | 71, 110  |
| tavaborole                     | 73       | tiagabine                      | 46       | TREMFYA PEN INDUCTION PK(2PEN) | 111      |
| TAVALISSE                      | 117      | TIAZAC                         | 40       | TRESIBA FLEXTOUCH U-100        | 103      |
| TAVNEOS                        | 8        | TIBSOVO                        | 28       | TRESIBA FLEXTOUCH U-200        | 103      |
| TAYTULLA                       | 66       | ticagrelor                     | 119      | TRESIBA U-100 INSULIN          | 103      |
| TAZAROTENE                     | 70       | TIGLUTIK                       | 122      | tretinoin                      | 70       |
| tazarotene                     | 74, 78   | TIKOSYN                        | 37       | tretinoin (antineoplastic)     | 30       |
| TAZORAC                        | 74       | tilia fe                       | 67       | tretinoin microspheres         | 70       |
| TECFIDERA                      | 173      | timolol                        | 176      | TREXALL                        | 10, 26   |
| TECHLITE INSULIN SYRINGE       | 138, 167 | timolol maleate                | 40, 176  | TREXIMET                       | 59       |
| TECHLITE INSULN SYR(HALF UNIT) | 138, 167 | timolol maleate (pf)           | 176      | TREZIX                         | 7        |
| TECHLITE LANCETS               | 134, 167 | TIMOPTIC OCUDOSE (PF)          | 176      | triamcinolone acetoneide       | 77, 173  |
| TECHLITE PEN NEEDLE            | 138, 167 | tinidazole                     | 18       | triamterene                    | 42       |
| TECHLITE PLUS PEN NEEDLE       | 138, 167 | tiopronin                      | 114      | triamterene-hydrochlorothiazid | 42       |
| TEGLUTIK                       | 122      | tiotropium bromide             | 181      | TRIANEX                        | 77       |
| TEGRETOL                       | 46, 56   | TIROSINT                       | 106      | triazolam                      | 55, 61   |
| TEGRETOL XR                    | 46, 56   | TIROSINT-SOL                   | 106      | TRIBENZOR                      | 35       |
| TEKURNA                        | 44       | TIVICAY                        | 18       | TRICARE                        | 95       |
| TELCARE CONTROL                | 134, 167 | TIVICAY PD                     | 18       | TRI-CHLOR                      | 77       |
| TELCARE LANCETS                | 134, 167 | tizanidine                     | 123      | TRICON                         | 86       |
| TELCARE TEST STRIPS            | 126, 167 | TLANDO                         | 97       | triderm                        | 77       |
| telmisartan                    | 36       | TOBI                           | 182      | trientine                      | 15       |
| telmisartan-amlodipine         | 35       | TOBI PODHALER                  | 182      | TRIENTINE                      | 15       |
| telmisartan-hydrochlorothiazid | 35       | TOBRADEX                       | 174      | tri-estarylla                  | 67       |
| temazepam                      | 55, 61   | TOBRADEX ST                    | 174      | trifluoperazine                | 52       |
| TEMBEXA                        | 24       | tobramycin                     | 177, 182 | trifluridine                   | 177      |
| temozolomide                   | 25       | tobramycin in 0.225 % nacl     | 182      | trihexyphenidyl                | 51       |
| TENCON                         | 8        | tobramycin sulfate             | 16       | TRIJARDY XR                    | 99       |
| TENIVAC (PF)                   | 32       | TOBRAMYCIN WITH NEBULIZER      | 182      | TRIKAFTA                       | 182      |
| tenofovir disoproxil fumarate  | 19, 21   | tobramycin-dexamethasone       | 174      | tri-legest fe                  | 67       |
| TENORMIN                       | 39       | tobramycin-lotepred            | 174      | TRILEPTAL                      | 46       |
| TEPMETKO                       | 30       | TOBREX                         | 177      | tri-linyah                     | 67       |
| terazosin                      | 43       | TODDLER BEGINNINGS             | 85       | tri-lo-estarylla               | 67       |
| terbinafine hcl                | 17       | TODDLER'S DIARESQ              | 5        | tri-lo-marzia                  | 68       |
| terbutaline                    | 181      | TOLAK                          | 73       | tri-lo-mili                    | 68       |
| terconazole                    | 184      | tolcapone                      | 50       | tri-lo-sprintec                | 68       |
| teriflunomide                  | 174      | TOLECTIN 600                   | 12       | TRI-LUMA                       | 75       |



|                                |               |                                |          |                                |         |
|--------------------------------|---------------|--------------------------------|----------|--------------------------------|---------|
| VALINE AMINO ACID SUPPLEMENT   | 80            | VIGAMOX                        | 177      | VYTORIN 10-80                  | 39      |
| VALIUM                         | 45, 55        | VIIBRYD                        | 49       | VYVANSE                        | 54      |
| valproic acid                  | 45, 56        | VIJOICE                        | 171      | VYVGART HYTRULO                | 122     |
| valproic acid (as sodium salt) | 45, 56        | vilazodone                     | 49       | VYZULTA                        | 178     |
| valsartan                      | 36            | VIMPAT                         | 45       | WAINUA                         | 96      |
| VALSARTAN                      | 36            | VIKACE                         | 107      | WAKIX                          | 60      |
| valsartan-hydrochlorothiazide  | 35            | viorele (28)                   | 64       | warfarin                       | 117     |
| VALTOCO                        | 45, 55        | VIRACEPT                       | 23       | water for injection, sterile   | 85, 95  |
| VALTRES                        | 22            | VIREAD                         | 19, 21   | water for irrigation, sterile  | 85      |
| VALTYA                         | 66            | VISTOGARD                      | 30       | WAYRILZ                        | 117     |
| VANCOGIN                       | 21            | VITAFOL FE PLUS                | 95       | WEBCOL                         | 31      |
| VANCOMYCIN                     | 21            | VITAFOL GUMMIES                | 95       | WEGOVY                         | 184     |
| vancomycin                     | 21            | VITAFOL ULTRA                  | 95       | WEGOVY HD                      | 184     |
| vandazole                      | 184           | VITAFOL-OB                     | 95       | WELCHOL                        | 37      |
| VANFLYTA                       | 27            | VITAFOL-OB+DHA                 | 95       | WELIREG                        | 27      |
| VANISHPOINT INSULIN SYRINGE    | 139, 170      | VITAFOL-ONE                    | 95       | WELLBUTRIN SR                  | 50      |
| VANISHPOINT SYRINGE            | 139, 144, 170 | VITAL 1.0 CAL                  | 90       | WELLBUTRIN XL                  | 50      |
| VANISHPOINT TUBERCULIN SYRINGE | 144, 170      | VITAL 1.5 CAL                  | 90       | wera (28)                      | 67      |
| VANOS                          | 77            | VITAL AF 1.2 CAL               | 90       | wescap-pn dha                  | 86      |
| VANRAFIA                       | 43            | VITAL HIGH PROTEIN             | 90       | wesnate dha                    | 95      |
| VAQTA (PF)                     | 31            | VITAL PEPTIDE 1.5 CAL          | 90       | westab plus                    | 95      |
| vardenafil                     | 80            | VITAMEDMD ONE RX               | 95       | WESTGEL DHA                    | 95      |
| varenicline tartrate           | 62            | VITRAKVI                       | 30       | WHEY PROTEIN                   | 93      |
| VARIVAX (PF)                   | 32, 34        | VIVAGUARD INO CTRL SOLN-L1,2,3 | 135, 170 | WIDAPLIK                       | 35      |
| VARUBI                         | 107           | VIVAGUARD INO CTRL SOLN-L1,L3  | 135, 170 | WINLEVI                        | 69      |
| VASCEPA                        | 38            | VIVAGUARD INO CTRL SOLN-L2     | 135, 170 | WINREVAIR                      | 43      |
| VASERETIC                      | 34            | VIVAGUARD INO GLUCOSE METER    | 135, 170 | wixela inhub                   | 182     |
| VASOTEC                        | 35            | VIVAGUARD INO SMART GLUC METER | 135, 170 | WND 1                          | 85, 93  |
| VAXELIS (PF)                   | 31, 32, 33    | VIVAGUARD INO TEST STRIP       | 126, 170 | WND 2                          | 93      |
| VAXNEUVANCE (PF)               | 33            | VIVAGUARD LANCET               | 135, 170 | WOMEN'S GENTLE LAXATIVE(BISAC) | 113     |
| VCF CONTRACEPTIVE GEL          | 69            | VIVAGUARD LANCING DEVICE       | 135, 170 | wymzya fe                      | 67      |
| VECAMYL                        | 43            | VIVAGUARD SAFETY LANCET        | 135, 170 | WYNZORA                        | 71      |
| VECTICAL                       | 74            | VIVELLE-DOT                    | 101      | XACIATO                        | 184     |
| velivet triphasic regimen (28) | 68            | VIVITROL                       | 62       | XADAGO                         | 51      |
| VELPHORO                       | 115           | VIVJOA                         | 17       | XALATAN                        | 178     |
| VELSIPITY                      | 111           | VIVLODEX                       | 12       | XALKORI                        | 25      |
| VELTASSA                       | 85            | VIVONEX PLUS                   | 90       | XANAX                          | 45, 55  |
| VELTIN                         | 70            | VIVONEX RTF                    | 90       | XANAX XR                       | 45, 55  |
| VEMLIDY                        | 21            | VIVONEX T.E.N.                 | 90       | XARAH FE                       | 68      |
| VENCLEXTA                      | 26            | VIZIMPRO                       | 25       | XARELTO                        | 118     |
| VENCLEXTA STARTING PACK        | 26            | VIZZ                           | 174      | XARELTO DVT-PE TREAT 30D START | 118     |
| venlafaxine                    | 49            | VOGELXO                        | 97       | XATMEP                         | 10, 26  |
| VENLAFAXINE BESYLATE           | 49            | volnea (28)                    | 64       | XCOPRI                         | 48      |
| VENTOLIN HFA                   | 181           | VONJO                          | 27       | XCOPRI MAINTENANCE PACK        | 48      |
| VENXXIVA                       | 114           | VOQUEZNA                       | 108      | XCOPRI TITRATION PACK          | 48      |
| VEOZAH                         | 105           | VOQUEZNA DUAL PAK              | 110      | XDEMVY                         | 177     |
| verapamil                      | 37, 41        | VOQUEZNA TRIPLE PAK            | 110      | XELJANZ                        | 11, 111 |
| VERDESO                        | 77            | VORANIGO                       | 30       | XELJANZ XR                     | 11, 111 |
| VEREGEN                        | 77            | voriconazole                   | 17       | XELPROS                        | 178     |
| VERIFINE INSULIN SYRINGE       | 139, 170      | VORTEX ADULT MASK              | 146, 170 | XELRIA FE                      | 67      |
| VERIFINE PEN NEEDLE            | 139, 170      | VORTEX HOLDING CHAMBER         | 146, 170 | XELSTRYM                       | 55, 57  |
| VERIFINE PLUS PEN NEEDLE       | 139, 170      | VOSEVI                         | 21       | XENAZINE                       | 59, 60  |
| VERIFINE PLUS PEN NEEDLE-SHARP | 139, 170      | VOTRIENT                       | 30       | XENICAL                        | 184     |
| VERIFINE SAFETY LANCET MINI    | 135, 170      | VOWST                          | 108      | XENLETA                        | 23      |
| VERIFINE UNIVERSAL LANCET      | 135, 170      | VOXZOGO                        | 99       | XERESE                         | 74      |
| VERKAZIA                       | 175           | VOYDEYA                        | 117, 120 | XERMELO                        | 106     |
| VERQUVO                        | 36            | VOYXACT                        | 121      | XHANCE                         | 183     |
| VERSACLOZ                      | 52            | VRAYLAR                        | 53, 57   | XIFAXAN                        | 24      |
| VERZENIO                       | 27            | VTAMA                          | 74       | XIGDUO XR                      | 98      |
| VESICARE                       | 116           | VUITY                          | 174      | XIIDRA                         | 175     |
| vestura (28)                   | 66            | VUMERITY                       | 173      | XIMINO                         | 24, 69  |
| VEVYE                          | 175           | VUSION                         | 73       | XLEU ANALOG                    | 85, 87  |
| VFEND                          | 17            | VYALEV                         | 50       | XLEU MAXAMAID                  | 87      |
| V-GO 20                        | 146, 170      | VYBRIQUE                       | 80       | XLYS- XTRP ANALOG              | 85, 87  |
| V-GO 30                        | 146, 170      | vyfemla (28)                   | 67       | XLYS, XTRP MAXAMAID            | 87      |
| V-GO 40                        | 146, 170      | VYJUVEK                        | 75       | XLYS, XTRP MAXAMUM             | 87      |
| VIAGRA                         | 80            | VYKAT XR                       | 185      | XMET ANALOG                    | 85, 88  |
| VIBERZI                        | 110, 113      | VYLEESI                        | 58       | XMET MAXAMAID                  | 88      |
| VICTOZA 2-PAK                  | 98            | vylibra                        | 67       | XMET XCYS MAXAMAID             | 91, 93  |
| VICTOZA 3-PAK                  | 98            | VYNDAMAX                       | 96       | XMTVI ANALOG                   | 85, 92  |
| vienva                         | 67            | VYSCOXA                        | 12       | XMTVI MAXAMAID                 | 92      |
| vigabatrin                     | 46            | VYTORIN 10-10                  | 39       | XOFLUZA                        | 22      |
| VIGADRONE                      | 46            | VYTORIN 10-20                  | 39       | XOLAIR                         | 179     |
| VIGAFYDE                       | 46            | VYTORIN 10-40                  | 39       | XOLREMDI                       | 117     |

|                                    |            |                         |        |
|------------------------------------|------------|-------------------------|--------|
| XOPENEX HFA .....                  | 181        | zileuton .....          | 179    |
| XOSPATA .....                      | 27         | ZILXI .....             | 78     |
| XPHE MAXAMAID .....                | 92         | ZIMHI .....             | 15     |
| XPHE MAXAMUM .....                 | 92         | zingiber .....          | 95     |
| XPHE, XTRP MAXAMAID .....          | 93         | ZIOPTAN (PF) .....      | 178    |
| XPHE, XTYR ANALOG .....            | 85, 93     | ziprasidone hcl .....   | 51, 57 |
| XPHOZAH .....                      | 85         | ZIPSOR .....            | 13     |
| XPOVIO .....                       | 27, 30     | ZIRGAN .....            | 177    |
| XPTM ANALOG .....                  | 85, 93     | ZITHROMAX .....         | 22, 23 |
| XROMI .....                        | 120        | ZITHROMAX TRI-PAK ..... | 23     |
| XTAMPZA ER .....                   | 7          | ZITHROMAX Z-PAK .....   | 23     |
| XTANDI .....                       | 26         | ZITUVIMET .....         | 99     |
| xulane .....                       | 68         | ZITUVIMET XR .....      | 99     |
| XULTOPHY 100/3.6 .....             | 99         | ZITUVIO .....           | 97     |
| XURIDEN .....                      | 171        | ZOCOR .....             | 38     |
| XYLOCAINE-MPF .....                | 14         | ZOKINVY .....           | 172    |
| XYMOBOLX .....                     | 80         | ZOLINZA .....           | 27     |
| XYOSTED .....                      | 97         | ZOLMITRIPTAN .....      | 59     |
| XYREM .....                        | 60         | zolmitriptan .....      | 59     |
| XYVONA .....                       | 7          | ZOLOFT .....            | 49     |
| XYWAV .....                        | 60         | ZOLPIDEM .....          | 61     |
| YALE DISPOSABLE NEEDLES .....      | 144, 170   | zolpidem .....          | 61     |
| YARGESA .....                      | 171        | ZOMACTON .....          | 102    |
| YASMIN (28) .....                  | 67         | ZOMIG .....             | 59     |
| YAZ (28) .....                     | 67         | ZONALON .....           | 78     |
| YESINTEK .....                     | 71, 110    | ZONEGRAN .....          | 48     |
| YEZTUGO .....                      | 18, 19     | ZONISADE .....          | 48     |
| YONSA .....                        | 25, 26     | zonisamide .....        | 48     |
| YORVIPATH .....                    | 105        | ZONTIVITY .....         | 120    |
| YOSPRALA .....                     | 120        | ZORTRESS .....          | 121    |
| YUFLYMA(CF) .....                  | 9, 10, 112 | ZORVOLEX .....          | 13     |
| YUFLYMA(CF) AI CROHN'S-UC-HS ..... | 9, 10, 112 | ZORYVE .....            | 72, 74 |
| YUFLYMA(CF) AUTOINJECTOR .....     | 9, 10, 112 | zovia 1-35 (28) .....   | 67     |
| YUPELRI .....                      | 181        | ZOVIRAX .....           | 74     |
| YUSIMRY(CF) PEN .....              | 9, 10, 112 | ZTALMY .....            | 47     |
| YUTREPIA .....                     | 44         | ZTLIDO .....            | 78     |
| yuvafem .....                      | 184        | ZUBSOLV .....           | 62     |
| YUVEZZI .....                      | 174        | zumandimine (28) .....  | 67     |
| YUVIWEL .....                      | 99         | ZUNVEYL .....           | 63     |
| zafemy .....                       | 68         | ZURNAI .....            | 15     |
| zafirlukast .....                  | 180        | ZURZUVAE .....          | 48     |
| zaleplon .....                     | 61         | ZYBIC .....             | 12     |
| ZANAFLEX .....                     | 123        | ZYCLARA .....           | 77     |
| zarah .....                        | 67         | ZYCUBO .....            | 86     |
| ZARONTIN .....                     | 48         | ZYDELIG .....           | 28, 29 |
| ZARXIO .....                       | 118        | ZYKADIA .....           | 25     |
| zatean-pn dha .....                | 86         | ZYLET .....             | 175    |
| zatean-pn plus .....               | 86         | ZYLOPRIM .....          | 117    |
| ZAVESCA .....                      | 171        | ZYMFENTRA .....         | 9, 112 |
| ZAVZPRET .....                     | 58         | ZYPITAMAG .....         | 38     |
| ZEJULA .....                       | 29         | ZYPREXA .....           | 53, 57 |
| ZELAPAR .....                      | 51         | ZYPREXA RELPREVV .....  | 53     |
| ZELBORAF .....                     | 26         | ZYPREXA ZYDIS .....     | 53, 57 |
| ZELSUVMI .....                     | 77         | ZYTIGA .....            | 25, 26 |
| ZELVYSIA .....                     | 172        | ZYVOX .....             | 23     |
| ZEMBRACE SYMTOUCH .....            | 59         |                         |        |
| ZEMPLAR .....                      | 171        |                         |        |
| ZENATANE .....                     | 69         |                         |        |
| ZENPEP .....                       | 107        |                         |        |
| ZENZEDI .....                      | 55, 57, 60 |                         |        |
| ZEPATIER .....                     | 21         |                         |        |
| ZEPBOUND .....                     | 184        |                         |        |
| ZEPOSIA .....                      | 111, 174   |                         |        |
| ZEPOSIA STARTER KIT (28-DAY) ..... | 111, 174   |                         |        |
| ZEPOSIA STARTER PACK (7-DAY) ..... | 111, 174   |                         |        |
| ZERVIAE .....                      | 175        |                         |        |
| ZESTORETIC .....                   | 34         |                         |        |
| ZESTRIL .....                      | 35         |                         |        |
| ZETIA .....                        | 39         |                         |        |
| ZIAGEN .....                       | 19         |                         |        |
| ZIANA .....                        | 70         |                         |        |
| zidovudine .....                   | 19         |                         |        |
| ZIEXTENZO .....                    | 118        |                         |        |
| ZILBRYSQ .....                     | 122        |                         |        |